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# MESSAGE

## • FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

As the holidays approach, I am reminded how important it is to celebrate those things in life that we hold important. I just attended the Nevada Organization of Nurse Leaders (NONL)-Nevada Nurses Association (NNA) joint annual conference which was held in Las Vegas. In addition, the Nevada Action Coalition (NAC) Leadership Summit was held on Sunday afternoon before the conference. The theme of the conference was “Leading Something Extraordinary” and extraordinary it was. I was struck by the collaboration and shared vision of Nevada’s nurses which was necessary to the success of the event...and a success it was!

I felt a comradery and shared purpose during the event that I haven’t felt before in Nevada...or in any other state. The positive atmosphere was evident throughout the conference. The presentations were informative, interesting, and inspiring. Learning about some of the accomplishments of my colleagues was gratifying and impressive. The enthusiasm shown by many of the speakers was contagious and challenged the audience to continue to learn, grow, and conquer the challenges we face in practice, education, and regulation. The commitment exhibited by each presenter, each leader, and each contributor was evident in each of the agenda items.

During the NAC Leadership Summit, we learned about the Future of Nursing Campaign’s presence in Nevada and all of the good work that is being accomplished in Nevada aimed at implementing the Recommendations from the Institute of Medicine’s Future of Nursing: Leading Change, Advancing Health report. We had the executive director of the Arizona Board of Nursing, Joey Ridenour, RN, MN, FAAN, speak on “Evidenced Based Competencies for Nurse Leaders in the Boardroom”. Her presentation encouraged nurses to seek positions on various boards so that nurses can be influential in health care decision making.

The keynote speaker was exceptional. Greg Nelson inspired us to speak with one voice and one rhythm. He underscored the importance of working together to change health care in the future. We had breakout sessions on bullying, environmental projects in the workplace, safe staffing, and NCLEX strategies. We learned about motivational interviewing and advanced planning for end of life care. There were breakout sessions for several “Hot Topics” which included Caring for the Transgender Patient and Keys to a Successful Residency Program, among many others.

We heard about the transformation that one of our major healthcare systems has gone through in the last few years and celebrated with them. Their presentation challenged us all to be better in each of our own spheres of influence.

Especially inspiring was Former Assemblywoman April Mastrolucca’s presentation, “You Could Be That Someone” which underscored the difference each one of us can make in our community, state, nation, and world if we choose to take the necessary actions to improve circumstances for those around us.

I hope all of you who attended had as positive an experience as I did. I am thankful to be a member of the nursing profession in Nevada. Thank you to all who worked to make this experience possible for those of us who participated. I celebrate and applaud each and all of you.

Happy Holidays.





# WORDS

## • FROM THE PRESIDENT

Tish Smyer, DNSc, RN, NSBN President

As we head into the holiday season it is a good time for us to send our appreciation to the nursing workforce in Nevada. While many families are celebrating these holidays and settling down to family dinners, many of our nurses will be working and delivering care to patients. I wanted to outline and celebrate our profession as we head into the New Year.

Nannini (2014) states that nurses often place their patient's needs ahead of their own and yet they face numerous risks while caring for patients that often go unnoticed and unheralded. Nurses are in the forefront of care. Every day we face risks of blood and airborne pathogens, potential musculoskeletal injuries from lifting, verbal or physical assault and most recently the very lethal Ebola crisis. Nonfatal workplace injury and illness rates among nursing staff are 7.6 per year for every 100 workers. For construction workers it is 3.7 injuries per 100 workers. Yet we continue to deliver day to day care of patients knowing that we make a difference in the patient's course of illness and return to health.

There are 3.1 million Registered Nurses in the United States. We are the largest contingent of healthcare providers in the healthcare delivery system. The Pew Foundation survey found that nurses were the most trusted profession in 2014. The House of Representative H. RES. 540 in May 2014 stated "Whereas nurses are known to be patient advocates, acting fearlessly to protect the lives of those under our care." In the same resolution it is stated that nurses are leading in the delivery of quality care in a transformed health care system that improves patient outcomes and safety.

I celebrate every day that I am a nurse. I celebrate every day that we have the nursing workforce in Nevada delivering care in diverse health care environments, 24 hours a day, 365 days of the year (with no holidays). I am proud to be a member along with you of the nursing profession.

# MAKING IT HAPPEN

## CLINICAL NURSING SPECIALISTS LEADERSHIP IN NURSING PRACTICE DECISIONS

By Roseann Colosimo, PhD, MSN, RN

Abbie Purney, MSN, APRN, CCNS is a Critical Care Clinical Nurse Specialist who when faced with a problem of practice being ahead of regulation used her leadership skills, change system knowledge and perseverance to guide a practice decision that protects patient safety and informs nursing practice. The September Board meeting of the Nevada State Board of Nursing saw the culmination of the work of Abbie and her team with the approval of the Rapid Sequence Intubation (RSI) guidelines. The nursing board found that it is within the scope of practice of a registered nurse (RN) to administer IV anesthetic agents for the sole purpose of Rapid Sequence Intubation if the RN is in the presence of a legally authorized practitioner credentialed in emergency airway management and cardiovascular support. The criteria that must be met can be found on the NSBN website. The rationale for the decision is that anesthetic agents are often used to manage acutely unstable patients to secure the airway. RSI combines the use of rapidly acting sedative (i.e. induction) agent, in addition to a neuromuscular blocking (i.e. paralytic) agent, to create optimal intubating conditions. The primary objective of RSI is to minimize the time between patient loss of consciousness and tracheal intubation.

To require a licensed provider or practitioner who is managing the patient's airway to leave the airway in order to administer the anesthetic agent may compromise the patient's safety. It is within the scope of practice of



the RN to perform additional acts that require education and training as prescribed by Nevada Administrative Code (NAC) 632.225 and are recognized by the nursing profession as appropriate to be performed by an RN. The practice decision includes the competencies needed by the RN and safety considerations and the definition of anesthetic induction agents for use in RSI.

Abbie was assisted by Vicki Walker, the Stroke Clinical Specialist at Valley Hospital, and Barbara Ruscigno, FNP. She then solicited assistance from the Valley Hospital emergency nurses and emergency physicians and created a team that worked to get this practice decision approved for the benefit of patients and nurses. Abbie and her team received the usual amount of negativity that comes from any group when a change is being proposed. Sometimes the discipline side of regulation overshadows the responsibility of the NSBN to promote patient safety

with nursing practice. The rapid advancement of treatment, techniques and medications makes this a vicious cycle for everyone to stay current. Hospitals that have clinical nurse specialists really have an advantage in this arena. M. Cahill in the Journal of Nursing Regulation provides the consensus model definition of Clinical Nurse Specialist (CNS). The CNS has the unique APRN role to integrate care across the continuum and through three spheres of influence: patient, nurse and system. The three spheres are overlapping and interrelated, but each sphere possesses a distinctive focus. In each sphere of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring, system changes that empower nurses to develop caring, evidenced-based practices to alleviate patient distress and improve patient outcomes, facilitate ethical decision-making, and respond to diversity.

Moody and Patton in 2011 found that CNSs are in key positions to improve overall patient outcomes. They have been instrumental in guiding diabetic care in teams, applying asthma-control strategies and addressing childhood obesity.

The improved guidelines for nurses safe practice of RSI and the increased patient safety in this practice decision is just one example of the improved patient outcomes that can be directed by clinical nurse specialists.





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# PROFESSIONAL ENGAGEMENT AND RESPONSIBILITY

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANPi

Each November, nurse practitioners (NPs) mark the second week in November as National Nurse Practitioner Week. This is an opportunity for NPs to reflect, educate, and inform others about our role as Advanced Practice Registered Nurses (APRN).

Nurse practitioners are fully engaged in patient-centered care of patients throughout the life span. The professional responsibility of every Nevada APRN includes maintaining current licensure, certification, and ongoing continuing education demonstrating knowledge and proficiency in their area of practice. Licensure is maintained through the Nevada State Board of Nursing and renewed every two years. At the time of renewal, the NP will confirm their completed portfolio of required documents for licensure.

The portfolio isn't simply a repository for documents revisited every two years when renewal is completed. Rather, the APRN portfolio is an organic document requiring ongoing updates for continuing education, certification and other required documents.

In Nevada, the requirement for continuing education is 45 education units every two years. A portion of these continuing education units must be specific to the NP practice area. These units count towards the requirements for national certification, a requirement of all Nevada NPs as of June 2014. The NPs licensed prior to June 2014 are not required to hold national certification. As a matter of professional engagement, all APRNs should hold national certification to demonstrate their knowledge and professional commitment to the role of nurse practitioner in their area of population foci.

Students and newer nurse practitioners often ask what it means to have professional responsibility. To many, this means maintaining proficiency by continuing education, certification, and current licensure. These are the basics for staying current on evidence based practice, clinical practice guidelines and standards of practice.

Professional responsibility is also reflected in participation in local, state, and national health policy. As advocates for patients, nurses hold a responsibility to speak up on a variety of issues. This may be as individuals, but can easily be



accomplished by membership in organizations representing APRNs. While most of us are working in individual practices, our membership in local and national organizations demonstrates commitment to our profession so that we have one voice for advocacy and health policy.

As professionals, it isn't enough to simply go to work each day and provide the excellent care APRNs are known to provide as has been demonstrated in numerous studies. We also have obligation to share our knowledge and experience to strengthen health care at every level.



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# BOARD STAFF

## Accomplishments

By Jeannette Calderon

The Nevada State Board of Nursing (NSBN) is extremely proud to announce that Dean Estes, Director of Finance and Technology graduated from the Nevada Certified Public Manager (NVCPM) Program on October 14, 2014. He began the program in June of 2012. The program required over 300 hours of core curriculum, professional development, written examinations, mastery skill demonstrations, seminars, and job-related projects including a Capstone Project.



The Nevada Certified Public Manager (NVCPM) Program is an organized approach to management and leadership development. The program provides public professionals with training to maximize the effectiveness of Nevada's government organizations; included as part of the State succession plan to assist with developing a fully trained workforce. Mr. Dean Estes has been with the Board since 2004 and he is expected to continue to lead the Board in management, technology and human resources with the skills he has acquired through the NVCPM Program.

Mr. Estes' Capstone was a Nursing Personnel List Improvement Project. The project was to help streamline the process of notification and submission of quarterly nursing personnel lists. The projected annualized hard cost savings amounts to approximately \$1,270. The

project also saved in excess of \$468 annually in personnel costs for a projected total annual savings of over \$1,738. Almost as important as the hard costs the project saved, it also saved a fair amount of staff time.

As continuing education is important to keep nurses competent, the Board is proud to see Board staff developing their skills to help keep the agency strong.

Reference

<http://hr.nv.gov/CPM/>

---

*The first question I asked myself is “could I have implemented this project if I hadn’t learned various techniques from CPM?” Even though I can answer yes, the elements I learned in CPM definitely benefitted me in planning and execution of the project. It also helped me work through some of the challenges I encountered while I tried to implement my project. The program has given me many tools to work through this project and others that may come along in the future.*

*- from Estes' Capstone*



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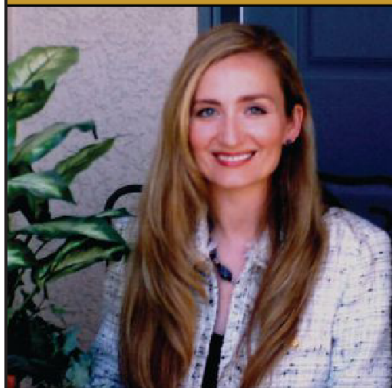
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# SUMMERLIN

## Hospital Medical Center

By Roseann Colosimo, PhD, MSN, RN



John Secreto, RN, BSN, MHSA Clinical Manager and Diane Knapp, RN, BSN Clinical Supervisor at Summerlin Hospital Medical Center have shown much nursing leadership in improving nursing care on their units.

John came from Michigan and points out that when he arrived in Las Vegas he immediately noted the need for an alcohol withdrawal protocol in the intensive care unit. This was his first focus to investigate best practices in the area of alcohol withdrawal protocols and with the work of his team to implement.

The next clinical area that needed attention was chest pain. The American

Hospital Association guidelines for cardiology were already implemented. As John says “great nurses think on

*As John says  
“great nurses  
think on their  
feet.” The goal is  
to treat the chest  
pain before a  
code blue.*

their feet.” The goal is to treat the chest pain before a code blue. The next clinical area for the intensive care units was to develop the RN Respiratory Therapist (RT) weaning protocol. Dr. Joe Orvello a pulmonologist who works with the unit has been supportive with the physician acceptance of the protocol and the development of the nurses in practicing to their full scope. Now that the growing pains are past, the patients are being extubated more quickly, physicians are pleased with the RN-RT work to help patients achieve a better level of breathing sooner. John is a good nurse leader who believes the role of the clinical manager is to walk around with “eyes open, is there something better we can do?” He



clearly says some of the best ways to deal with nurse's fear of change is to get the doctors on board, trust the evidence based guidelines for care and be available all the time to support the staff making the changes so they know they are not alone.

Being part of the Valley Health System, Summerlin has also implemented the progressive mobility continuum. Diane says that she believes it was critical that she and John were always there for the staff both with education on the clinical indicators of the continuum, making rounds every shift on the patients and supporting the nurses with equipment for the mobility of the patients.



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### **RN, CVOR – Colorado Springs and Denver**

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- Denver/Parker (Parker Adventist Hospital, Job 15057)
- Pueblo (St. Mary-Corwin Medical Center, Job 22069)
- Denver/Westminster (St. Anthony North Hospital, Job 15578)
- Denver/Littleton (Littleton Adventist Hospital, Job 22036)

### **RN, Surgery/OR – multiple openings statewide**

- Denver (Porter Adventist Hospital, Job 16487 – Surgical Spine)
- Denver/Parker (Nurse Mgr., Parker Adventist Hospital, Job 21457)
- Denver/Parker (Parker Adventist Hospital, Job 168)
- Denver/Lakewood (St. Anthony Hospital, Job 20696)
- Pueblo (Surgery Mgr., St. Mary Corwin Medical Center, Job 21234)

### **RN, Rehab – Nights**

- Denver (Littleton Adventist Hospital, Job 20094)

### **RN, Case Manager**

- Colorado Springs (Penrose Home Health, Job 20492)



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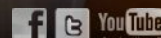
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# THE APPLICATION PROCESS



By C. Ryan Mann, BSN, RN  
Board's Application Coordinator

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective nursing regulation. The application process, which evaluates one's eligibility to practice as a licensed nurse or certified nursing assistant, is one aspect of providing this protection.

Answering "yes" to any of the eligibility screening questions on the application will result in an investigation by Board staff. Failing to answer "yes" when appropriate may also lead to investigation by the Board. The Board has established specific guidelines and policies regarding documents that must be submitted by the applicant, whether a personal interview with the applicant is appropriate, and whether a case can be cleared by staff or must be presented to the Board for final determination of licensure/certification eligibility. Endorsing applicants may be issued a temporary license/certificate, however, this is a privilege extended only to eligible applicants.

The five eligibility screening questions for the initial application follow along with some helpful hints to streamline the application review process. These same five questions are also asked on each renewal application, but are amended to state, "Since your previous Nevada license was issued, ..." and the word "ever" is removed.

1. Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration)
  - a. Ever been denied?
  - b. Ever been disciplined including but not limited to reprimanded, censured, fined, suspended, revoked, limited or restricted, or placed on probation or monitoring?
  - c. Ever been subject to a non-disciplinary probation or monitoring program?
  - d. Are you the subject of a current investigation or inquiry in any state or jurisdiction?
  - e. Are you the subject of a pending hearing, settlement or action in any state or jurisdiction?
- This includes denial of an application for licensure/certification, even if a license was never issued.
- This includes participation in a non-disciplinary diversion program for substance use disorder or mental health.
- Answering "no" when evidence indicates the answer should be "yes" is considered a fraudulent application, which is grounds for denial and may subject the applicant to disciplinary action by the Board.
- If the Nevada Board imposed discipline against your license or certificate since the date it was last issued, answering "yes" on renewal is not necessary unless you have new matters to disclose.
2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?
  - This includes any criminal conviction (DUI, disorderly conduct, petty theft and dog at large to name a few. There are many, many others.)
  - This does not include traffic misdemeanors/citations such as a paid parking ticket or a paid speeding ticket.
  - See the Board's website for Information on Criminal Convictions for People Interested in a Nursing Career in Nevada for a list of "prohibitive convictions." A person with a "prohibitive conviction" may not be employed in Long Term Care, Home Health, or Assisted Living work environments even if granted a license or certificate by the Board.
  - If a case has been dismissed, it is wise to research the type of dismissal. In many

cases courts will specify that a dismissed or expunged conviction must be disclosed for state licensure purposes.

- Also regarding dismissed, expunged, sealed, etc. cases: The original charges may still be indicated on an arrest record through fingerprint reports and may have to be explained with court documents and a letter of explanation.
- Answering “no” when evidence indicates the answer should be “yes” is considered a fraudulent application, which is grounds for denial and may subject the applicant to disciplinary action by the Board.
- Renewal applicants are fingerprinted every 6 years and are issued a 6-month renewal to allow time for prints to be submitted and for the reports to be received and reviewed by staff. A full renewal will not be issued until the reports are received and cleared. Fingerprint immediately upon notification to avoid a lapse in licensure!
- The renewal application specifies, “Since your previous Nevada license was issued...” However, if you have had a conviction that has never been disclosed to the Board, it should be declared by answering “yes” on the renewal application and providing the appropriate documents. If the Board has previously cleared a criminal conviction, and there has been no subsequent conviction, answering “yes” on renewal is not necessary.
- Civil judgments that are

financial in nature do not need to be reported.

3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?
  - This is determined by you and your legally authorized practitioner.
4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?
  - Chemical dependency, chemical abuse or addiction is referring to alcohol, illegal drugs, and/or prescription medications that are controlled substances.
  - If you are in recovery (you are no longer using substances) you may be required to submit documentation of your recovery activities.
5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?
  - This is referring to permanent limitations, not temporary conditions for which you expect a full recovery.
  - If it is determined the applicant has submitted documentation that he/she is able to safely practice nursing with limitations, the Board may issue a License with Limitations. The license is not marked, but the information is maintained in the Board's data base. It is the responsibility of the nurse to practice within the established limitations. Injury to

self or others due to actions taken outside of documented limitations would be considered a violation of the Nevada Nurse Practice Act and may result in further action by the Board.

If you are applying for a higher level of licensure you must answer these eligibility screening questions appropriately, even if the matter was previously cleared by the Board. For example, if you are currently a certified nursing assistant in Nevada who answered “yes” to any eligibility screening question and the Board cleared that issue, and you are now submitting an initial application for registered nurse licensure, you must answer “yes” again to all appropriate questions.

The Board receives daily notifications from national data banks that post

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disciplinary action, malpractice awards or settlements, and sanctions on practice privileges against licensees and certificate holders. These electronic data banks have increased public protection by ensuring all licensing agencies have the most up to date information on licensees and certificate holders. However, records are being uploaded daily, so adverse actions that may not have appeared a few months or years prior may be uploaded as more agencies integrate their data.

This same data bank integration is occurring with criminal history information. As more agencies and courts integrate their data, there is an increase in availability of criminal information. The Board has experienced this first hand as we continue to fingerprint renewal applicants. Some cases that may not have appeared even 10 years or longer ago have now been uploaded to these data banks and are appearing on new criminal background reports. Access to information has never been greater and will continue to improve over time.

It is the applicant's responsibility to ensure the Board receives all information required to process an application in a timely manner. An initial application is valid for one year from the date it is received and payment is receipted by the Board. If all required documents are not received within that one year period, the application will lapse. Always check the expiration date of your license or certificate via a link on the Board's web site. Completing all required application processes will help avoid lapses in licensure and certification.

The application process is designed to assist the Board and its staff in determining the eligibility and qualifications of applicants for licensure and certification. You are strongly encouraged to read all instructions and information sheets carefully prior to submitting applications to the Board. The Board has knowledgeable and dedicated staff who are ready to assist you with your application should you require further information.

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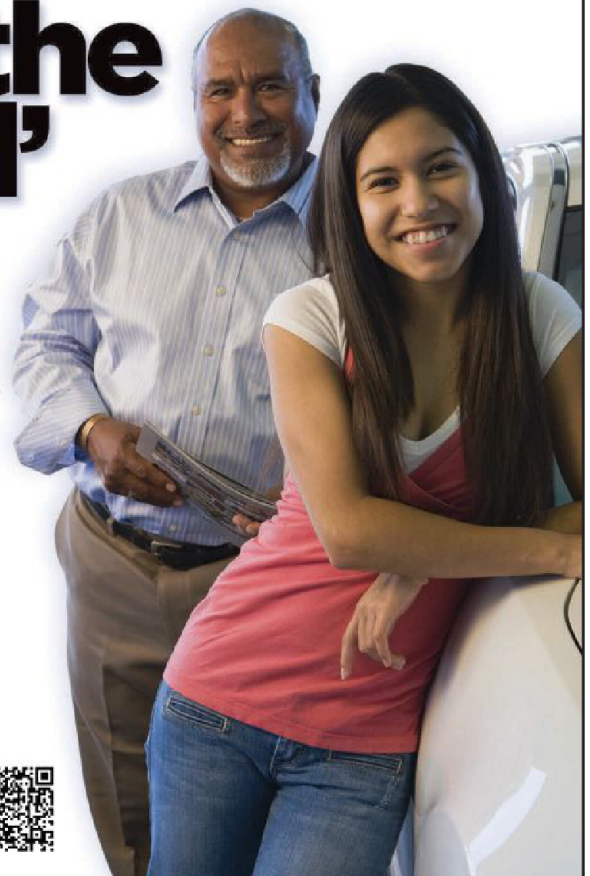


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NCSBN Examinations department content staff conducts one-day, board of nursing-sponsored regional workshops for the purpose of providing information to educators who prepare students to take the NCLEX<sup>®</sup> examination.

## NCLEX<sup>®</sup> Regional Workshop Details:

Friday, Feb. 27, 2015  
8:30 am - 2:30 pm

University of Nevada, Las Vegas  
Foundation Building, Blasco Event Wing  
4505 South Maryland Parkway  
Las Vegas, NV 89154

Workshop objectives include:

- Identifying the NCSBN practice analysis process and explaining how the results are used to update NCLEX test plans;
- Illustrating basic principles of computer adaptive testing and describing standard setting;
- Explaining the steps of the NCLEX item development process;
- Identifying NCLEX alternate item formats;
- Demonstrating and applying principles of item writing; and
- Identifying the use and application of NCLEX<sup>®</sup> Program Reports and Candidate Performance Reports by nursing education programs.

For registration information, contact  
Jeannette Calderon at [jcalderon@nsbn.state.nv.us](mailto:jcalderon@nsbn.state.nv.us)  
or Roseann Colosimo at [rcolosimo@nsbn.state.nv.us](mailto:rcolosimo@nsbn.state.nv.us),  
at the Nevada State Board of Nursing.

**NCSBN<sup>®</sup>**  
EXAMINATIONS



# 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 website and at community sites.<sup>t</sup>

## BOARD MEETING DATES

January 14-16, 2015	Las Vegas
March 25-27, 2015	Reno
May 20-22, 2015	Las Vegas
July 22-24, 2015	Zephyr Cove
September 16-18, 2015	Las Vegas
November 4-6, 2015	Reno

## • 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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## 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 a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board 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 Registered Nurse Advisory Committee (none)**

February 24, 2015  
May 5, 2015  
August 4, 2015  
November 3, 2015

### **Certified Nursing Assistant Advisory/Medication Aide-Certified Committee (two)\***

January 6, 2015  
April 2, 2015  
July 7, 2015  
October 1, 2015

\*One MAC and one RN member which must be in long term care.

### **Disability Advisory Committee (none)**

April 17, 2015  
October 16, 2015

### **Education Advisory Committee (none)**

January 22, 2015  
April 16, 2015  
August 20, 2015  
October 15, 2015

### **Nursing Practice Advisory Committee (none)**

February 10, 2015  
April 17, 2015  
June 9, 2015  
August 25, 2015  
October 6, 2015  
December 8, 2015

## MOVING?

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You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us), call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.



Have a question?  
Give us a call.

# Nevada State Board of NURSING NEWS

## ADMINISTRATION

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

### Debra Scott, MSN, RN, FRE

*Executive Director*

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

### Chris Sansom, MSN, RN, Director of Operations

Program Management  
CNA Advisory Committee Chair

### Fred Olmstead, JD, General Counsel

Legal Counsel

### Dean Estes, CPM, 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

### Cathy Dinauer, MSN, RN, Associate Director for Nursing Practice

Case Review, Investigation and Settlement  
Oversight for application review/compliance  
Nursing Practice Advisory Committee Chair

### Patty Shutt, LPN, Site Operations Supervisor

Las Vegas Site Supervision  
Advanced Practice Certificate Processing

### Gail Trujillo, Executive Assistant

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

## SUPPORT STAFF

### Jeannette Calderon, Management Assistant

Assistant to the Education Consultant  
Education Advisory Committee Scheduling  
APRN Audits  
Continuing Education Providers  
Continuing Education Audits

### Juan Barajas, Management Assistant

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

### Rhoda Cope, Management Assistant

Assistant to the Director of Finance/Technology  
Online Renewals  
Personnel List  
Fingerprinting Inquiries

### Christie Daliposon, Management Assistant

Assistant to the Director of Operations  
Discipline Investigative Support  
Compliance Support  
Board Meeting Preparation  
Professional Evaluation Group Scheduling  
Nursys Data Entry

### Melissa Meneses, Management Assistant

Assistant to Compliance Coordinator  
Board Meeting Preparation  
Professional Evaluation Group Scheduling  
Nursys Data Entry

### Hillary Murphy, Management Assistant

Assistant to General Counsel  
Assistant to the Associate Director for Nursing  
Practice  
Discipline Investigative Support  
Board Meeting Preparation

## PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300,  
Reno, NV 89502, 888-590-6726  
4220 S. Maryland Pkwy., Suite B-300  
Las Vegas, NV 89119, 888-590-6726  
nursingboard@nsbn.state.nv.us

## Investigations and Monitoring

### Teresa Cartmill, BSN, RN, Investigator

Complaint Investigations  
Nursing Practice Questions

### C. Ryan Mann, BSN, RN, Application Coordinator

Application Review  
Fraudulent Application Screening

### Cindy Peterson, RN, CLNC, CHCQM, Investigator

Complaint Investigations  
Nursing Practice Questions

### Sherri Twedt, RN, CLNC, Investigator

Complaint Investigations  
Nursing Practice Questions

### Mary Wheeler, BSN, RN,

*Compliance Coordinator*

Disability Advisory Committee Chair  
Professional Evaluation Group Scheduling  
Probation and Alternative Program Monitoring  
Reinstatement Applications  
Licensure/Certification

### Ariadna Ramos, Program Assistant

Endorsement Applications  
Licensure Eligibility Questions  
Spanish-speaking Services for Consumers  
Program Support of Licensure and Certification

### Patty Towler, Senior Certification Specialist

CNA Registry Maintenance  
CNA Certification and Renewals  
Certification Audits (CNA, CRNA)

### Sandy Webb, Program Assistant

Licensure Eligibility Questions  
Examination Application  
International Nurse Graduates and Licensure  
Issues  
RN/LPN CEU Audits

## Support

### Jill Caldwell

### Taylor Loveland

### Lacy Reynolds

### Anthony Sipes

*-Receptionists*

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



### Patricia "Tish" Smyer, DNSc, RN

President,  
Term expires 10/31/2016



### Deena McKenzie, MSN, RN, CNML

RN Member  
Term Expires 10/31/16



### Jennifer Snidow, MPH, MBA, CNA

CNA member  
Term expires 10/31/15



### Rhigel Tan, DNP, APRN, RN

Vice President  
Term expires 10/31/15



### Rick Carrauthers, LPN

LPN Member  
Term expires 10/31/17



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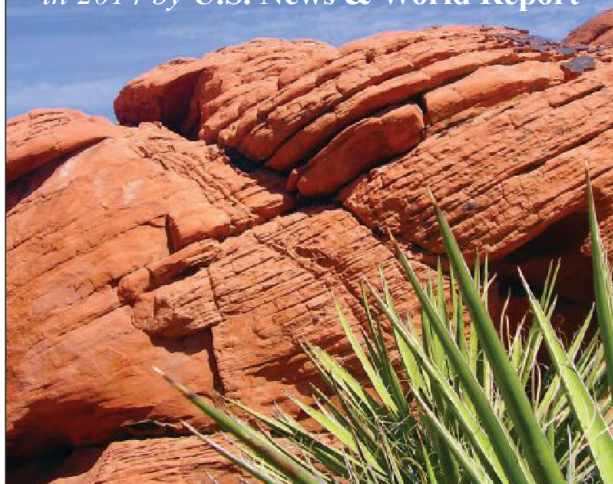


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Jill Racicot  
[jill.racicot@unlv.edu](mailto:jill.racicot@unlv.edu)  
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# Valley Hospital

# MOBILITY

By Roseann Colosimo, PhD, MSN, RN



Gigi Bautista is the MICU nurse manager who had a history of being a surgical floor manager for 16 months. Well the culture in surgery is to get everyone up. The medical intensive care unit with complex chronic illnesses and significant end of life work was a very different culture. The nurses on the IMC work very hard and the family emotions can be very taxing for nursing. The staff has no certified nursing assistants so it is total care. The unit had a length of stay that could be improved. The nursing staff under the leadership of Gigi Bautista and Anuradha Thirumalai embarked on a culture change to get the patients moving to improve health and quality of life. The unit adopted a progressive mobility continuum. Nursing rounds included always a mobility goal for the shift and documentation of the clinical criteria for the mobility of the patients. The mobility continuum included complex, intubated, hemodynamically unstable and stable intubated patients and may also include the non-intubated.

The nurses performed an initial mobility screen within 8 hours of ICU admission. The reassessment is

done every 24 hours the level one goal is clinical stability passive range of motion, level three goal increased trunk strength, moves leg against gravity and readiness to weight bear. The activities are all very specific. This change required lots of dedication of the whole team; physicians had to review medication so sedation level permitted activity, physical therapy, respiratory therapy and occupational therapy all have responsibilities to help with appropriate mobility of the patients. The result has been fantastic. The overall length of stay on the unit has decreased the patient costs by \$528,689. From January 2014 the length of stay went from 14.76 days to 6.28 days in June 2014. The nursing department had to incorporate the families so that they

were supportive of the changes. Many times families fear mobility for complex chronically ill patients. The patients and families have been so pleased and so supported by the nurses through all the beginning scary steps toward mobility.

Some patients have signed releases for the Valley Health System to promote mobility for all complex chronically ill intensive medical care unit patients. The unit has a dedicated physical therapist. Ventilator patients who have progressive mobility have a reduced number of days on the ventilators. The unit is continuously growing in developing the MICU admission to discharge continuum.

The nurses are very proud of the accomplishments they have made and rightly so as they have drastically improved the patient safety, care and quality of life. The persistence of the nurse leaders, the team works with the whole healthcare team and the willingness of staff nurses and patients to take a risk and get moving have improved the quality of life and care of patients.



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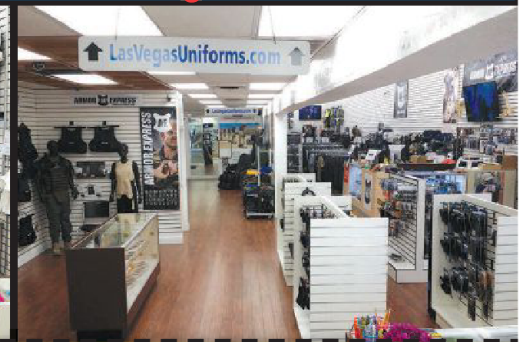
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