Nevada State Board of
NURSING NEWS
September 2015

MORE THAN JUST MALE NURSES
p. 12

Official Publication of the **Nevada State Board of Nursing**

Touro University Nevada
School of Nursing

Sometimes you will inspire your patients; more often, they will inspire you

DOCTOR OF NURSING PRACTICE

Develop your leadership in Nursing Education.

ONLINE
Comprises a minimum of 33 semester credits
Can be completed in as little as three trimesters
Less than $20,000 for entire program

RN TO BSN

Expand your skills, competencies and abilities.

ONLINE
Can be completed in as little as one year
Perfect for working professionals
Under $15,000 for entire program

BACHELOR OF SCIENCE IN NURSING

Become a competent and caring nurse.

Accelerated program
16 months, year-round program
Small class sizes

Three start times:
March, July & November

APPLY TODAY

tun.touro.edu/nursing

702.777.1750

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.

Debra Scott, MSN, RN, FRE
Executive Director

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

4220 S. Maryland Pkwy., Suite B-300
Las Vegas, NV 89119
phone—888-590-6726
fax—702-486-5803
nursingboard@nsbn.state.nv.us

WORLD WIDE WEB
nevadanursingboard.org

Address changed?

You may change your address by visiting our website and clicking the "Address Change" link.

Address change? Name change? Question?

In order to continue uninterrupted delivery of mail from the Board, please notify staff of any change to your name or address

Edition 48

pcipublishing.com

Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Laura Wehner at 800.561.4686 ext.117
lwehner@pcipublishing.com
ThinkNurse.com

DISCIPLINARY AND LICENSURE/ CERTIFICATION ACTIONS can be found on the Board's website: nevadanursingboard.org

CONTENTS

WORDS

FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

The Board and staff have had a busy year so far in 2015. The year started out with the loss of our president, Tish. We continue our work remembering her exceptional leadership and inspiration every day. We sought a national venue to honor her. The National Council of State Boards of Nursing (NCSBN) holds its Annual Meeting every August in Chicago. In anticipation of this upcoming event, we nominated Tish Smyer, DNSc, RN, CNE, past president, Nevada State Board of Nursing, for the Distinguished Achievement Award, which is given to an individual whose contributions or accomplishment has impacted NCSBN's mission and vision. She will receive this award posthumously with some of her family members in attendance at the Awards Ceremony on August 20, 2015 in Chicago. During the last NCSBN Annual Meeting in 2014, our Board was awarded the Regulatory Achievement Award that recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. Tish was instrumental in our receiving this award. This year she will be honored with her own award.

The next event on our agenda in 2015 was the Nevada Legislative Session. The Board contracts with a firm to provide governmental liaison representation throughout the year. Fred and Mike Hillerby have provided this service for the Board for the past several years. New legislation passed during the session is discussed by our General Counsel, Fred Olmstead later in this issue who kept the Board aware of changes in the law as they occurred. Most legislation passed during the session related to nursing included enhanced oversight of controlled substance prescribing, removal of barriers to licensure, and issues related to Veterans.

The Board changed testing vendors for administration of our certified nursing assistant (CNA) examination. Rationale for changing vendors was to provide more opportunities for nursing assistants to test in a more timely fashion. Implementation of the new vendor has been time and energy intensive led by the Board's Education Consultant, Roseann Colosimo, Phd, MSN, RN. It is our hope that CNAs will be able to progress through the certification process more quickly and provide the much needed care to Nevada's citizens.

A new Board member was appointed to the Board in April—Susan VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP. You may recognize her name as one of the frequent contributors to the NSBN News Magazine. She is a welcome addition to the Board bringing expertise in nursing education and advanced practice nursing.

Another area of focus for the Board has been in expanding research related to decision-making in disciplinary matters. Several tools have been developed and utilized to enhance uniformity and allow outcome measurement to improve our performance. The Board's Director of Operations, Chris Sansom, MSN, RN, has led this movement.

Future changes are occurring as we enter the fall of the year. A project allowing applicants to apply for licensure online will soon be up and running. Our Director of IT and Finance, Dean Estes, CPM, is heading up this endeavor.

If you haven't heard, I am retiring from my position as the NSBN Executive Director in January, 2016. The Board has been in succession planning mode since May and have scheduled the first interviews during the September Board meeting in Las Vegas. We will keep you all updated on progress toward the Board's naming a new executive director.

Thanks again for letting us be of service to you, our licensees, and to the citizens of Nevada.

MESSAGE

• FROM THE PRESIDENT

Dr. Rhigel 'Jay' Tan, DNP, RN, APRN

Greetings, from the Nevada State Board of Nursing!

The Board of Nursing is your partner in delivering safe quality professional nursing care to our fellow Nevadans. The Governor has appointed these men and women to safeguard our constituents to ensure that the highest quality of nursing care, in the most professional way, will be afforded to you, your families, friends and everyone in our State. In this manner, the mission for the Board, of protecting public's health, safety and welfare through effective nursing regulation, will be an eternal charge among the Board members and staff collectively.

So who is really the Board of Nursing to you as a professional nurse in the State of Nevada? As the President of NSBN, I feel that a well-informed registered nursing professional is a patient advocate who is a partner with the regulatory Board for public safety. It is also equally important for every nurse to know that the Nevada State Board of Nursing, the seven members and supporting staff, are not charged with being an advocate to individual nurses practicing in this state but rather everyone involved with the Nevada State Board of Nursing advocates on behalf of every citizen of this State for public health safety as the recipient of nursing care from each individual licensed professional nurse. So let me share with you briefly the responsibilities of a member of the Nevada State Board of Nursing.

A Board member is a public official, appointed by the governor, to carry out the mission of protecting the public by enforcing the state's laws and regulations regarding the nursing profession.It is important to know that board members and board staff are advocates for the public, not a representative of the nursing profession or any professional association, group, or specialty within nursing. Each Board member brings expertise from the member's own background that is useful to the Board in decision-making. The Board makes informed decisions regarding nursing education, licensure, practice and discipline in order to protect the public's health, safety and welfare. Each Board member carries this responsibility by making decisions based on the Nurse Practice Act as identified in chapter 632 of the Nevada Revised Stature and the Nevada Administrative Code. Each Board member makes decisions and, along with the Board staff, participates in a public forum. In accordance with the Nevada Open Meeting Law, the board's minutes are considered public records. Every member of the NSBN supports the mission statement of the Board as each one adheres to NSBN's code of ethics.

I would like to acknowledge the work of each Board member and Board staff who contribute significant quantities of time, energy and personal commitment which outweigh any compensation to make the mission of Nevada State Board of Nursing alive making this great State of Nevada healthier safer and a better place to live.

Sincerely,

Dr. Rhigel Jay Alforque Tan, APRN, RN,
PMHNP, GNP, ANP
President, Nevada State Board of Nursing

LEGISLATIVE UPDATE

by Fred Olmstead, JD Board's General Counsel

Generally speaking, the Nevada State Legislature meets every other year for the purpose of creating, amending, or repealing the laws of the State of Nevada. More often than not, the laws that control the regulation and practice of nursing are impacted.

The following summaries are very brief due to space restraints and also because the most accurate source of a law is the law itself. I encourage everyone to visit the legislative website and read the laws from the primary source.

Prescription drug abuse is a serious problem in the State of Nevada. To combat this problem, three legislative bills were passed and signed by the Governor. One common theme of these three legislative bills was the continued recognition of the computerized program operated by the Nevada State Board of Pharmacy. This valuable tool, known as the Prescription Monitoring Program (PMP), tracks prescriptions of specific controlled substances which are filled by a pharmacy or dispensed by a practitioner registered with the Pharmacy Board. Senate Bill 114 required that any suspected misuse of a controlled substance by a patient, when detected through a review of the PMP, shall be reported to the licensing board of the practitioner who has prescribed the controlled substances.

Senate Bill 288 provided that, in certain circumstances, Advanced Practice Registered Nurses (APRNs), who are authorized to write prescriptions, must complete a course of training on how to access the PMP, before the APRN may access the PMP. The bill also established that APRNs who have access to the PMP must now access the PMP at least once every six months to review the information contained in the PMP regarding the APRN's prescribing practice.

The third legislative bill passed in response to prescription drug abuse was Senate Bill 459, The Good Samaritan Drug Overdose Act. Although primarily passed to authorize certain health care professionals to prescribe and dispense an opioid antagonist to certain persons in certain circumstances, the Senate Bill also requires specialized monitoring of controlled substances. For example, a practitioner may now designate in the PMP that he or she suspects that a patient is seeking a prescription for a controlled substance for an improper or illegal purpose. Thereafter, the Pharmacy Board, if the designation is determined to be warranted, shall inform pharmacies, practitioners, and appropriate state agencies of the patient's behavior. Senate Bill 459 also requires each practitioner who dispenses a controlled substance to upload certain information to the PMP by the next business day. Finally, the Nevada State Board of Nursing may, by regulation, require each APRN to complete at least one hour of continuing education specifically related to the misuse and abuse of controlled substances.

Assembly Bill 93 encourages APRNs to take continuing education on the topic of suicide prevention.

Assembly Bill 292 defined telehealth to be a mode of delivering health care and public health services using information and audio-visual communication technology to enable diagnosis, consultation, treatment, care management and provision of information to patients from providers of health care at other locations. The Legislature made the express finding that health care services provided through telehealth are often as effective as health care services provided in person. Regarding licensure, nurses are still required to be licensed in Nevada when they provide telehealth services to patients who live in Nevada.

It is important for every nurse to stay educated on the changes to protect their license and to protect the citizens of the State of Nevada.

UNIVERSITY OF NEVADA, RENO

Orvis School of Nursing
www.unr.edu/nursing

- B.S. in Nursing
- RN to BSN
- M.S. in Nursing
  - Clinical Nurse Leader
  - Nurse Educator
  - Adult Gerontology Acute Care Nurse Practitioner
  - Family Nurse Practitioner
  - Psychiatric Mental Health Nurse Practitioner (Opening Fall 2015)
- DNP (Doctor of Nursing Practice)

University of Nevada, Reno
Statewide • Worldwide

A SMALL SLICE OF HISTORY

Nurse Practitioners in Nevada

By Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP

Nurse practitioner practice has come a long way in Nevada since the first advanced practice nurses were granted certificates of recognition in 1973. In the early days, those who applied for this designation had face to face meetings with the Board of Nursing, as was conveyed by one of those early pioneers in a recent conversation. Since those early days, practice has evolved in Nevada and across the United States.

The first nurse practitioner program started in 1965 at the University of Colorado with Dr. Loretta Ford who was the first pioneer in our profession. Along with Dr. Henry Silver, they created the first advanced practice nurse program in pediatrics in order to meet the health care needs for patients. From this point forward, the same focus on nurse practitioner practice has not changed – patient-centered care.

In the United States, there are over 205,000 licensed nurse practitioners. This number has almost doubled in the last decade. As the population ages and there are less primary care providers available to care for patients, nurses have stepped up their practice to meet the needs of our communities, states, and nation.

In Nevada, many changes have marked the history of practice, but in recent history some major landmarks have punctuated notable changes directly impacting patient care. Some of the highlights include:

- 1973: Advanced practice nursing was established in 1973
- 1979: Nurse Practitioner role formally recognized by the Nevada State Board of Nursing with a "Certificate of Recognition"
- 1981: The first NP-focused group was formed and was known as the "Special Interest Group"

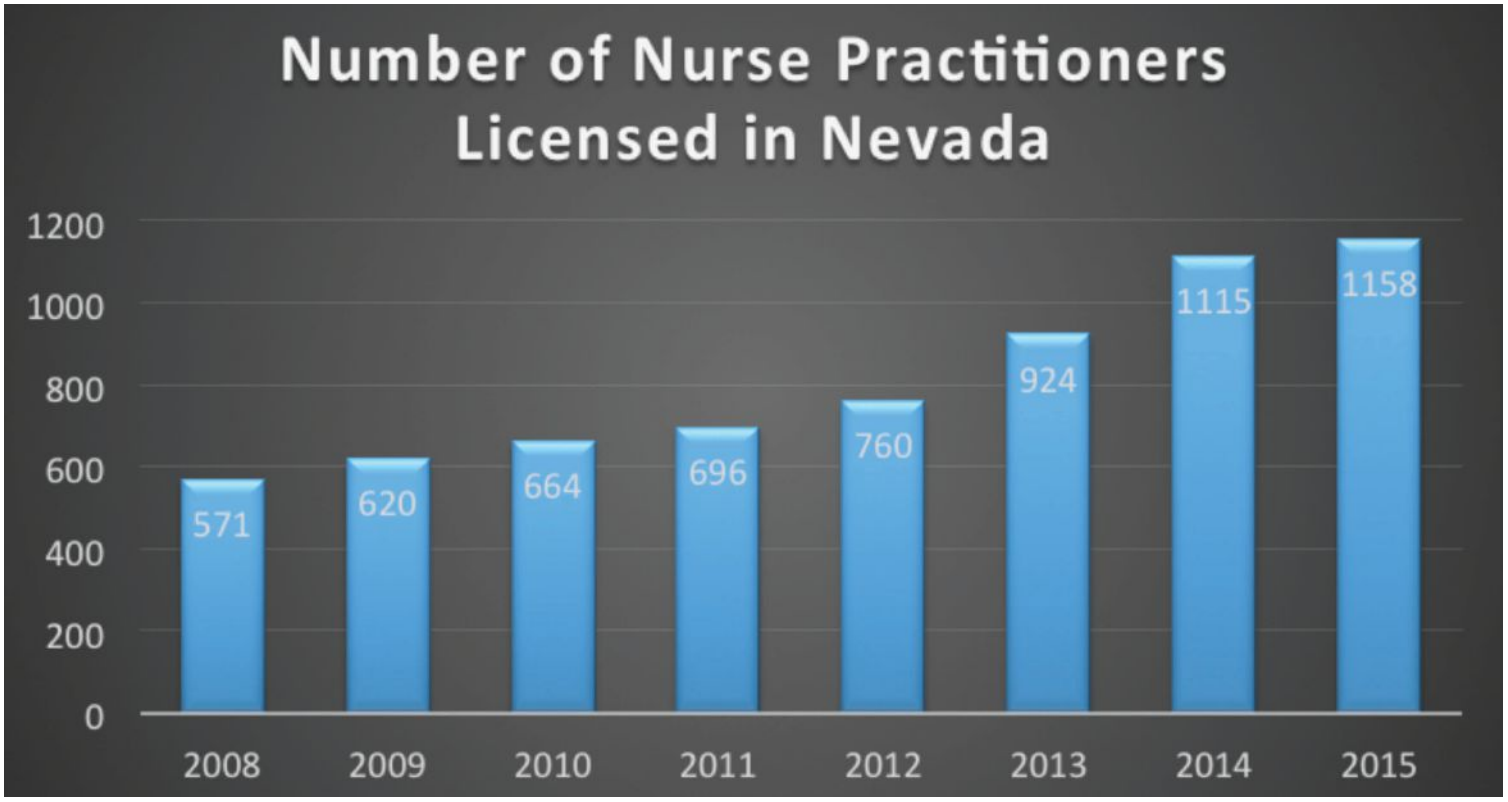
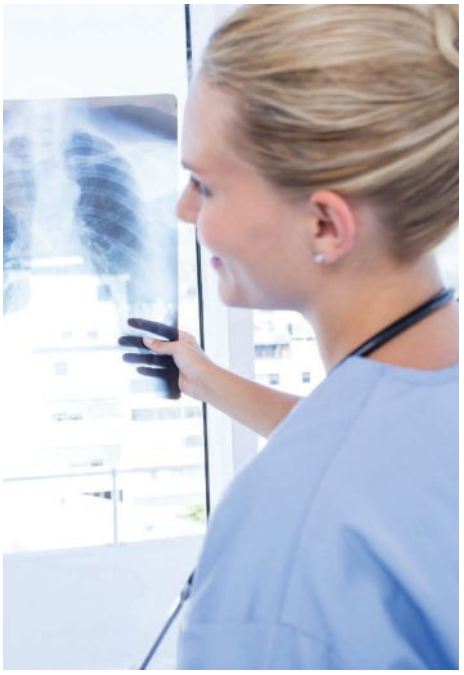


Figure 1, 2008-2015 APRN licensure trends Nevada

- 1991: Prescription privileges for APNs in Nevada was granted
- 2001: DEA prescribing obtained
- 2011: National certification required for practice
- 2013: Full practice authority passed into law, license for Advanced Practice Registered Nurse (APRN) signed into law, June 2013
- 2013: Advanced Practice Nurses (APN) title changed to Advanced Practice Registered Nurse (APRN) and granted a license to practice
- 2013: Full practice authority law in effect July 1



As the role of the APRN has evolved in Nevada since 1973, the focus of advanced practice nursing has not changed. This focus continues to be safe, appropriate access to care for all citizens across the State of Nevada. APRNs provide care from Alamo to Winnemucca and all points in between. These roles include primary care, specialty care, rural health centers, academic institutions, higher education, community based health centers, hospital-based care, home health and many others in between.

As with national trends for increasing numbers of APRNs, Nevada has seen an increase in the number of providers since full practice authority was enacted into law in 2013. A review of the trends from 2008 to 2015 demonstrates the increasing numbers of new licensees in the state (figure 1). The numbers of new APRNs represent more primary care providers who are filling the needs of patients at all levels of care.

While there is still work to be done for APRNs in Nevada, the positive impact of modernizing laws allowing professionals to work to their full education and training has had a positive impact on the health and well-being of Nevada citizens and will continue to have the positive outcomes APRNs have demonstrated since 1973.

ANTIMICROBIAL STEWARDSHIP

Every Nurse and APRN engaged now for Nevada

By Roseann Colosimo, PhD, MSN, RN

The emerging public health challenge is Healthcare-Associated infections

White House Executive Order

"On September 18, 2014, The White House announced an executive order stating that Federal Government will work domestically and internationally to detect, prevent and control illness and death related to antibiotic resistant infections by implementing measures that reduce the emergence and spread of antibiotic-resistant bacteria and help ensure continued availability of effective therapeutics for treatment of bacterial infections" - Centers for Disease Control and prevention.

By 2020 National Targets

Establishment of state antibiotic resistance prevention programs in all 50 states to monitor regionally important multidrug resistant organisms and provide feedback and technical assistance to healthcare facilities.

Elimination of the use of medically-important antibiotics for growth promotion in food-producing animals

CDC Urgent and Serious Threats

1. Reduce by 50% the incidence of overall Clostridium Difficile infections compared to 2011 estimates
2. Reduce by 60% Carbapenem-resistant Enterbacteriaceace infections acquired during hospitalizations
3. Reduce by 35% multidrug-resistant Pseudomonas Spp. infections acquired during hospitalizations as compared with 2011
4. Reduce by at least 50% overall MRSA bloodstream infections by 2020 as compared to 2011
5. Reduce by 15% the number of multidrug-resistant TB infections

Antibiotic Resistance

1. Sickens more than 2 million Americans per year
2. Kills at least 23,000 Americans per year
3. Plus 15,000 to 29,000 per year from C. difficile
4. Greater than $20 billion per year in healthcare costs
5. Threat to economic stability
6. Need to act now or even drugs of last resort will soon be ineffective

The CDC on Antimicrobial Resistance

1. 50% of antimicrobial use in the US healthcare settings is inappropriate
2. Rising resistance leads to decreasing:
   a. Treatment options
   b. Increasing cost
3. Inappropriate prescribing contributes to the C. difficile outbreaks and epidemics

Checklist from the CDC for Cored Elements of Antimicrobial Stewardship

1. Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration and indication for all antibiotic prescriptions?
2. Does your facility have a facility-specific treatment recommendations based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?
3. Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics 48 hours after the initial order?
4. In your facility are there automatic changes from intravenous to oral antibiotic therapy in appropriate situations?

Nevada Nurses in Action

1. During nursing rounds, check antibiotic usage and alert prescribers to:
   a. 10 day automatic stop
   b. Review antibiotic after 48 hours
   c. Request switch for parenteral antibiotics to P.O. if appropriate
2. APRN validate appropriate antibiotic usage
3. Always educate everyone
4. Nursing report on transfers between levels of care
   a. Clear documentation of lab results and antibiotic history
   b. Clear information on any infection precautions

MORE THAN JUST MALE NURSES

By Derek S. Drake, MSN, RN, CNML, CNL

Approximately 2.7% of U.S. Registered Nurses (RNs) were men in 1970 compared to 9.1% in 2011 (United States Census Bureau, 2011; 2013; United States Department of Health and Human Services [USDHHS], 2013). Men contribute unique perspective and skills significant to the profession and society (Robert Wood Johnson Foundation [RWJF], 2011a). Unfortunately, there is a noticeable shortage of males entering the nursing profession due in large part to gender-related stereotyping, misconceptions or misperceptions regarding the significance of work done in nursing, and an overall lack of available male role models for men entering or already involved in nursing. Approximately 56% of male nursing students report significant challenges faced during nursing education based on their sex including being a minority in a female-dominated field, being portrayed as "muscle strength" by female nurses, and being perceived as non-caring (Rajacich, Kane, Williston, & Cameron, 2013). Evidence suggests only 67% of new male graduate nurses report job satisfaction compared to 75% of new female graduate nurses. As a result 7.5% of new male graduate nurses leave the profession within four years of nursing school graduation compared to 4.1% of new female graduate nurses (Rajacich et al., 2013; Rajapaksa & Rothstein, 2009). While 46% of all nurses (male and female) report considering leaving the nursing profession, men are more likely to leave the profession, and do so 2.5 times more often than their female counterparts (Hayes et al., 2012; Rajacich et al., 2013; Rajapaksa & Rothstein, 2009).

Men in Nursing in Nevada

The state of Nevada currently ranks 47th among states in the number of RNs per 100,000 residents at 724.7, significantly lower than the national average of 920.9. RNs per 100,000 residents. Nevada also ranks 47th among states in terms of primary care physicians per 100,000 residents at 84.5 (Nevada Legislative Counsel Bureau, 2008; USDHHS, 2013; United Health Foundation, 2013).

Approximately 99,600 Nevada residents are employed in the health care and social assistance sector. Approximately 8.8% of Nevada's RN workforce is male, slightly lower than the national average (Griswold, Etchegoyhen, & Packham, 2014). According to Bonair and Philipsen (2009), doubling the number of men entering nursing would likely reduce if not completely eradicate the overall nursing workforce shortage. Doubling the number of men in nursing in the state of Nevada would add needed support to improve quality, costs, and access of health care for citizens statewide. Thus, there is great need to initiate formalized, sustainable processes and structures to recruit, promote, and protect the gender diversity of Nevada's nursing workforce.

> ***Doubling the number of men in nursing in the state of Nevada would add needed support to improve quality, costs, and access of health care for citizens statewide.***

Local Initiatives

The American Assembly for Men in Nursing (AAMN) was founded in 1971 by Steve Miller and Luther Christman and is recognized as the only professional nursing organization dedicated to men (American Assembly for Men in Nursing [AAMN], 2011; 2014c). Strategic objectives of AAMN include; 1) encourage men of all ages to become nurses and join together with all nurses in strengthening and humanizing health care, 2) support men who are nurses to grow professionally and demonstrate to each other and to society the increasing contributions being made by men within the nursing profession, 3) advocate for continued research, education, and dissemination of information about men's health issues, men in nursing, and nurse knowledge at the local and national levels, and 4) support members' full participation in the nursing profession and it's organizations.

The purpose of this Doctor of Nursing Practice (DNP) student led initiative is to charter Nevada's first local chapter of AAMN likely improving the proportion of men in nursing in Nevada ultimately reducing the state and overall national shortage of nursing personnel. There is a vested interest in the many key stake holders for this project including nurses, hospital administrators, other clinical and non-clinical ancillary staff, nurse educators, Nevada Action Coalition, Nevada State Board of Nursing, and most importantly the patients who will benefit from an increase in number of nurses providing care throughout the state's numerous clinical sites employing RNs. If you are interested in participating in this initiative and organization development, please contact Derek Drake at 775-336-9588 or ddrake@renown.org.

NEVADA ASSOCIATION OF LPNS

My name is Ovidia McGuinness, I am an LPN in post-acute care. I was given the opportunity to be the founding chair for the Nevada Association of Licensed Practical Nurses or NALPN. NALPN is a professional organization that supports Nevada's Licensed Practical Nurses through advocacy and education. Robert Kidd is the Chair of the Perry Foundation which provides education to the post-acute community. Post- Acute encompasses anything outside the hospital setting, Assisted Living, Skilled Nursing, Home Health, Hospice, Occupation and Physical Therapy. Daniel Mathis is the Chair for the NVHCA or Nevada Healthcare Association. Daniel is responsible for keeping up with the regulations of post-acute and lobbying at the Legislative level. These two work together very hard to make the post-acute care community the best that we can be.

This is a great opportunity for the LPNs in Nevada, to my knowledge we have never had this opportunity. It is open to all LPNs in the state.

I encourage all the LPNs to go to the NVHCA website and check us out. We are in the founding stages and are looking for members and members interested in serving on the board.

Thru the NVHCA/Perry Foundation, I was introduced to Roseann Colosimo, PhD, MSN, RN with the Nevada State Board of Nursing who with her committee allowed me to be a part of the LPN regulation taskforce. There was great work done on the regulations that have not been addressed in approximately 20 years! Keep your eyes on the NSBN website for the changes as they are approved and passed. We as LPNs owe a big thank you to Roseann and the taskforce for all the thought and work put into the changes. I, for one, am thrilled and grateful to be allowed to be a part of this change. I would not have been given the opportunity without the NVHCA and Perry Foundation. Thank you to Daniel Mathis and Robert Kidd for this opportunity. I also acknowledge the input Charles Perry made with the Nursing board on behalf of the LPNs.

I am reaching out to all LPNs here in Nevada. There are over 3,000 of us! Please join together so we can support each other in our careers with the support of these great organizations.

A little about me. I started my career off at St Mary's in Reno, worked mental health at Truckee Meadows (now West Hills), did a few years as owner operator of McGuinness Towing and had 2 rural mail routes in Austin, Nevada. I then moved to Lovelock and worked at Pershing General Hospital in the long term care, ER, Acute and Clinic, both on the floor and as Clinic Manager. I worked for the State of Nevada as a Lactation Educator for Family to Family, Home Health Services of Nevada as an LPN, Branch Manager/Homemaker Coordinator. I then went to work for Humboldt General in the acute care department. I worked for Brookdale Senior Living in Assisted Living in Sparks and now am back at Humboldt General in the skilled facility Harmony Manor.

I have many fond, memories both funny and sad of the many Nevadans that allowed me to care for them at their most vulnerable times. Through my mentors and fellow healthcare workers I have had a great 34 years serving Nevadans. Thank You.

I can be contacted at nalpns@gmail.com or through the NVHCA.

WHETHER YOU ARE SEARCHING FOR ACUTE CARE, POST-ACUTE, OR LONG-TERM CARE NURSING, WE HAVE THE CONTINUUM OF CARE COVERED!

Mountain's Edge Hospital

Mountain's Edge Hospital is a 130-bed acute care hospital located in the Southwest Las Vegas Valley. At Mountain's Edge, our focus is to care for the patient as a whole, taking into account all attributes that contribute to a patient's identity. ***We are hiring Wound Care RN and RNs/LPNs/CNAs with acute care and ICU experience!***

www.mountainsedgehospital.com/
Ph: 702-777-7100

Horizon Specialty Hospital of Las Vegas

Horizon Specialty Hospital of Las Vegas is a 61 bed long-term acute care hospital that offers a wide range of services from trained professionals in physical therapy, occupational therapy and speech pathology. ***We are hiring RNs/LPNs/CNAs with experience in long-term acute care!***

www.horizonspecialtyhosp.com/
Ph: 702-382-3155

Horizon Specialty Hospital of Henderson

Horizon Specialty Hospital of Henderson is a 39 bed long-term acute care hospital that offers a wide range of services from trained professionals in physical therapy, occupational therapy and speech pathology. ***We are hiring RNs/LPNs/CNAs with experience in long-term acute care!***

www.horizonspecialtyhosp.com/
Ph: 702-382-3155

WWW.FUNDLTC.COM - Recruitment Hotline: 877-447-9000
Equal Opportunity Employer. Drug-free/smoke-free work environment. M/F/H/V

Spanish Hills Wellness Suites

Spanish Hills Wellness Suites is the newest state-of-the-art healthcare and rehabilitation center in Las Vegas, Nevada. We are a 144 bed skilled nursing facility equipped to provide short-term rehabilitation as well as long-term care. ***We are hiring RNs/LPNs/CNAs with experience in short-term rehabilitation or long-term care!***

www.spanishhillswellness.com/
Ph: 702-251-2200

Horizon Health and Rehab

Horizon Health and Rehabilitation Center is 138 bed skilled nursing facility providing both long-term and short-term care. ***We are looking for RNs/LVNs/CNAs with long-term and/or short-term care!***

www.horizonhealthandrehab.com/
Ph: 702-382-5580

Harmon Hospital

Harmon Hospital is a 118 bed subacute facility dedicated to providing quality subacute care. ***We are hiring RNs/LPNs/CNAs with subacute experience!***

Ph: 702-794-0100

North Las Vegas Care

North Las Vegas Care Center is a182 bed skilled nursing facility dedicated to providing quality long-term and rehabilitative care in a home-like setting. ***We are hiring RNs/LPNs/CNAs with long-term care experience!***

www.nlasvegascc.com/
Ph: 702-649-7800

Sigma Theta Tau International Honor Society of Nursing®

Sigma Theta Tau International Nursing Honorary: Convention November 7-11 in Las Vegas

By Sherrilyn Coffman, RN, PhD, President, Zeta Kappa-at-Large Chapter

"Lead Globally, Transform Regionally, Serve Locally" is the theme of the November 7-11, 2015, convention bringing nurse scholars from around the world to Las Vegas. Over 2,000 members and global nurse leaders will gather at the Aria Resort to advance patient care by exchanging nursing knowledge and best practices based on research and intellectual discovery.

STTI members aim to live out the themes of leadership and service by selflessly serving the profession, compassionately treating others with justice, equity and respect, and acting as mentors to new nurses. The honor society supports lifelong learning activities, sharing of knowledge, and excellence in practice. Membership in the honor society is a privilege, and students and community members are nominated to join the honor society based on scholarship and leadership in nursing. More than 135,000 members of STTI live and work in nearly 100 countries around the world, making this a truly international organization.

Zeta Kappa-at-Large is the local chapter of STTI, representing University of Nevada Las Vegas and Nevada State College. The chapter is a Gold Sponsor of the international meeting, and is helping to plan for the event. Chapter members will be actively participating as volunteers, poster presenters, and speakers throughout the week. To learn more about the honor society or to register for the convention, go to www.nursingsociety.org.

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.

• 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.

BOARD MEETING DATES

September 16-18, 2015	Las Vegas
November 4-6, 2015	Reno

YOU'RE IN GOOD COMPANY!

Active Nevada licenses/certificates on August 13, 2015

RN • 31,288 **LPN** • 3,489 **CNA** • 8,419 **APRN** • 1,227

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)
November 3, 2015

Certified Nursing Assistant/Medication Aide-Certified Advisory Committee (two)*
October 1, 2015
*One MA-C and one RN member which must be in long term.

Disability Advisory Committee (none)
October 16, 2015

Education Advisory Committee (none)
October 15, 2015

Nursing Practice Advisory Committee (none)
October 6, 2015
December 8, 2015

MOVING?

Now you can change your address online!

The law requires you to inform the Board when you change addresses

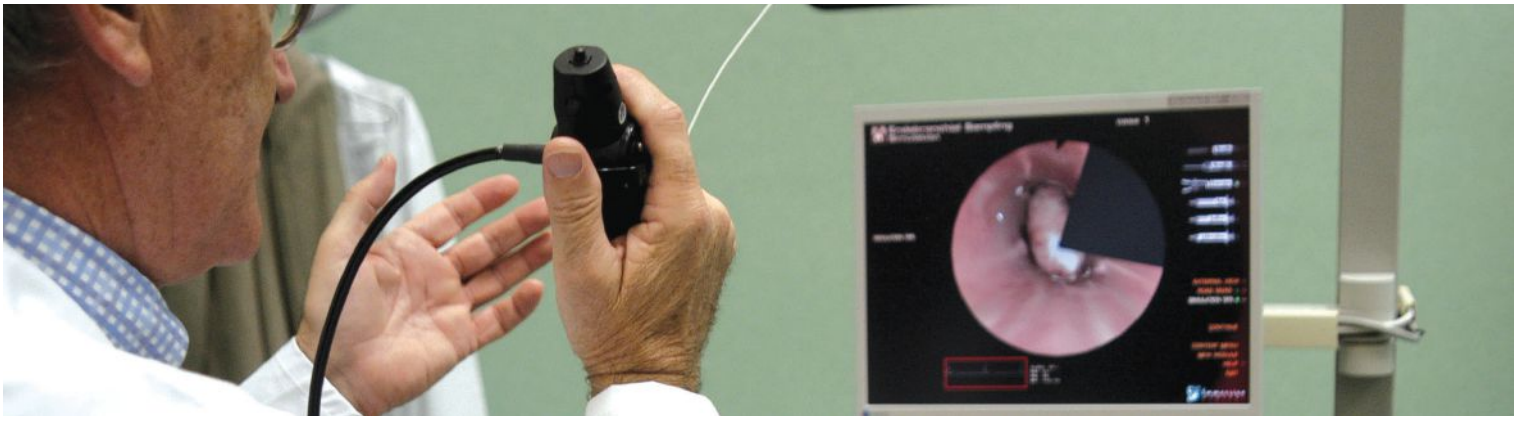
You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, 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.

ROBOTIC SURGERY

By Richard Angelastro MS, RN, CRNA and Lilly Gonzales MSN, RN

What do you imagine when you hear "Robotic Surgery?" Do you think of a Transformer Autobot or a C-3PO droid walking into the operating room with a laser beam to perform your surgical procedure?

The term "robotic surgery" is actually somewhat of a misnomer. The procedure is more accurately defined as a "minimally invasive, computer assisted surgery." It is not some lone robot cutting the patient open in an otherwise empty surgical suite. In fact, the surgery is performed by a surgeon who is stationed at a console within the operating room, to manipulate the "arms" of the robot. In addition, there is a specially trained surgical team in direct contact with the patient to set up or "dock" the robotic system and facilitate exchange of surgical instrumentation.



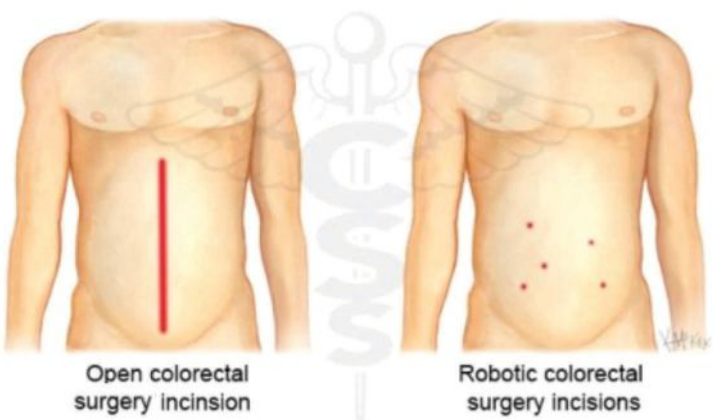
Robotic surgery is not as new as some may think. One of the first robotic surgeries, (a laparoscopic cholecystectomy), was performed in 1987 in France by Dr. Philippe Mouret. (Polychronidis, 2008). This successful procedure was applauded as a major breakthrough in surgical innovation. In the early days of robotics, surgeries were limited to simple laparoscopic procedures involving the biliary, prostate, renal, vascular and gynecological systems.

Robotics has evolved in both the technique and its acceptance over the past 15-20 years. From the first totally endoscopic coronary artery bypass (TECAB) performed in 1998 (Loulmet, et al., 1999), to even more highly specialized, intricate procedures such as reconstruction of a pediatric neurogenic bladder performed in 2008. (Gundeti, 2011)

In January 2009, enthusiasm for robotics in the U.S.A. grew, when it was used for the first kidney transplantation at Saint Barnabas Medical Center in New Jersey. (Giulianotti, 2010) As more experience and research advance the technique of robotic surgery, more intricate and complex surgeries are being offered using this approach. For example, minimally invasive multi-vessel/valve cardiovascular procedures, thoracotomies and radical esophagectomies are now being performed using robotic surgery. According to The New York Times, "robotic surgery has grown dramatically, increasing more than 400 percent in the United States from 2007 – 2011." (Rabin, 2013)

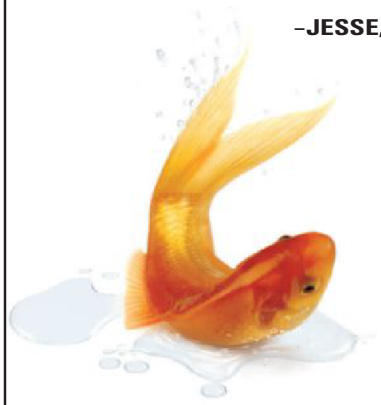
In fact, respected medical centers, such as Massachusetts General, John Hopkins, Stanford, Cleveland Clinic, Mayo Clinic Cancer Center and U.C.L.A. have incorporated robotics into their surgical programs. In Southern Nevada, MountainView Hospital, Sunrise Hospital and University Medical Center all utilize robotics as an alternate surgical option for their patients.

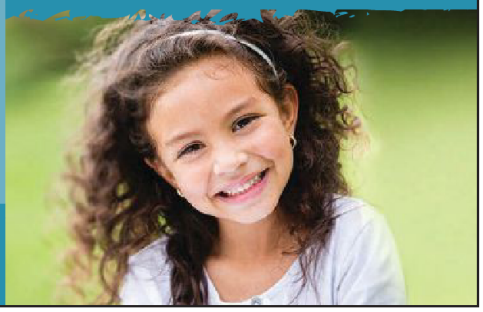
Previous surgeries that once required long incisions can now be performed with several small puncture sites.



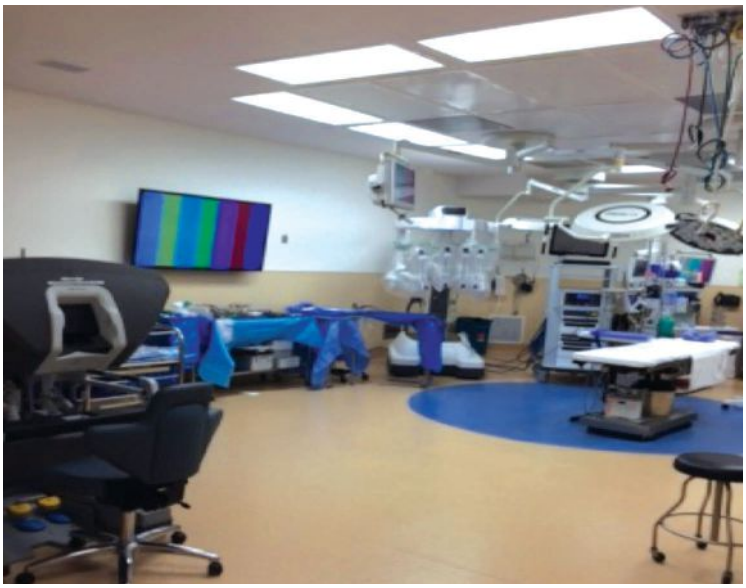
Maeso S, et al

Continued on page 20 >





< Continued from page 18



Surgical suite ready for patient surgery

Decreased post-operative pain, decreased infection rates, minimal blood loss, less scarring and reduced lengths of stay in the hospital are significant benefits resulting in improved patient outcomes. The June 2014 Joint Commission Quick Safety publication identified additional benefits, including superior visualization and instrument range of motion for the surgeon.

There are, however, risks to robotic surgery, which are not inherent in a more traditional surgical approach. These risks are related to the more technological aspects of robotics, such as mechanical failure and equipment malfunction. Surgeons who have traditionally relied on their sense of touch during surgery (such as feeling for abnormalities in the bowel), lose this tactile sense during robotic procedures, and this may be a significant challenge to overcome. Robotic surgeries may prolong surgical/anesthesia time, which can lead to complications such as blood clots and pneumonia. According to one expert source, "from January 2000 – December 2013, the adverse events reported to the FDA by the manufacturer of the robotic system found 144 deaths; 1391 patient injuries and 8061 device malfunctions." (Green, 2015)

Hospitals that choose to offer robotic surgery must weigh the cost benefit ratio carefully. In general, payer sources do not reimburse for use of this surgical alternative. The start-up costs (which could be in excess of one million dollars for the robot alone), must be incurred before any procedures may be scheduled. In addition there are ongoing financial outlays required for equipment maintenance and upgrades.

Even though robotic surgery has many benefits, it still may not be for everyone; a risk and benefit discussion needs to be held between the physician and the patient. As in other healthcare decisions, the patient considering robotic surgery needs to be fully informed when selecting the most appropriate surgical method for their individual needs.

References

Giulianotti PC, Bianco FM, Addeo P, Lombardi A, Coratti A, Sbrana F. (2010). *Robot-assistedlaparoscopic repair of renal artery aneurysms. Journal of Vascular Surgery,* (51), 842–9.

Green, M. (2015). *4 things to know about effects in robotic surgery.* Retrieved July, 2015 from http://www.beckershospitalreview.com/quality/4-things-to-know-about-adverse-effects-in-robitic-surgery.html

Gundeti, M. S., Archarya, S. S., Zagaya, G. P and Shalhav, A. L. (2011). *Pediatric robotic-assisted laparoscopic augmentation ileocystoplasty and Mitrofanoff appendicovesicotomy (RALIMA): feasibility of and initial experience with the University of Chicago technique.*
British Journal of Urology International. 107 (6): 962-969.

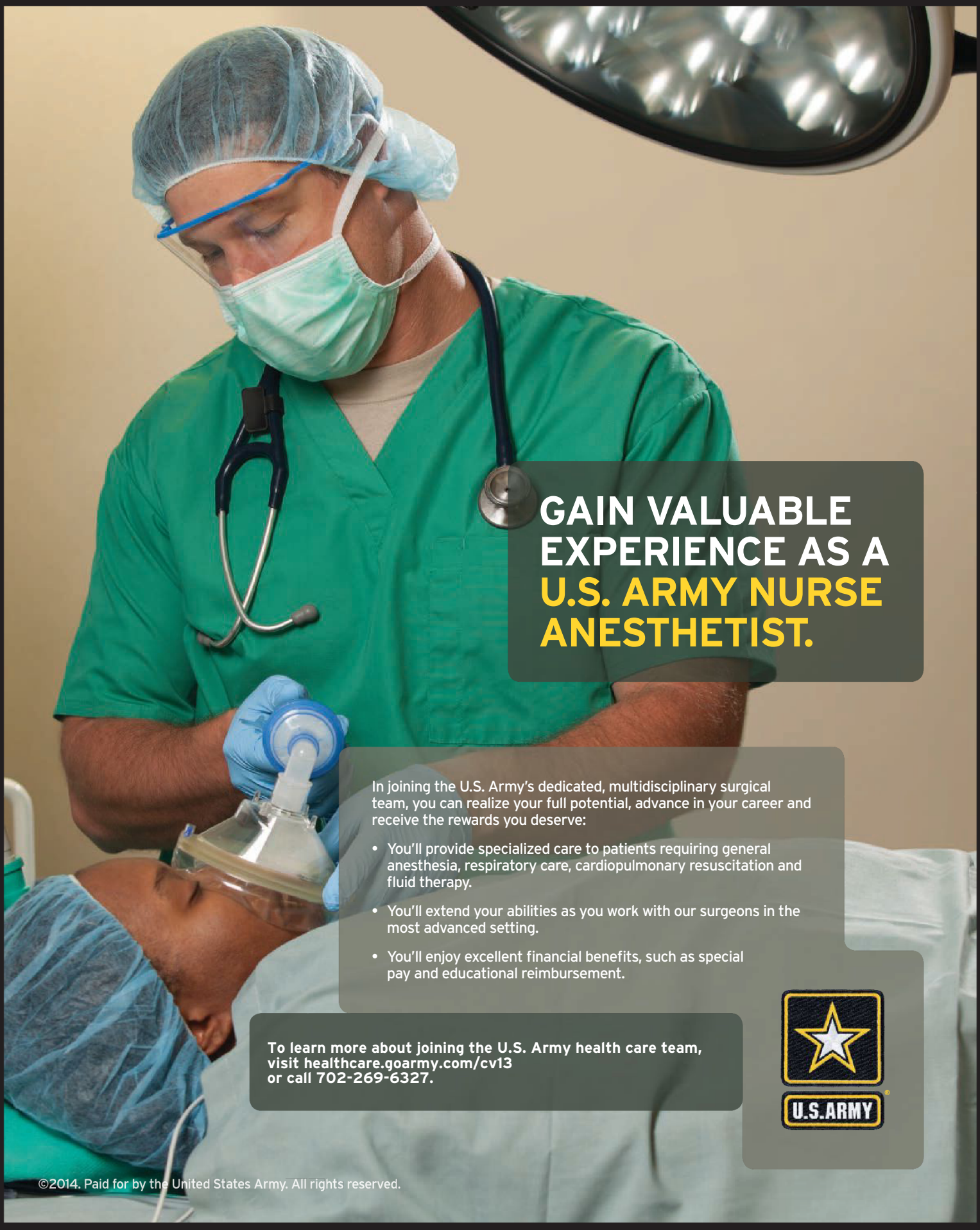
Loulmet, D., Carpentier, A., d'Attellis, N., Berrebi, A., Cardon, C., Ponzio, O., Aupecle, B., Relland, J. Y. (1999). *Endoscopic coronary artery bypass grafting with the aid of robotic assisted instruments. Journal of Thoracic and Cardiovascular Surgery.* (118): 4–10.

Polychronidis, A. (2008) *Twenty years of Laparoscopic Cholecystectomy.* Journal of the Society of Laparoendoscopic Surgeons. 12(1): 109-111.

Maeso S, Reza M, Mayol JA, Blasco, Guerra M, Andradas E, Plana MN. *Efficacy of the Da Vinci surgical system in abdominal surgery compared with that of laparoscopy: a systematic review and meta-analysis*. Ann Surg. 2010 Aug: 252(2) 254-62

Rabin, R. C., (2013, September 09). New Concerns on Robotic Surgeries. *The New York Times*. retrieved from http://well.blogs.nytimes.com/2013/09/09/new-concerns-on-robotic-surgeries/

The Joint Commission. (June, 2014). *Quick safety newsletter*: Potential risks of robotic surgery.(June 2014). Retrieved July, 2015 from http://www.jointcommission.org/assets/1/23/Quick_Safety_Issue Three_June_2014.pdf



GAIN VALUABLE EXPERIENCE AS A U.S. ARMY NURSE ANESTHETIST.

In joining the U.S. Army's dedicated, multidisciplinary surgical team, you can realize your full potential, advance in your career and receive the rewards you deserve:

- You'll provide specialized care to patients requiring general anesthesia, respiratory care, cardiopulmonary resuscitation and fluid therapy.
- You'll extend your abilities as you work with our surgeons in the most advanced setting.
- You'll enjoy excellent financial benefits, such as special pay and educational reimbursement.

To learn more about joining the U.S. Army health care team, visit healthcare.goarmy.com/cv13 or call 702-269-6327.

U.S.ARMY

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 License 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 Fradulent 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
- RN/LPN CE Audits
- Nursys Data Entry

Taylor Loveland, *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

Aften Hand, BSN, RN, *Investigator*
- Complaint Investigations
- Nursing Practice Questions

Sherri Twedt, RN, CLNC, *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

Support

Jill Caldwell
Ariel Gamble
Aspen Gorman
Anthony Sipes
-Receptionists
- Renewal Applications
- Program Support
- Inquiries, Information and Referrals
- Licensure and Certification Applications

BOARD MEMBERS

Rhigel Tan, DNP, APRN, RN
President
Term expires 10/31/15

Deena McKenzie, MSN, RN, CNML
Secretary
Term Expires 10/31/16

Jennifer Krupp, MPH, MBA, CNA
CNA member
Term expires 10/31/15

Susan VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP
RN member
Term expires 10/31/2016

Mary-Ann Brown, MSN, RN
Vice President
Term expires 10/31/16

Rick Carrauthers, LPN
LPN Member
Term expires 10/31/17

Sandra Halley
Consumer Member
Term expires 10/31/2017

THE UNIVERSITY OF NURSING DEGREES, REINVENTED.

How did one of *Fast Company's* "50 Most Innovative Companies" reinvent nursing school? By letting you fly through the material you already know, master what you don't, and study for your BSN or MSN whenever your busy schedule allows. **Learn more at nevada.wgu.edu.**

WGU NEVADA

A NEW KIND OF U.™

Nevada State Board of Nursing
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547