

# MOMENTUM

Summer 2003 • Volume 1 Issue 2



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# MOMENTUM

## Momentum

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Edition 2



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# from the president

Many people reading this publication may not be aware of the many changes that occurred at the Board of Nursing over the past year or so. You are holding one of the major changes in your hands right now. Beginning in April 2003, the Board's newsletter, *Momentum*, has a new, more professional look. While the intent of *Momentum* remains the same—to bring information to Ohio's licensed nurses and

certified dialysis technicians—the new format is more in keeping with the level of professionalism exhibited by today's nurse. The most important fact about the new *Momentum* is that it did not cost the Board (or licensed nurses/dialysis technicians) anything to print and mail 192,000 copies of the publication! Because the Board is no longer required to cover the cost of printing *Momentum*, we will publish quarterly instead of twice each year. This will allow for increased communication between the Board and licensees about important practice and legislative matters. The publisher is using revenue from advertising, which allows employees, to cover the cost of the publication.

Another change occurred with the May Board meeting. In an attempt to reach out to licensees and the public in different regions of the state the Board took it's meeting on the road. In May we traveled to Lakeland Community College in Kirtland, Ohio (Greater Cleveland area). As a part of this meeting, the Board offered a free, one-hour, continuing education presentation on the law and rules affecting the practice of nursing in Ohio. The agenda also included a time for questions from audience members. Unfortunately, attendance was not what had been hoped for, but feedback from those in attendance was positive. In September, the Board will again take it's meeting on the road and travel to Hocking College in Nelsonville. We hope that nurses, dialysis technicians, and interested members of the public from the Southeastern region of Ohio will attend.

The nursing shortage is helping drive a few new initiatives at the Board. First, while few people would disagree that there is currently a nursing shortage in the state, no one seems to know the exact seriousness of the situation. A statewide survey of all actively licensed nurses in the state will be mailed on August 1, 2003. The data taken from this survey project will help determine the severity of the

current nursing shortage, as well as provide some indication of what the supply of nurses will be like in Ohio in the next five to ten years. Hopefully, schools, employers, and lawmakers will use this information to help identify proactive ways to deal with this growing problem.

A second Board initiative driven by the shortage is a campaign aimed at recruiting men and ethnic minorities into the profession. A great amount of literature has been recently released that supports the notion that patient outcomes are affected by access to appropriate nursing care. The current, and ever worsening, nursing shortage should be viewed as a very serious threat to public health and safety. To address this growing concern, the Board of Nursing is organizing a collaborative, multi-media campaign that will try to increase interest in nursing as a career option, especially for men and ethnic minorities. These two groups have historically been under-represented in nursing and have seldom been the focus of recruitment campaigns. A variety of advertisements will direct interested individuals to access a web site that will serve as a clearinghouse of Ohio nursing information.

Recently, the Board started exploring Ohio joining the Interstate Compact for Nursing Licensure. This effort, which will require a law change, will allow much more flexibility to individual nurses when they wish to practice in any of the states that are compact members. The compact allows a nurse licensed in his or her home state to practice on the home state license in any of the compact states. There are currently 21 states in the compact, but the number has grown rapidly over the last few years. The flexibility as a result of the compact will be most helpful to the individual nurse who often practices outside of Ohio and may help bring nurses into the state of Ohio more easily.

Internal changes at the Board led to realigned staff positions to maximize efficiency and increase services to the public and licensees. These changes helped decrease the length of time needed to respond to complaints about individual nurses and shorten the time needed to issue a nursing license. In addition, the Board voted to move to a year-round model for license renewal, similar to the method used for an individual's drivers license. The license will still be renewed every two years, but will be done in conjunction with the licensee's birthday.

My thanks.

*Mary Kay Sturbois, RN, BSN, CDE*



Mary Kay Sturbois  
RN, BSN, CDE  
President

## from the executive director

Not long ago, I was asked to speak to a group about issues of importance to nurses in recognition of nurses' week. While trying to decide on a topic, I received a story via e-mail about a group of British nurses who were trying to replace Florence Nightingale as the proverbial figurehead of the nursing profession. The reasoning behind this

"heresy" was that they felt Nightingale's image was too focused on caring and did not reflect the reality of modern nursing. They felt that her trademark, late night, candlelight rounds, to provide care for wounded soldiers in the barracks hospital at Scutari, Turkey, during the Crimean War did not adequately portray the image of 21st century nursing. What nursing really needs, they assert, is a more professional role model not so closely tied to the traditional caregiver role. I thought, hmmm, trying to dump Flo because she was too caring, that might work

into a talk somehow.

While contemplating the topic, I received a phone call from my family doctor telling me I might require surgery on a bad hip. In an instant, I went from a provider of nursing care to a consumer. I was faced with the potential of needing nursing care as a hospital patient. Suddenly the image of a caring nurse took on a whole new meaning (and provided the basis for what I think was probably a rather boring talk).

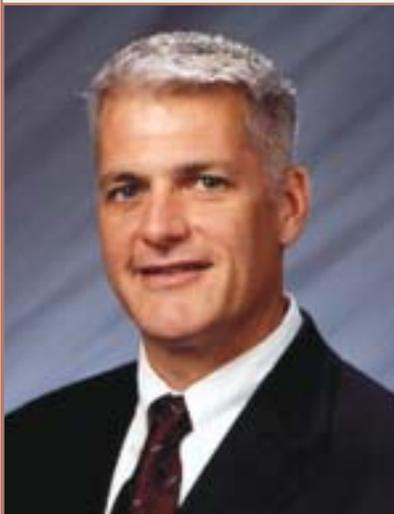
The more I thought about it, I realized that caring is more complex than the notion of being compassionate when dealing with a patient. I realize, and think it's important to remember, that for the patient, a nurse who cares about comfort needs is extremely important. For the patient, the role of the nurse is to adequately control pain, satisfy hunger and thirst, and appropriately address fear and anxiety. From the perspective of the patient in the bed, caring has a lot to do with being human and connecting on that level.

Nurses, as educated professionals, prac-

tice caring in ways more complex than what is perceived by the patient receiving care. Caring includes basing one's practice on a solid foundation of fundamental nursing knowledge and constantly keeping that practice informed by the most currently available information. Completing the continuing education requirements associated with license renewal is one way to achieve this goal.

Caring also includes advocating for the patient under the nurse or dialysis technician's care by assuring that they receive safe and competent care from all healthcare providers. Reporting substandard, unsafe, or unethical care provided by another practitioner to the appropriate licensing board is an act of patient advocacy that demonstrates caring. Helping get a drug or alcohol impaired colleague into treatment by reporting their condition should be seen as both an act of patient advocacy and an act of caring for a fellow practitioner. Challenging yourself and others, including existing healthcare systems, to provide the most effective, comprehensive, and informed care is an act of caring for both individuals and communities.

It is easy to understand how much a patient depends on nurses for caring when caring is viewed as human kindness directed toward the immediate relief of the suffering of an individual. The public expects these acts of compassion, which led to the reputation of nursing as the profession of caring. The less visible acts of caring carried out by professional nurses each day help ensure the maintenance of the high standards the public has come to expect from nurses and other health care providers. I suggest we consider keeping Flo and her model of care around as a role model for professional nursing, at least until we know for sure if we want to abandon caring as a major part of what we do.



John M. Brion  
RN, MS  
Executive Director

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# letters to the board

I received the "*Momentum*" last week. What a wonderful, informative publication. It has a professional persona! Congrats to all of you. I thoroughly enjoyed the articles from you [John Brion] and Mary Kay Sturbois. Keep up the good work. I am proud of Ohio's Board of Nursing Team.

—**Lynne Genter, RN**

I am writing to express how saddened I am at the change in *Momentum's* format. I used to look forward to each copy of *Momentum* arriving at my home. But, now that it is nothing more than a shameless advertising rag, I will simply deposit it in the trash! Good bye old friend—good bye *Momentum*.

—**Richard Evans, RN**

Dear Ms. Genter and Mr. Evans,

Thank you for your letters. For the most part, the Board received a big outpouring of support for the recent changes to *Momentum*. We had hoped that we could provide a more professional, user-friendly format for Board communication. From the overwhelmingly positive response, we have achieved at least some of our goal. We also understand that not everyone was happy with the changes. In her comments this month, President Sturbois points out that the new format actually saved the Board a considerable amount of money. While I can appreciate your concern about advertising, please realize that our new format allows us to bring our licensees *Momentum* twice as often and eliminates the publishing cost. I hope that you might reconsider your views in light of the cost savings.

—**John Brion, RN, MS**

I finished the article from the *Momentum* magazine penned by you [John Brion] and understood the comment of your colleague in the first paragraph and yet it eludes you.

As a retired nurse now returning to school I am looking to see the changes that have been made with the field of nursing. I congratulate you on your new post but I see the choice for leadership is more of the same. Nurses have no objection to rules and regulations to protect patients. What I want, and I most likely speak for a few if not many, is a voice to represent and protect nurses. Patient care will be delivered more effectively if nurses are happy in their positions. Please work to ensure our safety, proper compensation and longevity. And do it with a smile. My license is active and I've enjoyed the continuing education but the material from the Ohio Board of Nursing gives

me the impression that the patient is everything and I am nothing.

—**Joanie Heinen, RN**

Dear Ms. Heinen

Thank you for your letter. I agree with you that there should be a voice to "represent and protect nurses", however the mission of the Board of Nursing is to "actively promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing as defined by law". While there is not yet a single organization that represents all nurses, there are a number of organizations and professional associations that serve that purpose for their special member populations. While the staff of the Board, many of whom are nurses, are hopeful that nurses are happy and feel supported in their careers, our primary purpose is to focus on the patient and their safety.

—**John Brion, RN, MS**

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## *Mentoring the New Graduate: Nurse or Unlicensed Assistive Personnel?*

### *Making the Most of the New Graduate's Experience*

By Jacqueline M. Loversidge, RN, C, MS

Bridging the gap from nursing education to nursing practice is a national issue. Ohio is not alone in its concern and efforts to provide for a greater measure of congruence between education and practice (see Spring 2002 issue of *Momentum*). "Congruence," as used here, refers to how well the basic education experience prepares the new graduate RN or LPN for practice, and how well the practice setting picks up where the education experience ends. The new graduate is, in fact, a novice in the healthcare workforce. The Ohio Board of Nursing (Board) is very interested in strategies that will move new graduates along on their journey to become safe, competent, confident practitioners of nursing.

Many will remember the "temporary permit" that used to be issued to new graduates, allowing them to practice as nurses pending receipt of a passing score on the licensure examination. Since the inception of the computerized licensure examination (CAT), the time lag between testing and licensure has been greatly shortened. In Ohio, a candidate who passes the exam will have their license mailed to them in seven days or less. In fact, the candidates are given information on how to call the National Council of State Boards of Nursing (for a small fee) to get an "informal" phone result, shortly after completion of the test. Compare that to the six to eight weeks under the old, pre-CAT, paper and pencil test system. That fact, plus the notion that the licensure exam is the only legally defensible method the Board has to assure minimal safety, caused boards of nursing nationwide to eliminate the temporary permit. When the change in the system

occurred, we were left with new graduates who did not hold a temporary permit to practice.

So how is a new nursing graduate "classified"? Is this person a nurse? An unlicensed assistive personnel (UAP)? The answer is clear in the Nurse Practice Act—only individuals licensed to be nurses may practice nursing and hold themselves out to be nurses. Students practice nursing only because there is a specific exemption in the Nurse Practice Act (law) that allows the student to practice if she/he is enrolled in a nursing education program and under the supervision of a faculty member (*See Section 4723.32 of the Ohio Revised Code, or ORC*).

There is an awkward time following graduation, but prior to licensure, which the new graduate is a part of the nursing workforce. While there is both an art and a science involved in mentoring new graduates, the bottom line is this; until new graduates have passed the NCLEX® examination ("state boards"), they must function only as UAPs and perform nursing tasks only as delegated by the licensed nurse. *The mentor or preceptor must have a working knowledge of the principles of delegation and use those principles appropriately during this time.*

#### **The Delegation Rules**

Chapter 13 of the Ohio Administrative Code (OAC), the rules adopted by the Board from the law governing the practice of nursing, regulates delegation by licensed nurses. It is important to read and have an understanding of the entire chapter. However, a few key points are helpful

in working with new graduates. The information below is paraphrased; please refer to the rules, available at [http://www5.state.oh.us/nur/Law\\_and\\_Rule.htm](http://www5.state.oh.us/nur/Law_and_Rule.htm), for exact wording.

Rule 4723-13-01 of the OAC defines "trained unlicensed person" as an individual not currently licensed as an RN or LPN or certified as a dialysis technician, but who has been taught by a licensed nurse to perform a nursing task under the supervision of a licensed nurse. Note that the term used in the rule, "trained unlicensed person", is often used interchangeably with the term "unlicensed assistive personnel."

This same rule also defines "delegable nursing task" as a nursing task that the licensed nurse has determined meets certain criteria established in rule. The list below contains a summary of the various elements that must be in place to meet the criteria. For a comprehensive list, see the full text of rule 4723-13-05 of the Administrative Code.

- The task must be within the scope of practice for that licensed nurse;
- The delegating nurse must have the knowledge, skill and ability to perform the task to be delegated;
- The task must be within the training, ability, and skill of the trained UAP who will be performing the task;
- The task must be delegable (not prohibited); and
- The appropriate resources and support must be in place, the trained UAP must perform the task only as specified by the nurse, and the licensed nurse must provide adequate and appropriate supervision.

OAC rule 4723-13-03 prohibits the licensed nurse from delegating the following nursing tasks to a UAP:

- Administration of medications;
- Performance of IV therapy;
- Use of the nursing process in its entirety or any of the steps of the nursing process;
- Any task requiring nursing judgement; or
- “Sub-delegation” of the delegated task to another person by the UAP.

The licensed nurse must always determine whether the conditions are “right” to delegate, and is held accountable for the acts of delegation to and supervision of the new graduate. In addition, if the new graduate is not performing the task appropriately, the licensed nurse maintains the responsibility and authority to withdraw the delegation.

### Frequently Asked Questions

Below are some of the frequently asked questions regarding what things can and cannot be done by an unlicensed new graduate:

#### What is a new graduate UAP not permitted to do?

**Q** Can a new graduate present the clinical agency with a list of the skills she/he was “checked off” on in the nursing program, and the clinical agency use that as the “training” for the delegated tasks?

**A** No. The licensed nurse who is delegating the task to the new graduate must ascertain whether or not the training and skills are appropriate for the task for that patient at that time.

**Q** If they passed medications to a group of patients as a student, and even on our unit, can't they administer medications with the oversight of the licensed nurse?

**A** No. This is prohibited by paragraph (A) of rule 4723-13-03 of the Administrative Code.

#### What can the new graduate UAP do?

**Q** A new graduate spends so much time learning how to use the nursing process—is she/he unable to use any of this knowledge as an unlicensed person?

**A** The use of the nursing process in its entirety, or any of the steps, may not be delegated, but nothing prohibits the nurse-preceptor/mentor from working with the new graduate as a “partner” in this regard. It is to everyone’s advantage for the preceptor/mentor to engage the new



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# practice corner

graduate fully and help them grow in their understanding and utilization of the nursing process, as well as their critical thinking skills. The following example illustrates how this partnership could work.

The licensed nurse is caring for a patient who will be discharged to home with a dressing and drainage system. The dressing change, as well as other nursing tasks, has been delegated to the new graduate. The new graduate is very interested in the overall care for this patient, including discharge planning. The nurse mentor/preceptor works with the new graduate and together they formulate the discharge plan, utilizing all phases of the nursing process. The nurse mentor/preceptor talks through the process with the new graduate, asks questions to stimulate critical thinking, and incorporates appropriate sugges-

tions into the plan of care. The plan of care becomes a team effort, probably more thorough for the inclusion of the thoughtful input by the new graduate.

**Q** Can the new graduate UAP be assigned a group of patients?

**A** No. *All UAPs must be assigned to the licensed nurse.* The licensed nurse is then responsible for delegating specific nursing tasks to the UAP. The new graduate is no different in this way. However, remember that the delegation rules require that the “nursing task is within the training, ability, and skill of the trained unlicensed person,” and *in the case of most nursing tasks, the training, ability and skill level of the new graduate will be greater than most UAPs* (see OAC rule 4723-13-05 (C)(3)).

**Q** Other than the prohibitions as listed in rule 4723-13-03 of the OAC, are there any other nursing tasks that may not be delegated to a new graduate?

**A** No. Virtually any nursing task not expressly prohibited in law or rule may be delegated to the new graduate. So long as the Criteria and Standards for a Licensed Nurse Delegating to a Trained Unlicensed Person (OAC rule 4723-13-05 OAC) are followed, any nursing task not expressly prohibited may be delegated to the new graduate.

## What is the scope of practice for a new graduate?

**Q** What is included in the scope of practice for a new graduate?

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**A** The new graduate *does not have a scope of practice*. Her/his practice is limited to nursing tasks delegated by the licensed nurse. No UAP has a scope of practice—this is a term that applies only to licensed individuals.

**Q** Since a new graduate must function in a UAP role, must they have that job title?

**A** The employing agency must NOT use a title that would imply that the individual is a nurse.

There is a section in the Nurse Practice Act, ORC 4723.03, that prohibits the use of titles or initials that would imply or represent to the public that the person is authorized to practice nursing if the individual is not a licensed nurse. Other than the restriction contained in ORC 4723.03, the new graduate's job title may be differentiated from other UAPs. *Note: name badges must not display the initials RN, LPN, or other titles indicating the person is a nurse until they are licensed.*

**Q** Can a new graduate be required by law or rule to follow the regulations and standards of the Nurse Practice Act and the rules of the Board?

**A** No. The law and rules regulating nursing practice apply only to the licensed nurse (and certified dialysis technician, as applicable).

### **One more question—is the new graduate “practicing on my license”?**

**Q** Is the new graduate “practicing on my license?” In other words, if they perform the delegated task incorrectly, am I “liable?”

**A** No. Liability is a term used in civil law meaning a person's financial responsibility for civil wrongs such as medical malpractice or other negligence. Accountability or responsibility means the “obligation and

duty to perform” which are required of every licensed nurse by the nurse practice act. When a nurse delegates in accordance with the delegation standards as required in the rules, the nurse's duty as it relates to delegation has been met. So, the nurse is held accountable by the Board of Nursing for the appropriate delegation of the nursing task. The individual (UAP) performing the nursing task is accountable for his or her own actions. If the UAP performs the delegated task in an unsafe manner, the nurse is accountable for immediately taking

### **The new graduate does not have a scope of practice. Her/his practice is limited to nursing tasks delegated by the licensed nurse. Scope of practice applies only to licensed individuals.**

action to “take back” that task. If the nurse knowingly or continually delegates inappropriately, the nurse is accountable to the Board as well.

### **The Art and Science of Mentoring**

In summer of 2002, the Board conducted a survey of employers of new nurses. The purpose of the survey was to identify factors that might contribute to enhanced congruence between education and practice, in other words, a more successful “hand-off.” Approximately 40 clinical facilities responded. Respondents were asked their perceptions of new graduates strengths and weaknesses, and were also asked to describe the orientation processes used in their facilities.

Employers reported that new graduates come to them filled with enthusiasm for their new profession and their newly acquired knowledge and skills. Most are anxious to apply what they have learned in the clinical settings. However, it comes as no surprise to hear employers report that new graduates still have a way to go to perfect their skills in priori-

tizing, problem solving, performing complex procedures, and delegating to unlicensed persons. Even graduates that have been through a “capstone” experience in their nursing program, and have worked side by side with a preceptor, are still novices. It is the responsibility, and privilege, of experienced nurses to help introduce our new graduates into the profession.

Many nursing education programs and clinical facilities report having excellent working relationships and plans in place for mentoring new graduates during their orientation. Those with the greatest success preparing and retaining new graduates identify the individual's strengths and make them feel a welcome addition to their new work home. This serves the purposes of helping new graduates become comfortable with facility policies and pro-

cedures, the work environment, and in providing great nursing care. Facilities with the best orientations have virtually no turnover in the first year - the time that new graduates are most likely to leave their first job.

Using a discharge planning metaphor, mentoring new graduates should ideally begin while they are in their nursing education programs. New graduates are more likely to seek employment in clinical facilities where they feel as they've been treated as a future colleague, a partner in nursing care. Preceptor-guided clinical experiences for students are a particularly worthwhile endeavor; qualified, interested, supportive preceptors very much help to bridge the gap from education to practice.

#### **References:**

Ohio Revised Code §4723.32, “Exceptions from Licensing Requirement,” Effective September 5, 2001.

“Nursing Standards & Delegation: A Guide to Ohio Board of Nursing Rules”. May 2002.

Ohio Administrative Code Chapter 4723-13, “Delegation of Nursing Tasks,” Effective February 1, 2003.

by Jeff Rosa, MPP

## Changes to the Ohio Administrative Code... the Rules

Over the past few months, Board staff and Board advisory groups were hard at work reviewing existing rules to determine what changes, if any, need to occur. Under state law, each agency must review its rules every five years. This year, the Board is reviewing Chapters 4 (Standards for Safe Nursing Practice), 6 (Alternative Program for Chemical Dependency), 18 (Practice Intervention and Improvement Program), and 20 (Prevention of Disease Transmission).

An important component of the review process is input from the people directly affected by the rules—licensed nurses and certified dialysis technicians. Individuals may provide comments to the Board about any rule by sending an email to law-rules@nur.state.oh.us.

Additionally, the public is invited to attend the public rules hearing held on the Wednesday before the November Board meeting. This year, the public hearing takes place on November 19. To learn more about the rule making process, read a copy of The Board of Nursing & the Rule Making Process, which is available on our website.

At the July Board meeting, the Board will discuss which “five-year review” rules do not require any changes. As often happens, the majority of the rules from the four chapters listed above require some modifications. These changes are often to correct inaccurate citations or to make grammatical changes to the existing language. Even a technical change made to a “five-year review” rule makes it ineligible to be filed as a “no change” rule.

The Board will vote on 15 potential no change rules in July. Rules from chapters 18 and 20 comprise the majority of the 15 rules. Although a recommendation is made to the Board to file these as no change rules, the Board may choose to amend any or all of the 15 rules under discussion. Stay tuned for the next issue

of *Momentum* to find out the results of the July meetings and for discussion on some of the proposed rules changes.

### Advanced Practice Nurses — Chapter 4723-19 OAC:

Although this chapter is not subject to review this year, major changes regarding the university pilot program advanced practice nurses occurs in January 2004, which will affect the rules in Chapter 4723-19. The statutory authority governing the pilot program APNs is repealed effective January 17, 2004. The statutory language contained in the Ohio Revised

Code authorized the Board to adopt rules governing these APNs. Without the legal authority to have these rules, the Board must rescind all the rules in this chapter. Additionally, Board staff is searching the other 22 chapters of rules to find any other references to the pilot project APNs. These references will also be stricken from the Board’s rules.

### Legislative Update

Every two years, Ohioans vote on candidates for the state legislature, formally known as the Ohio General Assembly. The 125th General Assembly started in January of this year and lasts until December 2004. During the six months that the legislature has been in session, the biennial operating budget bill (H.B. 95) has dominated the headlines. In addition to approving spending authority for state agencies, H.B. 95 contains various changes to the Ohio Revised Code, which has a tremendous impact on public policy in the state.

In this particular budget, various changes are proposed for the Nurse Practice Act (ORC Chapter 4723). At press time, the budget had not yet been enacted, and some changes from what is discussed in this issue may occur.

### Nurse Practice Act Changes

As part of its budget request, the

Board asked for, and received, various amendments to ORC Chapter 4723. These changes included various fee increases and the authority to charge for Board-sponsored continuing education activities. The following table details the fee changes included in the budget.

Category	Current Fee	New Fee
LICENSURE BY EXAM	\$50	\$75
LICENSURE BY ENDORSEMENT	\$50	\$75
NURSING LICENSE RENEWAL	\$35	\$45
<i>Licenses that expire on or after 8/31/03 but before 1/1/04</i>		
NURSING LICENSE RENEWAL	\$45	\$65
<i>Licenses that expire on or after 1/1/04</i>		
ISSUANCE OF IV THERAPY CARD	N/A	\$25
REPLACEMENT COPY	\$15	\$25
OUT-OF-STATE NURSING EDUCATION PROGRAM SURVEY VISITS	N/A	\$2,000
BOARD-SPONSORED CONTINUING EDUCATION ACTIVITY	N/A	UP TO \$15

Language included in the budget specifies that the Board-sponsored CE activity is limited to the “Category A” one-hour law and rules requirement. All moneys raised through Board-sponsored CE activities will fund the Center for Nursing Excellence and Workforce Planning. None of funds raised through this activity will directly support the operational activities of the Board of Nursing. The \$10 increase in the replacement copy fee applies to nursing licenses, certificates of authority, certificates to prescribe, dialysis technician certificates, IV therapy cards, and frameable certificates.

The current requirement that transfers \$5 from each license renewal to the Nurse Education Assistance Loan Program remains. In addition, as will be discussed below, an additional \$10 from each license will fund a Nurse Education Grant Program. Therefore, of the \$65 renewal fee, only \$50 will directly support the operational activities of the Board. Although the Board voted to support this amendment, the program, and its funding mechanism, were not initiated by the Board.

While the bill made its way through the legislative process, other provisions affecting nursing were added. Most significantly, amendments to establish a nurse education grant program and to

allow practical nurse prelicensure education programs to include intravenous therapy as part of the program's curriculum were added.

#### **Nurse Education Grant Program**

Many individuals argue that one of the causes of the nursing shortage is the inability of nursing education programs to enroll all qualified applicants. Some of the reasons for this include a lack of classroom space and a lack of clinical faculty. To combat this problem, the budget bill contains a provision establishing the nurse education grant program, administered by the Board of Nursing. Under the grant program, joint grants will be awarded to nursing education programs and to health care facilities to fund partnerships that will increase program enrollment. Permitted activities under the program include hiring clinical faculty and preceptors and purchasing educational equipment and materials.

As noted above, \$10 from the biennial renewal fee will fund this program. The Board may use up to 10 percent of the

raised each year for administrative expenses incurred to operate the program. Based upon existing number of licensees, this program should raise about \$1.8 million every two years.

#### **IV Therapy Changes**

After discussions held between representatives of the Board, ONA, LPNAO, and OOPNE, language was added to the budget bill to allow IV therapy to become part of the curriculum of a practical nurse education program. Once this language goes into effect, the Board will need to adopt rules outlining the curriculum requirements for these courses. The new "prelicensure" language does not contain the "three-stick" requirement.

Recognizing that LPNs obtaining IV therapy certification as part of a prelicensure program should not be required to pay for both their license and an IV therapy card, the language in H.B. 95 states that the \$25 IV therapy card fee is not to be charged to the prelicensure IV therapy nurses.

#### **Certified Community Health Workers**

About three years ago, the program administrators for the Community Health Access Project approached the Board of Nursing seeking certification for these workers from the Board. After much discussion, the Board voted to support legislation establishing the certified community health worker program. Language establishing this certification is contained in H.B. 95. These individuals assist members of the community in accessing community health and supportive resources through home visits and referrals. Any nursing care related activities performed by a certified community health worker can only be undertaken pursuant to the delegation of a registered nurse. Rules governing this new program will be adopted in the fall of 2004 and the first certificates will be issued in early 2005.

More details on the impact of House Bill 95 on the Nurse Practice Act will take place in the next issue of *Momentum*.



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***it's easy to see why  
so many nurses feel they "belong" at  
University Hospitals Health System (UHHS)***

***By Mary Elizabeth Sokol***

"The first thing doctors realize when they graduate from medical school is how much less they know about the practice of medicine than nurses," remarks John Ferry, MD, senior vice president for medical and surgical services at University Hospitals of Cleveland. "Nurses have experience in observing patients; and doctors realize they can be their eyes and ears when they're out of the hospital." As physicians know, nurses are the heart of a hospital. However, despite recognition of their importance, the U.S. is experiencing an unrelieved shortage of RNs. UHHS has always valued its nurses' contributions, and in the face of the shortage, is acting to guarantee superior patient care, nurses' satisfaction and continuation of a century-old tradition of some of the region's finest nursing services.

***University Hospitals Health System Responds***

"The nursing shortage is a social problem that will not be solved by the profession or industry alone," says Charlene Phelps, RN, MSN, FAAN, senior vice president for Nursing Integration. While nursing is intellectually challenging, emotionally rewarding and consistently ranked as the "most trusted profession" in public polls, it's not attracting young people. Ms. Phelps says the profession must take ownership of this problem and address the prejudice that undervalues nursing as an attractive vocation.

The first initiative is the nationally successful Ladders in Nursing Careers (LINC) program, funded through generous support from

the John Huntington Fund for Education, which offers nursing-school tuition in exchange for post-graduation work at University Hospitals.

Secondly, University Hospitals is strengthening relationships with northeast Ohio nurs-



***Charlene Phelps, MSN, RN, FAAN, senior vice president for Nursing Integration***

ing schools. The hospital works with these schools to recruit sophomore nursing students who receive scholarships through the Charlene Phelps Nursing Scholars Program made possible by a leadership gift from the Elisabeth Severance Prentiss Foundation. The Phelps Scholars receive tuition reimbursement for nursing studies in return for a commitment to working at UHHS after graduation. And

thirdly, is the newly-created position of Nurse Recruitment Strategist and Liaison. Funded by the Prentiss Foundation, this administrator will direct training and recruitment of RNs whose quality of care can contribute greatly to the hospital's continued reputation for excellence. Other initiatives include regularly scheduled forums where nurses share problems and solutions.

***An Environment of Support***

The charge of upholding University Hospitals' reputation for nursing excellence falls to Charlene Phelps. Under her direction, the hospital's nursing model transcends a task-based approach, combining patient advocacy and education with traditional expectations of advanced medicine and unsurpassed compassion.

"A nurse must have the same scientific knowledge base that physicians have, *with a different focus*," Ms. Phelps states. Physicians are primarily concerned with diagnosis and treatment of diseases, where nurses must not only know and understand the disease and medical plan, but also know how to help patients understand and integrate the physicians' recommendations to attain and maintain optimal health.

Ms. Phelps says, "the most attractive thing about nursing at University Hospitals is the respect accorded nursing care by physicians and administrators. It's this communicating and connecting that translates into good patient care."

Photo by Joe Glick



mission: to heal, to teach, to discover. Each day she cares for about five children with cancer on the pediatric oncology floor of Rainbow Babies & Children's Hospital, and participates in all phases of care, from diagnosis to treatment, to life or death after cancer.

"When a child is first diagnosed, parents are devastated. They think their child is never going to be able to walk, play or laugh again. We do a lot of teaching parents, and being there for families when there is nothing else physically that can be done for their child.

Ms. Heinrich knows the joy in successful recovery, too, and recalls a young boy who miraculously survived serious brain surgery for a cancerous tumor. "We worked our hardest to care for him, and later the boy came back to see us. He came to our floor, and I started crying. Here he was now, a typical little boy, going to school, playing and getting into trouble." These moments illustrate the tremendous satisfaction nursing affords, and the support and camaraderie that contribute to job longevity; with several nurses in this unit having worked at UHHS for more than 12 years.

Molly Heinrich, RN, pediatrics oncology, Rainbow Babies & Children's Hospital

And, as these stories show, University Hospitals offers nurses a wealth of opportunities:

***A Calling from Youth***

Jane Trayte, RN, ND, was attracted to medicine for as long as she can remember. She recalls watching with fascination, as ambulances pulled up to the emergency room of the hospital near her home. Later, she volunteered at the same hospital, enrolled at Case Western Reserve University to earn her Nursing Doctorate, fulfilled her clinical requirements at UHHS and has remained ever since. "People say, 'You could have left,' but I enjoy nursing here. When I was a nurse, I made independent decisions that impacted patient care. One reason: RNs have a voice." Dr. Trayte, now director for Non-invasive Cardiology and Medical-Surgical Nursing, says "the administration's commitment to its nurses and staff inspires excellence."

as I can help patients relax, I enjoy helping staff do the same."

***Healing Teaching Discovering and Working Miracles***

A staff nurse, Molly Heinrich, RN, participates in every aspect of University Hospitals'



Jane Trayte, RN, ND, director, Non-invasive Cardiology & Medical Surgical Nursing

***An Environment of Care***

With its Centers of Excellence, a system of outstanding community hospitals, and as an academic medical center with ties to Case Western Reserve University, University Hospitals has created an environment where nurses continue learning and enjoy advancement opportunities and administrative support at all levels. Despite the national shortage, University Hospitals is responding with a comprehensive strategy to ensure that its nurses today and tomorrow will build on their tradition of compassionate, patient-centered care.

A supportive environment that gives nurses a voice, a team of professionals who are like family, more areas of specialization where nurses can make a difference in patient care; these are a few of the reasons so many RNs find they "belong" at University Hospitals.

For information about nursing opportunities with University Hospitals Health System, visit [www.uhhs.com](http://www.uhhs.com)

***The Peacemaker***

Caryl Eyre, RN, MSN, a psychiatric clinical nurse specialist, is a peacemaker in the hospital community among both patients and staff. The nursing shortage affects both patients and the stress levels of floor nurses. Mrs. Eyre is a resource for nurses who feel overwhelmed by job demands. "I really look at my job as helping the staff with stress management. Just



Caryl Eyre, RN, MSN, clinical psychiatric nurse specialist

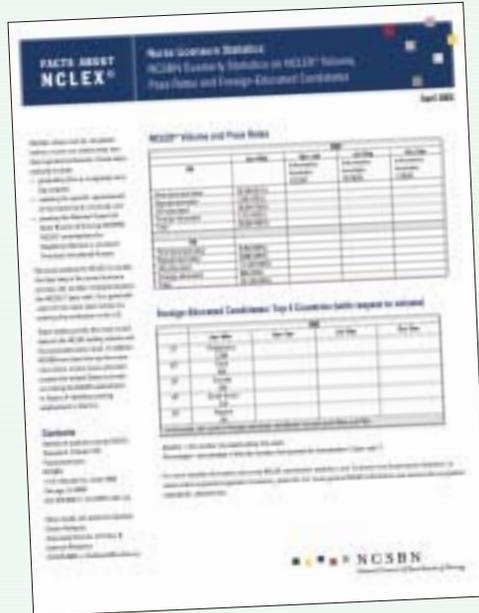
## National Council of State Boards of Nursing Update

### Quarterly Fact Sheet on NCLEX® Statistics

In recognition of Patient Safety Awareness Week (March 9-14), the National Council of State Boards of Nursing (NCSBN) announced the publication of a quarterly fact sheet dedicated to informing the public about the quantity and type of nurses taking NCSBN's NCLEX® examinations.

This new update will highlight a portion of the quarterly data NCSBN currently collects regarding NCLEX® first-time test takers for both registered nurses and practical nurses, repeat test-takers, the percentage of foreign-educated versus United States-educated nurses and their countries of origin, etc. NCSBN hopes that this information will allow the public to see statistics about the people taking this exam, to help them understand today's emerging nurse workforce.

The licensing authorities within each state or territory regulate entry into the practice of nursing in the United States and its territories. To ensure public protection, each jurisdiction requires a candidate for licensure to pass an examination that measures the competencies needed to perform safely and effectively



as a newly licensed, entry-level registered or licensed practical nurse. NCSBN develops two licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN), that are used by state and territorial boards of nursing to assist in making licensure decisions. All state and territorial boards of nursing recognize the NCLEX® examinations as a component to becoming a licensed nurse and NCLEX® ensures safe and competent entry-level practice—a patient safety concern.

Donna Dorsey, the president of the NCSBN board of directors said, "NCLEX is one of NCSBN's contributions to ensure safe nursing practice. Having a licensing examination that is recognized by all 61 state and territorial boards of nursing that is psychometrically sound and legally defensible demonstrates entry-level competence for safe patient care."

NCSBN made these fact sheets available quarterly, beginning on April 15, 2003, on its website at: [http://www.ncsbn.org/public/news/res/NCLEX\\_Stats\\_Facts.pdf](http://www.ncsbn.org/public/news/res/NCLEX_Stats_Facts.pdf).

### Online Public Access to Nursys™

The National Council of State Boards of Nursing (NCSBN) recently announced that it is now allowing public online access to Nursys™ to assist with nurse licensure verifications. Nursys™ is a national nurse licensure repository. Participating boards of nursing have been regularly feeding licensure and discipline data into Nursys™ since 1999. Twenty-two boards of nursing currently provide data to Nursys™ and Nursys™ contains over one million licensure records of nurses. Public access to Nursys™ is limited to licensure verification information for registered and practical nurses.

The Nursys™ Verification Request Application is available to nurses required to provide licensure verification to a board of nursing. Nurses complete the verification request application and Nursys™ will post the corresponding licensure information for online review by all boards of nursing. Nurses pay \$30 per application request, purchased online with a major credit card.

Additional information on the public access to Nursys™ can be found at [www.nursys.com](http://www.nursys.com) or via email at [nursys-info@ncsbn.org](mailto:nursys-info@ncsbn.org).



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## License Fees to Fund Nursing Education Grant Program

House Bill 95, the 2003-2005 budget bill, contains an amendment creating the Nurse Education Grant Program, which the Ohio Board of Nursing will administer. Under the amendment, the program is funded by \$10 from every license renewal fee. Senator Jeff Jacobson (R-Dayton) and Rep. Kevin DeWine (R-Fairborn) crafted the amendment language in response to concerns put forth by the Ohio Nurses Association (ONA).

The initial budget proposal for the Board of Nursing in HB 95 contained a license renewal fee increase of \$20. This increase was intended to allow

the Board to operate without a renewal fee increase for the next 8 to 10 years. Jan Lanier, Director of Health Policy for the Ohio Nurses Association is quoted in the July/August issue of *The American Nurse* stating "ONA would go along with the fee increase if half of it would be used to pay for an ONA-supported incentive grant program to expand nursing enrollment. Specifically, schools of nursing and health care facilities that partner with them would get funds to pay for more faculty and clinical rotation sites."

The proposal calls for using \$10 of every license renewal for the next 10

years to fund the program, which will provide partnership grants to nursing education and health care facilities. While the Board of Nursing is very supportive of the goals of such a program, it did express concerns to ONA and the authors of the provision about the appropriateness of using license fees for this purpose and the potential impact on future Board budgets. The grant program will collect around \$9.25 million from license renewal fees over the ten-year span of the program. As a result, the Board will likely need to increase fees again in approximately 4 years.

## RECOGNITIONS

As a new feature to *Momentum*, the Board of Nursing would like to recognize those nurses who have excelled in their area of practice. Kudos and appreciation to the following nurses:

**Janet Briggs, RN, CNP**, a nurse practitioner and the HIV/AIDS coordinator for the Cleveland VA Medical Center, for receiving the "Professional Award" from the Ohio Department of Health and Ohio AIDS Coalition.

**Kathy Haley, RN**, director of the Trauma Program at Children's Hospital in Columbus, for receiving the "Inspirational Woman in Columbus" award. Ms. Haley was nominated by WSNY radio personality Stacy McKay.

**Patricia Irwin, RN, CNS**, a psychiatric-mental health clinical nurse specialist, for being one of ten women named as the Cincinnati Enquirer "Women of the Year."

**Susan Milne, MSN, RN, JD**, Coordinator of the Advanced Practice Nursing Program at the Ohio Board of Nursing, for receiving the American Academy of Nurse

Practitioners "State Award for Excellence."

**Karen Robinson, RN**, the Nursing Supervisor for the Ashland, Mansfield, and Wooster branches of Cambridge Home Health Care was selected as the "2003 Company-Wide Registered Nurse of the Year." Robinson was selected for the award because of her dedication, follow-through, and commitment to nursing excellence.

**Ruth Small**, a retired nurse, for receiving the "Volunteer of the Year Award" from Cleveland Reads, an organization promoting literacy efforts in greater Cleveland.

*If you, or someone you know, has received a special award of recognition and would like to be featured in an issue of Momentum, please forward the press release, letter of notification, or other documented recognition information to the Board office, care of the Editor, or send an email to board@nur.state.oh.us.*

### University of Cincinnati Receives National Grant

In early June, the Secretary of the U.S.

Department of Health and Human Services announced nearly \$3.5 million in grants to improve diversity in the nursing workforce. According to Secretary Thompson's press release, the grants will "fund scholarships or stipends and pre-entry preparation and retention activities for disadvantaged students, including students from racial and ethnic minority groups that are underrepresented among registered nurses."

The University of Cincinnati was one of 16 entities nationwide to receive a Nursing Workforce Diversity grant, funded through the Department's Health Resources and Services Administration (HRSA) Bureau of Health Professions. The University of Cincinnati's grant totaled \$205,379. According to HRSA Administrator Elizabeth Duke, "these programs help ensure that a competent health professionals workforce is prepared and available in areas where care is needed most." The Board wishes to congratulate the University of Cincinnati for receiving this grant.

## Coming to a mailbox near you...

Over the past few years, the Board of Nursing has repeatedly been asked if we had any statistical data regarding the nursing shortage? Unfortunately, our answer has always been, no. However, within the next few weeks all of Ohio's licensed nurses will receive a survey from the Board to gather much needed data about Ohio's nursing workforce.

It is no longer good enough to simply report that there are 185,000 licensed nurses in Ohio. Policy makers need to know how many licensed nurses in Ohio are currently employed in nursing positions; how many are providing direct care; and other practice-specific information. This survey will help answer questions highlighting the nursing workforce in Ohio.

The survey is **voluntary**, but your participation will help provide a complete picture of Ohio's current and future nursing workforce. The information collected will be completely anonymous! To help you respond promptly, a postage paid return envelope will be included with the survey. It is important that you **DO NOT** send your renewal application or any other correspondence to the Board in this envelope.

To make the information collected represent all nurses, we need a strong response rate from all licensed nurses in Ohio. Please help do your part in solving the nursing shortage in Ohio by participating in the survey. Once all the data is collected, we will share it with policy makers, educators, and all licensed nurses. The Board will also include a summary of the results in a future issue of *Momentum* and post the information on our website (<http://www.state.oh.us/nur>).

Thanks for your help!

### 2003 Members Ohio Board of Nursing

#### Term Expires

Mary Kay Sturbois, RN, BSN, CDE / Athens / <i>President</i>	2003
Mary Jean Flossie, LPN, LNHA / Massillon / <i>Vice President</i>	2005
Judith Brachman / Consumer Member / Columbus	2003
Janet Sekelsky, LPN / Willowick	2003
Debra Broadnax, MSN, RN, CNS / Columbus	2004
Richard Nowowiejski, LPN, BARS / Toledo	2004
Patricia Schlecht, RN, MSN / Loveland	2004
Yvonne M. Smith, MSN, RN, CNS / Supervising Member for Disciplinary Matters / Canton	2005
T. Diann Caudill, LPN / Newark	2005
Kathleen Driscoll, JD, MS, RN / West Chester	2005
Lisa Klenke, MBA, RN, CNA / Coldwater	2005
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# BOARD MEETING HIGHLIGHTS

## January 2003

- Directed Board staff to work with OHA and OAAPN regarding CMS' interpretation of Ohio law regarding APN evaluations for restraint application.
- Evaluated annual Emerging Issues Conference.
- Approved motion to send Executive Director and Board President to mid-year NCSBN meeting.
- Received recommendations from the Board Task Force on Advisory Group Appointments and made appointments for the period ending Dec. 31, 2003.
- Appointed Board member chair to CE Advisory Group for period ending Dec. 31, 2003.
- Received presentation from Donna Smolen regarding proposed diabetes education legislation.
- Received presentation from Doug Henderlight regarding Catholic Health Partners' success in nursing recruitment and retention.
- Heard presentation from Ohio Government Telecommunications and directed Executive Director to further pursue a media campaign promoting nursing, utilizing monies allocated for Momentum, and pursue additional funding from potential project co-sponsors.
- Heard report from the Board Liaison for Education on the new format for NCLEX.
- Approved final filing of rules, as proposed.
- Accepted revised Board policies and Board member guidelines, as submitted.
- Granted full approval status to 5 pre-licensure nursing education programs.
- Approved one new dialysis technician training program and re-approved 19 dialysis technician training programs.
- Approved 2 dialysis testing organizations.
- Retroactively ratified all initial

licenses and certificates issued since 1956.

## March 2003

- Appointed Board member liaison to the APN program for the period ending Dec. 31, 2003.
- Voted to support H.B. 41
- Received update on 2002 NCLEX passage rates.
- Reviewed new complaint protocol.
- Approved Board guideline revision to increase reimbursement from 8 hours to 10 hours for Board preparation.
- Approved the Ohio Academy of Nursing Homes as an OBN Approver.
- Re-approved 3 OBN Approvers and 2 dialysis technician training programs.
- Retroactively approved the issuance of licenses from January to February 2003.
- Heard presentation on the Interstate Compact from Fred Knight, JD, from the Arkansas State Board of Nursing.
- Heard presentation from Ohio Government Telecommunications regarding the media campaign promoting nursing.
- Approved supporting legislation requiring the Board to certify community health workers.

## May 2003

- Approved motion to send Executive Director and Board

President as official delegates to the NCSBN Delegate Assembly.

- Approved motion prohibiting Board members from being reimbursed for time spent in travel status.
- Directed the Executive Director to send a letter to the Governor with recommendations for consideration of geographic location and practice specialty for upcoming Board member appointments.
- Heard presentation from two nurses regarding implementation of a BSN minimum to become a registered nurse.
- Heard presentation in support of the interstate compact.
- Approved recommendations from the Board Task Force on Advisory Group Appointments for Dialysis Advisory Group.
- Reviewed Board's strategic plan.
- Created Board Task Force on LPN Scope of Practice. The Task Force will present a plan of action at the July 2003 Board meeting.
- Approved appointments of the nurse members to the Committee on Prescriptive Governance.
- Accepted recommendations of Advisory Group on Dialysis to make changes to existing temporary certificates.
- Approved one new prelicensure nursing education program.
- Retroactively approved the issuance of licenses from March to April 2003.



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Please forward your response to Fairview Hospital, Human Resources, 18101 Lorain Avenue, Cleveland, OH 44111 or fax to (216) 476-7023. EOE

# CLARIFICATION

Linda Warino, President of the Ohio Nurses Association (ONA), pointed out an inaccurate statement made at the May meeting of the Ohio Board of Nursing. At that meeting, it was stated that the American Nurses Association (ANA), of which the ONA is a constituent member, no longer supports a provision requiring a BSN as the minimum educational requirement for entry into nursing practice. Ms. Warino brought it to the Board's attention that ANA has not abandoned or changed its position with respect to the entry-level issue. Support for this issue also remains a plank in the ONA legislative platform. According to a February 25, 2000 ANA press release, the ANA House of Delegates has supported the idea that baccalaureate education should be the standard for entry into professional nursing practice since 1964.



In 1985, the ANA House of Delegates agreed to urge state nurses association, such as ONA, to establish the baccalaureate with a major in nursing as the minimum education requirement for licensure and to retain the legal title, Registered Nurse, for that license. The delegates also urged state nursing associations to establish the associate degree with a nursing major as the educational requirement for licensure to practice technical nursing.

The ANA House of Delegates, in 1995, declared the BSN as the educational requirement for the beginning registered or "basic nurse." The ANA House of Delegates reaffirmed this commitment to the BSN as the entry level for professional nursing practice in February 2000. The Board of Nursing apologizes for its inaccurate statement.



## One Award...Thousands of Winners!

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# Did You Notify The Ohio Board of Nursing?

- Provision of your social security number is mandatory [RC 3123.50] and may be provided for child support enforcement purposes [RC 3123 *et seq.*], reporting requirements to the Healthcare Integrity and Protection Data Bank [42 USC §1320a-7e(b), 5 USC §552a, and 45 CFR pt 61], and to facilitate the processing of your licensure.
- A change in name must be accompanied by a **certified copy of a marriage certificate/abstract or divorce decree, a certified copy of a court record, or a certified copy of documentation consistent with the laws of the state where the change occurred. A certified copy can be obtained directly from the court where the original record was filed.**

Send completed form to: ATTN: Renewal, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, Ohio, 43215-3413

## Name and/or Address Change Form

(Please type or print)

License # \_\_\_\_\_

SS#• \_\_\_\_\_

### Old Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

### Changes:

Name\* \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Effective Date \_\_\_\_\_

Signature \_\_\_\_\_

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- Short Term Care
- Radiology Nursing
- Maternal Child Health/Labor and Delivery
- Physical Rehab/Skilled Care Unit
- Psychiatry
- Home Health Care and Hospice



# duplicate licenses

## Duplicate Licenses Issued January to May 2003

### R.N. Licenses Valid Through August 31, 2003

RN-269863, ADDIS, CAROL  
RN-284139, ALLEN, BRIAN  
RN-281863, AMOS, ELIZABETH  
RN-233685, ANDERSON, LISA  
RN-117153, ANDERSON, PATRICIA  
RN-280378, ARENDT, ANDREA  
RN-122901, BAKER, MARY  
RN-224022, BALCOM, PAUL  
RN-126831, BEAVER, KRISTA  
RN-179543, BOICOURT, JANIE  
RN-208045, BOLL, RUTH  
RN-262037, BRONDHAVEN, LISA  
RN-207813, BRUENING, WILLIAM  
RN-134243, BUCHMAN, CAROL  
RN-158283, BUERKLEY, LINDA  
RN-201133, CALAMANTE, MICHAEL  
RN-284280, CARREAUX, JEANNE  
RN-257081, CARSON, DENISE  
RN-248446, CIRINO-DICILLO, MICHELLE  
RN-285269, CLIFTON, TARI  
RN-146715, COLEMAN, JULIA  
RN-204854, COOK, CHRISTINE  
RN-127322, COOK, LAURA  
RN-233454, COOK, TERRI  
RN-269869, COTTON, MELISSA  
RN-194446, CUENOT, NADINE  
RN-204096, CUNNINGHAM, VALENTINA  
RN-251815, DAWSON, KIMBERLY  
RN-143118, DEGREY, DEANNA  
RN-092939, DUDA, SANDRA  
RN-213867, EGGERT, VANESSA  
RN-132749, ERTL, DENISE  
RN-147057, FALCONI-YOUNG, VICKI  
RN-180972, FINOCCHIO, TAMMY  
RN-287410, FODERETTI, MARIANNE  
RN-139049, FOSNAUGH, KAREN  
RN-215234, GALLO, PAULA  
RN-105809, GANGULY, JUDITH  
RN-149386, GARIPEY, SUSAN  
RN-208593, GAST, GREGORY  
RN-275331, GATT, MICHELE  
RN-180563, GEDRIDGE, DEBORAH  
RN-076601, GEISER, JANET  
RN-293568, GOSSMAN, KELLEY  
RN-300045, GOUGH, PATRICIA

RN-283083, GREENE, CHRISTINA  
RN-270081, GRISCHOW, KIRA  
RN-215395, GURR, NANCY  
RN-131826, HAEHNLE, DONNA  
RN-288387, HAHM, DONNA  
RN-150727, HALL, JUDITH  
RN-300118, HASTINGS, ALBERT  
RN-148998, HENDERSON, JUDITH  
RN-227231, HENNEY, ALISON  
RN-222146, HOLLEY, WENDY  
RN-085910, JAUCH, VIRGINIA  
RN-154206, JOHNSON, JEANETTE  
RN-175654, JONES, PATRICIA  
RN-223094, KER, ERIK  
RN-198254, KLOTZ, MARY  
RN-296612, KNITZ, KRISTEN  
RN-082866, KOCH, ILZE  
RN-083190, KOENIG, SARA  
RN-292186, KOPKO, JAMES  
RN-222235, KRALL, JOANNE  
RN-192337, KRESS, BARBARA  
RN-214313, LEDGER, LINDA  
RN-269213, LEONARD, KEITH  
RN-279269, LEWIS, DENISE  
RN-201412, LEWIS, GINA  
RN-218056, LOVEKIN, ANNA  
RN-281321, LYKINS, SARAH  
RN-093352, MARTIN, JOAN  
RN-282493, MERRELL, DANETTE  
RN-298766, MODER, CODI  
RN-236949, MOORE, DEBORAH  
RN-299278, MORRISON, RUTH  
RN-267155, MULLINS, MIKALA  
RN-148680, NABER, MARISUE  
RN-284508, NITZSCHE, WENDY  
RN-263260, NOVISKI, DENISE  
RN-185496, PAVISH, ANN  
RN-262921, PENROD, ELIZABETH  
RN-215088, PETTIS, DIANNE  
RN-225947, PIECUCH, LAUREN  
RN-221950, PIRWITZ, KAREN  
RN-293943, PLUMMER, KIMBERLY  
RN-265025, POTTER, NANCY  
RN-281973, POWELL, VINCENT  
RN-265417, POWNELL, ANN  
RN-240479, PRICE, MARYELLA  
RN-243945, RAMIREZ, MELISSA  
RN-144112, RATLIFF, PENELOPE

RN-258072, RAYER, CHRISTINE  
RN-200448, REXROD, RANDI  
RN-287562, RICHARD, SILVIA  
RN-285162, ROBBINS, NELLIE  
RN-303916, ROBINSON, KATHERINE  
RN-221834, SCAFF, THERESE  
RN-113577, SCANLON, MARY  
RN-114260, SCHAEFER, SUSAN  
RN-268004, SCHMACHER, AIMEE  
RN-247400, SHOLDER, TERI  
RN-303108, SMILEY, VALERIE  
RN-198912, SMITH, CAROLE  
RN-227177, STAHL, ANGELA  
RN-253646, STANARD, KEITH  
RN-227283, STAUFFER, MICHELE  
RN-234903, STRAIN, NORMA  
RN-245279, TORMA, JACQUELINE  
RN-134690, TROTT, JENNIFER  
RN-303331, UWAMU, CLARA  
RN-273634, VALERIUS, AMY  
RN-202575, VANCE, DIANA  
RN-282144, WALLIN, CAROLYN  
RN-214865, WASHINGTON, MONIQUE  
RN-245380, WATKINS, JENNIFER  
RN-246842, WEST, LAURICE  
RN-186493, WHITAKER, CINDA  
RN-111231, WILLIAMS, PAMELA  
RN-282754, WILLIAMSON, KRISTINE  
RN-174678, WILLINGHAM, EMMA  
RN-256230, WRIGHT, KIMBERLY  
RN-210108, WYNK, LINDA  
RN-153025, ZIEGLER, MARGARET

PN-077285, BREGAR, PAMELA  
PN-109039, BROWN, REGINA  
PN-095255, BRYANT, KAREN  
PN-094936, CAMPBELL, MINDI  
PN-045474, CAPPARA, FRANCESCA  
PN-027430, CARTER, DORETHEA  
PN-103359, CARTER, KATHLEEN  
PN-102118, CYPRIAN, ANNIE  
PN-095480, DOLOVACKY, ELAINE  
PN-100058, DRYDALE, DEBORAH  
PN-101217, ERWIN, WENDY  
PN-044733, FAWLEY, VALERIE  
PN-027693, FRALEY, PAULA  
PN-059299, FUSSARO, MARLENE  
PN-106906, GAFFNEY, KRISTIN  
PN-104013, GENTRY, DEBRA  
PN-054521, GERTH, MARY  
PN-104692, GRACE, YOULANDA  
PN-109271, GRIFFITH, JEANNINE  
PN-103582, HALAS, BERTHA  
PN-091402, HANSEN, TAMMY  
PN-110100, HENDERSON, JULONDA  
PN-101231, HERSHEY, TERRY  
PN-028157, HISE, HELEN  
PN-082609, HUKILL, TINA  
PN-083623, HUNTER, DANNA  
PN-106021, INZANA, JENNIFER  
PN-105412, JACKSON, DENITA  
PN-112492, JALIL, SAKINAH  
PN-103196, JETHROE, ARETHA  
PN-081100, KAMER, DEBRA  
PN-082186, KANE, DOROTHY  
PN-061128, KORANDA, LINDA  
PN-104422, LAMM, LISA  
PN-087334, LAPINE, RUTH  
PN-105712, LEE, CASSY  
PN-102001, LINDON, MARY  
PN-099119, LOWE, THERESA  
PN-069358, MAY, CASSANDRA  
PN-092367, MCDLARMID, KRISTINA  
PN-1090143, MIEDL, KATHLEEN  
PN-106377, MUENCH, BETTY  
PN-107758, MYERS, JULIE  
PN-091751, PAKULNIEWICZ, NANCY  
PN-054084, PARK, KAREN  
PN-065339, PARRINO-NESTER, LISA  
PN-104261, PATRICK, JENNIFER  
PN-086555, PETROVIC, DAWN  
PN-039580, PIVAR, GARY  
PN-027064, RAKEBRAND, VERONICA  
PN-085651, RONIGER, LELA-JEAN  
PN-083085, ROYSTER, SHARON  
PN-063045, RUSSELL, RITA  
PN-038343, SANDER, JUDITH  
PN-062890, SAYLOR, DEBRA  
PN-103409, SCATES, SHELLY  
PN-060153, SIMMONS, MARLENE  
PN-097987, SMITH, DONNA  
PN-097214, STIDHAM, LINDA  
PN-003749, SULLIVAN, EDITH  
PN-044737, SUTHERLAND, BARBARA  
PN-106431, SUTTNER, CHRISTOPHER  
PN-087936, SWALLIE, JONI  
PN-091201, SWEET, RODNEY  
PN-045779, THOBURN, HOPE  
PN-103653, UWAMU, CLARA  
PN-088952, VOLLMAR, RENEE  
PN-077062, WELLS, CONSTANCE  
PN-083935, YODY, CAROL

### LPN Licenses Valid Through August 31, 2004

PN108262, ABBOT, JANET  
PN-108881, ADELMAN, KAREN  
PN-049307, AKERS, CAROL  
PN-076230, ALBERTS, TERESA  
PN-094290, ALLEN, TOBIE  
PN-085489, ARTO, JUDITH  
PN-086462, BALDRICK, KIMBERLY  
PN-108792, BANKS, LORI  
PN-056284, BARNES, CHRISTINE  
PN-100070, BELBECK, IRENE  
PN-110765, BLANCETT, EDWARD  
PN-097061, BREEDLOVE, BLAKE



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**APPLICATION:** Applications may be filed in person between the hours of 8:00 a.m. and 5:00 p.m. at the Cincinnati Health Department, Human Resources Office, 1st Floor, 3101 Burnet Avenue, Cincinnati, Ohio 45229.

**CONTACT PERSON:** Carol Westermeyer  
Director of Nursing  
357-7406

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