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Spring 2005 • Volume 3 Issue 2



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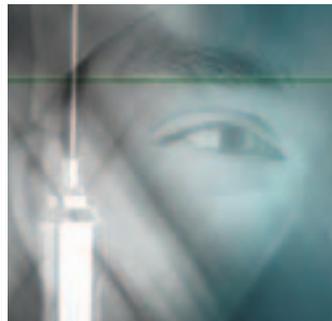
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from the president



Yvonne M. Smith
MSN, RN, CNS
President

As President of the Ohio Board of Nursing, one of my responsibilities is to represent the Board in public. In doing so, I frequently have an opportunity to speak with licensees and certificate holders around the state. Through these interactions, I sometimes find that confusion exists regarding the difference between the Board of Nursing and professional and specialty nursing associations. Although both groups share concern for patients in the healthcare system, the general purposes, functions and activities of the Board and the

associations differ markedly.

The role of the Board of Nursing is to actively safeguard the health of the public.

This mission is achieved through the effective regulation of nursing care, dialysis technicians, and, just recently, community health workers. The state legislature established the Board of Nursing and statute mandates the Board structure and function. Under the current law, the Board consists of 13 members, 8 of whom are Registered Nurses, 4 who are Licensed Practical Nurses, and 1 who serves as the consumer member. One of the Registered Nurse members must hold a certificate of authority to practice as an Advance Practice Nurse. Board members are appointed by the Governor, with the advice and consent of the Ohio Senate.

The Board of Nursing is a public regulatory body and its members are considered to be public officials. As such, all Board meetings are public and all deliberations of the Board (excluding certain disciplinary and personnel matters) must be conducted in a public forum. Board papers, records, and files (electronic and otherwise) are public records and are subject to disclosure under the state public records laws. In addition, Board members are subject to the scrutiny of the public and must comply with certain reporting and financial disclosure requirements. This is consistent for all licensure and regulatory boards in Ohio.

The purpose of the Board of Nursing is to enforce the state law and rules that regulate nursing practice. This process begins with the licensure function. The Board of Nursing is charged with assessing the qualifications of each individual seeking licensure as a nurse, dialysis technician, or community health worker in Ohio. The review is based upon standards set in law and rule that are designed to assure an individual can safely perform the function for which he or she is licensed. Following licensure, the Board's responsibilities continue. One of the most challenging duties of the Board is to investigate and take disciplinary action against licensees who are alleged to have violated the Nurse Practice Act. Clearly this is done to insure that licensed nurses continue to meet safe practice stan-

dards and do not pose a threat to the safety of the public. Additional responsibilities of the Board include approving pre-licensure nursing education programs, granting approval for individuals to sit for the licensure exam, approving continuing education programs, and monitoring continuing education compliance.

In contrast, professional associations and specialty organizations are not public entities and perform a function quite different from that of the Board. These groups are comprised of members who voluntarily pay dues to join and become active in the organization to varying degrees. Professional organizations are typically run by a board of trustees whose members are individually elected by association members. The Ohio Nurses Association (ONA), and the Licensed Practical Nurses Association of Ohio (LPNAO) are two associations that offer membership to nursing professionals without regard to specialty practice. Other organizations offer membership to nurses who share a common interest such as practice setting or nursing specialty. Many of these are national organizations that have established state and local chapters. Organizations that address specific interests include the Ohio League for Nursing, the Ohio Association of Advance Practice Nurses, the Ohio State Association of Nurse Anesthetists, and those representing critical care nurses, operating room nurses, school nurses, and others.

Associations such as these provide a forum for practitioners to develop professional standards, discuss current issues, and work collectively to promote the economic and general welfare of nurses. They frequently engage in legislative advocacy and provide a voice to the profession on matters of legislative interest. Professional organizations can also assist members in addressing workplace issues and others that are not matters of nursing law or rules. While they provide member representation in a variety of ways, associations do not enforce nursing law and rules. They do, however, work with boards and other interest groups to develop laws and rules relevant to the profession. This in turn allows associations to assist in enhancing patient safety and the quality of care delivered by professional nurses.

In my professional experience, I am fortunate to have the vantage point of being closely involved in both types of organizations. Membership in a nursing association has afforded me a wide variety of benefits. Mentoring, professional growth, collegiality...all can be found in an organization of those devoted to common career goals. My experience on the Board of Nursing has provided another view of nursing. Understanding nursing regulation and participating in the political process is yet another area in which nurses have an impact. As health care professionals we need to be informed and involved. Whether volunteering as an association member or serving as a board member for the Ohio Board of Nursing, we not only enhance our professional status, but promote the profession of which we are members.

Yvonne M. Smith MSN RN CNS

New Members

President's Message:

The Board of Nursing has received several comments and complaints about its role in the current discussion relating to medication aides. It is important to understand that the medication aide proposal was first formally proposed in a 2004 report issued by the Nursing Facility Reimbursement Study Council. This group is a panel consisting of legislators, state agency policymakers, interest groups, and consumer representatives. It is currently chaired by Representative Shawn Webster (R-Millville).

The impetus for the medication aide proposal is the long-term care industry, both in Ohio and nationally. There are other proponents of the concept including Governor Bob Taft, and the Ohio Department of Aging. The Board of Nursing is historically resistant to propositions to create new categories of health care practitioners to perform nursing tasks and activities.

As the agency that regulates the practice of nursing in Ohio, the Board has been asked to comment on various aspects of this proposal. The position taken by the Board has been consistent with the mission of the Board to protect the public safety. Representatives of the Board have stated that the Board has adopted no position on the merits of a medication aide proposal. The Board has, however, indicated that if such a practitioner is to be created in Ohio it should be done in such a way as to protect the interests of the public, and should operate under the auspices of the Board of Nursing.

As the discussions of the issue have evolved from last fall until now, it has become apparent that there is sufficient support within the legislative community that a medication aide proposal will be adopted into law. For this reason, the Board has sought to provide insight on issues specific to each of the various proposals under discussion. This should not be interpreted as the Board endorsing the concept of medication aides, nor should the Board be viewed as cooperating in an effort to undermine the practice of nursing in Ohio.

The Board was pleased to welcome two new members at its March 2005 meeting. Filling a registered nurse position is **Kathleen O'Dell, RN, M.Ed.**, of Greenville Ohio. She replaces Pat Schlecht, RN, MSN who concluded her second term on the Board. Ms. O'Dell is currently a Nationally Certified School Nurse, working in the Greenville City Schools. She has been active in both education and nursing circles since obtaining her Ohio nursing license in 1970. The perspective of a school nurse is new to the Board and should prove very enlightening.

Completing the unexpired term of Diann Caudill LPN, is **J. Jane McFee LPN**. Ms. McFee has practiced as an LPN for 26 years in a variety of settings. She currently works in the Pre-Anesthesia Testing Advanced Admissions Department of Bay Park Community Hospital in Oregon Ohio. Ms. McFee has served on the Board of Nursing once before and has been an active participant on the Nurse Education and Practice Advisory Committee. She has also been active with nursing professional associations including LPNAO.

The Board extends both new members a very warm welcome.

NCLEX® READERS NEEDED

The Ohio Board of Nursing is again recruiting NCLEX® readers. Under the Americans with Disabilities Act, students who need a reader during the examination are granted an accommodation to have one. It is the responsibility of the Ohio Board of Nursing to maintain a list of qualified readers for use when the occasion arises.

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The test administrator, Pearson-Vue, will pay readers a small honorarium. The test administrator will contact readers from the list submitted by the Ohio Board of Nursing to determine availability. Readers may decline an assignment without being deleted as a reader.

If you are interested, please contact Norma Selders RN MS, Manager: Education, Licensure and Nursing Practice at the Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, Ohio 43215 or by email: nselders@nursing.ohio.gov.

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Meet Your Board

Anne Barnett, BSN, RNC is serving her first term on the Ohio Board of Nursing. She was appointed to the Board by Governor Bob Taft in March, 2003.

Anne completed her nursing education in 1970 at the Good Samaritan School of Nursing in Zanesville, Ohio. She spent her first years of practice as a charge nurse in a specialty surgical unit of Good Samaritan Hospital. In this role she performed the full range of nursing duties including medication administration, medical treatments, patient assessments, and patient care planning.

After serving many years in this acute care role, Anne shifted focus to the area of home care. She served as a home care patient manager for a number of years where she managed a caseload of between 25 and 30 patients. This position required her to coordinate the provision of all types of home care services to be provided by a variety of health care disciplines.

After 20 years of providing direct nursing care services, Anne assumed a management role in the Good Samaritan Hospital's home care department. She served as a Patient Care Coordinator and Manager for the main office as well as several branch offices. In this capacity, she was involved with quality improvement and risk management planning, budget and financial matters, patient care policies and procedures. She was also responsible for the coordination of JCAHO preparations, and the hiring and evaluation of agency staff. During this time she completed a Bachelor of Science in Nursing (summa cum laude) at Ohio University.

For the past five years, Anne has managed Good Samaritan's Wound Management Center. In this role she was instrumental in developing a new program/product from its inception to completion and implementation.

Over the years Anne has been very active with the Ohio Council for Home

Care. She has served on its Compliance and Reimbursement Committee, Ethics Committee, and Strategic Plan Committee. She has also worked with the Council for Home Care as a CPR instructor and as part of CQI teams.

In terms of communi-



ty involvement, Anne has served as a member of the Perry County Health Department and as a Southeast District Trustee for the Ohio Association of Boards of Health. She has also been active with the Perry County Heart Coalition.

Meet the Board Staff

Dennis Corrigan is not your typical Registered Nurse. In the first place, he is a man. (Board of Nursing survey data show that men represent only 4 percent of nurses in Ohio.) In the second place, nursing is his second career. Thirdly, he plays harmonica and is the lead singer in a blues/rock band.

As a Compliance Agent for the Board, Dennis Corrigan RN investigates nursing complaints in the northern part of the state. Results of these investigations are compiled in reports that are submitted to the Board for review and further action as necessary. Dennis has served in this role with the Board since 2001.

Dennis came to the practice of nursing by a more circuitous route than many. Following high school, Dennis attended college at Ohio Wesleyan University in Delaware Ohio. At Ohio Wesleyan he studied liberal arts and played football but left school without obtaining his degree. From there he moved into the realities of the working world and secured a job with a wastewater treatment plant. After fourteen years in this venue, he decided to pursue a different course.

Embarking upon a second career, Dennis enrolled in the nursing program at Lakeland Community College

and graduated with an Associates Degree in Nursing. He became licensed as a Registered Nurse in 1991. During the ten years that followed, Dennis worked in a variety of high acuity intensive care units, emergency departments, and trauma centers. These include: Surgical Intensive Care Unit at University Hospitals of Cleveland; Surgical Intensive Care Unit and Level One Trauma Unit/Emergency Department at Mt. Sinai Hospital of Cleveland; Intensive Care Unit and Emergency Department for the Lake Hospital System; and Medical Intensive Care and Cardiac Care Units at Cleveland Veteran's Hospital.

In addition to being a Registered Nurse, Dennis completed training at the Crisis Prevention Institute located in Brookfield, Wisconsin and is a Certified Instructor for Nonviolent Crisis Intervention. He has also undergone National Certified Investigator Training (CLEAR) in basic and specialized programs at Eastern Kentucky University.

Not content to simply pursue a second career, Dennis also has a second job. Evenings and weekends will find him playing harmonica and singing lead vocals for a blues/rock band.

Dates and Location of Scheduled Board Meetings

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed the following Friday. The Board may also meet on Wednesdays prior to the Board meeting as a whole or in small groups to discuss specific items or issues, to participate in

continuing education activities, or to conduct a public rules hearing (generally in November). Watch for formal notification of the date, time and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and

possible action by the Board. The Thursday meeting begins promptly at 9:00 AM. The public is invited to attend, however, potential attendees should contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes in the location of the session.

January 20-21, 2005 March 17-18, 2005 April 18-19 (retreat) May 19-20, 2005 July 21-22, 2005 September 15-16, 2005 November 16-17-18, 2005	January 19-20, 2006 March 16-17, 2006 (retreat – T.B.A) May 18-19, 2006 July 20-21, 2006 September 21-22, 2006 November 15-16-17, 2006	January 18-19, 2007 March 15-16, 2007 (retreat – T.B.A) May 17-18, 2007 July 19-20, 2007 September 27-28, 2007 November 14-15-16, 2007
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Advisory Groups/Committees

All meetings of the advisory groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. Because space is limited, if you have an identified need to attend one of these meetings, please contact the Board office at 614/466-9970 to determine space availability, as well as any change in the location, date or times from those listed.

The Advisory Group on Nursing Practice and Education Issues

will meet February 10; June 9; August 11; October 13; and December 8, 2005.

Chair: Kathleen Driscoll

The Advisory Group on Dialysis

will meet February 15; April 26; June 21; August 16; and October 18, 2005.

Chair: Debra Broadnax

The Advisory Group on Continuing Education

will meet February 18; June 17; and October 21, 2005.

Chair: Lisa Klenke

The Committee on Prescriptive Governance

will meet April 11 and October 17, 2005.

Chair: Joanne Navin

2005 Members Ohio Board of Nursing		Term Expires
Yvonne M. Smith, MSN, RN, CNS, <i>President</i>	Canton	2005
Mary Jean Flossie, LPN, LNHA, <i>Vice President</i>	Massillon	2005
Kathleen Driscoll, JD, MS, RN	West Chester	2005
Lisa Klenke, MBA, RN, CNAA	Coldwater	2005
J. Jane McFee, LPN	Perrysburg	2005
Anne Barnett, BSN, RNC	Junction City	2006
Bertha Lovelace, RN, BA, CRNA <i>Supervising Member for Disciplinary Matters</i>	Cleveland	2006
Debra Broadnax MSN, RN, CNS	Columbus	2007
Elizabeth Buschmann, LPN	Oregon	2007
Judith Brachman, Consumer Member	Columbus	2007
Cynthia Krueger, RN, MSN	Napoleon	2007
Teresa L. Williams, LPN	West Union	2007
Kathleen O'Dell, RN, M.Ed., N.C.S.N	Greenville	2008



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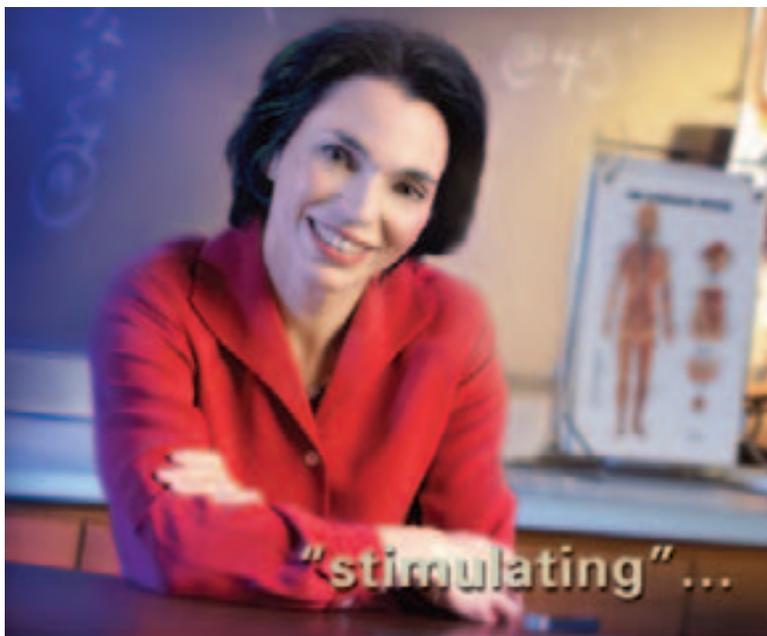


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It's a Small World for Indiana Wesleyan Nursing Alums



Julia Leatherman was teaching at a nursing school in India when another nurse, **Robyn Bullock**, came to speak at a ceremony for nursing students.

The two women never had met, even though both were Indiana natives. But they quickly discovered a common bond: both had nursing degrees from Indiana Wesleyan University.

The odds of that happening increase each year as hundreds of nursing students earn their degrees at IWU through one of the following avenues of study:

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The RNBS completion program, which is aimed at registered nurses who want to complete the requirements for a Bachelor of Science degree.

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The RNBS program is offered at multiple sites throughout Indiana, Kentucky and Ohio — as well as online and the graduate programs are now offered off-campus across the state of Indiana, with plans to expand to online in May, 2005.

The two nurses who met halfway around the world in India followed different

paths to their IWU degrees. Ms. Bullock earned her Bachelor of Science degree in nursing through the traditional program. Ms. Leatherman earned a Master of Science degree in Community Health Nursing from IWU.

The two women used their nursing educations to pursue different careers but with a shared desire to be servant leaders.

At the time they met in India, Ms. Bullock was associated with the Emmanuel Hospital Association, which is based in New Delhi, and oversees 19 hospitals and four nursing schools in India.

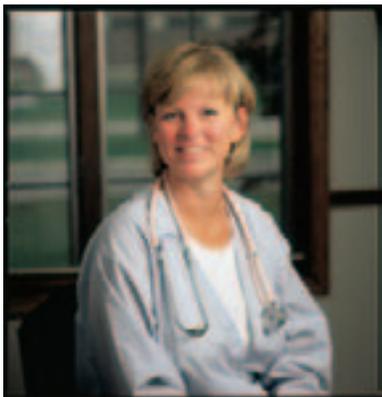
Ms. Leatherman works for an agency that serves developmentally delayed infants and also is an independent wellness consultant in Goshen, Ind. She was in India as part of a Rotary Club-sponsored program to eradicate polio.

Both women were prepared for their experiences by the opportunity given to all IWU nursing students to learn about other cultures and the effect that culture has on health beliefs and behavior.

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RN-242336, BEDUYA, FILIPINA
RN-188795, BEENE, DEBRA
RN-234374, BLACKBURN, ANNA
RN-287647, BLAKE, JOHN
RN-271552, BOYATT, BARBARA
RN-291919, BROOKS-HAYDEN, ALFREDA
RN-300038, BROWN, TRACY
RN-190269, BURRIS, MARY
RN-277147, CAMPBELL, JENNIFER
RN-227924, CAREW, SUZANNE
RN-304868, CARTER, ADRIANNE
RN-291924, CHELL, AMY
RN-267014, CONLEY, SUSAN
RN-277235, COUSE, JENNY
RN-212235, COVIELLO, KAREN
RN-138640, COX, JERI
RN-270141, DEHL, IVENA
RN-179996, DELGADO, SUZANNE
RN-304330, DENNISON, CAROL
RN-278301, DER, GABRIELLA
RN-148320, DETWILER, LESLIE
RN-233812, DORAN, PAUL
RN-235435, EDIC, TERESA
RN-274872, ENGLAND, PAMELA
RN-253116, FITZPATRICK, CAROLYN
RN-217434, FITZWATER, LORI
RN-268816, FREEMAN, KIM
RN-262131, GNEUHS, JULIA
RN-140164, GREGORY, JANICE
RN-106500, GROVES, PENNY
RN-308946, GUZMAN, MIRANDA
RN-223000, HARRIS, STEPHANIE
RN-272846, HATFIELD, JANET
RN-210469, HAWKEY, LINDA
RN-099104, HENKEL, JANE
RN-089718, HOBSTETTER, NANCY
RN-186878, HUEY-TARCHICK, SUSAN

RN-190222, HULLER, JANE
RN-201486, IUBELT, PATRICIA
RN-235083, JANSEN, CHERYL
RN-228733, JARVIS, BRENDA
RN-236142, JOHNSON, LOUANNE
RN-191575, JOY, DONNA
RN-172924, KALAL, MARILYN
RN-307666, KAMON, AMY
RN-290575, KISSINGER, BRIAN
RN-097301, KRAUS, LINDA
RN-210359, KUDER, ANGELA
RN-293801, LAB, CARLA
RN-079492, LIMONGI, KATHLEEN
RN-207105, LUCHINI, JEAN
RN-284232, LUDE, SHIRLEY
RN-274646, LUYSTER, FELICIA
RN-163483, MALONEY, KELLY
RN-296942, MARKS, SEANA
RN-270285, MCCAIN, TAMARA
RN-182556, MITCHELL, SANDRA
RN-154521, NANTZ, CAROL
RN-230722, NAPIER, CATHERINE
RN-308406, PACKARD, AMY
RN-188099, PELFREY, KATHRYN
RN-276902, PEREZ, AMY
RN-101100, PLEIMAN, DONNA
RN-218047, PROFFITT, LAURA
RN-282678, REIDENBACH, ADAM
RN-282936, RHOADS, COLLEEN
RN-305252, RIEGER, KRISTINA
RN-266791, SABO, SHEILA
RN-239146, SECOR, KATHLEEN
RN-209908, SHELTON, JAN
RN-277599, SHORT, THERESA
RN-201126, SIVAK, MADELINE
RN-227435, SNIDER, BRENDA
RN-145353, SOMMER, SUSAN
RN-127122, STOUT, JUDITH
RN-286466, TAZI, GEORGE
RN-189797, VOYLES, JULIE
RN-277356, WALTERS, KATHRYN
RN-241618, WARNER, KATHRYN
RN-226733, WENDLE, CONSTANCE

RN-132397, WHITEHEAD, MARILYN
RN-229524, WIENER, STEPHANIE
RN-296487, WILLIAMS, LINDA
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PN-061973, BLESSING, NANCY
PN-092084, COFFEY, MARY
PN-067971, CORNELL, THERESA
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PN-054136, GRIFFITHS, VIOLET
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House Testimony of John Brion RN, MS *Executive Director of the Ohio Board of Nursing*

Editor's Note: The two year biennial budget submitted by Governor Bob Taft, proposes to consolidate all state boards and commissions within one of three state cabinet agencies. The Board of Nursing would become part of the Ohio Department of Health. Also in this budget, language is included to create a pilot program for the recognition of medication aides working in long term care settings. During budget deliberations, each agency, and currently each board and commission, is asked to discuss its budget with a legislative committee in both the House and the Senate. The following is testimony provided by Ohio Board of Nursing Executive Director John Brion, RN, MS to the Human Services Subcommittee of the House Finance Committee on February 23, 2005.

Chairman Hoops, and Members of the Committee,

My name is John Brion and I am the Executive Director of the Ohio Board of Nursing. I am a masters prepared registered nurse with professional experience in emergency and trauma nursing, nursing education, and public health administration. I have served in my current position with the Board since April 2002.

Thank you for the opportunity to be here today to testify, on behalf of the Board of Nursing.

The mission of the Ohio Board of Nursing is to protect the public through the effective regulation of nursing care. To ensure the mission is carried out, a Board consisting of twelve licensed nurses and one public member appointed by the Governor, oversee the Board staff and activities. Nursing is regulated by the State because of the significant risk of harm to the public if not practiced by competent and scrupulous individuals. The vulnerability of individuals who seek nursing care creates a situation in which unsafe and incompetent practitioners present a real and serious threat to public safety. The staff and members of the Board are dedicated to the mission of public protection and take a great deal of pride in the efficiency with which we carry out the regulatory functions entrusted to us.

The Board of Nursing, with nearly 200,000 licensees, is the largest of the state's regulatory boards in number of licensees. The dedication of our 56 person staff allows us to be one of the most efficient Boards in terms of staff to licensee ratio (1/3512). The fiscal accountability of our board has also resulted in a very low operating cost per licensee of just \$25 per year. We currently issue licenses and certificates to registered nurses, licensed practical nurses, dialysis technicians and advanced practice nurses.

Effective this month, we began to certify a new category of community based health care provider, the community health worker. There is also language in the budget that would create another new category of health care worker, the Medication Aide, to be regulated by the Board of Nursing. Our Board currently assures eligibility and issues licenses for over 6,700 newly graduated nurses each year. This same efficient staff also verifies the qualifications of over 2,000 nurses from other states who seek Ohio licensure each year. The Board also surveys, inspects, and grants approval to the 110 existing pre-licensure nurse education programs as well as overseeing the process of approval for any new nursing education programs in the state. Through the regulatory processes of issuing licenses or certificates and approving pre-licensure nursing educational programs, the Board protects the public by permitting only individuals who meet statutory qualifications to practice nursing.

The Board has been diligent in efforts to develop and implement the Nurse Education Grant Program that was created by the legislature in 2003. In September of this year Board staff will begin to oversee the awarding and management of nearly \$2,000,000 in grant funds to Ohio nursing education programs intended to address the state's nursing shortage by allowing those programs to increase their enrollment capacity.

Total funding for operations of the Board of Nursing come from individual licensure fees deposited in the 4K9 rotary fund. The Board's budget appropriations are, in turn, made by the legislature from this 4K9 fund. Historically the Board has generated significantly more in revenue for the 4K9 fund than has been appropriated to us for daily operations. The extensive functions of the Board are totally supported by the fees collected from licensees. Our operations have no impact whatsoever on the state's General Revenue Fund.

The Board's present staff of 56, who are responsible for all facets of licensure and regulation, has increased by only 6% since 2001 while the work and responsibility of the Board continues to grow at a significantly higher rate. As the Board's responsibility has increased over the years, and as the number of disciplinary actions has increased seven fold, we have found ourselves rising to the challenge to produce these

admirable results with existing staffing and funding levels. In fact, I would submit to you that the Board of Nursing could be held up as an example of government efficiency and effectiveness. We continuously demonstrate great success in safeguarding the health of Ohioans with the absolute minimum staffing level necessary to effectively regulate nursing care and serve nearly 200,000 licensees.

The work of the board is divided into four units: Nurse Education, Practice and Licensure; Discipline; Monitoring; and Administration. As a Board, our focus is really twofold: providing appropriate and timely services to the nearly 200,000 individual licensees and 110 nurse education programs we regulate; and, more importantly, to advocate for the health and safety of the public by responding to complaints that involve, among other things, allegations of patient abuse, felony convictions, drug or alcohol impairment, and practice deficiencies by registered nurses, licensed practical nurses, advanced practice nurses, and dialysis technicians. The role of safeguarding the public is one to which Board members and staff are very dedicated and take very seriously. This commitment to public safety is directly related to the unique structure and composition of the Board as one whose work is driven by a dedicated staff of nurses and other highly motivated professionals.

The Board expects to receive over 3,500 complaints about licensees this year from a variety of sources, including employers who are required by law to report violations of the Nurse Practice Act. The number of complaints to the Board has significantly increased since 2001. This increase can, in large part, be attributed to the fact that Board of Nursing investigators have worked diligently to forge collaborative relationships within the nursing community in our state. This process has been greatly enhanced by the fact that 7 of the 8 investigators on our staff are registered nurses whose professional credentials and expertise afford them the trust and confidence of those with whom they interact. Our investigators work closely with staff attorneys to prepare the cases, which are then reviewed by the Board Supervising Member for Disciplinary Matters and, when appropriate, addressed by the entire Board.

Additional structural and procedural changes implemented at the Board include streamlining of the investigatory process, a

reduction in the number of managers, realignment of staff positions and duties to more rapidly process cases. These changes have allowed for the tremendous increase in the number of complaints we investigate, the speed with which complaints are addressed and a tremendous amount of growth in the overall disciplinary work of our Board. In the past 3 years complaints against licensees have nearly tripled and are expected to exceed 3,500 in this calendar year. The number of actions taken by the Board in the past three years has increased seven fold from 96 to over 600 per year.

In keeping with the Board's mission to protect the public, those most serious cases involving a nurse who presents a danger of immediate and serious harm to the public are dealt with expeditiously by use of summary licensure suspension. In such cases investigators work closely with law enforcement and then quickly communicate their findings and concerns with staff attorneys, the manager of the discipline unit, the Executive Director and the Board President. The current structure of the Board helps to facilitate such quick communication and allows for decisive action in response to serious threats to public safety. Such quick and decisive action may not be possible within the many layers of a larger agency.

While cases before the Board that present a great and ongoing threat to public safety often result in the permanent revocation of a nurse's license, most of the disciplinary actions taken by the Board result in less severe sanctions imposed upon the nurse's license such as a fine, reprimand, suspension, or probation. These sanctions frequently allow the nurse to practice in certain settings and under certain conditions while being monitored by Board staff to assure public safety. The monitoring of such licensees is assigned to a Monitoring Agent who, because of his or her education and licensure as a registered nurse, is uniquely qualified to evaluate nursing practice. These same Monitoring Agents are also responsible for evaluating the compliance of licensees who participate in two programs that are alternatives to the disciplinary process, the Alternative Program for Chemical Dependency (for nurses with substance abuse problems) and the Practice Intervention and Improvement Program, a program that requires nurses to obtain additional education to improve practice skills. Because of this monitoring, nurses are able to remain employed in nursing positions while posing little threat to public safety. Consistent with the increase in complaints and Board actions the demands on our Monitoring Unit have also increased significantly. It is projected that the number of nurses being monitored by the Board will reach 1,000

licensees by the end of the current calendar year, nearly doubling the 550 licensees subject to monitoring in 2001.

Mr. Chairman, my purpose in sharing this information with you is to illustrate the fact that the Board of Nursing has been successful in efforts to be both efficient and effective in fulfilling its mission to safeguard the health of Ohio's public. It is the opinion of our Board that our current size, structure and unique staffing mix, which relies heavily upon the expertise of the registered nurses and other dedicated professionals we employ is what has allowed us to realize such high levels of efficiency and effectiveness. Our Board, driven by its mission to protect the health of the public, is concerned that any significant change to the current structure has the potential to impede, rather than enhance, our mission. The Board is concerned that our ability to perform our statutory function with the efficiency and effectiveness currently demonstrated will be severely compromised if we are subsumed by a large state agency.

Our Board has consistently demonstrated its fundamental commitment to the goals of governmental efficiency and accountability. As a government agency we are dedicated to maximizing our service to the public and support any efforts that will allow us to do so more effectively. We do not see, however, how the attainment of these goals will be advanced by changing the current structure of our highly functional, independent regulatory board to fit within the many layers of a large government agency. Our current structure, under the guidance of 13 gubernatorial appointees, openly and directly reports to the Governor's office as well as to the Office of Budget and Management. This is done while still exercising the independent judgment so necessary to effectively regulate the profession for which our Board of registered and licensed practical nurses is uniquely qualified.

While the specifics of the consolidation plan have yet to be determined, there has been discussion about combining investigative, supportive and administrative functions. It is the opinion of our Board that losing control of these functions would pose a serious threat to our mission to effectively protect the public. As a Board we have worked diligently to refine our operations to make all Board activities as efficient and effective as possible using the resources available to us. While we have achieved much success, we continue to strive to become ever more efficient in the regulation of nursing care in Ohio. The Board has a concern that becoming part of a large, centralized operation does little to enhance efficiency for our Board, the constituencies we serve, or the public we protect.

In this era of increasing fiscal constraints, our

Board remains committed to increased accountability and the elimination of government waste. As a member of the community of regulatory boards we are well aware of recent breaches of the public trust committed by members within our community as well as other entities within state government. These instances of excess and disregard for propriety are an embarrassment to us all. The Board of Nursing stands firmly behind the Governor in his efforts to address these situations. Further, we have used these unfortunate instances as an opportunity to review our own operations to insure that the Board is in compliance with all applicable state policies. Our Board members recognize that they occupy positions of public trust and hold themselves, and our staff, to the highest possible standards.

Mr. Chairman, before I close I would like to take a moment to address another budget issue for your consideration. There is language in the Governor's budget that will place regulatory responsibility for an additional category of health care worker, the Medication Aide, with the Board of Nursing. This newly proposed position would provide certain limited nursing services to the residents living in the state's 900 plus long term care facilities. The Board has not taken a position on the merits of the medication aide proposal; however, it does believe that the regulation of such a position would most appropriately rest with the Board of Nursing. Language contained in the budget allows for the implementation of a pilot program to assess the safety and efficacy of these individuals to administer certain medications to patients in a limited number of long-term care facilities across the state. The Board of Nursing has been identified as the entity responsible for developing, implementing, and evaluating the medication aide pilot program. While the current language includes the formation of an advisory panel a project of such magnitude will be a considerable undertaking and our Board has concern that some time lines may prove unrealistic. In addition to the issue related to the time line, a principal concern is that a mechanism for the funding and staffing of such a large project was inadvertently omitted from the proposal. During previous discussions it had been suggested that the funding for the pilot program should come from the 120 facilities selected to participate. This funding will be necessary to allow the Board sufficient resources to perform all the new or expanded functions associated with certifying medication aides and completing a program evaluation.

Mr. Chairman, this concludes my testimony. The Board appreciates the opportunity to provide testimony and I will be happy to answer any questions.

payment failures

There is often a lag-time between when a payment is processed by the bank and when the Board receives notification of error or insufficient funds. Even though a renewed license may have been received in the mail, failure of a payment to clear the bank will cause an application to become incomplete. It is not the Board's intention in publishing this list to embarrass licensees who fail to render proper payment for their license or certificate. The purpose is to notify current and potential employers and to reach the individual when other avenues have failed.

There are many reasons a personal check may not properly 'clear' during bank processing. It is for this reason that each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates or licenses, will not be considered complete until proper payment has been rendered. If payment is not received within 30 days after notice is provided, licensee information is turned over to the Disciplinary Unit and recommended for investigation on charges of working without a license. Individuals found to be working on a lapsed license will be subject to the penalties defined in ORC Section 4723.99 (B).

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

Registered Nurses

RN 179628	Balogh, Cheryl
RN 284031	Conner, Deborah
RN 213908	Driscoll, Pamela
RN 081572	Hartmann, Mary
RN 269099	Heard, Frances
RN 254146	Jarven, Ann
RN 099852	McCutcheon, Jane
RN 256289	McDaniel, Linda
RN 160634	Robb, Christopher
RN 229036	Sweetland, Dundee
RN 300574	Young, Jacque

Licensed Practical Nurses

PN 027403	Allgower, Barbara
PN 109961	Carter, Sandra

PN 084044	Cook, Marla
PN 030448	Curtis, Patricia
PN 091221	Finke, Tonia
PN 077423	Freeman, Barbara
PN 105124	Groves, Lisa
PN 076801	Harper, Wanda
PN 111709	Headings, Amy
PN 116383	Herrman, Terri
PN 102088	Highlander, Mildred
PN 089852	Johnson, Kimberly
PN 084336	Keith, Angela
PN 026851	Lauinger, Eugenia
PN 016998	Majors, Mary
PN 077585	Nickolich, Wendy
PN 108172	Smith, Elizabeth
PN 105492	Sobek, Melanie

PN 108400	Stumbaugh, Darlene
PN 007905	Tatum, Carol
PN 109807	Townsend, Stacey
PN 081341	Weaver, Carlotta
PN 068305	Zimmerman, Jeanease

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, **please do not assume from the name alone** that a particular individual has a payment failure. You may verify the license number on the Board's web site at www.nursing.ohio.gov by clicking on Verification.

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Current Requirements and History of Ohio's Regulation

APN requirements in general

The current requirements for obtaining a Certificate of Authority (COA) to practice as an advanced practice nurse (APN) in Ohio include documentation of holding both a "graduate degree with a major in a nursing specialty or in a related field that qualifies the applicant to sit for" an APN certification exam (CNS, CNM, CNP, or CRNA), and documentation of holding national certification as an APN.

Ohio law also requires that Clinical Nurse Specialists, Certified Nurse Practitioners, and Certified Nurse Midwives work with a collaborating physician.

History of Law Changes in Ohio related to approval as a CNS

The original law (SB 154, 1996) recognizing APNs, including Clinical Nurse Specialists (CNS), became effective September 10, 1997. Since that date, each CNS, CNM, CNP, or CRNA must hold both a Registered Nurse license and a COA in order to practice in Ohio.

Over time, minor changes occurred in the requirements for obtaining a COA as a CNS.

Between September 1997 and May 1998, the statutory requirements allowed an individual to become a CNS if the individual held a "masters degree in nursing", without specifying a particular focus area or specialty. Also at that time the law contained the current requirements that would supersede the initial requirements and become effective on January 1, 2001. These require that each CNS applicant document holding BOTH a masters degree in nursing AND national certification as a CNS. Given the small number of CNS certifying exams available at the time, obtaining CNS certification would be a challenge for graduates of some graduate programs once the new requirements took effect in 2001.

Additionally, during the fall of 1997 and early 1998, some CNSs in the state and some nursing educators initiated discus-

sions to address their concern that individuals could obtain a COA as a CNS without necessarily having a "clinical" focus to their masters program. This group succeeded in getting the law revised to include new requirements for a CNS that became effective in May 1998. As of this date an applicant for a CNS would be required to document holding a "clinical" masters degree.

During the years between 1997 and 2001 informational meetings were held with deans and directors of graduate programs, and articles appeared in *Momentum* addressing the pending January 2001 requirements for national certification. Still today, there are only a few CNS certifying exams available. Those that are available may not always be relevant to the focus of some graduate programs in nursing that are not specifically a CRNA, CNM, or CNP program. Nevertheless, the dual requirements of documenting a master's degree in a clinical area of nursing and CNS certification must be met by each new CNS applicant seeking a COA.

Once an individual obtains approval as a CNS in Ohio, the law contains specific practice requirements, including collaborative practice with at least one physician, and development of a written standard care arrangement with the physician(s). Only CNSs in the area of psychiatric/mental health practice are exempt from developing a standard care arrangement, and only if the CNS is not a prescriber.

Recent Discussions Regarding CNS Regulation

Over the last several years a national discussion has begun regarding the variety of licensing requirements for clinical nurse specialists that exist from state to state. The discussions have included challenges to the rationale behind the regulatory scheme for CNS practice in several states, including Ohio. Also, graduate programs in Ohio and elsewhere have evolved in focus areas/specialties that do not read-

ily "fit" into one of the currently available CNS certifications.

Contemplating CNS Practice or a Graduate Program in Nursing?

Most individuals who attend a nursing graduate program expect to become an "advanced practice nurse" or APN. In Ohio, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, and certified nurse practitioners are all considered advanced practice nurses (APNs) under the law.

For graduate students or individuals considering graduate programs in nursing, it is important to identify and understand the current Ohio licensing and practice requirements for advanced practice nursing. Graduates of nurse practitioner, nurse-midwife, and nurse anesthetist programs have easily identifiable national certification exams available.

The same is not currently true for CNS candidates. Ohio law requires that they too obtain a COA which, in turn, requires CNS certification by a national certifying organization approved by the Board. Eligibility criteria to sit for certifying examinations are set by the respective national certifying organizations. As a result, this may not be an option for graduates of certain types of masters programs.

In exploring graduate programs, many may be appealing in terms of an area of personal interest and the care needs of patients, families, and communities. The information presented here is not meant to suggest that the focus of various masters programs are not valuable in preparing students to meet the many challenges faced in health care delivery today. It is important to note, however, that the current licensing requirements in Ohio law may preclude graduates of certain programs from becoming certified as a CNS without additional coursework.

Advanced practice questions may be directed to Sue Milne at (614) 466-9566, or smilne@nursing.ohio.gov.

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Employer Duty to Report Misconduct

The Ohio Board of Nursing (Board) receives a significant number of questions regarding employers' duty to report nurse misconduct and possible violations of the nursing law and rules. Section 4723.34(A)(1) of the Ohio Revised Code (ORC) mandates that reports to the Board shall be made by every employer of registered nurses, licensed practical nurses, or dialysis technicians. The employer must report the name of any current or former employee who holds a nursing license or dialysis technician certificate issued by the Board who has engaged in conduct that would be grounds for disciplinary action by the Board under ORC section 4723.28. Further, every employer of certified community health workers must report any current or former employee who holds a community health worker certificate who has engaged in conduct that would be grounds for disciplinary action by the Board under ORC Section 4723.86 and applicable administrative rules.

Conduct by a licensed nurse that would be grounds for disciplinary action under ORC Section 4723.28 includes, but is not limited to, failure to practice in accordance with safe nursing care standards, violations of maintaining professional boundaries, positive drug screens, diversion of drugs, and impairment of the ability to practice nursing. The employer is required to report even if the nurse has been referred to an employee assistance program or is participating in a remediation program.



If the employer is not sure about reporting a possible violation to the Board, the employer should err on the side of reporting. This way the Board can conduct an investigation, review the facts and circumstances, and make a determination regarding whether a violation occurred. The law does not require that the employer conduct a full investigation and determine if the nurse has violated the law or rules prior to filing a complaint with the Board.

While the Board understands that not every practice or medication error needs to be reported, employers should consider, among other things, the egregiousness of the error, the potential or actual harm, and patient out-

come. If a one-time error was egregious in nature or resulted in patient harm, the incident should be reported. Further, if the employer is aware of a pattern of errors or concerns, the employer should report the concern. Even if the employer is not sure there is enough evidence to prove a violation, the employer should file a complaint so Board investigative agents can conduct a detailed investigation. The Board may have other investigatory information and the newly reported information may now indicate a more serious problem or a pattern.

Employers who use nurses from staffing agencies or travel companies need to ensure that complaints are filed with the Board either by the staffing agency, travel company, or by the practice setting where the nurse is working on assignment.

Employers should know that the Board keeps confidential all information obtained about those who are under investigation. Revised Code section 4723.28(I)(1) requires that information received by the Board pursuant to an investigation be kept confidential. Therefore, the fact that the Board has received information and is investigating a licensee is confidential, and would not be disclosed to the public. Based on the evidence obtained during the investigation, the Board may pursue disciplinary action or close the complaint.

An employer's duty to report is clear and unequivocal. Those with questions may contact the Board's Disciplinary Unit at (614) 466-9558.

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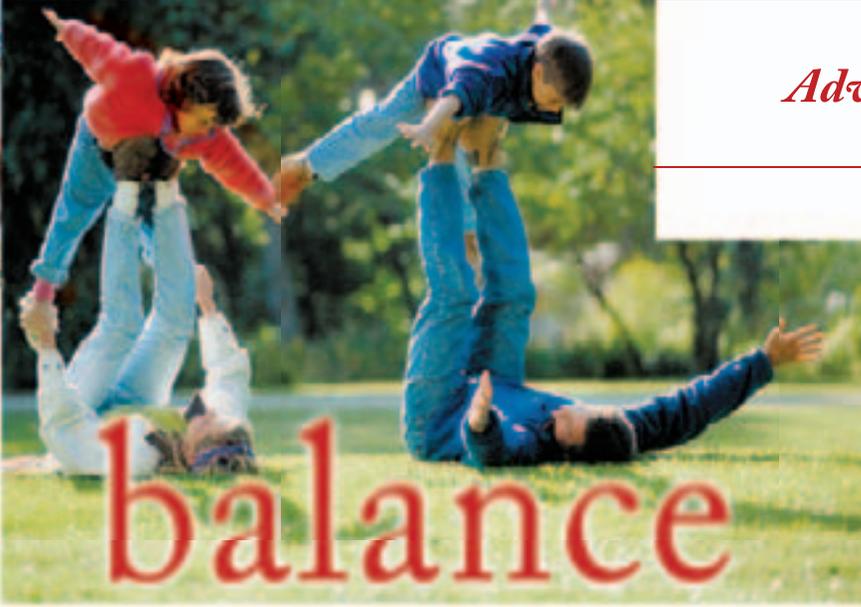
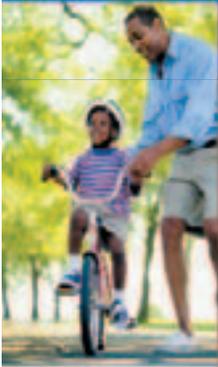
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