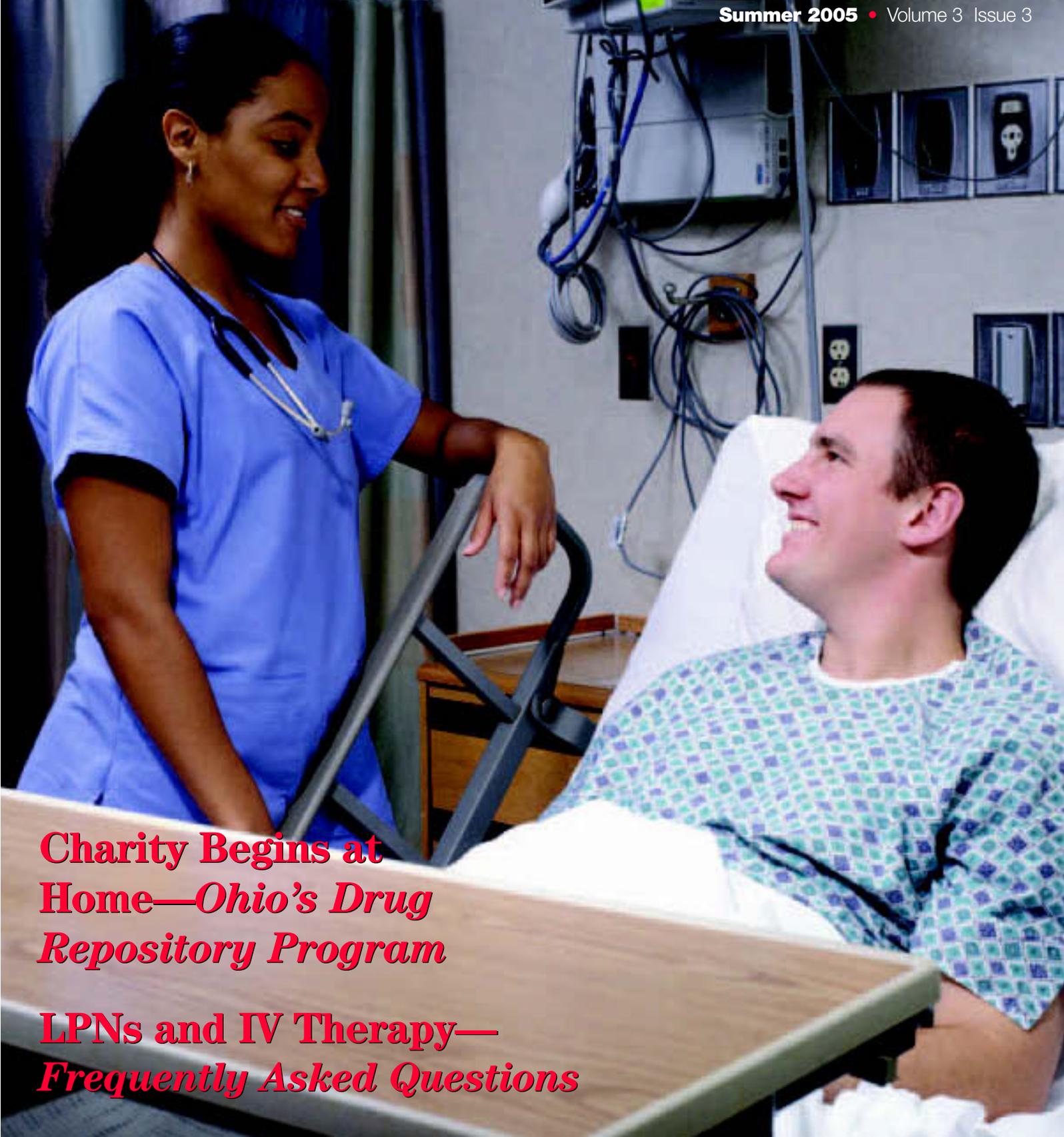


# MOMENTUM

Summer 2005 • Volume 3 Issue 3



***Charity Begins at Home—Ohio's Drug Repository Program***

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Cynthia R. Snyder, JD

**The mission** of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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**Yvonne M. Smith**  
MSN, RN, CNS  
President

Much is asked of the nurses and consumer representative who are appointed to serve on the Ohio Board of Nursing. The duties and responsibilities of the Board are enumerated in section 4723.06 of the Ohio Revised Code. The charge that requires the greatest investment of time and generates the most discussion among the members, is the taking of disciplinary action against licensees who violate the law and rules governing the practice of nursing.

The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care. To uphold this mission, the Board disciplines licensees who engage in activities that could result in harm to clients or patients. Section 4723.28 of the Revised Code provides the Board with the authority to deny, revoke, suspend or place restrictions on any nursing license, certificate of authority, or dialysis technician certificate issued by the board. This section also gives the Board authority to reprimand or otherwise discipline a licensee or certificate holder, and to impose fines not to exceed five hundred dollars (\$500) per violation. Similar power to impose sanctions on community health workers is provided to the Board in Revised Code section 4723.86.

Over the past several years, the number of complaints filed with the Board has steadily increased. This is attributable, in part, to a greater awareness among employers of their duty to report to the Board any activity by a licensee that may constitute a violation of the Nurse Practice Act. In addition, the Board's investigators, most of whom are nurses themselves, have worked to develop collaborative relationships within the nursing community that have yielded greater understanding of reporting obligations. Whatever the cause, the number of complaints lodged with the Board has tripled in the past three years.

During the fiscal year just concluded (July 1, 2004 through June 30, 2005) the Board of Nursing received a total of 3322 complaints against licensees and certificate holders. The type of complaints varies dramati-

cally, but for purposes of board tracking, they are categorized as follows:

Type of Complaint	Number of Complaints
Action taken in another state	129
APN Practice Issues	13
Community Healthcare Worker	3
Criminal	166
Default Child Support	16
Dialysis Applicant	26
Drugs and/or Alcohol	722
Endorsement Applicant	178
Fraud (Medicare / Medicaid)	26
Imposter (Never Licensed)	33
Invalid License (Lapsed/Inactive)	156
Miscellaneous	278
NCLEX Applicant	432
Non-Compliance	174
Patient Abuse	132
Practice	716
Renewal Applicant	132

As of June 1, 2005, the board had taken 766 actions during the fiscal year. These actions are listed quarterly in the Board Disciplinary Action section of this publication. Although some of the actions taken by the board may appear harsh or punitive, they must be viewed in conjunction with the mission of the board. Disciplinary actions are intended principally to safeguard the public rather than punish the licensee. Many are also taken with the hope of addressing a problem, and returning a nurse or other licensee to active practice. Because the Board of Nursing is a state regulatory agency, the disciplinary actions taken are a matter of public record. Printing these actions in Momentum serves to satisfy this purpose.

Disciplining colleagues continues to be one of the most challenging aspects of serving as a member of the Board of Nursing. Each case must be individually reviewed and deliberated, and Board members must come to agreement regarding the action to be taken. Although the task is time-consuming and often emotionally draining, it is a critical role for members of the Board. I can say with complete certainty that all members take seriously our obligation to protect the interests of the public.

*Yvonne M. Smith MSN RN CNS*



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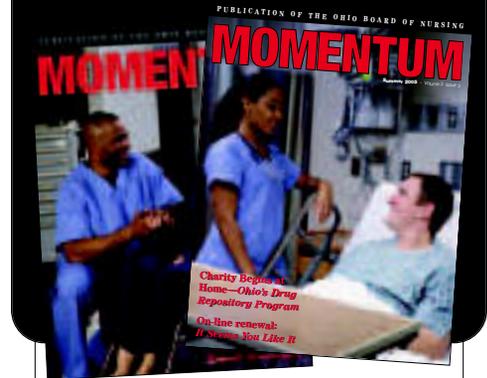
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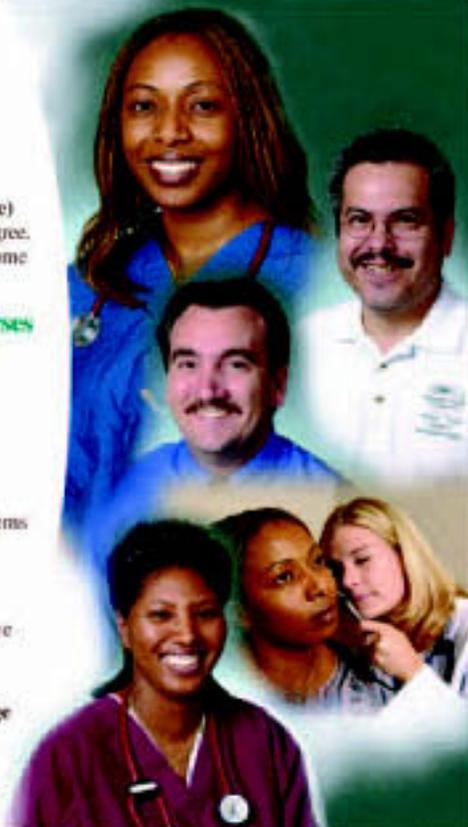
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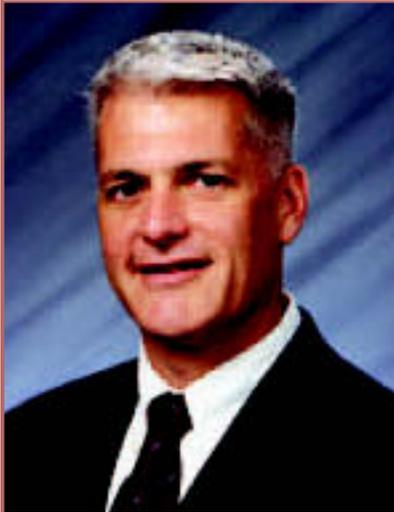
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## from the executive director



**John M. Brion**  
RN, MS  
Executive Director

This is the last editorial I will be writing as Executive Director of the Ohio Board of Nursing. After more than three years in my current position I have decided to resign, effective August 5, 2005, to return to clinical nursing in a hospital emergency department. I feel very privileged to be in a profession that allows so many career options, all of which are very rewarding in differing ways. In my opinion, one of the greatest things about the flexibility of a nursing

career is that it is possible to try different types of work without having to completely change professions. I am very lucky to have worked in the acute care setting as an

emergency nurse, a trauma nurse, and an infectious disease/AIDS nurse; in the academic setting as an instructor in ADN, BSN, and RN completion programs; in public health at the Ohio Department of Health; and in administration with the Ohio Board of Nursing. Not many professions offer such a diversity of practice opportunities. What I feel luckiest about, however, is that I have had the opportunity to try different roles to see which one fits best for me. While each role has been unique, challenging and rewarding in its own way, the role I find most rewarding is working in a clinical setting providing direct patient care.

I must admit that the decision to leave my current position was not a simple one. I wrestled with it for quite some time before deciding to take the next step. When I finally decided to seek a clinical position I was asked, by more than one person, why I wanted “to take a step backwards” in my career. That question really stopped me in my tracks. After all, I am an RN. Isn’t patient care what nursing is all about? The question did, however, make me start to wonder if this was really what I wanted to do. Am I crazy to give up a corner office and an impressive title for a pair of scrubs and working every other weekend? That is when I realized that the diversity offered by a career in nursing could be a double-edged sword if, like me, you lose sight of your true motivation for being in the profession.

To find my answer to the “step backward” question I

had to think back about my decision to enter nursing in the first place. I had a job in a nursing home the summer between high school graduation and college. My plan was to go to college, study history and become an attorney. The nursing home job was just a way to make money for college. But something happened in those months in that nursing home. I found that I truly liked caring for people. The turning point came one evening as I cared for an old woman as she died quietly from the cancer she had battled for some time. I didn’t know her very well but our paths had crossed long enough to allow me to be with her as her life came to an end. Even though I did not do much more than provide basic comfort measures, I felt that I had made a small difference in the life of another person. That event helped me decide to become a nurse.

I have been very lucky to work with a great staff at the Board of Nursing. The work they do to protect the public is second to none and Ohio is lucky to have such a dedicated group of public servants. I have also had the opportunity in my career to work with some terrific nurse educators who are doing an outstanding job at helping to shape tomorrow’s nursing workforce. However, I hope that as nurses we never forget that the essence of our profession is patient care. All that we do individually, and all that we are as a profession, must ultimately be focused on enhancing patient care. Credentials, degrees, fancy titles and corner offices, are all secondary in importance compared to the work of a single dedicated nurse helping one patient. The role of primary importance in our profession, for which all others provide support, is that of the direct care nurse. As a profession we must not forget that the reason we exist, first and foremost, is to provide care for those in need.

I thank you for the opportunity to serve as the Executive Director of your Board of Nursing. I am confident that the outstanding work done by this Board will continue because of the dedication of its very competent staff. It has truly been an honor to work in this role but now I am ready to take the next step in my career, *a step forward* into a position as a direct care nurse.

A handwritten signature in black ink that reads "John M. Brion, RN, MS". The signature is written in a cursive, flowing style.

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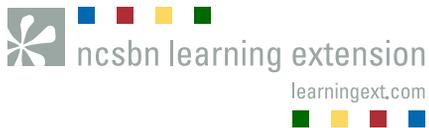
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## Meet Your Board

**Kathleen M. Driscoll, JD, MS, RN** is one member of the Board through whom the nursing education community is well represented. Kathy is a professor at the University of Cincinnati College of Nursing where she also serves as Director for the Accelerated Program. She has been involved in nursing education since early in her nursing career, which began when she received a BSN degree from D'Youville College in Buffalo, New York.

After working as a staff nurse for a few years in Buffalo and Washington DC, Kathy assumed her first instructor role at the Mercy Hospital School of Nursing in Buffalo. This was followed by a year at the State University College at Plattsburgh. In 1971 she began as an assistant professor at Genesee College in Batavia, New York. At Genesee she moved up to become an associate professor, Chairperson of the Health Technology Division, and Director of the Associate Nursing Degree Program. From here she returned to her alma mater as an instructor in medical/surgical and obstetric nursing at D'Youville College.

During her years in New York, Kathy found the time to pursue educational as well as professional opportunities. She completed both a masters degree in Adult Health Nursing, and a law degree at the State University of New York at Buffalo. Interspersed with these were a variety of graduate studies in nursing and health administration.

In 1980, Kathy relocated to the Cincinnati area and joined the faculty of the University of Cincinnati College of Nursing as an assistant professor. She has since achieved full professor status and lectures on issues relating to both nursing and the law. Professor Driscoll also has numerous professional publications to her credit. Her work has appeared in journals and text-

books ranging from "The application of genetic knowledge: Ethics and policy implications" in AACN Clinical Issues (1998), to "Ethicprim: An introduction to bioethics for health providers" curriculum, learner workbook, and instructor's guide for computer assisted instruction (2003).

Currently, Kathy chairs the Board's

Advisory Group on Nursing Practice and Education. She has also served as the Board's liaison with the Ohio General Assembly. In both roles her nursing and legal knowledge have proven a great asset to the Board. Kathy's current term on the Board ends in December of this year. She is eligible for reappointment to a second term.

## On-line renewal: *It Seems You Like It*

As this publication goes to print, the Board of Nursing is well into its 2005 RN renewal cycle. Effective June 15, 2005, more than 15,000 registered nurses have renewed on-line taking advantage of this newly developed service. The Board of Nursing is one of several Ohio regulatory boards to take advantage of technological advances in the licensure renewal process.

As with all new programs, a few people have been unable to complete their renewal on-line. However, most of the comments from people who have renewed on line indicate that it was a very positive experience. While on-line renewal is clearly the wave of the future, you still have the option to renew by completing the card and mailing in your application. The choice is yours.



## 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.

<b>January 20-21, 2005</b> <b>March 17-18, 2005</b> <b>April 18-19 (retreat)</b> <b>May 19-20, 2005</b> <b>July 21-22, 2005</b> <b>September 15-16, 2005</b> <b>November 16-17-18, 2005</b>	<b>January 19-20, 2006</b> <b>March 16-17, 2006</b> <b>(retreat – T.B.A)</b> <b>May 18-19, 2006</b> <b>July 20-21, 2006</b> <b>September 21-22, 2006</b> <b>November 15-16-17, 2006</b>	<b>January 18-19, 2007</b> <b>March 15-16, 2007</b> <b>(retreat – T.B.A)</b> <b>May 17-18, 2007</b> <b>July 19-20, 2007</b> <b>September 27-28, 2007</b> <b>November 14-15-16, 2007</b>
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## Advisory Groups and 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 wish 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 August 11; October 13; and December 8, 2005.

Chair: Kathleen Driscoll

The **Advisory Group on Dialysis** will meet August 16; and October 18, 2005.

Chair: Debra Broadnax

The **Advisory Group on Continuing Education** will meet October 21, 2005.

Chair: Lisa Klenke

The **Committee on Prescriptive Governance** will meet 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
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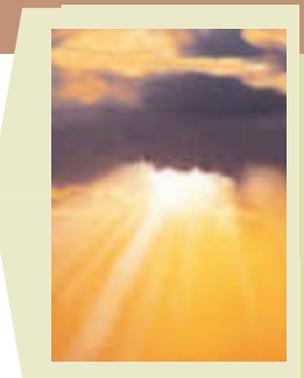
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## Charity Begins at Home— *Ohio's Drug Repository Program*

In response to increasing concerns about the cost of, and access to, prescription drugs, the Ohio General Assembly adopted legislation in 2002 that mandated the creation of a **drug repository program** by the Ohio Board of Pharmacy. The legislation directed the Pharmacy Board to develop and implement a program that would allow the donation of certain unused prescription drugs for use by persons other than those for whom they were originally prescribed. The legislation was narrowly drawn and the Pharmacy Board was required to promulgate



administrative rules to further define the drug repository program.

Under the terms of the enabling language, any person, including a drug manufacturer or a health care facility (hospital, nursing home, hospice, home health, ICF/MR), may donate prescription drugs to the drug repository program. Qualified drugs may be donated at a pharmacy, hospital, or nonprofit clinic that

wishes to participate in the program and satisfies eligibility standards established by the Pharmacy Board. To be eligible, a pharmacy, hospital, or nonprofit clinic must be licensed as a terminal distributor of dangerous drugs (RC 4729.54), and must comply with all federal and state laws, rules, and regulations.

Under the terms of the program, drugs may be donated by a licensed

terminal distributor of dangerous drugs, a licensed wholesale distributor of dangerous drugs, or an individual to whom a dangerous drug was legally dispensed pursuant to a patient specific drug order. A person who wishes to donate an eligible drug may not have taken custody of the drug before the donation is made. Patients in institutional settings may execute donor forms directing that all of their unused drugs be donated to the drug repository program. Also, a guardian or other responsible individual may make the decision to donate unused drugs on

behalf of a patient.

Those eligible pharmacies, hospitals, or nonprofit clinics that elect to participate in the drug repository program may only distribute them to eligible Ohio residents. They may also provide the donated drugs to other government entities or nonprofit entities that will dispense them to eligible individuals. To be eligible to receive drugs under the program,

an individual must have no third party prescription drug coverage for the drug in question, or must be a patient of the nonprofit clinic that is providing the drug. Drugs may only be dispensed under the drug repository program pursuant to a prescription issued by a practitioner licensed to prescribe drugs in Ohio.

Dangerous drugs other than controlled substances or drug samples, are generally eligible to be donated and distributed under the drug repository program. However, drugs to be donated must satisfy **all** of the following standards:

1. Drugs are in their original sealed and tamper-evident unit dose packaging and the packaging is unopened. If the drug is packaged in single unit doses, the outside packaging may be open provided that the single unit packaging is undisturbed.
2. Drugs have been in the possession of a licensed healthcare professional and have not been in the possession of the person for whom they were prescribed.
3. Drugs have been stored in accordance with FDA storage requirements.
4. Packaging lists the lot number and expiration date of the drug.
5. Drug expiration date is at least six months from the time of donation.
6. Drugs have no physical signs of tampering or adulteration.
7. Drug packaging has no physical signs of tampering.

For purposes of paragraph 2, a licensed healthcare professional includes Ohio licensed physicians,



podiatrists, registered nurses, licensed practical nurses, physician assistants, dentists, dental hygienists, optometrists, and pharmacists.

In the early stages of implementing this program there has reportedly been some resistance among those otherwise eligible to participate as donors to the repository. While the statute establishing the program makes it clear that participation is voluntary, there is broad immunity language for donating, accepting, and distributing drugs in accordance with program standards.

The Board of Nursing has been



**Patients in institutional settings may execute donor forms directing that all of their unused drugs be donated to the drug repository program.**

advised that some nurses are concerned about their role in assisting patients and employers who wish to donate qualifying drugs to the drug repository program. One specific question was whether or not the act of

packaging donated drugs in a locked tote or similar carrier would be viewed as “dispensing medications”, an act that is outside the scope of practice for registered nurses and licensed practical nurses.

The Ohio Board of Pharmacy has responded to this question with a written statement that a nurse or facility that participates in the donation of drugs would not be viewed as “dispensing” because “the nursing home and nurse would not be giving the drugs to a specific patient, but would be assisting in the process of directing the drugs to a pharmacy, hospital, or nonprofit clinic that is participating in the Drug Repository Program.” (letter to John Brion, Executive Director, Ohio Board of Nursing, from Mark Keeley, R.Ph., Legislative Affairs Coordinator, Ohio State Board of Pharmacy, dated May 16, 2005)

At its May meeting, the Board of Nursing considered the potential role of nurses participating on behalf of patients and employers in the drug repository program. This issue was brought to the Board by representatives of a social service agency seeking to enhance its medication program for low-income seniors. After reviewing the particulars of the drug repository program the Board approved a motion stating that a nurse’s participation in the program is not an inherent violation of the Nurse Practice Act.



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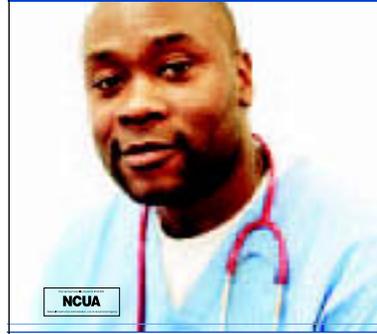
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# A look inside one of the nation's most dynamic health systems.

If you're a nurse, you know the name – ProMedica Health System – the health care system serving 23 counties in Northwest Ohio and Southeast Michigan that has grown into one of the largest and most integrated health systems in the United States. Headquartered in Toledo, ProMedica was ranked the 2nd most integrated health care system in the 2005 *Verispan Assessment of Integrated Health Care Networks* as published in *Modern Healthcare* magazine, putting it in the Top 1% of all systems in the country. In Ohio and Michigan, ProMedica is ranked as the 1st most integrated system.

In an effort to learn more about the nursing profession and the individuals who are practicing nursing today, *Momentum* magazine asked nurses from four ProMedica hospitals to comment on their personal reasons for being a ProMedica nurse today. Read their comments, to the right, to gain new insight into Nursing at ProMedica. You'll see the ways these nurses share your compassion for those who are suffering ... your pride in making a difference ... and your need for the very best mentoring, education, training and advanced technology. To learn more about the exciting and challenging nursing career opportunities available throughout ProMedica, visit [www.promedica.org](http://www.promedica.org). ProMedica Health System is an Equal Opportunity Employer.



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**Jan Schwarzkopf, RN**  
Labor and Delivery  
The Toledo Hospital

A patient care supervisor with 19 years of nursing experience, six of those years with ProMedica Health System, Jan says she selected nursing as a profession, "from a desire to care for others." She adds, "A nurse has the ability to make a life long impact in someone's life. It is a profession that offers many opportunities to gain knowledge and develop skills to best meet the needs of the patient – from the neonate to the geriatric patient."

"Nursing at ProMedica is different from other hospitals," continues Jan, "because of the culture of caring." Jan says she came to The Toledo Hospital from a surrounding area hospital, "because of the level of care and support that were provided at the hospital. ProMedica nurses have a wide range of resources to assist in the care of their patient, as well as with their individual development: including in-services, conferences, department specialists, and robust Internet and e-business tools."

"Nurses are caregivers, advocates, listeners, communicators and often a friend," says Jan, "and ProMedica supports nurses in all of these areas. Nursing is a profession that will challenge you both mentally and physically, but it is also a profession that will give back the biggest rewards."

**Kalli Sayler, RN**  
Neurology  
The Toledo Hospital



A nurse for only one year, Kalli has been with ProMedica for two years, starting as a nursing assistant, advancing to a nursing intern, and then to the position of RN. Kalli selected nursing as her profession, because as Kalli puts it, "I'm a 'people' person and love helping others. I found myself wanting to educate people and this is the best line of work for me to use those skills."

In Kalli's opinion, nursing is different at ProMedica because, "We utilize all of our staff from nursing assistants, LPNs and RNs, and work as a team to deliver the best, most compassionate care possible."

"ProMedica Health System is very family oriented, for example, employees have the opportunity to donate their earned time off to employees who are on a medical leave. There are also many opportunities for you to continue your education." As Kalli has discovered, "When you join ProMedica Health System, you become a member of our family!"

**Patti Yockey, RN**  
Orthopaedics  
The Toledo Hospital



"I always wanted to be a nurse and have always enjoyed working with people and helping them," reports Patti. "Now after 27 years as a nurse, I really feel that ProMedica Health System is my second home. I grew up here. I started out as a candy striper when I was 14, I attended nursing school at The Toledo Hospital School of Nursing, I worked in the hospital as a nurse's aid during nursing school, and then I became a ProMedica RN."

**Patti Yockey, RN (cont)**

"In my current position, I have co-workers who are the absolute best. No matter how good or bad the work day becomes, it's always more bearable because of the teamwork, friendship and support I receive from my co-workers and management team."

"ProMedica offers a large variety of opportunities for its nurses to grow and advance our careers. There are jobs here to fit whatever type of specialized patient care you may be looking for. What to me is so very special about ProMedica? It's the kindness I see being practiced everywhere. If you treat your patients, co-workers, visitors and every person you see with kindness, you will reap many positive rewards."



**Regina M. Davis, LPN**  
Pediatric Behavioral  
Medicine  
Toledo Children's  
Hospital

With 27 years in nursing and 15 years at ProMedica, Regina tells us that her mother was the reason she selected nursing as her profession. "I've always wanted to have a job where I felt I could make a difference in someone's life. My mother was a LPN, and I grew up listening to her share her 'tales of the day,' seeing the joy of a job well done in her face, and hearing true contentment in her voice – I knew this was the career for me."

"I have worked at other hospitals," Regina continues, "and ProMedica is definitely the organization that encouraged me to succeed and advance in my profession. I've grown more as a person and as a nurse during my employment here. I've returned to school and will graduate in December with an Associate's degree of Nursing. After that, I'm looking forward to continuing my studies toward a BSN and beyond. ProMedica's reimbursement for education policy, plus the flexible scheduling and support from my manager, director and peers, have enabled me to reach the goals I only dreamed about before."

**Barbara Conover, RN**  
Nursing Support  
Services  
Flower Hospital



A Clinical Resource Specialist with 29 years in nursing and 19 with ProMedica Health System, Barbara tell us, "I love to care for people, and nursing provides a way for me to bring some brightness into the life of someone' who is ill."

"I want to be able to give people hope and nursing provides me with an opportunity to share hope with my patients. Whether it is hope in getting better, hope that there are people who care for them, or if they're at the end of life, hope that there is something much better for them after they leave this life. I know I can't touch everyone's life, but if I can help a patient and his/her family find or remember hope, that's what I give as a nurse."

Barbara chooses to nurse at ProMedica's Flower Hospital because, "I knew it was a smaller community hospital and that was important to me. I like the family type atmosphere that I found at Flower Hospital. ProMedica has offered me many opportunities to grow in my profession as a nurse, from a staff nurse to an assistant clinical director and currently as a clinical resource specialist. No matter what your role is at ProMedica, you feel valued for what you do."

**Dotti Switzer, RN**  
Intensive Care Unit  
Flower Hospital



"I wanted to be a nurse since I was in the second grade," explains Dotti. "My older sister was a nurse at the time and I saw first hand how much she enjoyed her profession."

"I became a nurse to make a difference in people's lives. I'm very passionate about providing compassionate care, and it shows. I like the size of Flower Hospital." Dotti continues, "it's nice to walk down the halls and put a name to all the faces that you see. Here, you're not just a number, you're a person. Our 12-bed Intensive Care Unit is the only ICU at Flower, so we take care of a variety of patients – neuro, cardiac, surgical, medical, etc. This can make it challenging, but exciting, too."

"In my job, you're always learning, staying on your toes, discovering many opportunities to mentor new graduate nurses. It's an honor to care for people at the times when they need someone the most. You get out of nursing what you put into it. It can be very challenging at times, but also so rewarding."



**Kendra R. Contreras, RN**  
Critical Care Unit  
Bay Park Community  
Hospital

"Ever since I can remember, I always said I was going into the medical field,"

reports Kendra. "I was always fascinated about the body, how it works, and what it was doing. Plus I enjoy working with people and helping them."

"I feel ProMedica is a very integrated system that offers its nurses the ability to grow and expand their profession beyond what is possible anywhere else. The individuals throughout our system are totally professional, caring and living our mission on a daily basis."

Kendra feels that ProMedica offers many avenues for the nurse. "Whether you enjoy the floor, critical care, home health, physician's offices, mobile, dialysis, diagnostics, or any of the specialty areas, everyone can find a home in the ProMedica family. I also believe that nursing is a privileged profession. We should always be proud of the work we do, and must do our best each and every day for each and every patient and their family."



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RN-262362, CRANFORD, COLLEEN  
RN-192004, REAMES, NANCY  
RN-312635, DISTEFANO, ANTHONY  
RN-247123, SNIDER, RENA  
RN-167302, REED, PATRICIA  
RN-231619, WILSON, ANTHONY  
RN-290272, ZHANG, HUA  
RN-260704, DELONG, JENNIFER  
RN-260205, COX, JUDY  
RN-188243, CUCINOTTA, DIANE  
RN-176596, GUNDERSON, SUSAN  
RN-240735, WILLIAMS, NATALIE  
RN-293857, BILLOCK, JAMES  
RN-179844, NOUSEK, LAVERNE  
RN-290415, BROWN, DENISE  
RN-302372, MOON, KELLY  
RN-187439, FRANK, HEDY  
RN-278294, CONLEY, TRACY  
RN-287253, MEADE, SUSAN  
RN-167506, DYSERT, DEBRA  
RN-065962, HOWE, ADRIENNE  
RN-234537, NIRO, KERRY  
RN-188192, VATILLA, MARY  
RN-300665, OSENGA, JULIE  
RN-196073, BOWMAN, ANNAMARIE  
RN-310755, BIRD, BARBARA  
RN-142883, CHULIK, DENISE  
RN-141880, SIVAKOFF, LINDA  
RN-278526, STEPHENS, THOMAS  
RN-288384, GROW, HOLLY  
RN-184822, DESOUZA, GUS  
RN-291198, SHERMAN, CRYSTAL  
RN-232755, ROMEY, LORRAINE  
RN-092669, WAGNER, NANCY  
RN-120548, STUTZMAN, JANET  
RN-312849, LYONS, SHARON  
RN-227144, PITZULO, JACQUELINE  
RN-136245, JOHNSON, DEBORAH  
RN-251322, OVERDORF, PATRICIA

## Duplicate 2004-2006 • LPN Licenses

PN-049307, AKERS, CAROL  
PN-038567, DUNLAP, ELEANOR

PN-101265, MOSIER, JEFFERY  
PN-054136, GRIFFITHS, VIOLET  
PN-070053, WALKER, JULIE  
PN-023905, JONES, JOAN  
PN-108716, SULLIVAN, RHONDA  
PN-112929, HILL, SAYZANNE  
PN-091567, PARR, LISA  
PN-104979, WHEELER, CLIFTON  
PN-113711, WHITE, JILL  
PN-095122, LOHN, GAIL  
PN-098362, SMITH, SHERRI  
PN-103754, BENDER, KAREN  
PN-023194, SCHAPPEL, LINDA  
PN-114218, MAGNUSSEN, DAGNY  
PN-101705, NEAL, SUZZANNE  
PN-103958, KAYCROSS, ELLA  
PN-114141, SALVATORE, DINA  
PN-054424, DISMON, THELMA  
PN-029717, LEE, JANELL  
PN-061973, BLESSING, NANCY  
PN-067971, CORNELL, THERESA  
PN-112134, SWITZER, MICHELLE  
PN-104133, SWITZER, ANNA  
PN-054611, RODRIGUEZ, ALICE  
PN-095939, HUTCHINSON, MARIAN  
PN-092084, COFFEY, MARY  
PN-109333, BLAZER, DOROTHY  
PN-104944, WARRICK, NELLIE  
PN-093481, WILLIS, DALE  
PN-057042, MCNALLY, DIANE  
PN-092450, FLINT, ELAN  
PN-111982, CAVE, STEPHANIE  
PN-114226, MILINKOVICH, TAMRA  
PN-113145, JONES, LISA  
PN-080965, FINLEY, TERESA  
PN-116235, BUTCHER, STEPHANIE  
PN-099637, FREEMAN, JOHN  
PN-084788, CARTER, HOLLY  
PN-023651, KOKOCINSKI, ROSEMARIE  
PN-109603, HUGHES, DEBORAH  
PN-099106, HOOK, KAREN  
PN-114184, ELLIS, TAMIKA  
PN-113867, MAHLRAJAN, MONE  
PN-115587, DANZY, LATOYA  
PN-106537, CARR, JESSICA  
PN-116189, OKOKO, CHRISTIAN  
PN-114215, LESTER, NATASHA  
PN-077032, PALMER, KAREN  
PN-081934, AUSMUS, KATHLEEN  
PN-107413, MEADOWS, JACQUELINE  
PN-116795, LABOY, JEANETTE  
PN-054547, REISINGER, CLAUDIA  
PN-077828, WILLIAMS, MARGARET  
PN-101606, STORME, GAYLE  
PN-083868, COHEE, BOBBY  
PN-091690, DEPRIEST, JACQUELYN  
PN-110832, ZONKER, BENJAMIN  
PN-114411, SHARP, ELIZABETH  
PN-105429, LANDERS, LISA  
PN-097372, ALBANNA, ANGELA  
PN-009426, BOROFF, MARY  
PN-114219, MAGNUSSEN, JONINA  
PN-068879, MULDER, JANICE  
PN-088987, BUTLER, ANNA  
PN-025063, ANDREWS, GRACE  
PN-110605, BLAND, BRITTANY  
PN-098608, WARD, ANGELA  
PN-101678, BICKHAM, AMY  
PN-109743, KNOPSNIDER, JEANNIE  
PN-113648, KORTAN, KATHRYN  
PN-079380, RHEA, TRACY  
PN-116339, PLEIMAN, ELIZABETH

Current as of 3/4/05 / Dec. '04 – Feb. '05

## Frequently Asked Questions:

**Q** Is a licensed practical nurse who is authorized by the Board of Nursing to perform intravenous therapy permitted to administer IV antibiotics through a peripherally inserted central catheter (PICC)?

**A** No. An authorized LPN may not administer any medication through any line that does not terminate in a peripheral vein. While the PICC line may be initiated through a peripheral vein, the PICC line terminates in a central vein.

**Q** What can an LPN who is authorized to perform IV therapy administer through a central line?

**A** The LPN who is authorized to perform IV therapy may:

1) Initiate an intravenous infusion containing one or more of the following elements:

- Dextrose 5%;
- Normal saline;
- Lactated ringers;
- Sodium chloride 0.45%;
- Sodium chloride 0.2%; and
- Sterile water

2) Hang subsequent containers of the intravenous solutions listed above that contain

vitamins or electrolytes, if a registered nurse initiated the infusion of that same intravenous solution.

**Q** Is a licensed practical nurse who is not authorized to perform IV therapy permitted to do a dressing change on a central line?

**A** Yes, at the direction of the RN who knows that the LPN has had the appropriate education, has demonstrated competency in the performance of a sterile dressing change, and can perform that task safely.

**Q** May an LPN who is authorized to perform IV therapy monitor a patient who is receiving total parenteral nutrition (TPN)?

**A** The law specifically prohibits any LPN from initiating or maintaining solutions for total parenteral nutrition. The definition of “maintain” can be found in Rule 4723-17-01(D) Ohio Administrative Code which states:

“Maintain’ means to administer or regulate an intravenous infusion according to the prescribed flow rate.”

Accordingly, the LPN, at the direction of the registered nurse, may monitor the patient who is receiving the TPN but cannot regulate the TPN in any way. Since TPN is generally administered through a central line, only the registered nurse may initiate, regulate the flow rate, or discontinue the TPN.



# LPN IV Therapy

**Q** May an LPN monitor a patient who is receiving blood?

**A** Again, the law specifically prohibits any LPN from initiating or maintaining blood or blood products. This means that the LPN, at the direction of the RN, may only monitor the patient and report to the RN any observations or data collected while the patient is receiving the blood or



blood products. Only the RN may initiate, regulate the flow rate, or discontinue the infusion.

The law and rules regulating the practice of LPN IV therapy in Ohio may be accessed through the Board of Nursing website, [www.nursing.ohio.gov](http://www.nursing.ohio.gov), in sections 4723.17 and 4723.171 of the Ohio Revised Code, and in Chapter 4723-17 of the Ohio Administrative Code.

**If you have additional questions, please send an e-mail to [practice@nursing.ohio.gov](mailto:practice@nursing.ohio.gov)**

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# 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 284031 CONNER, DEBORAH  
 RN 229036 SWEETLAND, DUNDEE  
 RN 081572 HARTMANN, MARY  
 RN 179628 BALOGH, CHERYL  
 RN 254146 JAVEN, ANN  
 RN 213908 DRISCOLL, PAMELA  
 RN 256289 MCDANIEL, LINDA  
 RN 099852 MCCUTCHEON, JANE  
 RN 269099 HEARD, FRANCES  
 RN 160634 ROBB, CHRISTOPHER  
 RN 300574 YOUNG, JAQUE  
 RN 231846 FARRISH, CORDELIA  
 RN 305018 YATES, MARGO

### Licensed Practical Nurses

PN 026851 LAUNGER, EUGENIA  
 PN 076801 HARPER, WANDA  
 PN 109961 CARTER, SANDRA  
 PN 109807 TOWNSEND, STACEY  
 PN 016998 MAJORS, MARY

PN 105124 GROVES, LISA  
 PN 027403 ALLGOWER, BARBARA  
 PN 030448 CURTIS, PATRICA  
 PN 091221 FINKE, TONIA  
 PN 081341 WEAVER, CARLOTTA  
 PN 007905 TATUM, CAROL  
 PN 089852 JOHNSON, KIMBERLY  
 PN 111709 HEADINGS, AMY  
 PN 077423 FREEMAN, BARBARA  
 PN 102088 HIGHLANDER, MILDRED  
 PN 068305 ZIMMERMAN, JEANEASE  
 PN 103676 CICIONE, MARIHELYN  
 PN 115656 WELLS, LETICIA

### Dialysis Technicians

DT 01432 ALLEN, MANUWELL  
 DT 01459 MILJOUR, LISA  
 DT 00266 EMRISKO, LORI  
 DT 01525 HEISER, LISA

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](http://www.nursing.ohio.gov) by clicking on Verification.

*Thank You.*

## Did You Change Your Name? Did You Change Your Address? 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.**

### Name and/or Address Change Form *(Please type or print)*

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

SS#• \_\_\_\_\_

**Old Information:** Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

**Changes:** Name• \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

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

Signature \_\_\_\_\_

Send completed form to: ATTN: Renewal, Ohio Board of Nursing,  
 17 South High Street, Suite 400, Columbus, Ohio, 43215-7410

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**Health Alliance**<sup>TM</sup>  
*Better support for your doctor. Better care for you.*

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