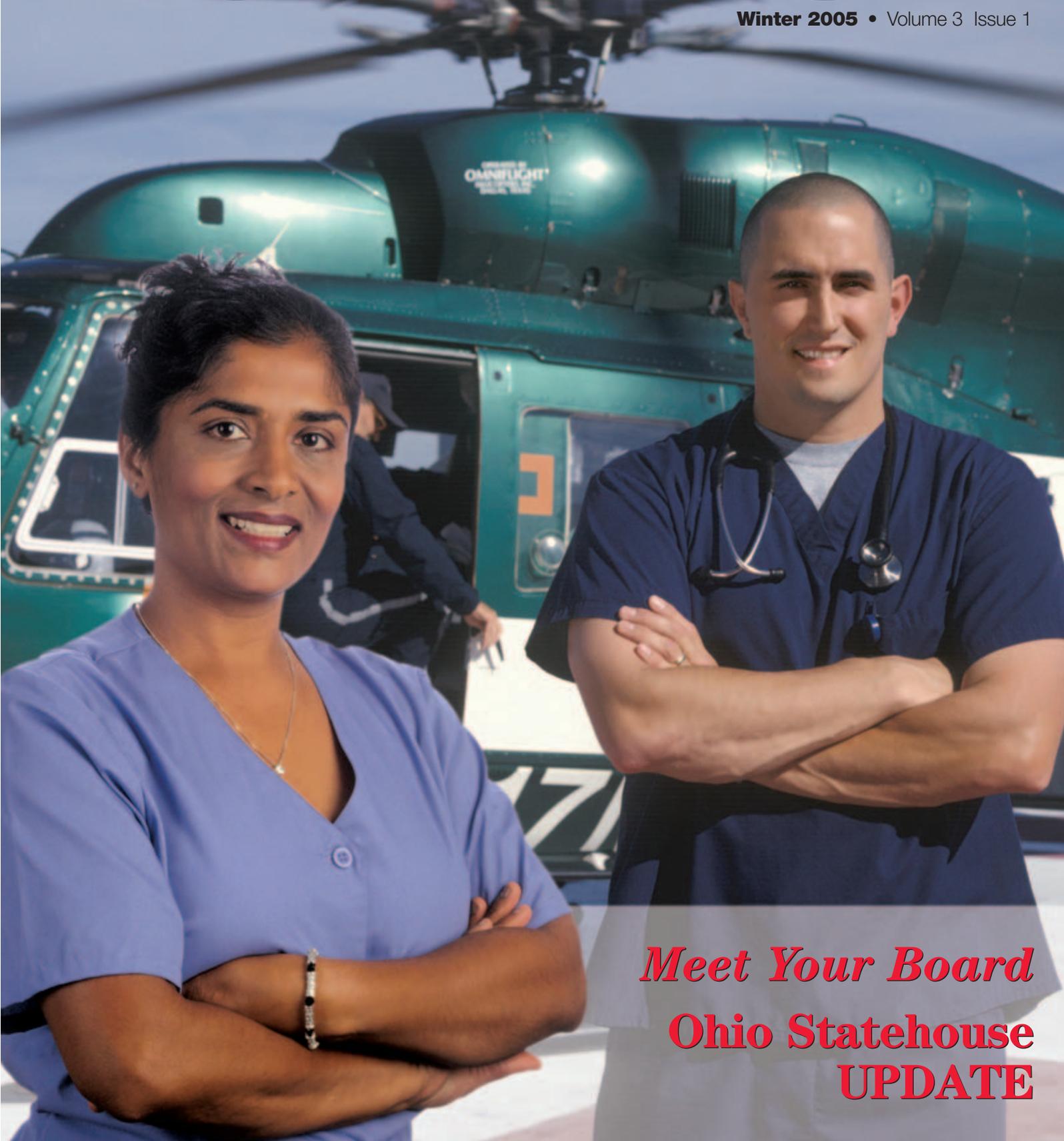


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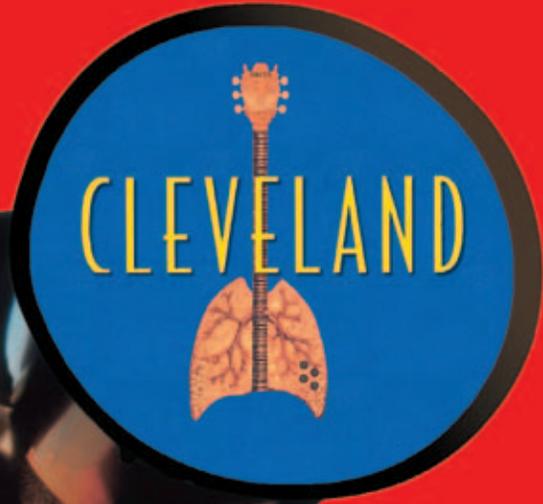


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Executive Director

John M. Brion, RN, MS

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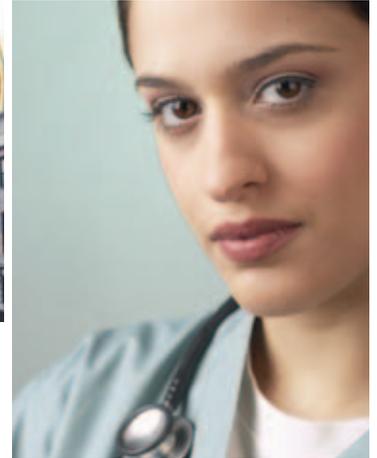
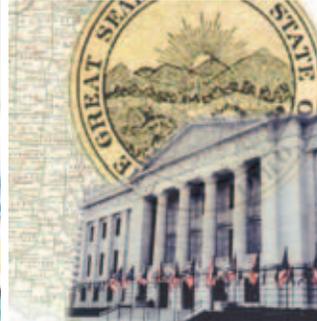
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Yvonne M. Smith
MSN, RN, CNS
President

As you read this edition the 125th General Assembly is a thing of the past, and the 126th General Assembly has already commenced. Ohio's two year legislative sessions commence on the first Monday of odd number years and conclude when the two chambers adjourn *sine die*, typically in December of even number years. For a summary of the final weeks of the 125th General Assembly, please review the article on page 13.

Entering my second term as President of the Ohio Board of Nursing, I thought it might be appropriate to share with the nursing community the Board's expectations regarding legislative issues and initiatives for 2005. Because this is the year for the legislature to craft a two-year state operating bud-

get, the 126th General Assembly should get off to a fairly quick start. The voluminous budget legislation will include General Revenue Fund appropriations for all state agencies whose operations are funded with state tax revenues. It will also contain appropriations for the Board of Nursing and other regulatory boards funded through license and user fees.

In contemplating the state budget process, I have come to appreciate that Ohio, like many other states, confronts a significant budget dilemma. In addition to a sluggish economy that impacts state revenue collections, the state continues to grapple with allocating adequate resources for vital programs such as primary/secondary education, higher education, mental health, and MRDD. Combine this with the funding demands of entitlement programs such as Medicaid for the poor and disabled (where the state must cover all eligible services for qualifying recipients), and the challenge for legislators and Governor Taft become apparent.

During the current budget cycle, projected shortfalls were addressed with a temporary one cent increase in the state sales tax. This increase will disappear on June 30, 2005, unless the 126th General Assembly adopts legislative language necessary to extend the tax. Republican legislators in both the Ohio House of Representatives and the Ohio Senate have indicated a great reluctance to pursue this path. Certain organized constituency groups have continued to voice opposition to this sales tax increase, and it is my understanding that many legislators are feeling pressure to allow the increase to lapse. Budget forecasters maintain that lackluster tax collections, combined with an elimination of the sales tax increase, will create potential budget deficits of over \$2 billion each fiscal year of the next biennium. Clearly, the budget will be the priority legislative issue for the first six months of 2005.

In addition to including appropriation language, budget bills frequently contain legislative proposals sought by agencies, legislators, or constituents. One such proposal that the Board is pursuing is language to allow for the issuance of honorary

licenses to retired nurses who no longer wish to practice. Other licensure boards, such as the Medical Board, have established this category of licensure and the Board of Nursing would like to offer the option to retired nurses as well. The proposal has been discussed in the past, and legislative approval is expected.

Other issues the Board expects to address early this year include the medication technician proposal that was pursued during the lame duck session. This initiative has been on the table, whether formally or informally, for several years and there is a sense that the new legislature and Governor Taft may feel its time has come. While the Board has taken no formal position on the medication technician issue, the Governor's office and other state agencies have been very forthright in their support. Given this, the Board advised both legislators and the Governor's office that if they intended to take this step, the Board of Nursing is the appropriate regulatory entity. The Board has also expressed its strong desire to provide input in the specifics of any proposal for the certification and regulation of medication technicians in Ohio. Indications are that this issue will become part of the 2005 budget deliberations. As the discussion continues, it remains the goal of the Board to make certain that neither public safety, nor the practice of nursing, are compromised with the recognition of medication technicians.

In a proactive move, the Board is proceeding with legislation that will allow Ohio to join the interstate Nurse Licensure Compact. **State Senator Kirk Schuring (R-Canton)** has been working with the Board and nurse constituency groups to develop licensure compact legislation. He plans to introduce a Senate bill early in 2005. The Board appreciates Senator Schuring's understanding of the value of the interstate compact, and his willingness to sponsor the legislation necessary to allow for its implementation in Ohio.

Moving from legislation to administrative rules, the Board will continue with its tradition to seek input on rules that are scheduled for five-year review. In 2005, this includes Ohio Administrative Code Chapters 4723-8 (Certified Nurse Midwife; Certified Nurse Practitioner; Certified Registered Nurse Anesthetist; Clinical Nurse Specialist), 4723-9 (Prescriptive Authority), and 4723-23 (Dialysis Technicians). The Board welcomes input as it begins the review process for these rules. Those with questions or concerns may attend advisory group meetings, Board meetings, or communicate with the Board by letter or email. Information regarding the review process and schedule will appear on the website.

The Board will also be implementing the new rules adopted to govern both the Nurse Education Grant Program, and the Community Health Worker certification program. These new programs are in the process of implementation and additional information on their progress will be forthcoming.

As always, the Board of Nursing anticipates a busy year as we fulfill our mission to actively safeguard the health of the public through the effective regulation of nursing care. Our best wishes for a healthy and prosperous 2005.

Yvonne M. Smith MSN RN CNS

from the executive director



John M. Brion
RN, MS
Executive Director

I sometimes get the sense from talking to nursing colleagues that the Board of Nursing is seen as a “big brother” type organization, ready to pounce on nurses who make even the slightest error in their practice. I hear from others in the health care industry that they are not convinced of the need for state regulation, and in some ways view the Board as a barrier to practice. I also sense that some legislators see licensure and other Board fees as an unnecessary tax on their constituents.

I know that I am biased, but I believe such people are mistaken in their view of the Board. The misunderstanding may stem, in part, from

the faulty notion that the Board is a nursing organization whose purpose is to “watch out” for Ohio’s nurses. In fact, as spelled out in its mission, the Board exists to actively safeguard the health of the public through the effective regulation of nursing care. There are a number of professional nursing organizations in the state that focus on promoting the interest of the nursing profession. The Board’s principal advocacy role is to represent the interest of the public and its interaction with nurses in Ohio. In fact, one of the major activities of the Board is responding to complaints about nurses who exhibit behaviors that may jeopardize public safety.

Last year, the Board received nearly 3,000 complaints. All complaints received by the Board are investigated, however, a large number of these do not result in disciplinary action. Some complaints do not involve actions that constitute a violation of the law, such as rude behavior by a nurse. Many of these complaints resulted in advisory letters alerting a nurse to the fact that a complaint has been made about some aspect of his or her practice. However, a significant number of the complaints received by the Board do, in fact, lead to formal discipline against the nurse’s license. These actions are always taken with a focus on the threat to public safety.

The most serious action taken by the Board against a nurse’s license is permanent revocation, which strips an individual of his or her license and is a permanent bar from ever practicing nursing in Ohio. Such action is taken when a nurse commits an act that constitutes a

serious violation of the Nurse Practice Act (Ohio Revised Code Chapter 4723.) or other state or federal law, and whose continued practice as a nurse poses a real and serious threat to public safety. Two such cases recently before the Board also received coverage in the news media. These two cases are extreme and horrific examples of nurses who, without Board intervention, would pose a significant threat to public safety were they permitted to continue to practice nursing.

Amy Thompson, a former LPN from Columbus was sentenced to 14 years in prison for involuntary manslaughter in the death of her adopted 2 year old son. Evidence showed that Ms. Thompson failed to do anything to care for the child after her husband shoved the 2 year old into a 140 degree bath. Instead the boy was allowed to lie in the basement for 4 days until he died on his third birthday from second and third degree burns. The Board permanently revoked Amy Thompson’s nursing license.

A second case involved Patricia Kelley, a former LPN from Kipling, Ohio who was sentenced to two consecutive life sentences for rape, complicity to commit rape, and pandering obscenity. Kelley and her boyfriend raped a 4 year old girl who suffers from spina bifida and cerebral palsy. They also videotaped the crime. At the time of the incident Kelley was employed as a nurse for the child, who is unable to speak or move without assistance. The Board permanently revoked Patricia Kelley’s nursing license.

Fortunately, the great majority of Ohio nurses are honorable individuals who practice their profession with integrity. Most nurses are very deserving of the high level of public trust they are given. The two cases cited here are, fortunately, very rare cases of nurses who have violated that public trust in a most horrible way. The Board honors its charge to protect public safety and takes action against a nurse’s license as warranted. Ohio citizens can be confident that the Board of Nursing is committed to taking swift and decisive action against serious breaches of the public trust. Through permanent revocation of a nursing license the Board assures that individuals like those discussed above are forever prevented from inflicting harm on the public while in the position of a licensed 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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Mary Jean Flossie, LPN, BA, LNHA

At its November meeting, the Board re-elected **Mary Jean Flossie** to serve as Vice-President. Jeannie is a Licensed Practical Nurse and a licensed nursing home administrator who has served on the Board since 2001. She was first elected to the Vice President position in 2003.

A nurse since 1974, Jeannie has devoted her professional career to work in long term care. In the 30-year span of her nursing career, Jeannie has focused on geriatric health issues and has pursued a variety of educational and professional opportunities in this area. She has completed many hours of post-graduate work in Alzheimer's disease at the Northeastern Ohio University College of Medicine and has worked toward an ADN at Walsh College. She earned a Bachelor of Arts degree from Hiram College in 1995, and received her nursing home administrator's license in 1996.

As a health care consultant and an educator, Jeannie has shared with others her knowledge and understanding of the elderly and those suffering from dementia diseases. She has authored adult day care programming standards for Alzheimer's patients, and has developed operations and training manuals for long term care providers with dementia units. Jeannie has also participated in numerous seminars and other educational forums on Alzheimer's disease and related dementia disorders. Since 1995 she has worked as an Administrative Health Care/Alzheimer's Consultant for Altercare of Ohio and has assisted the company with a wide range of long term care administrative issues.

In her spare time Jeannie enjoys reading, writing poetry, collecting and restoring old furniture and other things. Says Jeannie, "I am inspired by what and who has survived the test of time; I appreciate the opportunities to care for, and interact with, old things, old friends, and aged people." Her expertise

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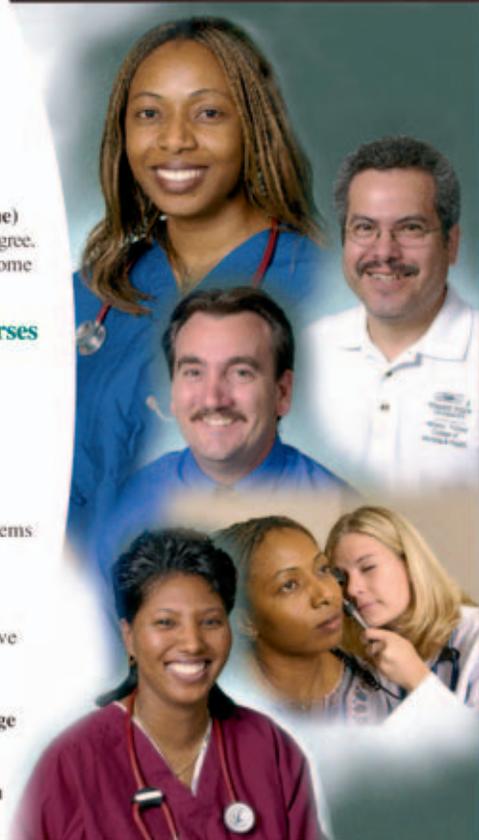
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Lisa Klenke, MBA, RN, CNAA

Another invaluable member of the current Board is **Lisa Klenke**. Lisa has vast and varied experiences as a registered nurse, commencing with her receipt of a Bachelor of Science in Nursing degree from the Ohio State University in 1980. Since that time she has worked in a variety of different hospital-based nursing positions including staff nurse, nursing administrative supervisor, nurse manager, director of quality assessment, and director of nursing. Lisa presently serves as the Vice President of Patient Care Services and Chief Nursing Officer at Mercer County Community Hospital in Coldwater, Ohio. She was appointed to the Board of Nursing in 2002.

As a member of the Board, Lisa has proven herself willing to address any project or task. She has again agreed to serve as chair of the Advisory Council on Continuing Education, the group that reviews applications for those seeking to be OBN approvers, and otherwise makes recommendations to the Board on significant issues relating to continuing education and competency. When engaged in the work of the Board, Lisa is noted for the thoughtful, analytical manner that she takes with both disciplinary matters and regulatory policy. She approaches Board issues from a very business-like perspective, calling upon the skills no doubt honed when completing a Masters of Business Administration degree in 1997. The combined business and clinical background is a strong one, and contributes greatly to the work of the Board.

In addition to her work on the Board, Lisa has been active with the American Organization of Nurse Executives, the Ohio Organization of Nurse Executives, and the West Central Ohio Nurse Executives. She is also a

member of numerous teams and committees at Mercer County Community Hospital, and has written and presented

on countless clinical and administrative topics. Lisa's term on the Board runs through 2005.

Meet the Board Staff

In a reorganization of Board functions within the last year, the Licensure Unit was combined with the Nursing Practice and Education Unit. This combination created one of the largest operational units within the Board, and expanded the role of Board staff member **Norma Selders, RN, MS**.

Previously the head of the Nursing Practice and Education Unit, Norma now heads the combined unit and supervises all activities relating to licensure as well.

The Education, Licensure and Nursing Practice unit fields calls and inquiries on a wide range of topics. In addition to questions regarding nursing law and rules, advanced practice nurses, continuing education, and nurse education programs, this unit is often the first contact that new or potential nurses have with the state regulatory board. As many licensure issues are fraught with anxiety for the licensee (or applicant), these calls can be especially challenging for licensure unit staff members.

Norma's extensive experience in managing people, places, and processes has been of great benefit to the combined unit and, the Board believes, to constituents seeking information or assistance from the Board.

Norma joined the Board of Nursing in 2003. She brings to her job as unit manager a wealth of clinical knowledge and administrative expertise. Most recently she served as Vice President for Patient Care Services at Massillon Community Hospital. In this role she was directly responsible for Nursing,

Operating Suites, Rehabilitation Services (including OT, PT, and Speech), Skilled Nursing, Behavioral Health, Social Services, Emergency Services, Complementary Therapies (massage, acupuncture, aromatherapy etc.), Staff Development, and Patient Education. This was preceded by a similar role at Medina General Hospital where, among other things, Norma initiated innovative patient-focused programs in the areas of pediatrics and peri-natal health, women's health, and occupational health services. She also served in administrative and clinical roles at Grant Medical Center, Ohio State University Hospitals, and Mount Carmel Medical Centers. Norma has taught as an adjunct professor in a Health Care MBA program, as well as teaching in a graduate nursing program.

Norma received her Master of Science in Nursing Administration from Wright State University in 1986 and her Bachelor of Science in Nursing degree from Ohio University. She began her nursing career as a diploma nurse at the Miami Valley Hospital School of Nursing.

Over the years Norma has served as a great role model and mentor for men and women in nursing and other health care professions. She continues to lead by example as an employee of the Board of Nursing.

For fun, Norma can be found at home painting, installing tile floors, or replacing cabinets. Two of her biggest fans are grandchildren Jonathon (age 4) and Amanda (age 3).

Dates and Location of Scheduled Board Meetings

The Ohio Board of Nursing meets six times a year with the meetings beginning on Thursday and continuing until business is completed on 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.

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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; April 14; June 9; August 11; October 13; and December 8, 2005.

Chair: Kathleen Driscoll

The Advisory Group on Dialysis will meet February 15; April 19; June 21; August 16; and October 18, 2005.

Chair: To be determined

The Advisory Group on Continuing Education will meet February 18; April 15; 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 / Canton, President	2005
Mary Jean Flossie, LPN, LNHA / Massillon, Vice President	2005
Debra Broadnax MSN, RN, CNS / Columbus	<i>reappointment pending</i>
Elizabeth Buschmann, LPN / Oregon	<i>reappointment pending</i>
T. Diann Caudill, LPN / Newark	2005
Kathleen Driscoll, JD, MS, RN / West Chester	2005
Lisa Klenke, MBA, RN, CNA / Coldwater	2005
Anne Barnett, BSN, RNC / Junction City	2006
Bertha Lovelace, RN, BA, CRNA / Cleveland, Supervising Member for Disciplinary Matters	2006
Judith Brachman, Consumer Member / Columbus	2007
Cynthia Krueger, RN, MSN / Napoleon	2007
Teresa L. Williams, LPN / West Union	2007
Appointment Pending	2008



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125th General Assembly *Lame Duck* Session

Medication Technicians

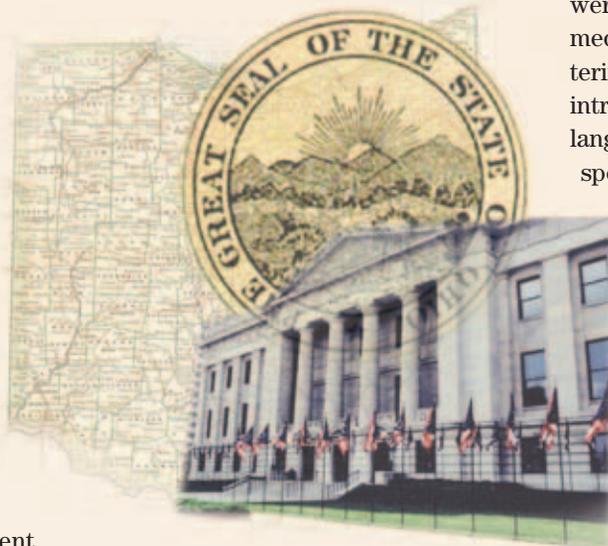
In true “lame duck” fashion, several issues related to nursing were the subjects of last minute activity prior to the end of the 125th General Assembly in December. Of these, the issue with the most far-reaching consequences was a proposal requiring the Board of Nursing to establish and evaluate a pilot program for the use of “medication technicians” in long-term care settings.

While this concept has been discussed for several years, it did not take the form of a policy recommendation until the issuance of a report by the Nursing Facility Reimbursement Study Council (NFRSC) in July 2004. One of the many recommendations included in the report was the creation of such a pilot program where trained and certified medication technicians administer “routine” medications in long-term care facilities. This recommendation was coupled with an evaluation requirement designed to address issues of safety, cost-effectiveness and overall impact on patient care.

The subcommittee of the NFRSC that put forth this recommendation included the Departments of Aging and Health, the State Long-Term Care Ombudsman, ONA, LPNAO, Ohio Health Care Association, AOPHA, the Academy of Nursing Homes, and the Board of Nursing. Both ONA and LPNAO opposed the medication technician program. The Board was neutral on the concept but expressed the desire to administer the program should it be implemented. While some parameters for a medication technician program were set forth in the

recommendation, much of the specifics remained to be determined.

Ensuing discussions on this and other proposals advanced in the NFRSC report focused mainly on the upcoming 2006-2007 budget deliberations. However, interested parties were called to the table in late November and advised that the medication technician proposal was to be adopted in the lame



duck legislative session. Given this timeline, efforts were made to negotiate agreement on specifics of a program that could be implemented as soon as possible.

Draft language was circulated for comment in early December. The Board of Nursing was identified as the agency responsible for certifying and regulating medication technicians, as well as for conducting the pilot program evaluation. The pilot was to run between eighteen and twenty-four months, and include 125 facilities. Of these, 80 would be long-term nursing care facilities, 40 would be assisted living facilities,

and five would be intermediate care facilities for the mentally retarded. Individuals interested in being certified as medication technicians would be required to complete a standard curriculum offered by a Board-approved training program.

The original draft would have required that a nurse be on site at all times where medication technicians were involved. It also would prohibit medication technicians from administering medications by injection or by intravenous therapy procedures. The language was silent, however, on other specifics of the relationship between the nurse and the medication technician. It also did not speak to the types of medications that could be administered and the conditions under which this could take place.

In order to address the lack of specificity in the statutory language, the draft proposed to give the Board of Nursing broad rule-making authority. Issues to be addressed in rules would include: pilot program application and participation criteria; fees; nurses' responsibilities regarding medication technicians; qualifications for certification; types of medications to be administered; disciplinary issues; and certain other administrative concerns.

In developing rules to implement the medication technician program, the Board of Nursing would be advised by a Medication Technician Advisory Council. This council would make recommendations to the Board regarding all aspects of the medication technician pilot program. The draft legislation called for the council to include repre-

sentatives from the: Board of Nursing; Department of Aging; Department of Health; Department of MRDD; State Long Term Care Ombudsman; Regional Long Term Care Ombudsman; Pharmacy Care Alliance; Ohio Health Care Association; AOPHA; Academy of Nursing Homes; Ohio Assisted Living Association; Ohio Provider Resource Association; ONA; LPNAO; and an academic research organization. The Board of Nursing would provide staff and support services for the council as needed.

The Board and other interested parties were requested to respond to the draft as presented. Both ONA and LPNAO remained opposed to moving forward with a medication technician program. While proponents claimed that the issues had been publicly discussed for several months, the ONA countered that the legislature as a whole had not considered the issue, and that it was impossible to properly weigh the public policy implications in the limited time of a lame duck session. The Board remained consistent with its stance that it was not expressing a position on the merits of a medication technician program, but was commenting on the manner in which such a program should be structured in order to address issues of public safety.

While the House of Representatives seemed poised to approve a medication technician amendment, the Senate hesitated to agree in the face of vocal grassroots opposition and unflattering media attention. Accordingly, proponents abandoned their efforts to enact a medication technician pilot program in the lame duck session.

The medication technician concept has reached such a level of public discourse in Ohio that it cannot be ignored. During budget discussions in 2005, it is likely this issue will again be proposed for consideration by the General Assembly. The Board of Nursing will continue to honor its mission to safeguard the health of the pub-

lic through effective regulation of nursing care. Toward this end, the Board will remain engaged in the discussion about licensure and regulation of medication technicians in Ohio.

Definition of Advanced Practice Nurses

After almost a year of discussion and delay, an amendment has been approved that defines “advanced practice nurse” within the Nurse Practice Act. This language had first been proposed in legislation late in 2003, but was removed from the measure due to misperceptions about its impact. The language adopted in the 2004 lame duck session defines the term in section 4723.02(O) of the Revised Code. It states that an advanced practice nurse means “a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner”. Title protection for advanced practice nurses is established in section 4723.03(C)(7). In addition, language is included to clarify that each of the four categories of advanced practice nurses is subject to the practice parameters set forth for each in existing sections of the Nurse Practice Act. This amendment was included in the tort reform bill, **Senate Bill 80 (Stivers, R-Columbus)**. The bill and APN language will become effective April 5, 2005.

Tax Credit for Professors of Nursing

With input and support from local nurse educators, **Senator Teresa Fedor (D-Toledo)** introduced legislation to provide a tax credit to nurses teaching in nurse education programs. **Senate Bill 268** was introduced in late September with an eye toward laying the groundwork for reintroduction and consideration in 2005. This proposal would provide a tax credit of up to \$3500 per year for registered nurses who teach in postsecondary nurse edu-

cation programs. Senator Fedor believes that creation of this tax credit is an important element of a campaign to address the nursing shortage. She also views it as one step in a larger plan to reduce the tax burden on Ohio individuals and families. A companion measure, **House Bill 584**, was also introduced in the House by **Representative Peter Ujvagi (D-Toledo)**. Neither bill received hearings during the lame duck session but the proposals will be re-introduced early in the 126th General Assembly.

Bill to Establish Nurses Month

A bill to establish the month of May as “Nurses Month” also ran out of time during the 2004 lame duck session. Sponsored by **Assistant Minority Leader Joyce Beatty (D-Columbus)**, **House Bill 487** failed to make it through the process prior to the conclusion of the 125th General Assembly in December. Representative Beatty has expressed her commitment to this honorary designation, and plans to pursue the issue further in 2005.

Physician Assistants

Also stalled at the end of the year was **Senate Bill 147** which would have provided prescriptive authority to certain physician assistants. Sponsored by **Senator Lynn Wachtmann (R-Napoleon)** the bill was the subject of much discussion during the 125th General Assembly, and received many hearings in the Senate Health Committee. Although the legislation was favorably reported by the Senate Health Committee and was sent to the full Senate for approval, problems were identified and the legislation was re-referred to Senate Health. Outstanding issues included the nature of the PA formula, educational requirements, and various other practice issues. A version of this legislation will also be reintroduced in 2005.



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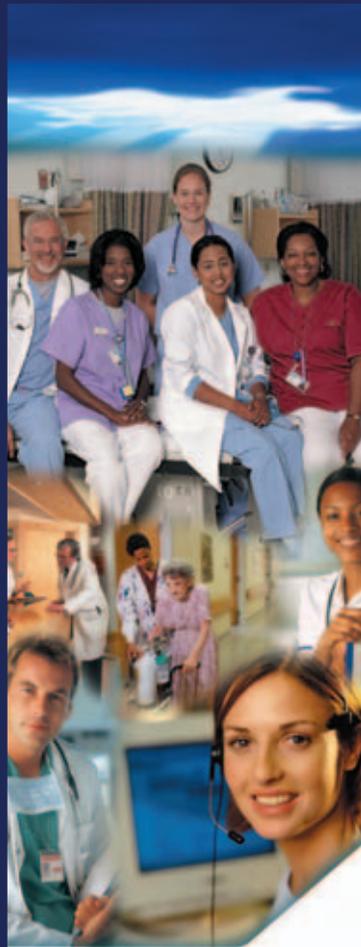
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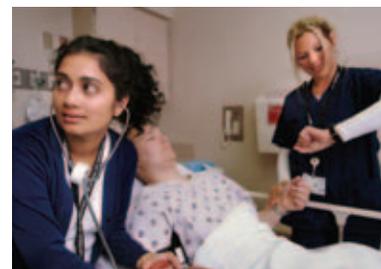
Irene K., RN
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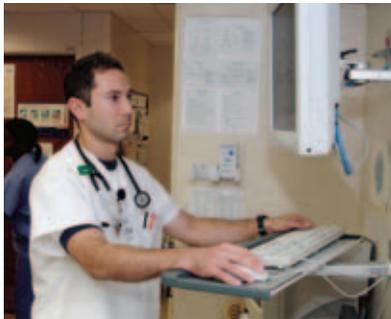
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RN-303015 BAKER, LAURIE
RN-246921 BANCROFT, COLLEEN
RN-264624 BELCHER, MARGARET
RN-281293 BELFAST, JENNIFER
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RN-192161 CORMICK, KATHLEEN
RN-101863 COUZINS, JOANNE
RN-055026 CRAIG, EVELYN
RN-294998 DAVIDSON, ALYSSA
RN-220788 DEMANA, ANNE
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RN-137444 ENDO, ANN
RN-272048 EVANS, ANN
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RN-093355 HORAZY, ALISON
RN-165110 HUFFMAN, REBECCA
RN-207040 HUNT, GERALDINE

RN-269346 HYER, CHRISTOPHER
RN-178050 IRVING, LELA
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RN-206210 JACOBS, SUE
RN-220932 JACOBSON, ANN
RN-241967 JOO, KIM
RN-217632 KISH, JODI
RN-191259 KNEER, KAREN
RN-121646 KOLANKO, KATHERINE
RN-196033 KONARSKI, LYNN
RN-199716 KOSEC, DEBRA
RN-215936 KRISTAN, ANDREW
RN-217678 KRUEGER, DENISE
RN-266511 KUERZE, SUSAN
RN-119302 LANDRUM, PEGGY
RN-247789 LAWSON, KIMBERLY
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PN-097265 MCCULLY-PILOT, ELIZABETH
PN-044256 MCGINNIS, NICOLETTE
PN-025891 MCLAUGHLIN, MARIAN
PN-017670 MELICK, JOYCE
PN-069500 MEYERS, SUSAN
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PN-075603 MULLINS, STEVEN
PN-115353 NWANGUMA, HENRY
PN-039839 RIVERA, SHARON
PN-034439 SAWYERS, CAROL
PN-075582 SCOTT, ROSELYN
PN-109632 SMITH, SAMANTHA
PN-078790 TALBOTT, CAROLYN
PN-112050 THORPE, CYNTHIA
PN-104576 TRIGONA, DENA

Current as of 12/3/04 June '04 - Nov. '04

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. Once that grace period has expired (and if applicable the renewal cycle has ended) 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

RRN 179628	Balogh, Cheryl
RN 284031	Conner, Deborah
RN 225176	Dooley, 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 229036	Sweetland, Dundee

Licensed Practical Nurses

PPN 094210	Adams, Lisa
PN 027403	Allgower, Barbara
PN 100196	Bowling, Tracey
PN 067593	Calevro, Marla
PN 109961	Carter, Sandra
PN 088004	Cavender, Kimberly
PN 106897	Coffey, Belinda
PN 084044	Cook, Marla
PN 102349	Copic, Maryellen
PN 030448	Curtis, Patricia
PN 106231	Fickel, Shelley
PN 091221	Finke, Tonia
PN 056592	Fitch, Carol
PN 077423	Freeman, Barbara

PN 106190
PN 110232
PN 105124
PN 076801
PN 044583
PN 111709
PN 102088
PN 089852
PN 084336
PN 096228
PN 026851
PN 016998
PN 077585
PN 115138
PN 105492
PN 108400
PN 007905
PN 086276
PN 083703
PN 109807
PN 081341
PN 092045

Gaines, Chauntyse
Gooch, Lydia
Groves, Lisa
Harper, Wanda
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Administrative Rules Update

The rescission of rule **4723-4-10** of the Ohio Administrative Code was final filed by the Board of Nursing and will become effective on February 1, 2005. This rule provided that a nurse could not use the title **Registered Nurse First Assistant** unless he or she held a CNOR certification issued by the national Certification Board: Perioperative Nursing, in conjunction with the training standards established by the Association of periOperative Registered Nurses (AORN). The rule went on to provide that a RNFA could function in



this capacity **only under the direct supervision of the surgeon who is**

present during the surgery.

When rule 4723-4-10 was first adopted, the Board of Nursing had clear statutory authorization to recognize nurse specialty certifications. However, this authorization was eliminated in changes made to the Nurse Practice Act that became effective in 2001. Accordingly, the Board now lacks statutory authority to promulgate rules such as this that establish terms and conditions for recognition of national specialty certifications.

The impact of rescinding this rule has been greatly misunderstood. First, it will

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have no direct affect on those nurses who currently hold the CNOR certification and function in the capacity as a first assistant. These individuals can continue to use the RNFA title and to provide the services consistent with the CNOR and AORN training standards. For those currently certified, the rescission of this rule will not impact their title, scope or standard of practice, billing or reimbursement potential.

What this change will do, however, is to allow other registered nurses to function in a RNFA capacity who do not meet the specific certification requirements set forth in the rule prior to its rescission. This does **not** mean that any and all registered nurses may assist in surgery and may call themselves RN first assistants. The ability of a registered nurse to serve as an RNFA and to use the same or similar title will be governed by the same standard used by the Board in assessing the appropriateness of other nurse specialty titles and recognitions. The general standard applied by the Board when reviewing these cases, is whether or not the nurse in question can document sufficient education and training from a recognized body of knowledge, to afford him or her the knowledge, skills, and abilities to function in a specialty capacity. This will be the measure against which the Board will assess nurses who use the RNFA title after February 1, 2005. At present, the only recognized standard of education and training for RNFAs is that established by AORN.

In addition to eliminating a specified credential for practice as an RNFA, rescission of this rule also eliminates language requiring that an RNFA practice only under the direct supervision of the surgeon who is present during surgery. Accordingly, as of February 1, 2005, both the Revised Code and the Administrative Code are silent on the issue of physician supervision of RNFAs.



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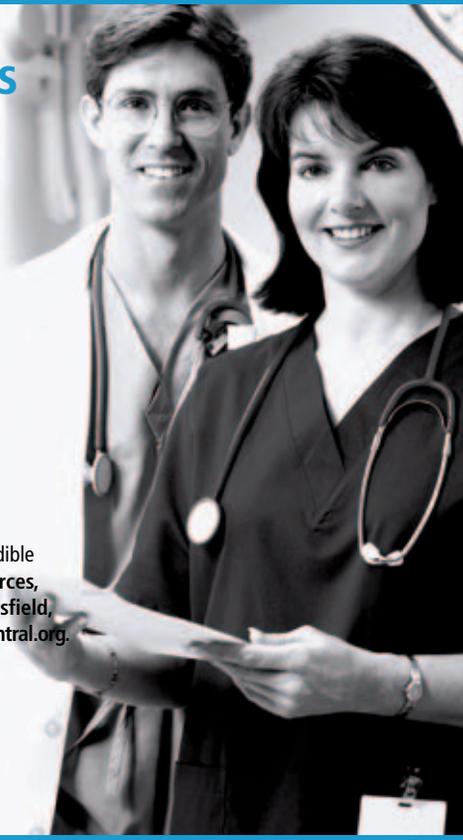
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