Ohio Board of Nursing

SPRING 2018 • Volume 16 Issue 2

MOMENTUM

Official Publication of the Ohio Board of Nursing

LPN RENEWAL ALERT: IMPORTANT INFORMATION FOR RENEWAL

JULY 1, 2018 – OCT. 31, 2018

Legal Requirements for APRN Standard Care Arrangements

Nursing Education Program Curriculum Revisions

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Patricia A. Sharpnack, DNP, RN
President

The Board said goodbye and thank you to several Board members in the last few months, all with tenures of at least eight years: Maryam Lyon, RN, served as Board President and Chair of the Advisory Group on Dialysis; Janet Arwood, LPN, served as Board Vice-President; and J. Jane McFee, LPN, served many years as Vice-President and Chair of Continuing Education. We thank each of them for their service, commitment to the Board, and dedication to public protection.

We are happy to welcome new members to the Board. Governor Kasich appointed Sandra Beidelschies, MSN, RN; Daniel Lehmann, LPN; and Deborah Knueve, LPN. Lastly, Lauralee Krabill, RN, and I are both pleased to be reappointed to the Board!

Each year, the Board timely completes a five-year review of applicable administrative rules as required by Section 106.03, ORC. In addition, individual rules not slated for five-year review may be revised to comply with legislative changes or for technical or non-substantive reasons. Since 2005, as part of rule review, the Board conducts a "plain English" review of its rules and amends or rescinds rule language that is obsolete, ineffective, contradictory or redundant.

Each year, the Board timely completes a five-year review of applicable administrative rules as required by Section 106.03, ORC. In addition, individual rules not slated for five-year review may be revised to comply with legislative changes or for technical or non-substantive reasons.

This year, following recent changes in federal law permitting CNPs to prescribe Suboxone, the Board will promulgate rules regarding Medication Assisted Treatment (MAT), in collaboration with the Medical Board. Also, the Governor's Cabinet Opiate Action Team (GCOAT) is discussing rules to address prescribing for chronic pain. In 2013, GCOAT established Guidelines for chronic pain prescribing, and now state boards and cabinet agencies will be working collaboratively to implement prescribing rules for chronic pain.

Concepts and discussion points for both the MAT and chronic pain prescribing rules were discussed with the Advisory Committee on Advanced Practice Registered Nursing at its January 29, 2018 meeting, and the Committee on Prescriptive Governance at its March 5, 2018 meeting. The Board will review and discuss MAT rules starting at the April meeting and will continue its review and discussion at the Board meetings throughout the rulemaking process this year. The Board asks for your comments and input. Please send related information, protocols, best practice materials, questions, or concerns to rules@nursing.ohio.gov.

I urge you to continue to check the Board website at www.nursing.ohio.gov for information about the 2018 rulemaking process, draft rules, practice, and licensure. The Board offers a free announcement service distributed via email to your work or personal account. Subscribers to this eNews service will receive news about rules hearings, potential law changes, etc. You may subscribe for this service on the Board website or receive information via social media. •

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Betsy J. Houchen,
RN, MS, JD
Executive Director

Each year the Board is busy preparing for renewal cycles and peak licensure seasons, conducting complaint investigations, completing disciplinary processes, and reviewing administrative rules. In addition to the internal work and operations, Board members and staff are also involved with state coalitions and national regulatory work.

For example, Board President Patricia Sharpnack and I serve on the Ohio Action Coalition Steering Committee. The Coalition was established to advance the Institute of Medicine (IOM) recommendations and to promote nursing collaboration throughout Ohio. The IOM report, *The Future of Nursing: Leading Change, Advancing Health* set forth eight recommendations for nursing. Also for the Coalition, I am Co-Chair of the Data and Research Work Group and a member of the Sustainability & Partnership Committee.

Board staff participate in the Nursing Summit meetings facilitated by the Ohio Nurses Association. The Summit brings nursing organizations together to generally focus on a legislative discussion and updates provided by the participants. Various ways to interact and coordinate efforts for nursing are discussed.

Nationally, Board members and staff are active with the National Council of State Boards of Nursing (NCSBN).

- Board President Patricia Sharpnack was appointed to be a member of the Institute of Regulatory Excellence (IRE) Committee, and three staff members have been selected to be IRE fellowship participants.
- NCSBN awarded President Sharpnack a scholarship for The George Washington University School of Nursing's Graduate Certificate, Health Policy and Media Engagement program.
- I am honored to Chair the NCLEX Examination Committee for NCSBN and previously completed eight years of service as an NCSBN Board member.
- NCSBN appointed Board staff to be members of the Marijuana Regulatory Guidelines Committee and the Active Supervision Committee.
- Board staff regularly participate in scheduled trainings, meetings, and conference calls with other state boards to discuss issues related to education, practice, and policy decisions.

We are pleased to work to provide public protection and regulatory excellence through our Board's operational work and by collaborating with state and national organizations. •

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LICENSED PRACTICAL NURSES (LPNs) RENEWAL 2018

If you hold an active LPN license in Ohio, your license is valid through October 31, 2018. LPN renewal begins on July 1, 2018. The 2018 renewal will be the second LPN renewal completed online in the new 3.0 Ohio eLicense system, a comprehensive professional regulatory license system used by a variety of state licensing boards.

It is estimated that 55,000 LPN licenses will be renewed this renewal cycle. The earlier you renew, the better chance you have to avoid issues with your license close to the renewal deadline. Licensees may use a computer in the Board office to renew online with staff assistance (if needed) on business weekdays between 8:00 am and 5:00 pm.

Renew Timely

- Renew ASAP. Incomplete applications will not be accepted by the online system. Waiting until a deadline and realizing you do not have all the information needed to complete the application may prevent you from renewing timely.
- If you wait to renew until close to the September 15th fee deadline and encounter any difficulties or cannot provide all the information, the application will be incomplete and you will then pay a late fee on or after September 16, 2018. The late processing fee is the $65 renewal fee plus an additional $50 fee. The total late renewal fee is $115.
- If you wait to renew until close to the October 31st deadline and encounter any difficulties or cannot provide all the information, the application will be incomplete and your license will lapse on November 1, 2018. **You cannot work as a nurse as long as your license is lapsed.** You must then apply for *reinstatement* of your license. The *reinstatement* process takes additional time to process. Please take the necessary steps to avoid this possibility from happening to you.

Must Pay by Credit or Debit

- Fees must be paid online at the time of renewal. Use Master Card, VISA or Discover credit or debit cards. If you do not have this type of personal credit or debit card, you can obtain these pre-paid cards at local stores to use for renewal.
- If the fee is not paid when you submit your application, the application will be incomplete and will not be processed until you submit all required fees. All fees are non-refundable.

Additional Information May Be Required

- If you are asked to provide documentation of citizenship, court documents or other information that may be required as part of your application, please be prepared to upload the documents electronically through the online system. This information is usually required of applicants who answer "yes" to one of the additional information questions on the renewal application.
- No hardcopies of court documents or other information required as part of your application will be accepted. Waiting until a deadline and then realizing you do not have all the information and in the form needed to upload the documents electronically through the online system will prevent you from renewing.
- Incomplete renewal applications cannot be accepted by the system. If all required documents are not provided electronically, the renewal application is incomplete and will not be processed.

Continuing Education Renewal Requirements

- You must complete the continuing education (CE) requirements by October 31, 2018 to maintain licensure.
- You are not required to submit documentation of CE when you renew your license, but you must attest on the renewal application that you met or will meet the CE requirement by October 31, 2018. Failure to comply with CE requirements may be grounds for disciplinary action. For more information on CE, please refer to the CE FAQ online at www.nursing.ohio.gov. under the Continuing Education page.

Watch for additional information regarding LPN renewal by checking the Board website at www.nursing.ohio.gov. Also, on the website, click on "Subscribe to eNews, Facebook, and Twitter" to sign up to receive Board updates and alerts regarding renewal. Thank you for your cooperation and assistance in making this renewal a success.

LEGAL REQUIREMENTS for APRN Standard Care Arrangements

The Board frequently receives questions from Advanced Practice Registered Nurses (APRNs), employers, and facilities about requirements for standard care arrangements (SCA). CNMs, CNPs, and CNSs must practice in accordance with a SCA. See Section 4723.431, Ohio Revised Code (ORC), and Rule 4723-8-04, Ohio Administrative Code (OAC).

Not later than thirty days after first engaging in practice, Section 4723.431(A), ORC, requires that CNMs, CNPs, and CNSs establish a written SCA with each physician or podiatrist with whom the APRN collaborates. That section also requires that the physician or podiatrist be authorized to practice in Ohio and "practice in a specialty that is the same or similar to the nurse's nursing specialty." Section 4723.431(D), ORC specifies that CNSs with national certification in psych/mental health may collaborate with a physician who practices in pediatrics, primary care or family practice, or psych/mental health.

The SCA must include the signature of the APRN and each collaborating physician or podiatrist, but a physician's designated representative may sign on behalf of others if the requirements of the rule are met. Rule 4723-8-04(C), OAC. For purposes of this rule, a physician's designated representative means a physician who serves as the department or unit director or chair, within the same institution, organization, or facility department or unit, and within the same practice specialty, that the nurse practices, and with respect to whom the physician has executed a legal authorization to enter collaborating agreements on the physician's behalf.

Rule 4723-8-04(C), OAC requires that the SCA include the date it is executed and the date of the most recent review. Also, the rule specifies that the SCA must include the complete name, specialty and practice area, business address, and telephone number where each collaborating physician or podiatrist and APRN who is party to the SCA may be reached at any time. When a designated physician signs on behalf of other physicians, a list of all the physicians subject to the SCA should be attached to or incorporated within the SCA. The SCA also must include:

- A statement of services offered by the CNM, CNP, and CNS.
- A plan for incorporation of new technology or procedures.
- Quality assurance provisions.
- A plan for coverage of patients in instances of emergency or planned absences either of the CNM, CNP, or CNS, or the collaborating physician or podiatrist.
- A process for resolution of disagreements regarding matters of patient management.
- An arrangement regarding reimbursement under the medical assistance program, i.e., Medicaid.

When prescribing, CNMs, CNPs, and CNSs must comply with Sections 4723.481 and 4723.482, ORC, and Chapter 4723-9, OAC. Rule 4723-8-04(C), OAC, requires the SCA to include the following when prescribing:

- Provisions to ensure timely direct, personal evaluation of the patient with a collaborating physician or the physician's designee when indicated.
- Additional prescribing parameters for drugs or therapeutic devices, including: provisions for use of FDA approved drugs for indications that are not FDA approved (off-label use); provisions for use of FDA approved drugs reviewed by the committee on prescriptive governance (CPG) subsequent to the effective date of the SCA; provisions for the use of drugs previously reviewed by the CPG but approved by the FDA for new indications subsequent to the date of the SCA; and provisions for the use and prescription of any schedule II controlled substances.
- If prescribing to minors, provisions for complying with Section 3719.061, ORC.
- Provisions for obtaining and reviewing Ohio Automated Rx Reporting System (OARRS) reports and engaging in physician consultation as required by Section 4723.487, ORC, and by Rule 4723-9-12, OAC.
- A procedure for the CNM, CNP, or CNS and the collaborating physician, or a designated member of an institution's quality assurance committee composed of physicians of the institution, organization, or agency where the CNM, CNP, or CNS has practiced during the period covered by the review, to conduct at least a semiannual periodic review of the following for the CNM, CNP, or CNS: a representative sample of prescriptions written, a representative sample of schedule II prescriptions written, and provisions to ensure all of the requirements of Rule 4723-9-12, OAC, the standards and procedures for review of the OARRS, are being met.
- Quality assurance standards consistent with Rule 4723-8-05, OAC.

The Board periodically receives requests for a SCA form or template. The Board does not provide a SCA template or form because SCAs are legal agreements that must be practice-specific for the CNM, CNP, and CNS and the collaborating physician or podiatrist. The CNM, CNP, or CNS and the collaborating physician or podiatrist are to develop and agree upon the SCA content.

The Board does not review or approve SCAs and does not require SCAs to be submitted to the Board unless requested. Rule 4723-8-04, OAC, requires that the APRN's employer retain the current copy of the SCA and that APRNs retain copies of previous SCAs for at least three (3) years.

Questions may be sent to practiceAPRN@nursing.ohio.gov. Other APRN practice laws, rules and guidance may be accessed on the Board's website at http://www.nursing.ohio.gov/Practice-APRN.htm. Please consider consulting with your employer or legal counsel when necessary. •

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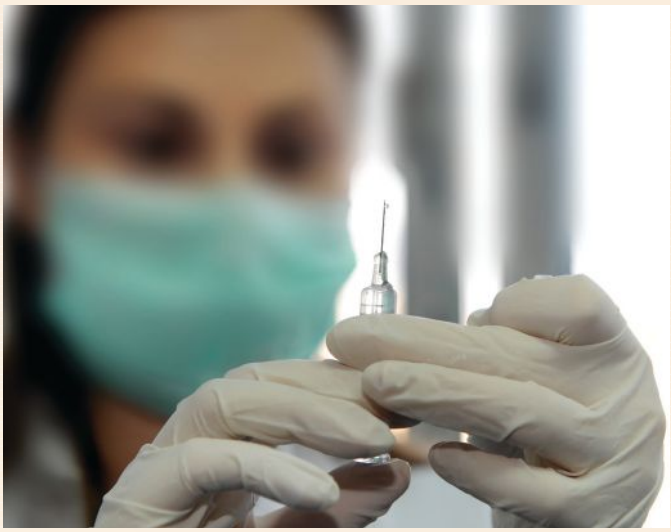
Ad Council

ADMINISTRATION OF SPECIFIC DRUGS BY RNs

Are RNs prohibited from administering low dose ketamine for purposes of pain control or treatment of depression? Can an RN administer propofol for sedation? What about methotrexate? The Board has recently received questions about RN administration of these specific drugs. RNs are informing the Board that they may be asked to administer ketamine due to shortages of other drugs or because a prescriber is decreasing the use of other drugs, or that propofol is the sedation drug ordered by some physicians. Further, RNs question the use of methotrexate, which may be used for various purposes, including termination of ectopic pregnancies.



While there is no list of medications that RNs may administer, questions about drug administration should first be considered by reviewing the purpose for which the drug is ordered and the clinical circumstances in which the medication will be administered. This type of analysis will help determine whether the administration is within the RN licensed scope of practice, and whether the drug administration is otherwise prohibited by law. See Sections 4723.01(B) and 4723.151, Ohio Revised Code (ORC). In addition to understanding why the medication is ordered, clinical circumstances are also determining factors as to whether the RN may safely administer the drug in accordance with acceptable standards of care established in Chapter 4723-4, Ohio Administrative Code (OAC).

For example, AG Opinion 2005-012 (addressing Section 4723.151(C), ORC), specifies that nurses are prohibited from administering methotrexate, or any other drug, for the purpose of terminating a live pregnancy including ectopic pregnancies. The RN may administer methotrexate for other purposes, such as treatment of rheumatoid arthritis and other conditions, but the RN is responsible for identifying if there are any contraindications to the administration of the methotrexate, including verifying that a patient is not pregnant before implementing the order for the drug.

A RN, who is not a CRNA, is not authorized to administer medications like ketamine and propofol, or any other drug for the purpose of deep sedation and/or general anesthesia. If the purpose is for mild or moderate sedation, the RN may administer the drug in the prescriber ordered dosage. In addition, if the medication is ordered for pain control, the RN may administer the drug in the prescriber ordered dosage, but if the RN believes the dosage may result in deep sedation, the RN should discuss this with the prescriber before administering the drug. See Rule 4723-4-03(E) and (F), OAC

The Board has published an Interpretive Guideline regarding RN administration of IV medications for purposes of procedural moderate sedation that addresses RN administration of sedating drugs. The IG may be of interest to those who have questions. See "Utilizing Interpretive Guidelines," and other practice resources at www.nursing.ohio.gov (click on the *Practice RN and LPN* link).

Relevant rules, summarized below, also can be accessed on the Board website at the *Law and Rules* link.

- Rule 4723-4-03(D)(4), OAC, requires a RN to have a specific current order, from an authorized prescriber, for the medication, treatment or regimen that the nurse is to administer or carry out. Standards governing the individual's professional practice, including the administration of specific drugs by RNs are found in Chapter 4723-4, OAC.
- Rule 4723-4-03(E), OAC, states that the RN will timely implement the order, unless the RN believes or has reason to believe the order is inaccurate, not properly authorized, not current or valid, is harmful or potentially harmful to the patient, or is contraindicated by other documented information that the RN is required to seek for clarification of the order.
- Rule 4723-4-03(J), OAC, states that the RN shall use acceptable standards of safe nursing care as a basis for any observation.
- Rules 4723-4-03 and 4723-4-06, OAC, further govern competency in practice and the standards of nursing practice respectively, requiring that the RN who is implementing an order make a case-by-case decision based upon competent and safe nursing practice. The RN must determine if appropriate resources, including supportive personnel, are available to implement an order. Rule 4723-4-06(H), OAC requires the implementation of measures to promote a safe environment for each patient.

In addition, RNs should review employer policies as they relate to nursing practice, because employers may choose to adopt policies that are more restrictive than the Nurse Practice Act and administrative rules. Work policies may restrict RNs from administering specific types or classifications of drugs.

Please contact the Board at practiceRNandLPN@nursing.ohio.gov if you have questions. Please subscribe to eNews on the Board website at www.nursing.ohio.gov or follow social media for updates and alerts.

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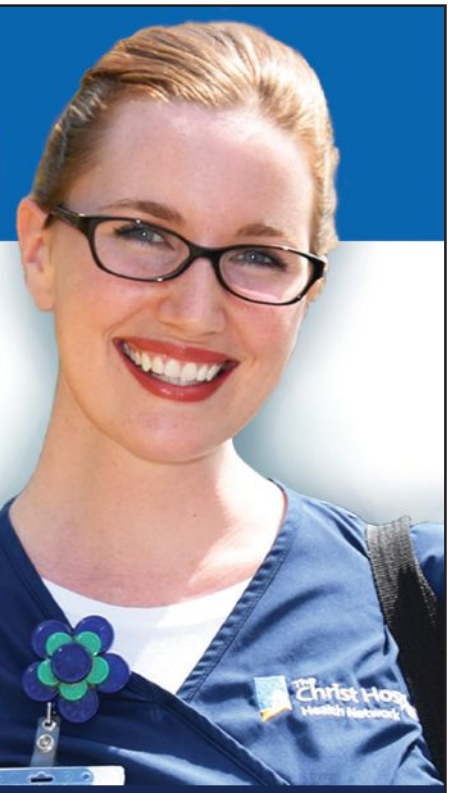

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DUTY TO REPORT MISCONDUCT

The mandatory reporting requirement for employers of nurses was first enacted in the Ohio Revised Code (ORC) in the fall of 2003. In 2013, the language was expanded to include persons who contract with nurses, dialysis technicians, medication aides and certified community health workers. This article is provided as an overview of the duty to report misconduct and for discussion purposes focuses on licensed nurses.

Who: Section 4723.34(A), ORC requires that reports to the Board be made by every person or governmental entity that employs, or contracts directly or through another person or governmental entity for the provision of services by, registered nurses, licensed practical nurses, dialysis technicians, medication aides, or certified community health workers. An employer or contractor must designate an "individual licensee" to do the reporting. Nursing associations that do not employ or contract with nurses are not required by law to report misconduct of a nurse outside of their role as employer.

The meaning of "person" includes individuals, corporations, business trusts, estates, partnerships and associations. See Section 1.59(C), ORC. With regard to associations, reporting would not be required as to its members generally, but as to licensed nurses who are employed by or contract with the association to provide nursing services.

In employment settings, such as a physician's office, where there is only one person licensed by the Board, and that person is the nurse who engaged in the misconduct, then the employer is required to report the misconduct through the nurse. In other words, the nurse must self-report his or her misconduct on behalf of his or her employer or contracting entity. If the nurse refuses, the employer remains obligated under the law to comply with the statute.

When: Section 4723.34(A), ORC further mandates that reports to the Board be made when an employer or contractor "knows or has reason to believe" that a current or former employee or person providing services under a contract, who holds a license or certificate issued under Chapter 4723, has engaged in conduct that would be grounds for disciplinary action by the Board under Ohio law or rules. Examples include, but are not limited to, failure to practice in accordance with acceptable and prevailing standards of safe nursing care, failure to maintain professional boundaries, positive drug screens, diversion of drugs, or the impairment of the ability to practice nursing. The employer or contractor is required to report the nurse even if no action has been taken in regard to the nurse's employment or contract, if the nurse has been referred to an employee assistance program, or if the nurse is participating in a remediation program. Additionally, an employer or contractor is required to report misconduct even if the employer believes that the matter has already been reported to the Board by another entity. For example, an employer is still required to report a nurse who has diverted narcotics even if the employer believes the incident was reported to the Board by law enforcement.

If an employer or contractor is unsure if a nurse's conduct should be reported, the employer should report the situation, so that the Board can investigate, review the facts and circumstances, and make a determination as to whether a violation of the Nurse Practice Act has occurred. An employer or contractor is not required to complete a full investigation before reporting to the Board – the reporting standard is "reason to believe." Even if an employer or contractor is uncertain whether there is enough evidence to prove a violation, the conduct should be reported to the Board. In some instances, the Board may have other investigatory information, and the newly reported conduct may then indicate a more serious pattern or problem. If the report is made in good faith, there is immunity from civil liability for reporting. See Section 4723.341, ORC.

A report to the Board can be made by completing a Complaint Form that is available in the *Discipline and Compliance* section of the Board website at www.nursing.ohio.gov. The form can be submitted by email, fax or regular mail. The fact that the Board has received information about and is investigating a nurse is confidential. The initiation of an investigation is not disclosed to the public. Complaints and information obtained during the investigatory process are confidential pursuant to Section 4723.28(I), ORC. Based on evidence obtained during the investigatory process, the Board may pursue disciplinary action or close the complaint without action. In the interest of protecting the public and patient safety, always report a nurse if you reasonably believe the nurse has engaged in conduct that would be grounds for disciplinary action. •

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CONTINUING EDUCATION (CE) FOR VOLUNTEER SERVICES

Section 4745.04, ORC and Rules 4723-14-03(L), OAC and 4723-8-10(B)(4), OAC, authorize LPNs, RNs, and APRNs to obtain up to eight hours of CE by providing health care services as a volunteer, if the following conditions are met:

1. The licensee provides health care services to an indigent and uninsured person.
2. Health care services are provided within the licensed scope of practice..
3. Health care services are provided as a volunteer.
4. One hour of CE may be awarded for every sixty minutes spent providing health care services as a volunteer.
5. Documentation of services must include the following and must be maintained for six years:
   - A signed statement from a person at the health care facility or location where the health care services were performed verifying:
   - The date and time period the licensee performed the health care services;
   - That the recipient of the health care services was indigent and uninsured; and
   - That the licensee provided the health care services as a volunteer.

Please email ce@nursing.ohio.gov if you have questions.

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   - Navigate to the new e-License Home Page at https://elicense.ohio.gov.
   - Choose the **Login / Create an Account** option.
   - Choose the "**I HAVE A LICENSE**" button.
3. Log in to your account and click on the link "**Options**" found in the License box.
4. Click on the link "**Change Name**."
5. Upload one of the certified court records listed below:
   - Marriage Certificate/Abstract
   - Divorce Decree
   - Court Record indicating change of name
   - Documentation from another state/country consistent with the laws of that jurisdiction
6. Press "**Submit.**" Requests received online are processed in 2-3 business days.

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   - Choose **the Login / Create an Account** option.
   - Choose the "**I HAVE A LICENSE**" button.
3. Log in to your account at https://elicense.ohio.gov and
4. Click on the link "**Options**" found in the License box.
5. Click on the link "**Change Address**."
6. Press "**Submit.**" Your address change will be automatically applied to your license or certificate.

Note: If you do not follow these instructions, your address will not be updated on the public portal and you may not receive any correspondence from the Board.

For questions, contact Online System Support at 614-466-3947 and select "Option 1" (weekdays 8am-5pm, except for holidays). If you need assistance after business hours, email nursing.registration@das.ohio.gov and include a brief description of the issue, your first and last name, telephone number, email address, and license number, if you have it.

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NURSING EDUCATION PROGRAM CURRICULUM REVISIONS

Nursing education programs (Programs) often ask if they need to request Board approval for a curriculum revision, and what is the process for obtaining approval. Chapter 4723-5, Ohio Administrative Code (OAC), governs pre-licensure nursing education programs, including the requirements related to curriculum revisions.

The Board is required to review and approve curriculum revisions resulting from a change in the Program's philosophy, conceptual framework, or organizing theme. Certain types of curriculum changes, such as modification of course hours, changes in a course position within the curriculum plan, or any revision that does not result from a change in philosophy, conceptual framework, or organizing theme, do not require Board approval prior to implementing the changes.

Submitting Curriculum Revisions for Board Approval

Rule 4723-5-16, OAC, specifies that the written request include the following:

- Rationale for the proposed curriculum revision;
- Revised philosophy, conceptual framework or organizing theme, or program objectives or outcomes that result in the curriculum change;
- Proposed total curriculum plan;
- Course syllabus or outline for each nursing course that includes at least the title of the course; number of theory hours; number of clinical and laboratory hours; course description; course objectives or outcomes; teaching strategies; methods of evaluation; a topical course outline; and planned implementation date and the impact on currently enrolled students.

It is important for the Program to consider if the proposed curriculum revision will impact currently enrolled students. Rule 4723-5-12(B), OAC, prohibits a Program from implementing changes to policies, including curriculum revisions that impact the education progression or completion requirements for currently enrolled students. The Program must address any potential impact in the request submitted to the Board, and verify with students that the implementation of the revisions does not impact their progression or completion of the Program.

Process

Rule 4723-5-16(A), OAC, requires the Board to approve curriculum revisions resulting from a change in the Program's philosophy, conceptual framework, or organizing theme, and the proposed revisions must meet the requirements of Rule 4723-5-13, OAC, for registered nursing education programs, and Rule 4723-5-14, OAC, for practical nursing education programs.

The information must be submitted to the Board at least ten weeks before the Board meeting at which it is anticipated the Board will review it. Board staff will contact the Program if additional information is needed prior to the Board reviewing and approving the curriculum change at its next scheduled meeting. It is important to remember that the proposed curriculum revision cannot be implemented until approved by the Board.

FAQs

Question: The Program is changing hours within the curriculum plan and implementing the new plan beginning with a new cohort of students. Is Board approval required prior to implementing these changes?

Answer: No. Changing theory, laboratory, or clinical hours within the curriculum are not changes that require Board approval. The Program Administrator is required to report the changes in the Program's Annual Report and other publications and notifications, as appropriate.

Question: If we are changing the Program outcomes or objectives, is Board approval required?

Answer: Yes, if the change in outcomes or objectives is a result of revising the Program's philosophy, conceptual framework, or organizing theme.

Question: If we are changing objectives within a course, does this require Board approval?

Answer: No. If the revised objectives were limited to a specific course, these changes are at the discretion of the faculty responsible for teaching the course and are not a curriculum revision.

Question: If the Program is only changing the philosophy and not the conceptual framework, is Board approval necessary?

Answer: Yes. If the curriculum is being revised due to the change in philosophy, then Board approval is required.

Question: A student failed a course during the last semester the course was offered and the course is no longer offered because of the curriculum revision. Since it is not possible for the student to repeat the course, what are our obligations to the student under the administrative rules?

Answer: Programs are advised to carefully consider the content of their progression policies. This is an example of why it is important for the Program to review its progression policy with respect to currently enrolled students and determine how the curriculum revision will impact them.

The administrative rules require the Program to follow the progression policy that was in place for students when they began the Program. The same policy applies to those students as long as they are continuously enrolled in the Program. Therefore, the Program needs to plan for this situation prior to implementing any curriculum revisions, even those that do not require Board approval.

To avoid this situation, the Program may consider continuing to offer courses until all students who could be impacted by the change have had opportunity to retake the course, if that is one of the provisions in the progression policy. If the progression policy that applied to a student allowed the student to re-take a failed course, the Program would need to make the course available to the student. But if a student fails a course, and the progression policy that applied required the student to complete any new requirements or courses as a condition of the student continuing in the Program, the Program would follow the policy and require the student to complete the new requirements, rather than re-taking the failed course.

Question: Is the Program required to notify students of the curriculum revision?

Answer: Yes. The administrative rules require that Programs distribute the curriculum objectives or outcomes, course objectives or outcomes, teaching strategies and evaluation methods to each student. See Rule 4723-5-13, OAC, for registered nursing programs and Rule 4723-5-14, OAC, for practical nursing programs. •

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NTSB ISSUES RECOMMENDATIONS FOR HEALTH CARE PROVIDERS

The National Transportation Safety Board (NTSB) is the federal agency responsible for the investigation of accidents in aviation and other forms of transportation. The NTSB recently published a safety study that focused on toxicology test results for fatally injured pilots. As a result of the study, the NTSB issued two recommendations to the state of Ohio:

1. Include in all state guidelines regarding prescribing controlled substances for pain a recommendation that health care providers discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation. (I-14-1)
2. Use existing newsletters or other routine forms of communication with licensed health care providers and pharmacists to highlight the importance of routinely discussing with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to safely operate a vehicle in any mode of transportation. (I-14-2)

Consistent with these recommendations and Chapter 4723-4-06, Ohio Administrative Code, governing standards of nursing practice promoting patient safety, the Board encourages prescribers and health care providers to talk with patients about prescriptions that may impact their ability to safely operate a vehicle.

At the March 2018 meeting, the Board proposed a Resolution reflecting the NTSB I-14-1 recommendation, and referred the Resolution to the Advisory Committee on Advanced Practice Registered Nursing for its review.

The Board hereby makes the following recommendation to Advanced Practice Registered Nurses when prescribing controlled substances for pain. It is recommended that the prescriber and other healthcare providers licensed by the Board discuss with the patient the effect the patient's medical condition and medication use may have on the patient's ability to safely operate a vehicle in any mode of transportation. This recommendation is consistent with the National Transportation Safety Board Safety Recommendation, I-14-1 and 2 (2014).

ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614-466-6940 or board@nursing.ohio.gov to confirm the location, date or time.

Advisory Committee on Advanced Practice Registered Nursing – *Chair: Erin Keels, RN, APRN-CNP*
May 14, 2018, June 11, 2018, October 1, 2018

Advisory Group on Continuing Education – *Chair: Lauralee Krabill, RN*
March 23, 2018, September 28, 2018

Advisory Group on Dialysis – *Chair: Barbara Douglas, RN, APRN-CRNA*
July 23, 2018, October 29, 2018 (Meetings will begin at 1:00 p.m.)

Advisory Group on Nursing Education – *Chair: Patricia Sharpnack, DNP,RN*
June 14, 2018, October 11, 2018

Committee on Prescriptive Governance – *Chair: Sherri Sievers, DNP, APRN-CNP*
July 23, 2018, October 29, 2018

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White Paper: A Nurse's Guide to the Use of Social Media

August 2011

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social

networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.[1] The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

1 One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from http://www.youtube.com/watch?v=X7gWEgHeXcA

- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

Illustrative Cases

The following cases, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

SCENARIO 1

Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident's condition with the former coworker. The administrator of the group home learned of Bob's actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety of using a personal device to take a patient's photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

SCENARIO 2

Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous nightshift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other dayshift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient's rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility's management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations against "exploitation of vulnerable adults" were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management's attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON's complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism. Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

SCENARIO 3

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center's pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little "ham," consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy's photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented, "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse." In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient's confidentiality, it didn't matter. Not only was the patient's privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a "cancer patient," and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student's professor, Emily was expelled from the program. The nursing program was barred from using the pediatric unit for their students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper's online chat room. The complaint noted that the nurse bragged about taking care of her "little handicapper." Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating "privacy laws" of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her "little handicapper," there were comments about a wheelchair and the child's age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient's family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.

SCENARIO 5

Nursing students at a local college had organized a group on Facebook that allowed the student nurses' association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student's future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

SCENARIO 6

Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife's phone to read her a text message. The message noted that she was to "get a drug screen for resident Edward Smith." The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother's medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

SCENARIO 7

Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie's current patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria's postings, but had never left any online comments. One day, Maria posted about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, "I didn't know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She's an old family friend, you know. We've been praying for her but it doesn't look like a miracle is going to happen. How long do you think she has left?" Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn't discuss Maria's condition. She immediately went home and attempted to remove her comments, but that wasn't possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self- reported to the BON and is awaiting the BON's decision.

This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

References

Anderson, J., & Puckrin, K. (2011). Social network use: A test of self-regulation. *Journal of Nursing Regulation, 2*(1), 36-41.

Barnes, S.B. (2006). A privacy paradox: Social networking in the United States. *First Monday, 11*(9). Retrieved from http://firstmonday.org/htbin/cgiwrap/bin/ojs/index.php/fm/article/view/1394/1312

College of Nurses of Ontario. (2009). *Confidentiality and privacy — Personal health information* (Pub. No. 41069). Retrieved from http://www.cno.org/Global/docs/prac/41069_privacy.pdf

Royal College of Nursing. (2009). *Legal advice for RCN members using the internet.* Retrieved from http://www.rcn.org.uk/__data/assets/pdf_file/0008/272195/003557.pdf

Eysenbach, G. (2008). Medicine 2.0: Social networking, collaboration, participation, apomediation, and openness. *Journal of Medical Internet Research, 10*(3), e22. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626430/.

Gauthier, M. (2008). Technology and confidentiality. *Nursing bc, 40*(2), 11-12.

Genova, G.L. (2009). No place to play: Current employee privacy rights in social networking sites. *Business Communication Quarterly, 72,* 97-101.

Helliker, K. (2011, January 5). Odd facebook post leads to student's ouster, suit. *Wall Street Journal.* Retrieved from http://online.wsj.com

HIPAA Administrative Simplification 45 C.F.R., Parts 160, 162 and 164 (2009). Retrieved from http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/adminsimpregtext.pdf

Klich-Heartt, E.I., & Prion, S. (2010). Social networking and HIPAA: Ethical concerns for nurses. *Nurse Leader, 8*(2), 56-58.

Lehavot, K. (2009). "My Space" or yours? The ethical dilemma of graduate students' personal lives on the internet. *Ethics and Behavior, 19*(2), 129-141.

McBride, D., & Cohen, E. (2009). Misuse of social networking may have ethical implications for nurses. *ONS Connect, 24*(17), 7.

National Labor Relations Board. (2011). *Settlement reached in case involving discharge for Facebook comments.* Retrieved from http://www.nlrb.gov/news/settlement-reached-case-involving-discharge-facebook-comments

NCSBN. (2010). *Summary of social networking survey to boards of nursing.* Chicago: Author.

Skiba, D.J., Connors, H.R., & Jeffries, P.R. (2008). Information technology and the transformation of nursing education. *Nursing Outlook, 56*(5), 225-230.

Spector, N. (2010). Boundary violations via the internet. *Leader to Leader.* Retrieved from https://www.ncsbn.org/L2L_Spring2010.pdf

Winchester, A.M., & Maines, R.E. (2010, October 6). Harvesting text messages from the sea of text messages. *Law Technology News.* Retrieved from http://www.law.com/jsp/lawtechnologynews/PubArticleLTN.jsp?id=1202472941212&slreturn=1&hbxlogin=1

Wink, D.M. (2010). Teaching with technology: Automatically receiving information from the internet and web. *Nurse Educator, 35*(4), 141-143.

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BOARD DISCIPLINARY ACTIONS

The following includes lists of Board disciplinary actions taken at public meetings regarding licensed nurses or certificate holders. You can review the type of action taken by checking the individual's credential at the Ohio eLicense Center at: http://www.nursing.ohio.gov/Verification.htm#VERInfo, or by clicking on License and Certificate Verification on the Board of Nursing's website (www.nursing.ohio.gov). You may also request a copy of a public disciplinary record by completing the electronic form on the Board's website at: http://www.nursing.ohio.gov/iw-DisciplineRecReq.htm or by clicking on Discipline Records Requests on the Board's website.

January 2018 Monitoring Actions

Last Name	First Name	LT1	Lic. #1
Abbott	Amanda	R.N.	353314
Allen	Angela	R.N.	393913
		P.N.	115234
Archbold	Cassidy	P.N.	134078
Ballenger	Catherine	R.N.	376909
Barosky	April	R.N.	359562
		P.N.	131352
Baughman	Amber	R.N.	307973
Bennett	Jessica	R.N.	340844
Binion	LaWanda	R.N.	424815
Bliss	Brandon	R.N.	317369
Bricker	Shelley	R.N.	251181
Burns, Jr.	Bernard	P.N.	161237
Butler	Bobbi	R.N.	327213
Callahan	Jill	R.N.	371258
Caston	Cherice	P.N.	165040
Clemmons	Ebony	R.N.	227549
		P.N.	077010
Clemons	Mary	R.N.	188649
		CRNA	00171
Daniel	Jennifer	P.N.	102631
Delsignore	Sandra	R.N.	336945
Dunn	Kristen	P.N.	134779
Etgen	Michelle	P.N.	130371
Goble	James	P.N.	092280
Greene	Angela	R.N.	394685
		P.N.	110879
Hall	Leah	P.N.	102021
Hannah	Debra	R.N.	241446
		CNP	04889
Hanson	Jennifer	R.N.	328478
Hice	Jeffrey	R.N.	308432
Hightower	Deshannon	R.N.	344932
		P.N.	102779
Hinton	Jennifer	R.N.	271347
Hockman	Rhonda	P.N.	112166
Holman	Tonesia	R.N.	421617
		P.N.	139071
Horton	Jessica	R.N.	350433
Jacobsen	Bethany	R.N.	350460
		P.N.	126754
James	Miranda	P.N.	159650
Johnson	Mary	R.N.	372304
Jones	Tawana	P.N.	127521
Kennard	Taryn	P.N.	156396
King	Laura	P.N.	139441
Kornmiller	Diana	R.N.	384372
		P.N.	139610
Krajacic	Lindsay	R.N.	326037
Legler	Bailey	R.N.	410466
Lunney	Melody	R.N.	332867
MacGregor	Lynnette	P.N.	056812
Mason	Tammy	R.N.	299518
Matusiak	Alicja	R.N.	359101
		CNP	16032
Mbodj	Mohamed	R.N.	400812
		P.N.	128027
McDaniel	Elizabeth	R.N.	361083
Melton	Jennifer	R.N.	341254
		P.N.	100756
Moodie-Adams	Claudia	R.N.	316369
Moss	Jessica	P.N.	126682
Musani	Margaret	P.N.	158916
Neeley	Meghan	R.N.	387232
Osborn	Renita	R.N.	392894
		P.N.	142972
Pawlowicz	Erin	R.N.	296978
Ray	Chelsea	R.N.	401304
		P.N.	150571
Robinson	Keena	P.N.	155256
Robinson	Sharita	P.N.	128963
Rodgers	Ann	R.N.	280168
Rucker	Edla	R.N.	268770
		CNP	10100
Savage	John	R.N.	410747
Seamster	Latoya	P.N.	149242
Silva	Elizabet	P.N.	110113
Sims	Brittny	DT	004006
Thomas	Tanisha	P.N.	156032
Tingelstad	Kimberly	P.N.	121238
Van Der Voort	Dustin	R.N.	339581
Williams	Lori	R.N.	328322
Williams	Taneesha	P.N.	158638
Wilson	Emilee	R.N.	405176
Wolf	Patricia	R.N.	302489
		CNP	07017
Woods	Heather	P.N.	140747

January 2018 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1
Adams	Andrea	P.N.	155482
Adams	Lisa	P.N.	094210
Adkins	Rebecca	R.N.	282637
Alnoubani	Muna	R.N.	304829
Ashcraft	Rhonda	R.N.	308615
Bailey	Christina	R.N.	372334
		P.N.	139374
Balog	Maegan	R.N.	391457
Banks	Lori	P.N.	108792
Barger	Kelly	P.N.	105131
Becker	Stacy	R.N.	390569
Berry	Michelle	R.N.	334081
Billings	Jesse	P.N.	141906
Bish	Lynn	P.N.	105113
Bodnar	Mark	R.N.	396018
Bohme	Melissa	R.N.	227352
Bosley	Mary	R.N.	endorse
Bowman	Tonya	P.N.	120610
Boycan Chipps	Sierra	P.N.	153590
Bradley	Violet	P.N.	133419
Brouse	Ashley	R.N.	351860
Cadwell	Heather	R.N.	276824
Capell	Wilburn	DTI	005258
Caraveo	Dawn	D.T.	001054
Carmichael	Crystalee	P.N.	119499
Case	Kimberly	R.N.	394852
Caupp	Jessica	R.N.	318861
Cerha	Michelle	P.N.	095378
Chambers	Valerie	R.N.	337496
Chanowski	Kevin	P.N.	129150
Chenault	Sarah	R.N.	411858
Chin	Rita	R.N.	endorse
Christensen	Laura	R.N.	365749
Clark	Michael	R.N.	289148
Clement	Benjamin	R.N.	378029
Coates	Dusty	R.N.	315847
Collins	Samantha	P.N.	121264
Compton	Deborah	R.N.	316883
Comstock	Randall	P.N.	141250
Congeni	Karen	R.N.	293435
Conley	Jodi	R.N.	278478
Conteh	Alieu	P.N.	149148
Coppess	Jennifer	R.N.	410319
Cupps	Rita	R.N.	233002
Curry	Kathy	R.N.	378255
Cvijanovic	Carol	R.N.	241646
Daley	Jessica	R.N.	NCLEX
Dalrymple	Rebekah	R.N.	366604
Daria	Jeanette	R.N.	413759
Davis	Adrianna	P.N.	endorse
Davis	Muhammad	R.N.	418167
		P.N.	130381
Dawson	Shannon	R.N.	413332
		P.N.	148086
Decorte	Beth	P.N.	113489
Deitch	Holly	R.N.	309431
		P.N.	104693
Dixon	Darrell	P.N.	115238
Dizon	Rolando	P.N.	162034
Donchess	Sheri	R.N.	260078
Donnally	Anna	P.N.	146170
Dorsten	Emily	R.N.	375153
Douglass	Kayshia	P.N.	153649
Durinka	Kelly	P.N.	102412
Eckerman	Amy	P.N.	131293
Erdy	Brenda	R.N.	199380
Evans	Jennifer	R.N.	301996
Ferrer-Arrington	Yvonne	R.N.	endorse
Finn-Smith	Elizabeth	R.N.	220444
Finsel	Alesia	R.N.	211846
Flynn	Natalie	R.N.	266263
		CNP	09772
Fox	Julie	R.N.	342795
Frazier	Crystal	P.N.	097744
Frazier	Jeanne	R.N.	344632
		P.N.	041215
Freshwater	Jacqueline	P.N.	NCLEX
Fry	Melissa	R.N.	357423
Garber	Tiffany	DTI	applicant
Garcia	Taylor	DTI	005234
Geisler	Gregory	R.N.	399277
George	Taaffe	P.N.	137474
Gettings	Lori	R.N.	392195
Gibson	Lori	R.N.	369619
Glosser	Stephen	R.N.	383192
Goetz	Margaret	R.N.	159619
Greene	Amanda	R.N.	368825
Grunden	Jason	R.N.	341833
Guenther	Becky	R.N.	270737
Haas	Cara	P.N.	122447
Haas-Dugan	Marylynn	R.N.	196980
Hall	Syreeta	P.N.	135425
Hall	Tamara	P.N.	128684
Halleran	Rachel	R.N.	419746
Halley	Angel	R.N.	319627
Hamm	Eric	P.N.	153502
Hauser	Jennifer	P.N.	135558
Hawkins	Jeanette	P.N.	NCLEX
Heavelyn	Darden	P.N.	134676
Henry	Steven	P.N.	135283
Herrold	Rex	P.N.	164209
Hines	Kristen	R.N.	377924
Hobbs	Elizabeth	P.N.	121847
Hoffman	Dawn	P.N.	110978
Holman Hughes	Melessia	R.N.	324521
Hopkins	Kelly	R.N.	312965
Hosey	Leon	R.N.	306665
Howdeshell	Ethel	R.N.	251273
		CNP	08855
Hutchinson	Marian	P.N.	095939
Johnson	Dennis	P.N.	081126
Johnson	Lisa	P.N.	120066
Jones	Leslie	R.N.	366274
Jones	Linette	R.N.	318465
Jones	Robert	R.N.	315597

January 2018 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1
Jones	Shelly	P.N.	053855
Jones	Stephanie	MAC	applicant
Jones	Thirkeshia	P.N.	NCLEX
Jones	Tracie	R.N.	293674
		P.N.	087979
Justice	Derek	R.N.	300970
Key	Katherine	R.N.	372984
Kidd	Brandy	P.N.	158265
Kirk	Angel	P.N.	147619
Kirkendall	Angela	P.N.	121383
Kish	James	R.N.	196032
Klawonn	Kristina	R.N.	365704
		P.N.	122399
Knight	Penny	P.N.	103588
Kolanko	Lindsay	R.N.	333176
Kolcun	Angelique	P.N.	105215
Lang	Alicia	P.N.	113701
LaRue	Denise	MAC	000092
Latham	Lori	P.N.	163685
Lawhorn	Brandy	P.N.	139972
Lee	Sheena	R.N.	380597
		P.N.	133447
		CNP	020753
Leister	Lauretta	R.N.	349835
Lieder	Mary	R.N.	154205
		CNP	07002
		CTP	07002
Mahilo	Sarah	R.N.	330620
Mancini	Rita	R.N.	414724
Marcum	Leanna	P.N.	162721
Marshall	Ebony	R.N.	413603
Marston	Angela	P.N.	143163
Martin	Kristine	P.N.	122003
Matthews	Kimberly	P.N.	119531
Mayer	Samantha	R.N.	400811
Maynard	Christina	P.N.	146658
McCormick	Brendan	R.N.	258409
McCoy	April	R.N.	355036
McGinnis	Jeanne	R.N.	320815
McGucken	Rachel	R.N.	389734
Mearns	Alice	R.N.	384325
Melley	Charles	P.N.	150579
Miller	Penni	R.N.	325943
Monroe	Erica	P.N.	121893
Monstwil	Kenneth	R.N.	256439
Morgan	Angelina	P.N.	150873
Muetzel	Megan	P.N.	NCLEX
Napier	Jessica	P.N.	150108
Noble	Darlene	R.N.	254817
Noonan	Catherine	R.N.	356958
Okagu	Driemonnetta	P.N.	155279
Otieno	Susan	P.N.	142877
Pack	Heather	R.N.	410859
Page	Tammy	P.N.	109984
Parabtani	Stephanie	R.N.	NCLEX
Parrigin	Rebecca	P.N.	158945
Pascarella	Leila	R.N.	endorse
Patkowski	Irene	R.N.	184893
Paul	Melinda	P.N.	102957
Payne	Linda	R.N.	280722
Perakovic	Sherry	R.N.	267740
		P.N.	094709
Pernell	Cristy	P.N.	NCLEX
Peters	Matthew	R.N.	362938
Pierce	Tammy	P.N.	111308
Plaster	Christine	P.N.	113853
Porta	Carissa	R.N.	227085
		CNP	09046
Price	Tara	P.N.	103887
Puskar	Terrisa	P.N.	119747
Rader	David	R.N.	171063
Reilly	Cara	R.N.	252103
Ricciardo	Heather	R.N.	433249
Rill	Candice-Anne	R.N.	369809
Rolen, Jr.	Michael	P.N.	149694
Rook	Joshua	P.N.	151163
Rowland	Nicole	R.N.	388863
Rush	Colleen	P.N.	139469
Rutherford	Christina	R.N.	323227
Saunders	Shelley	R.N.	406855
		P.N.	111432
Scroggs	Zachary	P.N.	129831
Sellers	Matthew	P.N.	157402
Sellman	Lee	R.N.	326267
Semelsberger	Dawn	R.N.	260510
Shambarger	Jennifer	R.N.	316301
Shaw	Marlena	P.N.	endorse
Shimandle	Sharon	R.N.	168537
		CNS	04347
		CRNA	06696
Shirley	Shalia	DT	005100
Short	Lisa	R.N.	291700
Shrewsbury	Douglas	R.N.	398788
		CNP	15504
		CTP	15504
Silvernell	Stephanie	P.N.	072351
Smith	Angela	R.N.	216303
Smith	Cathryn	P.N.	120978
Smith	Deborah	P.N.	153565
Smith	Erica	R.N.	411500
Smith	Lori	R.N.	305805
Smith	Samara	P.N.	140354
Smith	Sherita	P.N.	130628
Smith	Tiffany	P.N.	127805
Soltay	Christy	R.N.	347166
Spencer	Kaitlyn	R.N.	353226
Spicer	Kelly	R.N.	284402
Stack	Kathryn	R.N.	383195
Stacy	Shawn	P.N.	131419
Stawicki	Rachelle	R.N.	383762
Steele	Gina	R.N.	425481
Stewart	Amanda	P.N.	138804
Stone	Kevin	R.N.	356447
Stratton	Cody	R.N.	315060
Suiter	Julie	P.N.	082761
Tait	Linda	R.N.	421907
Thier	Penny	R.N.	178450
Thom	Kathryn	P.N.	102485
Thomas	Julie	R.N.	273572
Tighe	Shannon	R.N.	411466
Todd	Tracie	R.N.	424229
Torres	Suzanne	R.N.	315304
Tuggle	Gina	R.N.	341422
Turner	Tammy	R.N.	336872
Tylicki	Cortney	P.N.	145784
Vickers	Deborah	P.N.	086841
Wagel	Amber	P.N.	141934
Walker	Nicolette	P.N.	160139
Walls	Shawn	R.N.	365897
Walls	Shelia	P.N.	107091
Walters	Jo	R.N.	192005
Warner	Beth	P.N.	116813
Wash	Jennifer	R.N.	283968
Washington	Dorothy	R.N.	300569
Wears	Tonya	P.N.	108768
Weber	Anthony	P.N.	151232
Weber	Carly	R.N.	402330
Weisburn	Megan	R.N.	358345
Wells	Joby	P.N.	154524
Westfall	Angela	R.N.	348161
Wettmarshausen	Sylvia	R.N.	355627
Wheeler	Tiffany	R.N.	404327
Whelan	Emily	R.N.	358005
Whetsel	Shannon	P.N.	117072
White	Amber	P.N.	NCLEX
Whitney	Danielle	R.N.	409744
		P.N.	122878
Wilbon	Tiahna	P.N.	159687
Williams	Jaleesa	P.N.	endorse
Williams	Tiffany	P.N.	142287
Willis	Charmaine	P.N.	154883
Wireman	Danielle	R.N.	257798
Withers	Christina	P.N.	147949
Woodall	Loretta	P.N.	129717
Woods	Christina	R.N.	356346
		P.N.	118979
Wright	Ashley	P.N.	160515
		D.T.	002747
Wright	Krystal	P.N.	155693
Yeagley	Diane	P.N.	136740
Young-Cole	Jennifer	R.N.	366104
Zarick	Jennifer	R.N.	409222
Zavala	Sherri	P.N.	101005
Zimmerman	Tana	R.N.	311343

March 2018 Monitoring Actions

Last Name	First Name	LT1	Lic. #1
Abbott	Amanda	R.N.	353314
Adamski	Barbara	P.N.	044402
Allen	Danielle	R.N.	426246
		P.N.	137733
Anderson	Ella	R.N.	302050
Bahns	Todd	R.N.	283692
Barosky	April	R.N.	359562
		P.N.	131352
Bartley	Courtney	R.N.	328430
Bennett	Jessica	R.N.	340844
Benson	Clista	R.N.	329975
Black	Amber	R.N.	377530
Bollmer	Amy	P.N.	126998
Bond	Chambrell	R.N.	409499
		P.N.	147739
Bosner	Kelsie	P.N.	159951
Boyd	Cynthia	P.N.	115358
Brown	Melissa	P.N.	118003
Carnahan	Doreen	R.N.	281440
Channell	Theresa	R.N.	376632
		P.N.	120336
Chapman	Carree	R.N.	333053
Chapman	Twanta	P.N.	112145
Clark	Barbara	P.N.	109791
Collene	Crystal	R.N.	372030
Craft	Crystal	R.N.	NCLEX
		P.N.	115066
Creer	Kimberly	P.N.	124590
Crutcher	Lisa	R.N.	376716
Daria	Jeanette	R.N.	413759
Darrington	Lisa	R.N.	398271
		P.N.	132955
Days	Kathy	R.N.	231225
England	Kayla	R.N.	419688
		P.N.	147313
Enochs	Connie	P.N.	085450
Esquivel-Rodriguez	Amanda	R.N.	445637
		P.N.	114304
Ferrell	Britni	P.N.	142871
Garrison	Karen	R.N.	328473
Geisler	Gregory	R.N.	399277
Gonzalez	Brandi	R.N.	355911
Gross	Kristen	R.N.	342504
Haas-Dugan	Marylynn	R.N.	196980
Haggard	Kelly	R.N.	264630
Hagwood	Elissa	P.N.	158084
Hanson	Lisa	P.N.	109230
Jafar	Bridget	P.N.	115469
James	April	P.N.	111741
Johnson	Margaret	R.N.	137462
Keister	Nichole	DTI	005143
King	Karen	P.N.	098035
Kitts	Neysa	R.N.	327012
Krohmer	Lydia	P.N.	079137
Kubincanek	Troy	R.N.	347868
Kuehner	Amberly	R.N.	282608
Langenkamp	Amanda	P.N.	164208
LaRock	Frank	P.N.	101128
Latham	Lori	P.N.	163685
Leitschuh	Andrea	R.N.	369681
		P.N.	138346
Lemaster	Andrew	R.N.	359743
		P.N.	129167
Linna	Erica	R.N.	286447
Martaus	Angela	P.N.	158261
Mays	Amy	P.N.	109729
McAfee	Alfreda	R.N.	373605
McDonald	Kristen	R.N.	385753
McEndree	Karly	R.N.	380560
McGinnis	Jeanne	R.N.	320815
Melton	Jennifer	R.N.	341254
		P.N.	100756

March 2018 Monitoring Actions

Last Name	First Name	LT1	Lic. #1
Menasian	Carey	R.N.	253056
Miller	Ryan	R.N.	349400
		CNP	12144
Muetzel	Megan	P.N.	167366
Myers	Bryana	P.N.	164205
Myers	Tamara	P.N.	065695
Owens	Callen	R.N.	355665
Owusu	Nana Yaa	R.N.	378330
	Appaih-Kromah	P.N.	128745
Parmer	Michelle	R.N.	392046
		P.N.	147185
Pflager	Kirk	R.N.	314303
Prince-Paul	Mary	R.N.	231816
Rahe	Heather	R.N.	284717
Raines	Lucy	P.N.	120073
Reilly	Cara	R.N.	252103
Rice	Della	R.N.	165020
		CNP	08424
Roberts	Michael	R.N.	382834
Rockwell	Johanna	R.N.	188485
Sexton	Stephanie	P.N.	145267
Shambarger	Jennifer	R.N.	316301
Shiflet	Elizabeth	R.N.	389368
		P.N.	133634
Shrewsbury	Douglas	R.N.	398788
Simmerman	Patricia	R.N.	264727
Simons	Rebecca	P.N.	126396
Sims-Weekes	Regina	R.N.	357580
Stakolich	Molly	R.N.	378795
Starrett	Amanda	P.N.	131330
Stephens	Jennifer	R.N.	312431
Swaim	Peggy	R.N.	438527
		P.N.	120576
Taylor	Sanita	R.N.	350112
		P.N.	120800
Tharp	Bobetta	P.N.	107024
Tomaro	Mirella	P.N.	112188
Travis	Sarah	R.N.	358232
Trotter	Jessica	P.N.	162943
Turnock	Stacey	P.N.	124565
Vitale	Amanda	R.N.	392624
Walters	Rachel	R.N.	297961
Walton	Alicia	P.N.	102827
Waters	Latasha	P.N.	160369
Wells	Brittany	R.N.	NCLEX
		P.N.	156272
Williams	Shannon	P.N.	145646
Willison	Rochelle	P.N.	144930

March 2018 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1
Adamson	Leanne	R.N.	282433
Adkins	Rebecca	R.N.	282637
Alexander	Javona	P.N.	NCLEX
Allemeier	Stacey	P.N.	119279
Archbold	Cassidy	P.N.	134078
Bacon	Amanda	R.N.	395407
Bailey	Jeffrey	R.N.	165192
		CRNA	02885
Baker	Amanda	R.N.	332538
Baker	Kitzi	R.N.	418049
Baker	Lori	P.N.	107187
Baldrick	Kimberly	P.N.	086462
Baldwin	Melinda	R.N.	endorse
Barger	Michelle	P.N.	090669
Bauer	Susan	R.N.	208897
Beach	Dionna	P.N.	126622
Becker	Lauren	P.N.	163075
Beni	Matthew	R.N.	355024
Bennett	Barbara	P.N.	138287
Berenics	Sherri	P.N.	089007
Beverly	Stefanie	P.N.	119494
Binegar	Cali	P.N.	NCLEX
Bodnar	Mark	R.N.	396018
Boss	Kayleigh	P.N.	160518
Brooks	Rikki	P.N.	142883
Brosch	Annemarie	R.N.	267728
Browning	Amy	R.N.	237161
Broyles	Melissa	R.N.	387114
Bryant	Lybrinia	P.N.	157391
Buchinger	Nathan	R.N.	437386
		CRNA	019478
Buckley	Debra	P.N.	149446
Bullock	Sharon	P.N.	090343
Burkhart	Linda	R.N.	201506
Buyer	Ann	P.N.	097138
Cadwell	Jason	R.N.	369622
Calhoun	Rebecca	P.N.	156076
Callahan	Bobbie	P.N.	089984
Cardona	Isabel	P.N.	164798
Cecil	Miranda	P.N.	135371
Centifanti	Christine	R.N.	181134
Chambers	Megan	R.N.	310299
Chandler-Arthur	Jillian	R.N.	345188
		P.N.	125732
Chomor	Greta	R.N.	322340
Clark	Miesha	P.N.	155705
Clonch	Dena	P.N.	158923
Coke	Amanda	P.N.	NCLEX
Colborn	Joann	R.N.	413873
Coleman	Monique	P.N.	NCLEX
Conner	Tonya	P.N.	092820
Cook	Samantha	P.N.	140278
Cooper	Lanette	P.N.	085014
Cox	Rhonda	P.N.	143350
Creeks	Julie	R.N.	260012
Croftcheck	Jessica	R.N.	247482
Cross	David	R.N.	409728
Cross	Veronica	R.N.	430641
Custer	Michelle	R.N.	250332
Dardinger	Eric	R.N.	329189
		CNP	14549
Darus	Lisa	R.N.	223582
Daugherty	Aaron	P.N.	151962
Davis	Chelsey	P.N.	134538
Davis	Julie	P.N.	123594
Deck	Brooke	R.N.	363335
Dejene	Yenealem	R.N.	333890
DelSignore	Sandra	R.N.	336945
Deran	Jennifer	P.N.	137078
Diem	Natalie	P.N.	111492
Dillon	Leslie	P.N.	061792
Dizon	Rolando	P.N.	162034
Docs	Sheryl	R.N.	185690
Dosztal	Debra	R.N.	304725
Doyle	Deanna	R.N.	313290
Duff	Ryan	R.N.	402964
Dulaney	Ryan	P.N.	NCLEX
Ellis	Dannielle	P.N.	160671
Evans	Megan	R.N.	412204
Ferguson	Richard	P.N.	NCLEX
Ficere	Amanda	R.N.	314860
Flowers	Kelly	P.N.	149143
Folczynski	Michael	R.N.	378556
Fombo	Stephania	R.N.	433740
Foos	Jamie	P.N.	128294
Ford	Dawn	R.N.	252282
Ford	Dolan	D.T.	applicant
Forgette	Donette	R.N.	326469
Fossett	Steven	DTI	005392
Fox	Jaymie	P.N.	115589
Frazer	Susan	P.N.	140824
Friend	Leada	P.N.	143191
Gilbert	Amy	R.N.	368843
		P.N.	106408
Grandberry	James	P.N.	143628
Greene	Amanda	R.N.	368825
Guarneri	Debra	R.N.	249949
		P.N.	089431
Guerini	Alison	R.N.	312959
Hachtel	Kim	R.N.	278919
Haluska	Susan	R.N.	237849
Hart	Brett	R.N.	288220
Hartman	Monica	R.N.	281446
Hayes	Kelley	R.N.	326233
Hayman	Janice	R.N.	344593
Haywood	Connie	R.N.	292008
Heenan	Mary	R.N.	291537
Hempfling	Ruth	R.N.	221696
Hilbert	Thomas	R.N.	382271
Hill	Falon	R.N.	328422
Hobes	Terra	P.N.	119515
Holbrook	Mary Ann	R.N.	197768
Hollands	Robert	P.N.	127003
Hoover	John	P.N.	117252
Horn	Jodi	R.N.	249707
Hostetter	Heidi	P.N.	155884
Howard	Toni	R.N.	418245
Huber	Abigail	P.N.	134246
Hudson	Kathleen	R.N.	303100
Hugebeck	Kristen	P.N.	144033
Hughey	Rebekah	P.N.	097798
Huls	Joni	R.N.	208188
		P.N.	057467
Inal	Jennifer	R.N.	337878
Isaac	Shauntae	P.N.	122893
Isaac	Tonya	P.N.	156478
Jansen	Carole	R.N.	145518
Johnson	Daniel	R.N.	359634
		P.N.	128903
Johnson	Doreen	R.N.	225473
Jones	Dana	P.N.	129895
Jones	Diane	R.N.	418441
Jones	Jeffrey	R.N.	413823
Jones	Linda	P.N.	096725
Jones	Robert	R.N.	315597
Kellogg	Jessica	P.N.	144255
Kinney	Bryan	R.N.	395098
Klacza	Boguslaw	P.N.	098446
Klump	Roberta	R.N.	151072
Knight	Kimberly	R.N.	342001
Koester	Amanda	R.N.	381001
Koontz-Quidetto	Clarissia	R.N.	339230
Krupar	Natalie	R.N.	374321
Laird	Matthew	R.N.	endorse
Lanham	Rachelle	R.N.	305366
Latham	Linda	P.N.	112691
Law-Horton	Latera	P.N.	148985
Leister	Lauretta	R.N.	349835
Linden	Cassandra	R.N.	363644
Lopez	Jimmy	R.N.	NCLEX
		P.N.	156254
Love	Jentle	R.N.	397935
Luning	Beth	R.N.	431944
		P.N.	154307
Lynch	Kenya	R.N.	422153
		P.N.	123408
Maczuga	Andrea	R.N.	373720
Malys, III	Michael	R.N.	385089
Mangol	Rebecca	R.N.	430791
		P.N.	103910
Manz	Catherine	P.N.	123734
Marteny	Tammy	P.N.	123660
Martin	Brenda	R.N.	228582
Martinez	Patricia	R.N.	310787
Massie	Leona	P.N.	126615
Maxwell	Margaret	R.N.	270927
		P.N.	063902
Mayle	Lisa	P.N.	129867
Mazziotta	Cameron	R.N.	420848
McCarty	Harry	R.N.	298198
McCormack	Paul	R.N.	353020
McKinney	Rhonda	R.N.	305853
Meek	Lynn	P.N.	148783
Miller	Aaron	R.N.	379520
Miller	Desiree	R.N.	314882
Miller	Michael	R.N.	257094
Moline	Sara	R.N.	355719
Montgomery	Shaquila	DTI	005144
Moore	Valerie	R.N.	303185
Moore Sims	Barbara	P.N.	079504
Morris	Keri	R.N.	285552
Mulle	Sophia	P.N.	129015
Murray	Donita	P.N.	NCLEX
Naylor	Kathleen	R.N.	368630
		CNP	applicant

March 2018 Disciplinary Actions

Last Name	First Name	LT1	Lic. #1
Olobatuyi	Julianah	P.N.	116190
Page	Edith	R.N.	214185
Parson	Darryl	R.N.	233390
		P.N.	067203
Pascarella	Leila	R.N.	endorse
Paul	Angela	P.N.	103345
Payette	Pamela	R.N.	387015
		P.N.	141894
Penwell	Charles	P.N.	119362
Perrin	Lakeisha	R.N.	435104
Perroud	Cheryl	P.N.	111778
Perry	Ashley	CHW	applicant
Peters	Candace	P.N.	125952
Petonic	Renee	P.N.	097248
Phan	Crystal	R.N.	345515
Phillips	Jennifer	R.N.	412520
Pierce	Ann	P.N.	111661
Pierce	Ann Marie	P.N.	117542
Rabe	Tiffany	R.N.	343766
Rasicci	Anthony	R.N.	336629
Reece	Alisha	P.N.	130926
Reising	Tamara	R.N.	358390
Reiter	Stephanie	R.N.	396047
Richardson	Lakeasha	P.N.	NCLEX
Ridenour	Chandra	P.N.	120421
Riggs	Angela	P.N.	120838
Roberts	Christina	R.N.	412368
Roederer	Paula	R.N.	252756
Rosier	Danna	R.N.	365892
Runyon	Eden	P.N.	140822
Sapp	Bethany	R.N.	308189
Sarantou	Deborah	R.N.	401854
Schoeck	Vanessa	DTI	applicant
Seabolt	Terri	R.N.	336148
Seaton	Rachelle	R.N.	329349
		P.N.	102685
Sedivy	Linda	R.N.	228625
Sellers	Miyoung	R.N.	215420
Sheppard	Vernia	R.N.	292322
Sheridan	Deanna	R.N.	143118
Shick	Roxanne	P.N.	165216
Shie	Charmyn	P.N.	109799
Sims	Megan	P.N.	NCLEX
Slaney	Shannon	P.N.	107711
Smith	Erica	R.N.	411500
Smith	Laura	P.N.	107104
Smith	Patricia	R.N.	194412
Snelling	Tara	P.N.	146665
Snider	Heather	DT	002086
Sowinski	Jessica	R.N.	418264
		P.N.	154513
Spirk	Brandon	R.N.	425749
Stamler	Tatum	P.N.	134463
Stephens	Teresa	R.N.	234935
Stevens	Erin	R.N.	362740
Stewart	Juana	R.N.	239244
Stewart	Lindsey	R.N.	365282
Stinson	Theresa	R.N.	285950
Stover	Lori	R.N.	332470
Stover	Pamela	P.N.	144299
Streisel	John	R.N.	363304
Struewing	William	R.N.	231019
Stuhldreher	Stacey	R.N.	403393
Sunderland	Michelle	R.N.	endorse
Talley	Ashley	P.N.	151734
Taylor	Erin	R.N.	387732
Terrell	Ashley	P.N.	148126
Thaxton	Danielle	R.N.	NCLEX
Thoma	Heather	R.N.	372935
Thomas	Benita	P.N.	144850
Thomas	Kari	P.N.	124958
Tinney	Lacey	P.N.	160846
Tobin	Angela	P.N.	107077
Travis	Nakita	R.N.	347266
Trimble	Nikita	P.N.	160825
Truss	Lakrisha	R.N.	310625
Unger	Jacqueline	R.N.	216315
Vasquez	Diana	P.N.	118550
Walker	Caye	P.N.	085429
Walsh	Heather	P.N.	125044
Warner	Alison	R.N.	389768
Warren	Uniqua	P.N.	134636
Watkins	Rochelle	R.N.	291405
Weaver	Paulette	P.N.	143033
West	Nicky	P.N.	135911
Whelan	Emily	R.N.	358005
Whipple	Aarion	P.N.	126260
Wilber	Kimberly	R.N.	298351
Wilhelm	Kellie	R.N.	335994
Williams	Jaleesa	P.N.	endorse
Williams	Toni	P.N.	106953
Wilson	Steven	R.N.	327272
Youngless	Theresa	P.N.	138359
Zumberger	Dawn	P.N.	117966

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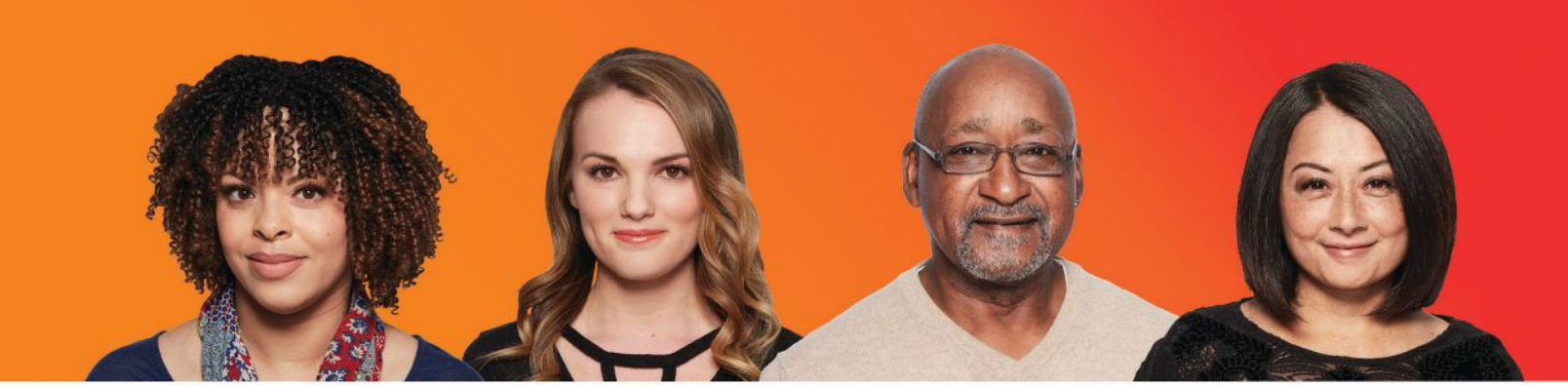

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