



ASBN Update

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December 2017
Volume 21 • Number 5

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TO HELP IN A
DISASTER?**

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AND DRUG
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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

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The ASBN
Update
circulation
includes
over 56,000
licensed nurses
and student
nurses in
Arkansas.



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When Was the Last Time You Read the Nurse Practice Act?

I am glad you are taking a couple of minutes to read this article, but I hope the question "what is the *Nurse Practice Act*?" is not going through your head. However, I will take a few minutes to refresh your memory. The *Nurse Practice Act* is a collection of the statutes, otherwise known as laws, which outline the practice of nursing in Arkansas. These statutes must be followed just as we follow every other law. An additional guideline that further defines the practice of nursing is the ASBN *Rules*. The rules are written in language that is easier to understand and apply to the work setting. The Board of Nursing has also issued official position statements on various issues, such as Administration of IV Moderate Sedation (94-1), Pronouncement of Death (06-1), Telenursing (00-2) and Transmission and Acceptance of Verbal Orders (95-2). The practice of nursing varies to some degree in other states and anyone practicing in Arkansas as a nurse, regardless of state of licensure, must follow the Arkansas laws and regulations.

I believe every nurse begins their career with the belief that they will never do anything that would jeopardize their license and career. Two common reasons disciplinary action is taken against a nurse are unprofessional conduct and fraud and deceit. We know coming to work under the influence of drugs or alcohol is unprofessional conduct. A few other behaviors considered unprofessional conduct are failing to assess and evaluate a patient's status, violating the confidentiality of information related to a patient, improperly delegating duties, failing to supervise, failing to conform to universal precautions, failing to wear a name badge and providing inaccurate or misleading information regarding employment history to an employer. Review Chapter 7 of the ASBN *Rules* for the full definition of unprofessional conduct.

Unfortunately, fraud and deceit occur way too often. On the initial application for licensure and on the renewal application, there are questions that ask for self-disclosure of convictions, drug use/treatment, past



discipline, completion of continuing education, etc. Failure to be honest when answering these questions in the process of obtaining or renewing a nursing license is considered fraud and deceit. The excuses we hear most often for not disclosing requested information is, "I forgot," "I didn't think you meant..." or "I didn't understand the question." These excuses, nor any other excuse, will prevent disciplinary action from being taken against the nurse or applicant. Usually the disciplinary action is not severe, such as a Letter of Reprimand. However, there have been several incidents where an individual was denied licensure and other incidents where a license was revoked (which is forever in Arkansas).

If you have not read the *Nurse Practice Act*, the ASBN *Rules* and the ASBN Position Statements recently, stop what you are doing and read them now. They can be found on the ASBN website, www.arsbn.org, under the Laws and Rules tab. It is your responsibility to be informed on the *Arkansas Nurse Practice Act*, the ASBN *Rules* and position statements. You should always protect the license you worked so hard to obtain and you don't want to find your name among the disciplined nurses listed in the back of this magazine.



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2018 Is Around the Corner

Happy Holidays! I hope everyone has a blessed holiday season and is able to spend time with family and friends! The New Year is just around the corner, and with 2018 comes some new changes for nursing in Arkansas.

Of course, you have been hearing about the new enhanced Nurse Licensure Compact (eNLC) that will be implemented on January 19, 2018. With this change, nurses holding an Arkansas multistate license prior to the effective date of July 20, 2017, will be grandfathered in and will now be able to practice in additional states that have joined the enhanced compact: Wyoming, Oklahoma, West Virginia, Wisconsin, Georgia and Florida. Nurses who were issued a multistate license after July 20, 2017 will be required to meet the eNLC multistate license requirements. Nurses residing in eNLC states who are not eligible to be grandfathered in may not have a multistate license on January 19, 2018. Those not qualifying for grandfather status may have to complete an eligibility process and the nurse should contact the state's Board of Nursing to initiate this process. It will be vital for employers to check licensure status for nurses who hold licensure from another state to ensure they still hold an active multistate license. This can be done at www.nursys.com.

Also, don't forget that at that same time, you will no longer be able to practice in Colorado, New Mexico and Rhode Island on your Arkansas multistate license. In order to work in one of those three states, you will need to endorse into their state and possess a single state license in that state. Again, this will be up to the nurse to initiate. You can stay up-to-date on the changes in the eNLC by subscribing to receive email updates at <https://www.nursecompact.com/stay-informed.htm>.

Another big change we are working on at the Board is the Alternative to Discipline Program. This alternative program is a voluntary, non-disciplinary monitoring program for nurses with Substance Use Disorder (SUD), an addiction to alcohol or drugs. Act 325 was signed by Gov. Hutchinson in March 2017, and the Arkansas State Board of Nursing is in the process of developing a program that will provide

the opportunity for nurses to self-report and identify their impairments and seek treatment. The goal is to promote public health and safety while ensuring the continued availability of highly-trained, skilled nursing professionals.

To be eligible for this program, nurses must self-report and acknowledge that he or she has a drug or alcohol abuse problem or addiction, complete an evaluation, place their license on inactive status and comply with the terms of the program under the direction of the program coordinator. This allows the nurse to seek treatment while removing them immediately from practice, therefore protecting the public sooner than if a report were filed against a nurse and then an investigation had to take place.

Once enrolled in the program, all records shall be confidential and not subject to public inspection, unless court ordered. However, records will be made available to the board, staff of the board, an employer, the treating health-care provider, nursing education programs and other states' nursing boards. Nurses who enter into the program will undergo treatment and monitoring and upon successful completion of the program, can regain their license and a permanent flag will not be placed on their license.

Substance use disorder within the nursing community, like the general population, is a major concern in our state as well as across the nation. It is vital that transparency is maintained between the program and the board to ensure public protection. The program must promote accountability to the public.

Board staff are currently evaluating other state Board of Nursing's alternative programs that are similar in nature and have contracted with consultants to develop the program in conjunction with board staff in its entirety. A program coordinator will be hired in 2018. Sue Tedford, ASBN Executive Director, Kaci Bohn, Ph.D., Board member and I recently traveled to the North Carolina Board of Nursing to look at their program. It was very beneficial and gave us a great deal of insight into an effective alternative to discipline program.

I will update you as the program develops. Do not hesitate to contact board staff if you have questions. Have a safe and happy New Year!

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2018

January 10 Hearings
 January 11 Business Meeting
 February 14 Hearings
 February 15 Hearings
 April 11 Hearings
 April 12 Hearings
 May 9 ... Board Strategic Planning
 May 10 Business Meeting
 June 6 Hearings
 June 7 Hearings
 July 11 Hearings
 July 12 Hearings
 September 12 Hearings
 September 13 ... Business Meeting
 October 10 Hearings
 October 11 Hearings
 November 14 Hearings
 November 15 Hearings

Special Notice about the Arkansas State Board of Nursing Magazine

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hear-ings as proof of notification of the *ASBN Update's* contents. Please contact LouAnn Walker at the Board office (501.686.2715) if you have questions about any of the articles in this magazine.



Standing, L to R: Stacie Hipp, APRN; Melanie Garner, LPN; Lance Lindow, RN; Pamela Leal, RN, Rep. of the Older Population; Terri Imus, RN; Haley Strunk, LPN; Mike Burdine, RN, Treasurer; Renee Mihalko-Corbitt, APRN; Janice Ivers, RN. Seated, L to R: Karen Holcomb, RN; Yolanda Green, LPN, Vice President; Ramonda Housh, APRN, President; Kaci Bohn, Ph.D., Consumer Representative, Secretary

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Do You Want to Volunteer to Help in a Disaster?

American Red Cross Disaster Health Service

It is evident by the nightly news that natural or man-made disasters can occur, without warning, anywhere in the world. The need to respond quickly and offer care to victims of natural or man-made disasters is a reality in the state of Arkansas. When disasters strike it is common for nurses, nursing students and other healthcare professionals to want to help. Have you ever watched the news and wondered if there were ways you could volunteer? You can!

Did you know that the American Red Cross, founded by Clara Barton in 1811, is chartered by the United States Government with providing disaster relief in the United States and around the world? The mission statement states that “the American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors” (www.redcross.org). With that mission, it is easy to understand that registered nurses, licensed practical nurses, licensed vocational nurses, emergency medical technicians, paramedics, nurse practitioners, doctors of medicine, physician assistants, doctors of osteopathy and certified nurse aids are all welcomed onto Disaster Health Services teams.

According to Red Cross Disaster Health Services Standards and Procedures (2016) “the Disaster Health Services program addresses the unmet disaster-related health needs of impacted individuals, families and communities. Common individual health needs include acute onset of injuries and illnesses, stress-related symptoms and aggravation of chronic health conditions. Decreased availability of the pre-disaster community health delivery system may be another factor that contributes to needs. Disaster Health Services (DHS) workers strive to alleviate immediate health needs and mitigate long-term consequences of unmet disaster-related health needs. These services are provided during all phases of the disaster cycle and can scale to address needs during all types of

events, from single family fires to major disasters. Disaster Health Services responders also support staff wellness by attending to the disaster-related needs of other Red Cross workers” (p. 6).

With the call for nurses to form partnerships and practice to the full extent of their training, the National Nursing Committee of the American Red Cross has adapted recommendations from the 2010 Institute of Medicine’s (IOM) *The Future of Nursing: Leading Change, Advancing Health* that are especially relevant to disaster health services. The recommendations include allowing nurses to practice to full scope of their training and experience, assuring that leadership positions within the organization are available to and filled by nurses, and developing methods to collect and analyze data related to disaster nursing. In most cases, DHS functions as a registered nurse (RN)-led model of care provided in community settings where the primary purpose is supportive/assistive care, not medical care. The goal for all DHS interventions is to maintain the client’s optimal level of health.

What types of events warrant a response? DHS offer assistance with a wide variety of man-made or natural disasters. These can range from a single family house fire to ice storms or tornadoes up to the largest catastrophic disasters, such as Hurricanes Harvey and Irma. All disasters, no matter the size and scope, begin at the local level with local volunteers. Red Cross DHS volunteers also have the opportunity to deploy across the nation to areas where disasters have overwhelmed the local Red Cross workforce. Since registered nurse (RN) supervision of clinical care is required at all levels of operations, the need for volunteer registered nurses is high across the nation.

DHS assists those impacted by disasters by assisting with the replacement of lost or damaged medications and medical equipment; providing health monitoring, maintenance care and first aid in shelters; planning and arranging for follow-up care with community services;

providing support to those having been hospitalization or to families who sustained a fatality due to the disaster.

Nurses may be included in the initial Red Cross response for any disaster, so it is important to understand the physical, psychological and practical implications of disaster response in various community settings. In large-scale responses, it is not unusual for DHS volunteers to sleep on cots in the same shelters or aid stations where they are providing direct client care to disaster victims.

It is important to mention that DHS volunteers are not obligated to respond to all disasters. If large-scale response poses difficulty for volunteers due to work or life obligations, there are many other ways of volunteering expertise with DHS. There are always clients needing assistance with replacement of medication or medical equipment after house fires, so many nurses volunteer smaller amounts of time doing case management type activities remotely from their homes. Nurses and other DHS professionals may be active members of a Disaster Action Team or they may work with other outreach teams in a disaster-impacted area.

Since there is an RN supervising all direct client care, the Red Cross welcomes partnerships with nursing

students. "For more than fifty years, nursing students have been involved with helping the Red Cross deliver critical community services" (www.redcross.org). The American Red Cross provides services to people with a wide range of health needs, during all disaster responses, so shelters and aid stations can be a rich learning environment to practice nursing skills. Students, along with nursing faculty, are encouraged to take the American Red Cross course Disaster Health and Sheltering which introduces nursing students to the wide variety of roles students can fill during a disaster response. To find out more about this course, email RedCrossNurse@redcross.org and ask for details.

Red Cross offers a wealth of disaster services training options for all volunteers, including specific Health Service training. All Red Cross training aligns with the Federal Emergency Management Agency's (FEMA) Concept of Operations guidance. All disaster training is free for volunteers and most courses are available on line or by webinar. To find out more about volunteering, contact your local American Red Cross Chapter or send specific questions to Gail Howatt, RN, Gail.Howatt@redcross.org or Shannon Finley, MSN, RN, sfinley55@gmail.com



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APRN COLLABORATIVE PRACTICE AGREEMENTS AND RENEWALS

COLLABORATIVE PRACTICE AGREEMENTS

A letter from the Arkansas State Board of Nursing is mailed to the advanced practice registered nurse (APRN) after the collaborative practice agreement is received, reviewed and approved. The APRN should not assume the Collaborative Practice Agreement (CPA) was received if notification is not provided.

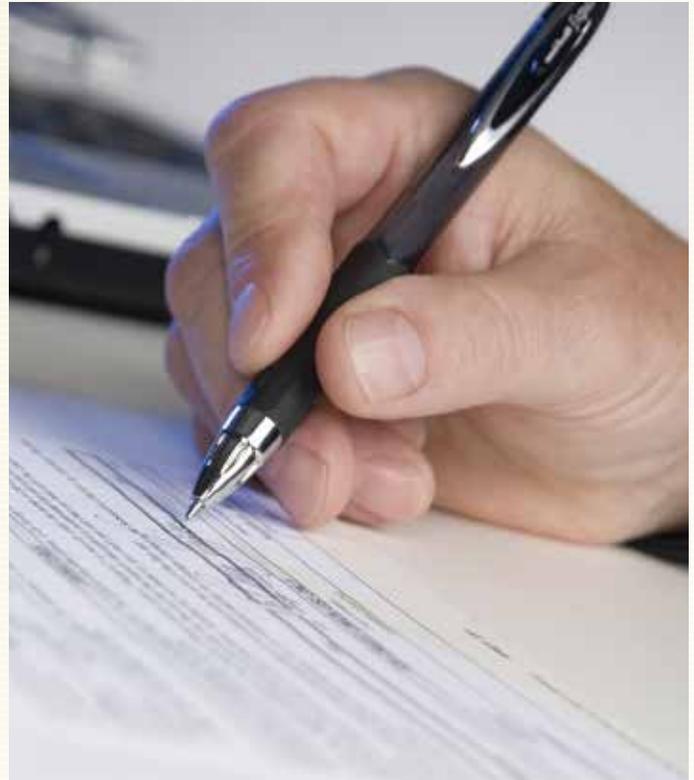
Below are excerpts of a letter mailed after approval:

- The scope of practice for the APRN is associated with the formal educational preparation and corresponding national certification. Scope of practice is not setting specific but is population-based. Therefore, APRNs must practice and prescribe only within their population base in any and all settings. Specialization at the registered nurse level prior to advanced educational preparation and national certification does not expand scope of practice for the APRN.
- You are educationally prepared and nationally certified as an Adult Gerontology Nurse Practitioner in an acute care role. You are agreeing through this Collaborative Practice Agreement (CPA) you have submitted to practice and prescribe within your educational preparation and national certification.
- **A CPA between _____, APRN and _____, MD has been received, reviewed and approved.**

You must send notification of the termination of the prior physician(s) in writing, via email, fax (501.686.2714), or letter to the ASBN if this agreement is replacing prior agreements. The ASBN *Rules* require you to “notify the Board in writing within seven days following termination of any collaborative practice agreement.” (Chapter 4, Section VIII, D.3.d.) **Failure to do so may result in a Letter of Warning or disciplinary action.**

RENEWAL

Renewal of the APRN license also requires renewal of the RN license along with submission of a current copy of



the compact RN license, if applicable. The APRN and RN applications are located on www.arsbn.org. If the APRN holds prescriptive authority, it is necessary to submit a current copy of the national certification and CPA with each renewal.

You may access www.mytablemesa.com to complete a course required by law on maintaining professional boundaries and the prescribing rules, regulation and laws that apply to APRNs in Arkansas. This course counts as two of the required five hours of pharmacotherapeutics necessary for prescriptive authority. You may view rules for APRN renewals by accessing ASBN *Rules*, Chapter 4, Section III, F,(1-7) on our website under the Laws & Rules tab.

The course certificate can be exported to CE Broker, an electronic continuing education tracking system. Access our website to review information regarding CE Broker or review the CE Broker FAQs in this edition of the ASBN *Update*.



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Victims of Addiction and Drug Diversion



Nurses who are impaired or diverting not only harm themselves; they pose a huge threat to patients, coworkers and facilities in which they are working. The most obvious is the diversion of pain medication and denial of analgesia to patients. What about the patient being cared for by an impaired provider? What about the patient in pain who receives saline that has been substituted in the place of a narcotic? What about the patient exposed to a blood borne disease because a diverter diagnosed with HIV, Hepatitis B or Hepatitis C accessed a vial with a dirty needle? What about the medicolegal risks of working with an impaired coworker or diverter? What about the liability the diverter puts the facility in when patients acquire a blood borne disease from a diverter? What about the innocent bystander harmed by the impaired nurse driving home after their shift?

VICTIM — THE NURSE

Between 67 percent and 90 percent of disciplinary actions taken by Boards of Nursing are related to substance use disorder.¹ The American Nurses Association (ANA) estimates that 10 percent of nurses are struggling with some type of addiction. Arkansas has approximately 56,806 actively licensed nurses. That calculates to a potential 5,680 nurses in our healthcare facilities with a substance use disorder (SUD). Although nurses have the same incidence of substance use disorder as the general population, nurses tend to be more dependent on prescription medications

including amphetamines, opiates, and sedatives due to their availability in the healthcare setting.² There are many reasons healthcare professionals divert and misuse drugs including relief from stress, self-medication and improvement of work performance. However, addiction is the most common reason health care professionals divert controlled substances.³ Addiction is a chronic illness and needs intervention and treatment as any other illness. Failure to intervene can have devastating consequences to the nurse, including loss of license to practice, family and even life.

VICTIM — THE PATIENT

The Centers for Disease Control reports patients are harmed by drug diversion through substandard care delivered by an impaired provider, denial of essential pain medication and risks of infection if a provider tampers with injectable drugs. In 2016, over 12,000 U.S. patients were notified of potential exposure to a blood borne disease such as HIV, Hepatitis B or Hepatitis C as a result of drug diversion involving tampering and substitution.⁴ One of the largest exposures occurred at McKay-Dee Hospital and Davis Hospital in Utah when over 7,200 patients were possibly exposed to Hepatitis C by a former nurse who was diverting IV narcotics. So far, 3,731 patients have been tested and 16 cases are linked to the nurse.⁵ The CDC website cdc.gov/injectionsafety/drugdiversion lists numerous outbreaks associated with drug diversion by healthcare providers.

VICTIM — HEALTHCARE FACILITIES

Drug diversion places numerous risks for healthcare facilities, including the loss of revenue from diverted drugs, poor work quality and absenteeism by the diverter, risk of civil liability and negative publicity. At a recent conference I had the opportunity to hear Kimberly New, JD, RN, a healthcare diversion specialist, discuss the issue of drug diversion in healthcare facilities. Ms. New reports that an average 500 bed hospital with 1000 nurses on staff will average 3-4 staff diverting per month. The cost to the facility can be substantial. The largest healthcare provider in California, Dignity Health, agreed to pay \$1.55 million in 2014 to settle claims that it was deficient in handling

hydrocodone and other painkillers at its hospitals and clinics.

If controlled substances are available, diverters are going to divert. Drug diversion occurs in every type of facility from large hospitals to rural medical offices. Nurses have a legal and ethical obligation to immediately report suspected or known drug diversion to their supervisor. Drug diversion, working impaired and failure to report either are violations of the *Arkansas Nurse Practice Act*. If you see something — say something! Your patient and co-worker's lives may depend on it.

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Nurses Need to Understand MACRA, MIPS and APMs

When the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) became law in 2016, it ended the Sustainable Growth Rate (SGR) formula and the need for Congress to pass a “fix” each year to avert cuts in Medicare payments. MACRA also reformed Medicare payments to achieve the triple aim of controlling costs, and improving quality and outcomes.

MACRA created the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). In response, the Centers for Medicare and Medicaid Services (CMS) created the Quality Payment Program (QPP). CMS calls QPP a “fresh start” by “paying for what works” to stabilize, strengthen and improve Medicare.

The QPP shifts Medicare payments to a pay-for-performance, value-based model that incentivizes cost-effective, quality care. It reforms Medicare Part B payments, streamlines reporting, standardizes evidence-based measures and eliminates duplication.

The QPP offers two participation tracks: Advanced Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS). Clinicians who choose not to participate in 2017 will receive a 4 percent reduction in Medicare payments beginning in 2019.

For the 2017 performance period, Medicare Part B clinicians will participate in MIPS if they bill more than \$30,000 a year and care for more than 100 Medicare patients a year. These clinicians include:

- Physicians — doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, optometry and chiropractors
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Clinicians are excluded from MIPS if they:

- Are newly enrolled in Medicare
- Have 100 or fewer Part B patients a year, or bill \$30,000 or less annually in allowed charges
- Participate in an Advanced APM as a qualifying participant, which provides three benefits: exemption from MIPS,

eligibility to receive a 5 percent lump-sum bonus and a higher Physician Fee Schedule update starting in 2026
Clinicians have four performance categories in the MIPS track in 2017:

- **Quality** (replaces PQRS) includes health screenings, tobacco cessation, medication lists and comprises 60 percent of MIPS score.
- **Cost** (replaces value-based modifier) is based on claims; no reporting in 2017.
- **Improvement activities** include care coordination, shared decision making, safety checklists and comprise 15 percent of MIPS score.
- **Advancing care information** (replaces Medicare’s EHR Incentive program) includes e-prescribing, patient access to their health information, sending/accepting a summary of care and comprises 25 percent of MIPS score.

The total MIPS score translates into a neutral, positive or negative payment adjustment. Payment adjustments begin Jan. 1, 2019.

For 2017, eligible clinicians have the option to choose three participation levels. At a minimum, practices need to report some data at any point to avoid negative payment adjustment.

1. **Test** — report at least one Quality or Improvement Activity measure, or the base Advancing Care Information measures; results in neutral payment adjustment
2. **Partial-year** — report at least 90 days of data; receive neutral or positive payment adjustment
3. **Full-year** — report a complete year of data; receive a positive payment adjustment

In 2019, the maximum adjustment is plus or minus 4 percent, increasing annually to plus or minus 9 percent by 2022.

Letters of MIPS eligibility were mailed to clinicians from their Medicare administrative contractors. The letter included important program information including clinician eligibility or exemption. If you have eligibility questions, search by NPI number on the qpp.com.gov website.

MACRA is a complex program. CMS established a network to provide direct, no-cost technical assistance to

practices through Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) for groups of 16 or more clinicians. The QPP-Small, Underserved and Rural Support (SURS) contractors serve practices of 15 or fewer clinicians. The contractors provide MIPS education, workflows, EHR optimization, and program requirements and timelines.

In Arkansas, AFMC serves as a contractor to TMF Health Quality Institute for both QIN-QIO and QPP-SURS assistance. AFMC can provide tailored, one-on-one, free technical assistance to MIPS-eligible clinicians.

For more information about QPP, visit <https://tmfqin.org/qpp> or <https://qpp.cms.gov/>.

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Employer Payments

The option to renew online began in 2001. When ASBN began this journey, three percent of the renewals were processed online, and now online is the form of renewal used by licensees with very few exceptions.

The exceptions to online renewal are:

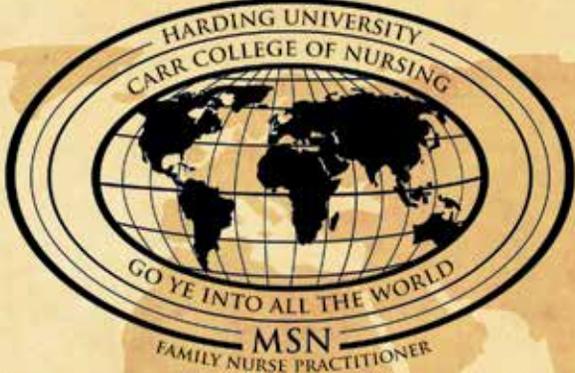
- Renewing a license that has been expired for more than five years.
- Renewing a license and answered “yes” to a discipline question.
- Renewing a license and your primary place of residence is outside the US and you are not in the military.
- Renewing a LPN or RN license and your primary state of residence is a compact state.

Using an online process saves the Board money in postage, printing and processing costs. Most of the Board’s expenses are paid by licensure fees, so this process is the most economical for you. Although ASBN utilizes an online process, we receive requests of employers who want to make

payment by corporate check for licensure fees for their staff. There is not an exception of using the online process when others are making payment for the licensed person. Employers are welcome to pay the licensure fees for their staff, but are still required to use the accepted method of payment.

When paying online, the option of paying by credit or debit card is available. Visa, MasterCard or Discover cards are accepted. If you (or your employer) do not have a Visa, MasterCard or Discover card, or if using your credit card to make a payment online has you uneasy, a Visa, MasterCard or Discover “gift card” may be purchased at many banks and local merchants for a specific amount. These may be used for payment to renew your license. If you decide to use this method, be sure to add enough to the card to cover any fees the credit card company may charge.

Always print and save your confirmation (Order ID) number. This serves as your receipt or proof that you completed the transaction online.



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The Annual Sonia Green Scholarship Award

Publishing Concepts Inc., Al Robertson CEO was proud to present the annual Sonia Green Scholarship Award to Taylor Anhton-PN Semester II student and Tracy Hayes-RN Accelerated student Semester II at the Baptist School of nursing on September 26, 2017.



These students filled the requirements set fourth following in the footsteps of award's name sake, Sonia Green. Both students graduated from Central High School and both are attending classes at Baptist School of Nursing.

This scholarship, along with all others, is funded by proceeds from the annual Nursing Expo sponsors, vendors, and Publishing Concepts Inc.



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Arkansas State Board of Nursing has partnered with **CE BROKER**

The Arkansas State Board of Nursing is excited to announce our new partnership with CE Broker!

Do you have questions about CE Broker? If the answer is yes, please continue reading!

Q. What is CE Broker?

A. CE Broker is an electronic continuing education (CE) tracking system with over 13 years' experience helping over a million professionals simplify tracking and reporting of CE.

Q. Why did Arkansas partner with CE Broker?

A. CE Broker is equipped to help nursing professionals in Arkansas track CE progress. This streamlines the ability for you to track your CE history and maintain your documentation or professional portfolio for personal, academic, employment or license renewal purposes.

Q. Does CE Broker change the renewal process?

A. No. The license renewal process and CE requirements have not changed.

Q. What is the cost of registering with CE Broker?

A. In CE Broker, you will have access to register for a 100 percent free Basic Account. There are other account options available, such as Professional and Concierge Accounts. These are paid accounts, but are priced reasonably to give all licensees access to them.

Q. What are the features of the Basic Account?

A. The key features of the Basic Account include:

- **Free Online CE Tracking** — CE Broker provides free online electronic CE tracking. This simplifies the process of maintaining your CE records and completion certificates. It is all digitally stored, you can view your basic course history, which will include the course name, educational provider name, date of completion and hours reported. You would still need to determine whether the courses that have been reported will complete all of your specific CE requirements for renewal licensure. Additionally, you can self-report any other CE contact hours.

- **Board-Verified Course Search** — CE Broker's Course Search provides you a list of board-verified courses for the nursing profession. When you find CE in the Course Search, it will satisfy the requirements set by the Arkansas Board of Nursing. You will need to be sure that the CE contact hours are practice focused relevant to your specific area of practice.
- **Automatic CE Reporting** — CE Broker allows providers to report CE completions on your behalf. This simplifies the tracking of your CE completion certificates. If the education provider reports automatically to CE Broker, you won't need to self-report your contact hours to CE Broker.
- **Mobile Phone Apps** — CE Broker free iPhone and Android apps that licensees use to see their requirements, check their CE Compliance status, and report continuing education hours. You will quickly and easily be able to review your progress towards the completion of your CE requirements for state license renewal.
- **Support Center Access** — Access to CE Broker's Support Center highly-trained staff, accurately named CE Experts. The Experts are available via phone (1.877.434.6323), email and live chat Monday through Friday 8 a.m. to 8 p.m., to answer all your CE-related questions.

Q. Does CE Broker replace the need for me to report my CE activities when I submit my renewal application?

A. No. CE Broker is a separate vendor and as such does not interface with the ASBN's secure licensure database. You must report your CE activities on the renewal application at the time of submission.

Q. How do I register for my free CE Broker CE account?

A. Go to CE Broker (<https://www.cebroke.com/>) and click "account options." Select "Arkansas" and register. Find additional information at www.arsbn.org. Click on the CE Broker link.



Activate Your Free CE Broker Account

The Arkansas Board of Nursing has provided you with a free Basic Account with CE Broker.

ONLINE REPORTING

Using our website or iPhone and Android apps, you can report your CE anywhere, anytime.

COURSE HISTORY

This is a list of all renewal requirements you have completed and reported during your renewal cycle.

COMPLIANCE UPDATES

This is communication explaining your CE progress, time remaining before your license expiration, and reporting instructions.

Ready to activate your free Basic Account?

1. Go to www.CEBroker.com/account/Basic
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Disciplinary Actions

OCTOBER 2017

The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by

the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Armstrong	Susie Mae Guinn	L035644	Westville, OK	Letter of Reprimand	(a)(6), <i>Rules</i>	September 29, 2017
Brewer	Mistie Dawn White Jackson	R063160, L036307	Jonesboro	Probation - 5 years	(a)(4), (a)(6)	October 11, 2017
Burk	Misty Michelle Anglin	L046206	Hattiesville	Voluntary Surrender		October 5, 2017
Davison	Kimberly Katherine McMurtry	R040896	Springdale	Letter of Reprimand	(a)(1), (a)(6), 17-87-207(c)(2), <i>Rules</i>	October 10, 2017
Duvall	Rhett Robert	R077478	Atkins	Probation Status Removed		September 18, 2017
Feldhusen	Kelli Ann Brown	R098526	San Diego, CA	Voluntary Surrender		October 3, 2017
Foster	Julie Claudette Sjothun	R035049	Wiseman	Revocation	(a)(6), (a)(7)	October 12, 2017
Franklin	Nikitta	TN R198717	Memphis, TN	Cease & Desist	(a)(2)	September 29, 2017
Frisby	Katie Marie Hicks	L033468	El Dorado	Suspension - 3 years	(a)(4), (a)(6)	October 11, 2017
Furbush	Ja'Lisa Shaniece	L057325	Ruston, LA	Probation Status Removed		September 18, 2017
Harden	Robin Leigh Dillard	R065605	Little Rock	Voluntary Surrender		September 29, 2017
Holden	Leslie Lynn	L047158	Rose Bud	Letter of Reprimand	(a)(1), (a)(6), 17-87-207(c)(2), <i>Rules</i>	October 10, 2017
James	Paula Leann	R079490	Briggsville	Probation - 3 years	(a)(4), (a)(6)	October 11, 2017
Ko	Amanda Ellen	R105208	Rogers	Letter of Reprimand	(a)(1), (a)(2), <i>Rules</i>	October 10, 2017
McCool	Lucy Margaret Carney Joyner	L033547	Bentonville	Suspension - 5 years	(a)(2), (a)(4), (a)(6)	October 12, 2017
Mize	Hope Johnnie Clark	L039822	Clarksville	Probation - 3 years	(a)(6)	October 12, 2017
Moore	Amy Rene Richesin Fuller Richesin	R072296	Bryant	Probation - 1 year	(a)(6)	October 11, 2017
Nesdahl	Gregory Ellis	R099588	Conway	Probation Status Removed		September 18, 2017
O'Neal	Crystal Lea Steffens	L050633	Springdale	Suspension - 2 years	Terms of Probation	October 12, 2107
Papa	Crystal Gayle Peebles	L046789	DeWitt	Voluntary Surrender		September 13, 2017
Perkins	Erin Elizabeth Shannon	R077312	Alexander	Probation - 3 years	(a)(4), (a)(6)	October 11, 2017
Reed	Connor James	L056696	Huntsville	Probation - 3 years	(a)(4), (a)(6)	October 11, 2017
Riley	Terrance Lynn	R090919, L051677	Jonesboro	Voluntary Surrender		September 29, 2017
Rognrud	Riley Nichole	L059095	Little Rock	Probation - 1 year	(a)(6)	October 11, 2017

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Russell	Robert Earl	L029111	Chicago, IL	Revocation	Terms of Probation	October 12, 2017
Ryan	Devin Cherise Ryan Parks	L052969	Benton	Probation Status Removed		September 20, 2017
Sailes	Arnece Taylor	L022048	West Memphis	Reinstatement to Probation		September 20, 2017
Schmidt	Kristen Joy	L051388	White Hall	Probation Status Removed		September 18, 2017
Smith	Justin Dale	R077620	Alexander	Revocation	(a)(4), (a)6, (a)7	October 12, 2017
Southerland	Bradley Drew	R066273	Mulberry	Summary Suspension		October 12, 2017
Staggs	Deborah L. Ashley Kelley Wright	R071273	Marion	Voluntary Surrender		October 12, 2017
Stephens	Leslie Ann	R088914	Warren	Letter of Reprimand	(a)(6), <i>Rules</i>	October 12, 2017
Strang	Denver Dillard	L054386	DeQueen	Suspension - 2 years	(a)(6)	October 11, 2017
White	Kayla Michelle	R102363	Fort Smith	Probation Status Removed		September 20, 2017
Wicker	Jordan Amrey	Applicant	Lake City	Licensure Denied	(a)(2), (a)(4), (a)(6), (a)(7)	October 12, 2017
Wigginton	LD	R089463	Tacoma, WA	Probation - 2 years	(a)(6)	October 12, 2017
Worsham	Ashlea Dawne	L059431	Benton	Probation - 1 year	(a)(2)	October 11, 2017

continued on page 24

A.S.K. Data Systems, Inc. of St. Louis, MO. proudly announces a **FREE** Encore Presentation of our Research Study with New 2017 Enhancements to the On-Line Computer Assisted Instruction Course "Spirituality for Nursing and Allied Health Professional Practice" by Dr. Bonnie W. Battey, PhD, RN.

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- Approved New England NEIRB 14-182.

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- Course completion must be completed by December 31, 2018. Participants are Awarded 10 CNEs (AHNA).
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Thank you for your attention.

Dr. Bonnie W. Battey, Author/Principal Investigator
 Dr. Jeanette Plodek, International Investigator
 Mr. Jerry Raskin, Spirituality Team Technical Consultant
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Continued from page 23

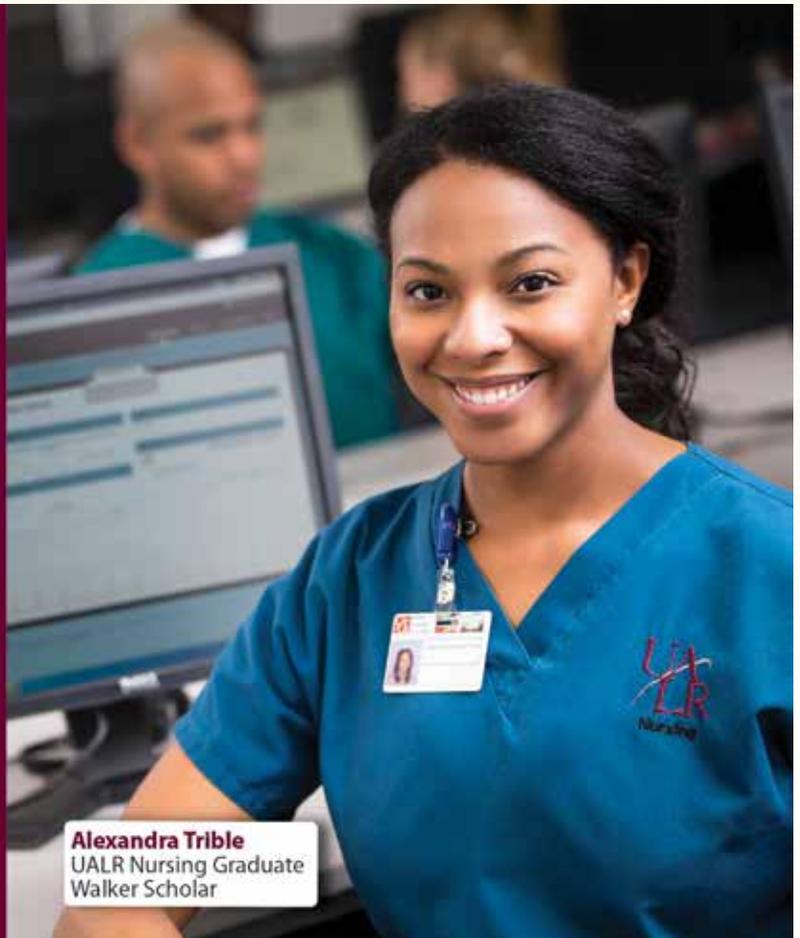
NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Allen	Mary Bettina Burns	R063703, L031141	Springdale	Probation Status Removed	October 18, 2017	
Arbuckle	Claudia Marie Bennett	L024778	Green Forest	Letter of Reprimand	(a)(6), <i>Rules</i>	October 25, 2017
Billiot	Raquel Dawn Cox	L052547	Conway	Voluntary Surrender		October 29, 2017
Blain	Mollie Patricia	L049603	Mountain Home	Voluntary Surrender		November 2, 2017
Brewer	Mistie Dawn White Jackson	R063160, L036307	Jonesboro	Voluntary Surrender		October 30, 2017
Buckley-Awadjihe	Leilani Danielle Buckley	L050360	Alexander	Probation Status Removed		October 26, 2017
Callahan	Kelly Bobo Owen Nichols	R067650	Lamar	Voluntary Surrender		November 8, 2017
Caple	Melissa Janette Dixon	L045977	Malvern	Voluntary Surrender		November 6, 2017
Castillo	Dolly Dela Cruz	R083250	Springdale	Letter of Reprimand	<i>Rules</i> , (a)(6)	November 8, 2017
Clemons	Jaquonte	L057267	Little Rock	Suspended - 2 years	(a)(6)	November 7, 2017
Cole	Aaron Everett	R066281, L032199	Warm Springs	Probation Status Removed		October 19, 2017
Corp	Joni Diane Thompson	R097963, L052589	Lincoln	Suspended - 3 years	Terms of Probation	November 8, 2017
Crane	John Bishop	R090820	Texarkana	Revocation	(a)(4), (a)(6), (a)(7)	November 8, 2017
Culclager	Gwenith Nynell Allen	L030607	Irving, TX	Probation - 1 year	(a)(6)	November 8, 2017
Cullen	S. Michelle Ward Hendrick Ward Wilson	R037316	Alexander	Suspended - 2 years	(a)(4), (a)(6), (a)(9)	November 7, 2017
Dozier	Brenda K Dozier Johnson Briner	R056273	Hot Springs	Suspended - 2 years	(a)(1), (a)(2), (a)(6)	November 7, 2017
Frazier	Alisha Nicole	L049482	Melbourne	Probation - 2 years	(a)(2), (a)(6)	November 7, 2017

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NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Goza	Amanda	R096856	Little Rock	Voluntary Surrender	October 25, 2017
Hartwig	Lori Ann	L050881	Paragould	Probation Status Removed	October 18, 2017
Hathorn	Teresa Ann	L054448	Hamburg	Suspended	Terms of Letter of Reprimand November 7, 2017
Lansdell	Teresa Joy	L046334	Fouke	Probation - 1 year	(a)(6) November 7, 2017
Love	Billy Michael	R082749, L046525	Greenbrier	Letter of Reprimand	Rules, (a)(6) November 8, 2017
McElroy	Cathy N Card	R051540	Greenwood	Voluntary Surrender	October 19, 2017
Milam	Maria Dawn Fields	L023649	Hot Springs	Voluntary Surrender	November 8, 2017
Miller	Felicia Diane	L050574	Swifton	Probation Status Removed	October 26, 2017
Mills	Michelle Marie	L039177	Duncan, OK	Voluntary Surrender	November 6, 2017
Monroe	Jamie Sue Day	R064526	Goshen	Letter of Reprimand	Rules, (a)(1), (a)(6) November 8, 2017
Moore	Kayla Jenette Madden	R096682	Searcy	Probation - 2 years	(a)(4), (a)(6) November 7, 2017
New	Beverly Renee Hudson	L046475	Vilonia	Probation - 1 year	(a)(6) November 7, 2017
Roberts	Jennifer M.	R097262	Austin	Probation Status Removed	October 26, 2017
Robinson	Shirley Jo Collins	L056127	Cushing, OK	Letter of Reprimand	(a)(6), Rules October 23, 2017
Rogers	Earl Edward	R054849	Bella Vista	Probation Status Removed	November 2, 2017

continued on page 26

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Continued from page 25

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Rose	Monet Larish	L054656	Marvell	Suspended	Terms of Letter of Reprimand November 7, 2017
Rush	Andrea Jo Estes	L038132	Calico Rock	Letter of Reprimand	Rules, (a)(6) November 8, 2017
Rylee	Christi Lyn Smith	L040310	Springdale	Suspended - 2 years	Terms of Probation November 7, 2017
Scoggins	Julia Desmond	L053918	Conway	Suspended - 2 years	(a)(6) November 7, 2017
Skinner	Tules Teresa Shyrack	L042268	Paris	Probation - 2 years	(a)(1), (a)(2), (a)(6) November 7, 2017
Smith	Chariti Dawn	R077128	Jonesboro	Voluntary Surrender	October 31, 2017
Smith	Frank Jr.	L040935	Sherwood	Probation Status Removed	October 19, 2017
Smith	Melissa Maree Ward Cutlip	L042654	Sulphur, Louisiana	Reinstatement	October 12, 2017
Stacy	Gregory Wayne	R089393	Bryant	Probation Status Removed	October 18, 2017
Stephenson	Leesa Lynn	L051027	Sherwood	Letter of Reprimand	(a)(6), Rules October 23, 2017
Tracy	Jamie Lynn Ball	R099772	Forrest City	Probation Status Removed	October 18, 2017
Tyndal	Amber Sue	R105502	Ft. Smith	Probation - 1 year	(a)(2), (a)(4) November 7, 2017
Wages	Scarlett Marie Wright Sanders Hayes	R066953	Bentonville	Voluntary Surrender	November 8, 2017
Watson	Cheryl Renee Lancaster	R072306, L034564	Jacksonville	Suspended	Terms of Letter of Reprimand November 7, 2017
Wilkins	Roberta Louise Motes	L055733	Mountain View	Suspended	Terms of Letter of Reprimand November 7, 2017
Wilson	Denise Sheryl Walker	R083320, L043051	Jonesboro	Voluntary Surrender	November 2, 2017

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2018 Nursing Compassion AWARD & Outstanding NURSE Educator AWARD 2018

For the first time ever, on April 7, 2018, Publishing Concepts will be celebrating these events in conjunction with our Nursing Expo at the Jack Stephens Event Center. This will include all nominees with a special ceremony within the Expo Center.

This change in venue will enable Publishing Concepts to showcase our nominees and winners with a **FREE ADMISSION EVENT** that will incorporate family and friends to help celebrate the honor.

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For the sixth year, we are also honoring the outstanding nurse educator of the year. We are searching for an educator that has been a driving force in development and support of nursing careers. Send in your nominee's name, place of work, and a short story of why they should receive the award. Be sure you include your contact information for us to get back in touch with you.

Nominate a candidate from your school or facility today. Deadline is February 28, 2018.

Your nomination should include:

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Address: _____ Phone: _____

Include a short essay on why the nominee deserves the honor. (Please feel free to add extra pages.)

Contact information of person nominating:

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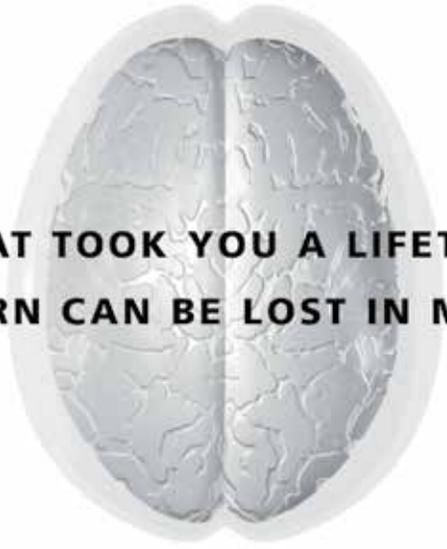
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