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In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank You.
What Happened in the 2019 Legislative Session?

The 2019 General Assembly was a very busy session. There were many bills filed which would impact nursing if passed. I want to take a few minutes to let you know about a few bills which were passed during the 92nd General Assembly and affect the nursing profession. Some, such as the Governor’s transformation act (Act 910) are now in affect and the others became effective July 24, 2019.

The biggest impact to the Board of Nursing will be from Act 910, which creates an umbrella structure for Arkansas state government. This act creates fifteen cabinets under which all boards and commissions will be placed. The Board of Nursing, along with the Medical Board and Board of Pharmacy, will move under the Department of Health. This transformation became effective July 1, 2019, and is proposed to save state government money. Over time we will know exactly how this will impact the Board of Nursing.

Here are a few other new laws which impact the nursing profession.

**Act 308** Allows a podiatrist to collaborate with an APRN

**Act 426** Provides for endorsement and reciprocity

**Act 447** Requires mandatory electronic prescribing for Schedule II-VI

**Act 593** Allows APRNs to prescribe opioids and stimulants (schedule II) with some restrictions

**Act 626** Permits use of the FBI RAP Back for nursing licensure

**Act 837** Allows licensure of individuals with DACA status

**Act 990** Identifies disqualifying criminal offenses for licensure

**Act 1011** Provides for endorsement and reciprocity

**Act 1028** Requires all public meetings to be recorded

The full acts can be accessed from the Arkansas General Assembly website.

In response to these acts, the Board is promulgating rules related to each of these bills. Watch our website for the public comment period related to the proposed rules.

Arkansas was not the only state with a busy legislative session. There were a lot of bills in several states related to the Nurse Licensure Compact (NLC). The good news is Louisiana and Kansas implemented the NLC on July 1, 2019, with Indiana and Alabama to follow in 2020. With Alabama joining the compact, every state in the south is a member of the NLC. As always, the SOUTH ROCKS! You can obtain up-to-date information on the NLC by clicking on the compact tab located on the ASBN website.
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I would like to take some time to feature ASBN Board Members. It’s nice to spotlight them and what they bring to their respective fields. Today’s article is from Lance Lindow, RN, NREMT-B. Mr. Lindow fills the at-large position for a registered nurse or licensed practical nurse. He is a registered nurse and earned his associate degree from National Park Community College. He received the Duke University Hospital “Strength, Hope and Caring” award in 2012. Mr. Lindow’s nursing background includes working in the NICU and being a flight nurse. Currently, he is an emergency room nurse at the University of Arkansas for Medical Sciences. He states, “I became a nurse because I can’t change the world, but I can change my patients’ world 12 hours at a time. Mr. Lindow is married and has two sons. In his spare time, he likes Razorback sports and being with family. He has served on the Board of Nursing since being appointed in 2016.

Never Forget—by Lance Lindow, RN

Today I would like to pay tribute to a special set of nurses, and an entire flight and ground crew.

What is a flight nurse? Well, the short answer is that they’re heroes, just like the rest of the nursing field. Flight nurses work in some of the most stressful situations and are required to think quickly and make definitive decisions. They save lives on a daily basis. The crew leaves the safety of the hospital to bring hope and healing to a patient wherever they may be; roadside, field, or mountain. They are trained to function as a 3rd year medical resident. Flight nurses intubate, insert chest tubes, and place neonatal umbilical lines among other procedures. These procedures are done in less than suboptimal, and sometimes dangerous environments. “It’s about as dangerous as combat,” said Dr. Bryan Bledsoe, a physician who specializes in trauma care and teaches emergency medicine at the University of Nevada.

My biggest role models in nursing are Florence Nightingale and Clara Barton. During the Crimean War, Nightingale gained the nickname “The Lady with the lamp”, as she cared for soldiers. Clara Barton founded the American Red Cross. You will always find the Red Cross at disaster sites caring for patients. Both nurses brought hope and healing out of the hospital to the patient. It is important to realize that they are role models, representatives of a class of people who are unselfish to the extreme, always placing the needs of others ahead of their own. Flight crews risk their lives to bring hope and healing to the patients regardless of where they might be. Florence and Clara would be proud!

The point of this article is that we never forget the nurses, doctors, paramedics and pilots who have given their lives in patient service. If you walk our state capitol grounds, you will find statues that appropriately honor those for their service, such as military, police and firefighters. I don’t know of any statues or memorials honoring the fallen nurse, respiratory therapist, physician, paramedic, EMT and pilots for their sacrifice.

A philosopher once said that a nation is what it honors. It is time for their monument to be placed at our state capitol. I would like to take this moment to honor the Flight Crews by an EMS tradition as known as the “last call” by naming the fallen crew member who died in service to others. Air Evac 30, pilot Kenneth Robertson, flight nurse Kenneth Meyer, Jr., and flight paramedic Gayla Gregory. Pafford Air One crew James “Jim” Spruiell and John “Trey” Auld III and Air Methods pilot Mike Bollen. The Hospital Wing pilot Charles Smith, Pedi-Flite nurse Carrie Barlow, and Pedi-Flite respiratory therapist Denise Adams. And My Crew and Friends at Duke Life Flight, pilot, Jeffrey Burke, flight nurse, Crystal Sollinger, flight nurse Kristopher Harrison, and the patient, Mary Bartlett. God speed.

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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 hearings 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.
President Ramonda Housh presided over the hearings held on May 8 and the business meeting held on May 9. Highlights of Board actions are as follows:

- Approved the pilot practical nursing program at the University of Arkansas at Fort Smith/Western Arkansas Technical Center until the second group of students has graduated (May 2020). At that time, the program will submit the previously required outcome evaluation material for the Board to review.

- Approved curriculum revisions for North Arkansas College practical nursing program effective immediately.

- Granted prerequisite approval to the Arkansas State University-Beebe licensed practical nurse/paramedic to associate of science in registered nursing program.
Did you know that research has shown that patients who are satisfied with their care are less likely to sue? At some point in your career, you will encounter a patient or family member who is not happy with something you have said or is not satisfied with the care you have provided. It happens to everyone. Good customer service skills are a tool that you can use with every patient encounter to keep your patients satisfied.

A few years ago, I served in a position in which I wore many hats. One of those hats included managing patient complaints. I am extremely grateful that the leadership and staff of that facility valued customer satisfaction and placed it as a top priority. We regularly talked about ‘HEART’ as a way to address patient concerns. I believe it is valuable information that every nurse can and should use.

**Hear.** When a patient is sharing their concerns, actually listen to what the patient is saying to you. Look the patient in the eye. Don’t continue to type on the computer or scurry about the room doing your other tasks while the patient is talking. Don’t formulate your excuses and defenses while the patient is talking. Patients deserve to be heard.

**Empathize.** Empathy is defined as understanding and sharing the feelings of another person. When a patient is sharing their concerns, more than likely other issues are going on in their life. That patient may have just found out a couple of days earlier that their job was being eliminated during a time when they are facing a life-changing diagnosis.

**Apologize.** Apologize to the patient and show concern. Put yourself in their shoes. How would you feel if the situation occurred to you? You wouldn’t want to hear why it’s everyone else’s fault, but not your responsibility. You would want to hear a genuine apology. It is ok to say, “I’m sorry this happened to you.”

**Respond and resolve.** Do what you can to fix the situation. Certain circumstances may only require an immediate fix, such as re-ordering a hot meal for a patient who received a meal tray that was cold. Other circumstances may require reviewing current processes and coming up with solutions on how to prevent the situation from occurring again.
THANK. Thank the patient for sharing their concerns with you. If they don’t tell you what is wrong or upsetting them, you won’t have the opportunity to fix the issue.

In conclusion, practice using your HEART skills when addressing patient concerns. You will be amazed at the positive outcomes, and your patients will thank you!

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NATIONAL CERTIFICATION, RENEWALS AND PHARMACOTHERAPEUTICS CONTINUING EDUCATION

NATIONAL CERTIFICATION

The Advanced Practice Registered Nurse (APRN) license is linked to national certification. The APRN may not hold a license in Arkansas without active national certification in the specialty and role in which they are formally educated. It is important to keep your Board file updated with an active certificate. The APRN license will not be renewed until required documents are submitted.

Arkansas State Board of Nursing (ASBN) Rules, Chapter 4, Section III, F. 1-8 refers to APRN license renewal. ASBN Rules, Chapter 4, Section III, F.1-2 specifically states:

1. The date for renewal of licensure to practice as an advanced practice registered nurse shall coincide with renewal of the applicant’s registered nurse license.
2. An applicant for renewal of an advanced practice registered nurse license shall submit to the Board:
   a. A completed Board renewal application form;
   b. Documentation of current national certification in the appropriate APRN specialty through a maintenance program of a Board approved certifying body;
   c. Documentation of current compact state RN licensure if primary state of residence has enacted the Interstate Nurse Licensure Compact; and
   d. Payment of the nonrefundable renewal fee.

There is no additional CE requirement beyond maintaining the national certification provided the APRN does not hold prescriptive authority. The additional requirements for APRNs with prescriptive authority are located under APRN Documents on the Advanced Practice page of the ASBN website.

PHARMACOTHERAPEUTICS CONTINUING EDUCATION

The law requires APRNs with prescriptive authority to complete five (5) contact hours of pharmacotherapeutics continuing education within the APRN’s area of certification each biennium prior to license renewal. Effective January 1, 2017, two (2) of the five (5) hours must contain information related to maintaining professional boundaries and the prescribing rules, regulations and laws that apply to APRNs in the State of Arkansas.

In addition, APRNs who received prescriptive authority after December 31, 2015, must complete an additional one (1) hour CE module. Two courses have been developed which meet these requirements. They are Advanced Practice Nursing in Arkansas (2 hours) and Prescription Abuse and Misuse (1 hour).

These courses are located on the Table Mesa site, which may be accessed from the Advanced Practice page of the ASBN website or www.mytablemesa.com. Follow these directions to access the courses:

- Register with email/Facebook
- Name and create password
- Profession: Advanced Practice Registered Nurse
- State: Arkansas
- Must answer “yes” to having prescriptive authority
- Search for Courses: Arkansas State Board of Nursing
- Add APRN license (must have original licensure date and expiration date found at www.nursys.com)

REMINDER

Beginning July 1, 2019, prior to initial licensure, all APRN candidates must verify an active registered nurse practice for a minimum of two-thousand (2,000) hours. A notarized affidavit must be submitted to the ASBN with the application process. The form is located on the Advanced Practice page under initial licensure.
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A recent issue of the ASBN Update discussed recognition of Substance Abuse Disorder (SUD) (Wooten, 2018). This article reminded us, as nurses, to educate ourselves regarding SUD for the protection and safety of ourselves, coworkers and the public. In the United States, approximately 10 percent of the population is dependent on an addictive substance. The percentage of nurses dependent on an addictive substance is consistent with or exceeds that of the general population. While the general population’s substance of choice is alcohol, nurses and other healthcare professionals tend to use benzodiazepines and opiates, which is thought to be a result of ease of access (Toney-Butler & Siela, 2018). Many nurses with SUD are unidentified, unreported, and untreated (National Council of State Boards of Nursing [NCSBN], 2018).

Now the question arises, what do we do about our coworkers, who may also be our friends, that we suspect may be impaired at work and using mood-altering drugs or substances? Some recommend that a nurse confront the coworker suspected of working impaired. A study conducted by Betthardi-Angres and Bologeorges (2011) looked at the practices of confronting and reporting chemically dependent nurses in the workplace. The findings revealed that 57 percent of the nurses in the study would not want to confront a coworker even if they suspected the coworker was impaired. When asked about reporting, the majority of nurses stated they would report to their supervisor if they suspected a fellow nurse was impaired.

Nurses fear retribution, don’t want to create problems in the workplace, or be labeled as a whistle-blower (Dunn, 2005). However, nurses must protect patients, the public and the nursing profession from potential harm when practice appears to be impaired (American Nurses Association [ANA], 2015). Risks to the nurse who reports does not eliminate the obligation to report (ANA, 2015).

It is important to note that when a nurse doesn’t report an impaired coworker, he or she is in violation of the Arkansas Nurse Practice Act ACA § 17-87-309 (a)(6) “is guilty of unprofessional conduct.” ASBN Rules, Chapter 7, Section IV.6.j. states “the term ‘unprofessional conduct’ includes, but is not limited to, failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the Arkansas Nurse Practice Act or duly promulgated rules or orders.”

Substance use in nursing is predicted to increase as a result of long hours, stress and workforce shortages (Toney-Butler & Siela, 2018). So what do you do? Become familiar with the signs and symptoms of impairment, know your facility’s policy on reporting an impaired coworker, and keep in mind that we, as nurses, have a moral and ethical responsibility to report nurses who are practicing impaired.

REFERENCES:
The information employers need to protect their patients.

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- Five registered nurses — one diploma school graduate, two associate degree graduates, two baccalaureate or post-baccalaureate degree graduates
- Two advanced practice registered nurses (APRN) with one being an APRN holding a certificate granting prescriptive authority
- Three licensed practical nurses or licensed psychiatric technician nurses
- One member shall be an at-large licensed registered nurse or licensed practical nurse
- One lay person representing consumers of health care services
- One member shall be sixty years of age or older and shall be the representative of the elderly
- At least one member who is a licensed registered nurse or APRN also shall be a nursing program educator.

Qualifications for the nurse Board members are that you hold an Arkansas license and are actively practicing in your license category, have been a nurse for five years and have actively practiced for the last three years, the last two of which must be in Arkansas.

Service on the Board requires a time commitment of two days a month for about nine months out of the year. Board members can serve a total of two four-year terms.

Board member positions whose term expires on Oct. 1, 2019, are:

- advanced practice registered nurse
- registered nurse (associate degree)
- consumer representative
- representative of the older population

If you are interested in serving on the Board, you can apply through the governor’s website, [www.governor.arkansas.gov](http://www.governor.arkansas.gov). On the top of the home page, choose Services and then choose Application for Appointment and fill out an online application. It is helpful to have letters of support from your legislators and your professional colleagues. If considered, a thorough background investigation is conducted. If selected, you will receive an appointment letter from the governor.
I have always admired an artist’s ability to create masterful renditions of works of art; amateur and professional artists learn through imitation of th...
The language nurses use to discuss breastfeeding can be a powerful tool to either encourage or discourage mothers to breastfeed. Your choice of words helps provide informed consent about infant nutrition, and can enhance or diminish maternal and child health. When discussing infant nutrition, breastfeeding should be presented as the physiological norm, with human milk available to all babies. To achieve these goals, we need to change the language we use when talking about breastfeeding. Here are examples:

**IT’S NOT TWO EQUAL CHOICES.** There’s no need to discuss “advantages and disadvantages” of formula and breastfeeding. We don’t do this with other health issues when one behavior is proven to be far better than the other. Breastfeeding is a straightforward health issue, not one of two equivalent choices. It is recommended by all major health organizations. Your role is to help families follow this recommendation.

**IDEAL VERSUS REAL LIFE.** Avoid using terms such as “best possible,” “perfect,” “ideal, “gold standard,” or “optimal.” Parents don’t think the rest of their life is perfect; normal is fine and what they expect. When we make breastfeeding seem “ideal,” then formula feeding sounds adequate and achievable. Talk about breastfeeding as the normal, natural way for humans to feed their babies. Breastfeeding can fit into a busy, normal everyday life.

**BREASTFEEDING IS THE PHYSIOLOGICAL NORM.** When stating reasons to breastfeed, discussing its health “advantages” or “benefits” reinforces bottle feeding as the accepted norm. Breastfed babies are not “healthier;” instead, artificially-fed babies are ill more often and more seriously. Failing to discuss the risks of artificial feeding deprives families of crucial decision-making information, which denies them informed consent.

**FORMULA RANKS FOURTH.** It is commonly said that formula is “the next best thing to breastfeeding.”
According to the World Health Organization, the hierarchy is: 1) breastfeeding, 2) mother’s own milk given in a bottle or other method, 3) milk of another human mother, 4) artificial milk feeding. It should be made clear that formula is the fourth best choice.

**ARE WE MAKING WOMEN FEEL GUILTY?**
Breastfeeding promotion messages should target families prenatally, not those already using formula. If non-breastfeeding women feel guilty, help them analyze their feelings of anger, grief or betrayal at not getting adequate information and support so they could have breastfed. Help women transform their frustrations into voices for change. Our society is not doing enough to adequately support breastfeeding women.

**WHAT ABOUT CHOICE?** Don’t debate “feeding choice.” This is the language of formula manufacturers and makers of other unhealthy products like junk food and tobacco. While it’s ultimately the parents’ choice, deliberately stepping out of the process implies that either choice is equally good. Women need assurance that they can breastfeed and that they will receive adequate support. Unless there is some true physiological abnormality, almost all women can breastfeed. Help them figure out how to achieve their breastfeeding goals before they have the baby.

**BREASTFEEDING IS A PUBLIC HEALTH ISSUE.** Cite the acute and chronic illness risks, to both mothers and children, of not breastfeeding. Mothers deserve to know the truth about formula’s health risks before they make their decision. Frame breastfeeding as a systems issue, rather than an individual issue; as a health issue, not a lifestyle choice.

Ms. Towbin is chair of the Arkansas Breastfeeding Coalition and has been a lactation consultant since 1995.

**RESOURCES**
Making the Case: Effective Language for Breastfeeding Advocacy, M. Bartick, March 2007; Massbreastfeeding.org/advocacy/making-the-case
Breastfeeding and the Use of Human Milk, Pediatrics, pub online Feb 27, 2012, Amer Acad Pediatrics
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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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE #</th>
<th>CITY</th>
<th>ACTION</th>
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<tr>
<td>Belknap Jeremy Cole</td>
<td>R106327</td>
<td>Little Rock</td>
<td>Probation Status Removed</td>
<td>(a)(7), (a)(8), and (a)(9)</td>
<td>February 25, 2019</td>
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**APRIL 2019**

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# Disciplinary Actions

## MAY 2019

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**Ad Council**

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Made possible in part by a generous grant from The Bogen Foundation.
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FALL SUMMIT MEMBERSHIP ASSEMBLY

Holly Carpenter, Senior Policy Advisor for the American Nurses Association’s (ANA) Nursing Practice & Work Environment and Innovation departments.

The Arkansas Nurses Association continues its focus on the Healthy Nurse Healthy Nation initiative at the 2019 Fall Summit and Membership Assembly. This year’s event is scheduled for Saturday, September 7 at the Centennial Country Club in Conway, AR.

Holly Carpenter, Senior Policy Advisor for the American Nurses Association’s (ANA) Nursing Practice & Work Environment and Innovation departments will serve as keynote speaker.

Holly Carpenter is the Senior Policy Advisor for the American Nurses Association’s (ANA) Nursing Practice & Work Environment and Innovation departments. Her responsibilities include Healthy Nurse, Healthy Nation™ initiatives such as the Grand Challenge, resources and continuing education programs, as well as supporting multiple occupational health and work environment issues. Prior to her work with ANA, she was employed at the Maryland Nurses Association and the State of Maryland’s Department of Health.

About Healthy Nurse Healthy Nation!

As the largest subset of health care workers, nurses are critical to America’s health care system. Nurses protect, promote, and optimize the health of their patients by preventing illness and injury, facilitating healing, and alleviating suffering. Nurses are role models, educators, and advocates. The well-being of nurses is fundamental to the health of our nation.

The Healthy Nurse, Healthy Nation™ Grand Challenge (HNHN GC), is a social movement designed to transform the health of the nation by improving the health of the nation’s 4 million registered nurses.

The HNHN GC will:

- Broadly connect and engage individual nurses and partner organizations to take action within five domains: activity, sleep, nutrition, quality of life, and safety
- Provide a web platform to inspire action, cultivate friendly competition, provide content and resources to nurses, gather data, and connect nurses with each other, with employers, and organizations.

For more information, go to this link http://www.healthynursehealthynation.org/en/about/about-the-hnhn-gc/

For full details, an agenda and to register online, please visit: https://www.ana.org/events/arna-fall-conference/
The deadline to register is Aug. 23, 2019.

Accreditation

Participants can receive a maximum of 3.75 contact hours for participating in this activity. The Midwest Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Questions?

Please contact Sara Fry at (573) 636-4623 x102 or sara@midwestnurses.org with any questions.
We occasionally receive calls from people who want a refund because they completed an online application and later learned additional information that caused them to look at the instructions. If this course of action seems backwards, it is. I realize this seems obvious, but, unfortunately, there are people who decide to forgo reading the instructions related to their professional license.

This often involves skipping over the bright red notices in all caps that state “ALL FEES ARE NON-REFUNDABLE.” This statement is posted numerous times on ASBN’s website, yet we still get requests for refunds.

There are instructions included online for each type of application. If you have read the instructions and still have questions, call ASBN and ask before processing an application.

Make certain you are completing the correct application before submitting payment. Once you submit the payment, the action is final. Again, if you are unsure of something, find out before submitting payment.

Throughout ASBN’s website there are requests to “Please read all information” and “ALL FEES ARE NON-REFUNDABLE.”

It may take a few more minutes to read all the details in the instructions. If you do not mind making an unintended donation to ASBN, you are welcome to skip all the instructions and warnings. However, this is not the recommended approach.

Despite what you may think from this article, ASBN does not have a goal of obtaining money for incorrectly submitted applications. In fact, the opposite is true. This is the reason for the instructions, for the warnings in LARGE RED PRINT, for my “fussy” articles. ASBN is a governmental agency. Therefore, appropriation approved by the legislature and the governor is required before funds can be disbursed. Refunds are considered a disbursement by the agency, and therefore require
available appropriation. The board receives only $1000 per fiscal year in appropriation for refunds and regulates over 50,000 nurses.

For a little more perspective – the cost of an RN endorsement application is $125. If ASBN allowed refunds as a common practice, and only eight people (of the over 50,000 regulated) who should have processed a renewal instead processed an endorsement application, ASBN’s appropriations would be depleted for the entire year. That means there is only funding to reimburse 0.016 percent of the people served. That doesn’t leave a lot of room for allowances. For this reason, refunds are only available in very rare instances, instead of as a routine practice.

Please read before you proceed. Call before you submit your payment if you have questions. The instructions and warnings are there for your benefit.
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THE DAISY AWARD For Extraordinary Nurses

Please join us in congratulating Jefferson Regional’s most recent recipients of the DAISY Award for Extraordinary Nurses!

Desiree Williams, RN January 2019
Emily Whitney, RN February 2019
Ernesto Muniz, RN March 2019
Kim Wheeler, RN April 2019