



ASBN Update

October/
November 2018
Volume 22
Number 4
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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.

EXECUTIVE DIRECTOR Sue A. Tedford, MNSc, APRN
EDITOR LouAnn Walker

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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.

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The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.





HAPPY BIRTHDAY, NCSBN!

Nursing has been regulated in the United States since 1903. The first four states to create a board of nursing and enact nursing regulation were North Carolina, New Jersey, New York and Virginia. Arkansas followed in their footsteps in 1913 with the regulation of registered nurses. The first nurse to obtain licensure in Arkansas was Annie Bremeyer. The first nurses issued a license were “grandfathered in” since an examination for licensure did not exist. The early applications for licensure contained a few essential items, such as name and address, along with a letter from a physician stating the applicant “is a good nurse.” The first examination in Arkansas was created in 1917 by Board members sitting around a table writing the questions. That process is so different from where we are now with a computer adaptive examination called National Council Licensure Examination (NCLEX®).

In August, I had the pleasure of attending the National Council of State Boards of Nursing’s (NCSBN) annual Delegate Assembly in Minneapolis, MN. This year was a special birthday celebration—NCSBN turned 40 years old. NCSBN was created in 1978 to “provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.” Through the past 40 years they have provided vast resources for nurses, boards of nursing, and the public. Most people think of NCLEX®, the licensure examination, when they think of NCSBN. However, they provide an extensive amount of other resources to boards of nursing. Thanks to their commitment, the nursing profession is leaps and bounds ahead of other healthcare professions in areas, such as a national database, extensive research data and the licensure compact.

The annual delegate assembly provides an opportunity for boards of nursing from around the world to network and collaborate on common issues. During the meeting, business items are presented to the membership. Each member



Board of Nursing has two delegates who are responsible for making the decisions related to these business items. This year, five Arkansas board members and three staff attended the meeting. Changes to the NCLEX-RN® Test Plan were discussed. The changes were approved and will go into effect April 1, 2019. Other interesting items presented were reports on medical marijuana, simulation in nursing education, the future of nursing regulation and global regulation. The meeting ended with a celebratory dinner with everyone decked out in red. The cover of this issue has a few pictures from our week in Minneapolis, as well as a picture of Arkansas State Board of Nursing staff. And yes, that is a selfie with two of Minneapolis’ finest officers.

Sue A. Tedford



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PROMOTING A CULTURE OF HEALTH: NURSES SERVING ON BOARDS

For the past three years, I have had the pleasure of serving as the President of the Arkansas State Board of Nursing. It is an honor to be chosen by my peers to lead this governing body in protecting the public and regulating the practice of a profession that I love dearly and has been a part of my life for over 25 years!

Nursing isn't just a job for me, it is a large part of my identity and has been for so long. My grandmother was a certified nursing assistant for so many years—all of the years I knew her. She always wanted one of us girls (there are three of us) to become a nurse. She spoke of it being an amazing career choice and had such respect for the nurses she had the pleasure of working with. I became a nurse in May of 1993, and my grandmother lost her battle to lung cancer the following July. I have always been thankful she was able to see me graduate nursing school.

Years passed, and one of my sisters decided to go to nursing school, then my other sister, followed by my niece, my son and my daughter. Needless to say, holidays are not only interesting at our house, but also very complicated to schedule! This profession means so much to my family—lifelong careers, financial security, service to others, compassion, perseverance, fortitude, giving of oneself, the list goes on.

So when I was appointed to the Board of Nursing in January of 2014 and then elected as President in October of 2015, I did not take it lightly. The past five years have seen so many changes in our profession, and the future looks just as exciting. I am thrilled to have been re-elected to serve another year as President and cannot wait to see how nursing evolves. As I write this article, I await reappointment, and am hopeful that this was not my last term. However, if it is, I am thankful for the time I was able to serve.

I encourage nurses to become active and serve on boards, any board. It doesn't have to be a nursing board. It can be any board that allows the nurse to take a valuable role in leadership in their community. Nurses on Boards



Coalition (NOBC) was formed in response to the Institute of Medicine's recommendation that "...nurses can have a pivotal role as decision-makers on boards and commissions" (<https://campaignforaction.org/issue/promoting-nursing-leadership>). The goal of NOBC is that 10,000 nurses will be serving on boards or other bodies of influence by the year 2020. As of July of this year, 4,603 nurses have reported serving on boards.

Hospitals employ 63 percent of nurses in the nation, yet in 2014, only 5 percent of hospitals had a nurse serving on their board. Nurses have a large voice and an essential role to play in the healthcare arena. Seek out those leadership opportunities. Be active in your community, and as Dr. Debra Jeffs, Ph. D, RN, Director, Academic Nursing Education at Arkansas Children's Hospital, shared with me, "Nurses have the opportunity to influence the culture of health by serving on boards." That's part of what our career is all about—being an influence and promoting a culture of health!



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BOARD DATES

2018

November 14 Hearings
November 15 Hearings

2019

January 9 Hearings
January 10 Business Meeting
February 13 Hearings
February 14 Hearings
March 26-28 NCSBN Mid-year Meeting, San Antonio, TX
April 10 Hearings
April 11 Hearings
May 8 Hearings
May 9 Business Meeting
June 5 Hearings
June 6 Board Strategic Planning
July 10 Hearings
July 11 Hearings
August 21-23 NCSBN Annual Meeting, Chicago, IL
September 11 Hearings
September 12 Business Meeting
October 9 Hearings
October 10 Hearings
November 13 Hearings
November 14 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 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.



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

BOARD BUSINESS

President Ramonda Housh presided over the hearings held on September 12 and the business meeting held on September 13. Highlights of Board actions are as follows:

- Approved the addition of the APRN Scope of Practice Decision Making Model to Position Statement 98-6, Decision Making Model
- Granted Continued Full Approval to:
 - University of Arkansas Community College-Morrilton Practical Nurse Program until the year 2023
 - University of Arkansas Community College-Batesville Practical Nurse Program until the year 2023
 - East Arkansas Community College Associate Degree in Nursing Program until the year 2023
 - University of Arkansas Monticello Baccalaureate Degree in Nursing Program until the year 2023
 - Eleanor Mann School of Nursing Baccalaureate Degree in Nursing Program at the University of Arkansas Fayetteville until the year 2023
- Granted Initial Approval for the Arkansas State University Newport Associate of Applied Science in Registered Nursing Program
- Granted Pre-requisite Approval for the Northwest Arkansas Community College Washington County Satellite Associate of Applied Science in Registered



Board Officers for 2018-2019 (L to R): Janice Ivers, MSN, RN, CNE, Treasurer; Lance Lindow, RN, Vice President; Ramonda Brooks Housh, MNSc, APRN, CNP, C-PNP, President; Kaci Bohn, Ph.D., Secretary

Nursing Program

- Approved curriculum revisions for the Arkansas Northeastern College practical nurse program effective immediately
- Approved curriculum revisions for the South Arkansas Community College practical nurse program to be implemented May 2019
- Elected Board officers for 2018-2019:
 - President – Ramonda Housh, MNSc, APRN, CNP, C-PNP
 - Vice President – Lance Lindow, RN
 - Secretary – Kaci Bohn, Ph.D., Consumer Rep.
 - Treasurer – Janice Ivers, MSN, RN, CNE



How Do I Obtain an Arkansas **MULTISTATE LICENSE?**

The Arkansas State Board of Nursing receives numerous calls from nurses who are requesting to have a multistate license in Arkansas. However, not all nurses meet the requirements to receive Arkansas multistate licensure.

The Nurse Licensure Compact (NLC) allows registered nurses (RNs) and licensed practical or vocational nurses (LPN/LVNs) to have one license to practice physically, electronically or telephonically in both their home state (Primary State of Residence) and other states that have joined the NLC. In order to have the privilege to practice in other compact states the nurse must have a multistate license status in their primary state of residence. Home state or primary state of residence means that it is a nurse's home for legal purposes as shown on their driver's license, voter registration or federal income tax forms.

The nurse may only hold one multistate license issued by the home state. A multistate license may only be issued by the Board of Nursing in the nurse's primary state of residence. For example, if Arkansas is declared as a nurse's primary state of residence and the nurse meets all of the requirements for licensure, an Arkansas multistate license may be issued. However, if a nurse works in Arkansas and resides in Texas (a compact state), thus declaring Texas as the primary state of residence, Arkansas would not issue a multistate license. The nurse would need to contact the Texas State Board of Nursing to apply for a multistate license. The nurse with a multistate license may work on a privilege to practice in the other compact states unless other restrictions apply.

An applicant for licensure in Arkansas, and the other compact states, must meet all of the following uniform licensure requirements in order to obtain a multistate license:

1. Has met the requirements for licensure in the home state (primary state of residence);
2. a. Has graduated from a board of nursing-approved education program; or
b. Has graduated from a foreign education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination



(applies to graduates of a foreign education program not taught in English or if English is not the individual's native language);

4. Has passed the NCLEX-RN® or NCLEX-PN® Examination or predecessor examination;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

If a nurse's primary state of residence is Arkansas and he or she does not meet one or more of the NLC uniform licensure requirements for issuance of a multistate license, a single state license (Valid in Arkansas only) may be issued. Determination of issuance of a single state license depends on which uniform licensure requirement(s) is not met. Additional information regarding the Compact is located on our website by choosing the Compact tab at www.arsbn.org.

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Fri	Cozumel, Mexico	8:00 AM	4:00 PM
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

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This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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For more information about the cruise and the curriculum please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.



Prescription Drug Monitoring Program, Antimicrobial Stewardship, Renewals and APRN Scope of Practice Decision Making Model

The Prescription Drug Monitoring Program (PDMP) has identified prescribers who are not signed up for or are not utilizing the PDMP as required by law (Act 820). After reviewing the files, there have been multiple reasons that have been identified. There have been a few mistakes, such as being misidentified in the PDMP system. Other issues include things, such as:

- APRNs signed up as delegates under the collaborating physician.
- practices with the physician or a delegate of the physician running the reports for all prescribers, and/or
- APRN failure to register as required.

During registration for this program, the APRN must differentiate the role and health care specialty. The APRN is able to select “nurse practitioner” as the role and the health care specialty includes choices, such as family practice. Look for choices, if applicable, which would prevent the need for mandatory checking of the PDMP and prevent being flagged in the system (see below).

Arkansas State Board of Nursing (ASBN) Rules, Chapter 4, Section VIII, K., 1-4 states:

K. PRESCRIPTION DRUG MONITORING PROGRAM

1. APRNs may delegate access to the Prescription Drug Monitoring Program (PDMP) for running requested reports to no more than two licensed nurses under his or her supervision or employment at each practice location.
2. APRNs with prescriptive authority shall review PDMP report from the Prescription Drug Monitoring Program prior to prescribing:
 - a. An opioid from Schedule II or Schedule III every time prescribing the medication to a patient; and

- b. A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient.
3. Review of the PDMP report shall be documented in the patient’s medical record.
4. Mandatory checking of the PDMP does not apply when prescribing a controlled substance to a patient;
 - a. Immediately before or during surgery; or
 - b. During recovery from surgery while in a health-care facility; or
 - c. In a healthcare facility; or
 - d. When necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground ambulance or air ambulance, or in the intensive care unit of a licensed hospital; or
 - e. In palliative care or hospice; or
 - f. In a licensed nursing home facility; or
 - g. In situations in which the PDMP is not accessible due to technological or electrical failure.

ASBN Rules are stricter than the law in that an APRN must check the PDMP when prescribing a benzodiazepine for the first time and every six months thereafter.

BE AWARE THAT ALL APRNS WHO HOLD PRESCRIPTIVE AUTHORITY MUST BE REGISTERED WITH THE PDMP.

ANTIMICROBIAL STEWARDSHIP

Antimicrobial Stewardship promotes the appropriate use of antimicrobials which will help reduce microbial resistance and improve patient outcomes. The Arkansas Department of Health and UAMS Learn on Demand have several online courses regarding antimicrobial stewardship. Try to enroll in one of these courses to help tackle this huge problem.

RENEWALS

Letters detailing renewal requirements are mailed from the advanced practice department to every APRN approximately two months prior to license expiration. You should also receive a card from the licensure department regarding the RN renewal. Occasionally, nurses indicate they do not receive these notices. It is imperative that you keep your address with ASBN up-to-date. These notices are mailed to the last known address on file.

Arkansas licenses are renewable every two (2) years. They expire on the last day of the licensee's birth month and even or odd year depending on the birth year. (If the nurse was born on an even year, the license is due to be renewed on the even year.)

Requirements for APRN license renewal are listed in *ASBN Rules*, Chapter 4, Section III, F. Please see this section for more detail. The following documents are required for approval:

- Completed renewal application form,
- An active, unencumbered RN license to practice in Arkansas (Arkansas or multistate compact), and

- A copy of current national certification in the appropriate APRN specialty (Covers the CE requirement for RN and APRN license).

For those with prescriptive authority, in addition to the above renewal requirements, the following is required:

- A copy of the collaborative practice agreement and quality assurance plan,
- Completion of five (5) hours of pharmacotherapeutics prior to license renewal, and
- Completion of the mandatory continuing education course related to maintaining professional boundaries, prescribing rules, regulations and laws that apply to APRNs in Arkansas.

APRN SCOPE OF PRACTICE DECISION MAKING MODEL

An APRN Scope of Practice Decision Making Model was approved by the Board on September 13, 2018. It is located under the Laws and Rules tab and the Advanced Practice tab on the ASBN website. There will be additional information in the next *ASBN Update*.

The Annual Sonia Green Scholarship Award

Publishing Concepts Inc., David Brown President and Susan Brown, Special Project Manager were proud to present the annual Sonia Green Scholarship Award to Asha Taylor, RN Accelerated and Bernadette Black, Practical Nursing students at the Baptist School of Nursing on August 16, 2018.

These students filled the requirements set forth 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 provided by Publishing Concepts Inc. is funded by proceeds from the annual Nursing Expo sponsors, vendors, and Publishing Concepts Inc.

Circle April 13, 2019 on your calendar to show your support for nursing by attending, sponsoring or having a booth at the 14th Annual Nursing Expo.



Bernadette Black, Practical Nursing (left) and Asha Taylor, RN Accelerated (below)





USE OF METHADONE OR BUPRENORPHINE BY LICENSED NURSES IN ARKANSAS

Unfortunately, our country is facing an opioid crisis. Per a message published September 20, 2018, from Alex M. Azar II, Secretary of the U.S. Department of Health and Human Services, the opioid misuse and overdose crisis touches everyone in the United States. In 2016, we lost more than 115 Americans to opioid overdose deaths each day, devastating families and communities across the country. Preliminary numbers in 2017 show that this number continues to increase with more than 131 opioid overdose deaths each day. The effects of the opioid crisis are cumulative and costly for our society—an estimated \$504 billion a year in 2015—placing burdens on families, workplaces, the health care system, states and communities.

Per Jerome M. Adams, M.D., M.P.H., Surgeon General of the United States, the first step in understanding the opioid use disorder is that it is a chronic but treatable brain disease and not a moral failing or character flaw. Like many other chronic medical conditions, opioid use disorder is both treatable, and in many cases, preventable. It is also a disease that must be addressed with compassion. Unfortunately, stigma has prevented many sufferers and their families from speaking about their struggles and from seeking help. The way we, as a society, view and address opioid use disorder must change—individual lives and the health of our nation depends on it.

Misuse of drugs is defined as use in any way not directed by a provider, including use without a prescription of one's medications; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a provider. Per SAMHSA (The Substance Abuse and Mental Health Services Administration), misuse of over-the-counter drugs is not included in the definition of misuse.

Per a SAMHSA 2015 report, the following numbers of people aged 12 or older used other substances at least once in the past year (regardless of whether they misused prescription drugs in the past year):

- 61.8 million smoked cigarettes,



- 175.8 million people drank alcohol,
- 36.0 million people used marijuana,
- 4.8 million people used cocaine,
- 828,000 people used heroin,
- 1.5 million people used lysergic acid diethylamide (LSD),
- 2.6 million people used Ecstasy,
- 1.8 million people used inhalants, and
- 1.7 million people used methamphetamine.

Bottom line: NO ONE IS IMMUNE FROM ADDICTION.

Nurses may be in particularly vulnerable situations. As our Board President, Ramonda Housch, advises students at hearings, “No one woke up today and decided to become an addict.” Nurses are vulnerable for a few reasons. First, once a nurse is injured and treated for that injury, the nurse may feel not only pain relief but also emotional relief or stress relief from the opioid. Once the injury is healed and the nurse is no longer prescribed medication, nurses work with prescribers. The nurse may ask for ‘something to help with a backache.’ Face it—nursing is physically demanding work. There is also a risk that the nurse may divert a medication from a patient. The patient may have refused it, so rather than waste the drug, the nurse keeps it for personal use. The nurse is in trouble and may not even recognize the beginning of the disease of addiction. We are human.

We make excuses for what we do not want to realize.

If you, as a coworker, note a change in behavior, personality, or work professionalism, it is your duty to report the nurse to your supervisor or your upline. This nurse needs help. This nurse needs to seek treatment. The nurse should be reported to the Board of Nursing to protect patients from harm. Would you want this nurse caring for your critically ill family member?

Nurses aware that they are under investigation and using any controlled substance or abuse potential substance should be working with their prescribing practitioner to wean off the addictive medications. Alternative treatment plans should be investigated, such as meditation, acupuncture, yoga, or physical therapy; and these are just some of the alternative treatments that have been successful for both pain and stress management.

ALL NURSES, EMPLOYERS, MEDICAL REVIEW OFFICERS, and TREATMENT PROVIDERS should be aware that a nurse cannot practice nursing while taking methadone or Suboxone (Buprenorphine) in any form. If a drug screen at the nurse's place of employment is positive for these substances, the nurse should be reported to the Board and the nurse should immediately surrender licensure or face

disciplinary action. This policy has been in place at the Board for over ten (10) years. Note that these medications may not be taken for addiction or pain management.

POLICY: When determined that a licensee is being treated with methadone or buprenorphine (Suboxone), the Board, after a hearing, will suspend the license(s) until the licensee eliminates methadone or buprenorphine from the treatment plan. Upon proof of successful elimination of methadone or buprenorphine from the treatment plan, board staff may initiate a Consent Agreement for probation of licensure based on the treating provider's written recommendation to the Board.

If a nurse needs more time to deal with addiction issues, the nurse has the option of voluntarily surrendering their licensure. A nurse should understand that voluntary surrender of licensure is disciplinary action. Also, a voluntary surrender is public information, made a part of Respondent's record, reported in the *ASBN Update*, reported to the National Council of State Boards of Nursing Disciplinary Data Bank and reported to the National Practitioner Data Bank. A nurse who voluntarily surrenders licensure is eligible for reinstatement through probation.

continued on page 16



For the
Career-advancers

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continued from page 15

It is best for the nurse or others close to the nurse to recognize the nurse's addiction and obtain help before it destroys the nurse's family life, professional life, and ultimately, the nurse. Please, as a nurse, save the nurse. If you have questions, contact Mary Trentham, Attorney Specialist, at mtrentham@arsbn.org.

SUGGESTED RESOURCES FROM SAMHSA

- **What Is Substance Abuse Treatment? A Booklet for Families** — Created for family members of people with alcohol abuse or drug abuse problems. Answers questions about substance abuse, its symptoms, different types of treatment, and recovery. Addresses concerns of children of parents with substance use/abuse problems.
- **Alcohol and Drug Addiction Happens in the Best of Families** — Describes how alcohol and drug addiction affect the whole family. Explains how substance abuse treatment works, how family interventions can be a first step to recovery, and how to help children in families affected by alcohol abuse and drug abuse.
- **It's Not Your Fault (NACoA)** — Assures teens with parents who abuse alcohol or drugs that, "It's not your fault!" and that they are not alone. Encourages teens to seek emotional support from other adults, school counselors, and youth support groups such as Alateen, and provides a resource list.
- **It Feels So Bad: It Doesn't Have To** — Provides information about alcohol and drug addiction to children whose parents or friends' parents might have substance abuse problems. Advises kids to take care of themselves by communicating about the problem and joining support groups such as Alateen.
- **After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department** — Aids family members in coping with the aftermath of a relative's suicide attempt. Describes the emergency department treatment process, lists questions to ask about follow-up treatment, and describes how to reduce risk and ensure safety at home.
- **Family Therapy Can Help: For People in Recovery From Mental Illness or Addiction** — Explores the role of family therapy in recovery from mental illness or substance abuse. Explains how family therapy sessions are run and who conducts them, describes a typical session, and provides information on its

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1. https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_0919_2018.pdf, accessed September 20, 2018.
2. Ibid
3. SAMHSA. (2016). Prescription Drug Use and Misuse in the United States: Results from the 2015 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm>. Accessed September 19, 2018
4. Ibid

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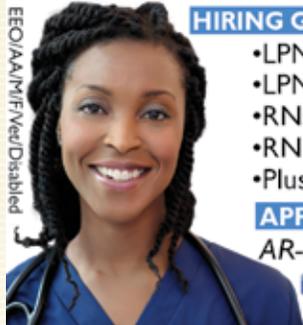
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Arkansas' Breastfeeding-Friendly Movement

Arkansas' breastfeeding landscape is changing! Four Arkansas hospitals have achieved Baby-Friendly USA, Inc. designations — the “gold standard” in maternity care — Northwest Medical Centers at Bentonville and Willow Creek Women's Hospital, North Arkansas Regional Medical Center in Harrison and UAMS in Little Rock.

Hospitals achieve this designation by implementing the 10 Steps to Successful Breastfeeding and the International Code of Marketing Breastmilk Substitutes. Baby-Friendly USA, Inc. is the accrediting body and national authority for the global Baby-Friendly Hospital Initiative, sponsored by the World Health Organization and UNICEF. Support to achieve this designation is available from Baby-Friendly Arkansas, the breastfeeding platform for the Healthy Active Arkansas initiative. Breastmilk is important for infant nutrition. The benefits of breastfeeding and breastmilk, and the possible risks associated with not breastfeeding, are well documented. All health care providers are encouraged to discuss the significance of breastfeeding and support breastfeeding women. After hospital discharge, the child's physician's office can continue formal support to encourage continued breastfeeding.

Providers should identify community lactation support resources. Several Arkansas hospitals and health units have International Board Certified Lactation Consultants and Certified Lactation Counselors to



assist with breastfeeding problems.

Implement these evidence-based recommendations:

1. Establish a written breastfeeding-friendly office policy and lactation room.
2. Train all staff in breastfeeding support skills and about community resources.
3. Understand the rare contraindications to breastfeeding.
4. Discuss breastfeeding at the initial prenatal visit and regularly throughout the first year. Encourage family decision-makers to attend.
5. Encourage mothers to feed newborns only human milk. Unless medically indicated, avoid water, formula, supplements or other liquids.
6. Work with local birthing hospitals to implement breastfeeding-friendly care and pursue Baby-Friendly USA designation. During rounds, support breastfeeding, encourage mothers to attend breastfeeding classes and schedule lactation consultants for mothers with recurrent problems.
7. Schedule newborn visit by the third to fifth day of life. Reinforce the importance of exclusive breastfeeding for six months, and through the first year or longer if mutually desired. Provide guidance about weight-gain expectations.
8. Educate mothers about the Special Supplemental Nutrition Program for Women Infants and Children (WIC).
9. Provide guidance about returning to work, and the expression and storage of breast milk.
10. Have front-office staff advise the family that the physician/lactation support staff may need to observe a feeding to monitor initiation and duration rates, or if the mother identifies a problem or weight gain is inadequate.
11. Provide culturally sensitive and literacy-appropriate educational

resources on breastfeeding benefits, duration, peer support groups and community resources. Avoid infant formula manufacturer's literature. AFMC has free, bilingual, consumer breastfeeding materials to order or download at https://afmc.org/product-category/practices/breastfeeding_outpatientphysicianoffice/. UAMS offers breastfeeding education at <https://patientslearn.org/>

12. Encourage breastfeeding in waiting and exam rooms with posters and pamphlets.
13. Do not distribute free formula or other infant items from formula manufacturers.
14. Train staff to follow phone triage protocols for breastfeeding problems. Baptist Health Expressly for You provides telehealth breastfeeding consults (501-202-7378). Breastfeeding promotion timeline and nurse triage checklist may be found at the AFMC link above. Regularly update preferred referral procedures and the community resources list, including Breastfeeding 24/7 Helpline (anyone may call 800-445-6175 or 844-344-0408) staffed with lactation consultants and sponsored by the Arkansas Department of Health and Baptist Health.
15. Ensure the effectiveness of breastfeeding latch and refer for frenotomy, if needed.
16. Collaborate with the obstetric community to develop breastfeeding support programs, because the decision to breastfeed often starts before pregnancy.
17. Provide support and education to childcare centers on the importance of breastfeeding and the handling, storage and feeding of expressed milk.



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comes to the agency and distribute to the appropriate department. We do this, all while answering the many phone calls we get during the day, trying our best to help anyone who comes our way. When you press 0, you get either Andrea McCuinen or Chandler Sullivan, and we are always happy to assist. If we transfer your call and the person is unavailable, please leave a voicemail speaking as clearly as possible, and leave information for us to assist you when we call you back—your name, license number, a descriptive message of what you need, and a call back number. Also, staff email addresses are on our website at www.arsbn.org under the About Us tab. We look forward to speaking to you!


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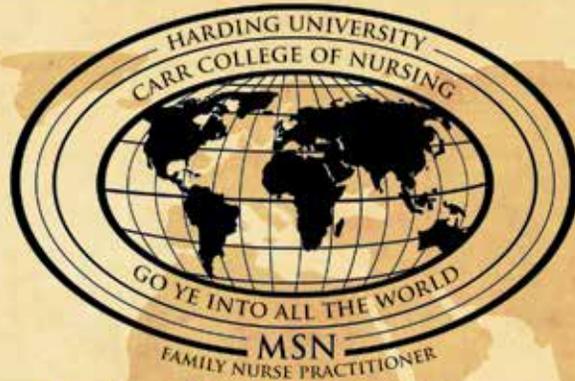
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Disciplinary Actions

SEPTEMBER 2018

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	
Ali-Banks	Ashley Aeyasha Ali	R093141, L050566	Malvern	Probation - 1 year	(a)(6)(u)	September 12, 2018
Allen	Angela Daniele Shealy	L052318	Mena	Suspension - 6 months Probation - 3 years	(a)(1)(f), (a)(6)(e), (a)(9)(e)	September 12, 2018
Allred	Miriam Heather Whitlow Hickman	L044496	Jonesboro	Probation - 3 years	(a)(2), (a)(4), (a)(9)(e), 17-87-312(e)(28)	September 12, 2018
Almond	Derek	L055192	Yellville	Reinstatement		August 27, 2018
Amerson	Vaquinna Zyette	L049339	Blytheville	Letter of Reprimand	(a)(6)(h)(u)	August 23, 2018
Andrews	Abby Kay Dillard	L052326	Conway	Probation - 3 years	(a)(4), (a)(6)(e)(m), (a)(9)(e)	September 12, 2018
Arnold	Kimmer T	R039904, L023403	Pine Bluff	Probation - 1 year	(a)(2), (a)(6)(h)	September 12, 2018
Avants	Nikki Sue	R096646	Batesville	Probation - 3 years	(a)(4), (a)(6)(d)	September 12, 2018
Bane	Kendra Marlene	L051534	Conway	Probation - 3 years	(a)(4), (a)(6)(p), (a)(9)(e)	September 12, 2018
Blair	Kimberly Ann Tonyman Carter	R026284	Jonesboro	Probation - 2 years	(a)(4), (a)(6)(p)	September 12, 2018
Blanchard	Chellsey Ryanna	R102512	Heber Springs	Probation - 1 year	(a)(6)(d)(u)	September 12, 2018
Burkhart	Diane M Wenrick	R097678, L036415	Fayetteville	Letter of Reprimand	(a)(6)(b)(c)	July 13, 2018
Cannon	Ashley Nicole	L054420	Foreman	Voluntary Surrender	(a)(2)	August 14, 2018
Chaloupka	Sharon Denise Alford	L025080	Beebe	Voluntary Surrender	(a)(6)	August 22, 2018
Chandler	Jefferson Todd	R084055	Osceola	Letter of Reprimand	(a)(2)	July 18, 2018
Clay	Julia Michelle Kaufman	R073230	Benton	Probation - 3 years	(a)(4), (a)(6)(p), (a)(9)(a)(e)	September 12, 2018
Crum	Tasha Kay	L045980	Booneville	Probation - 1 year	Terms and Conditions	September 12, 2018
Cullum	Sara Ellen	L051776	Pocahontas	Suspension - 1 year	(a)(4), (a)(6)(p)(q)	September 12, 2018
Curtis	Susan Elisabeth	R089645	Fayetteville	Voluntary Surrender	(a)(6)	July 13, 2018
Davis	John Dylan	R072201	Phoenix, AZ	Probation - 1 year	(a)(6)(u)	September 12, 2018
Davis	Michael Spencer	R082998, L040606, T090245	Newark	Letter of Reprimand	(a)(2), (a)(1)(a)	August 9, 2018
Dillinger	Clayton Wayne	L050861	Batesville	Voluntary Surrender	(a)(2), (a)(6)	August 21, 2018
Domer	Stephanie	R098442	Belleville	Probation - 1 year	(a)(6)(p), (a)(9)(e)	September 12, 2018
Doyle	Cynthia Renee	MSRN894841	Olive Branch, MS	Cease & Desist	(a)(6)(c)(d)(p)	August 30, 2018
Featherston	Heather Michelle Klundt	L051643	Hope	Suspension	Terms and Conditions	September 12, 2018

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Gatliff	Michael	L056824	Pearcy	Letter of Reprimand	(a)(6)(e) August 27, 2018
Glover	Hapsy Denann Broussard	A003199, R063824, PAC3318, L033878	Little Rock	Probation – 2 years	Terms and Conditions September 12, 2018
Goodman	Magen Shay	L056364	Jonesboro	Revocation	(a)(2), (a)(4) September 12, 2018
Harden	Robin Leigh Dillard Bratton	R065605	Little Rock	Probation – 3 years	(a)(4), (a)(6)(d) September 12, 2018
Hearn	Brianna Lynn	L045331	Kirby	Probation – 3 years	(a)(2), (a)(4), (a)(6) September 12, 2018
Higginbotham	Kristy Michelle Reed	L037967	Hamburg	Voluntary Surrender	(a)(6)(d), (a)(9)(e) September 5, 2018
Hill	Quintchisa Shnail	R090748, L048693	Little Rock	Letter of Reprimand	(a)(6)(i)(l) July 31, 2018
Hobbs	Chaundell Renae Montague	R074536	Benton	Voluntary Surrender	Terms of Probation August 20, 2018
Hulsey	Ashley Nicole	R091980	Searcy	Voluntary Surrender	(a)(9)(a)(e) September 12, 2018
Hunter	Anthony Michael	R105129	Fayetteville	Letter of Reprimand	(a)(1)(a), (a)(7) August 28, 2018
Jacks	Ambra Colleen Wells	R081214	Conway	Probation – 3 years	(a)(2), (a)(4), (a)(9)(a)(e) September 12, 2018
Jenkins	Taylor Samuel	L056087	Conway	Voluntary Surrender	(a)(9)(e) September 5, 2018
Jones	Rachel Elizabeth	R095210, L052172	Conway	Voluntary Surrender	(a)(2), (a)(6) August 29, 2018
Lyles	Stephanie Dawn Myers	R066698	Fort Smith	Voluntary Surrender	(a)(6) July 17, 2018
Martin	Fiona Patricia O'Brien	R070358	Little Rock	Letter of Reprimand	(a)(2), (a)(6)(u) July 31, 2018
McClaren	Brody James	R102951, L053838	Jonesboro	Voluntary Surrender	(a)(6)(u) September 11, 2018
Mereweather	Keith Alan	R103956	Centerton	Letter of Reprimand	(a)(9)(d) July 31, 2018

continued on page 24



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Continued from page 23

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Montgomery Byron Keith	A003504, R082208, PAC3345	Monticello	Letter of Reprimand	(a)(6)(b)(c)(d)	July 19, 2018
Moore Yakisha Evon	L048303	Hot Springs	Reinstatement		September 6, 2018
Neely Troy	L055390	El Dorado	Letter of Reprimand	(a)(6)(a)(b)(c)	August 9, 2018
O'Dell Mary Jo O'Dell Smith Wineland	R092514, L023687	Jonesboro	Probation – 2 years	Terms and Conditions	September 12, 2018
Oliver Christie Marie Snow Turley Snow	R102958, L046407	Benton	Letter of Reprimand	(a)(6)(f)(c)	August 23, 2018
Patterson Stephanie Dawn Patterson Webster Marshall	L030730	Harrisburg	Probation – 4 years	Terms and Conditions	September 12, 2018
Paylor Angelia Faye Sims	A003671, PAC03516 R069681	Dover	Probation – 2 years	(a)(6)(c)(q)	September 12, 2018
Perry Seth David	L058951	Mountain Pine	Letter of Reprimand	(a)(2)	July 19, 2018
Prince Christina Marie Hudgins	L048995	Searcy	Voluntary Surrender	(a)(4)	August 16, 2018
Ramsey Carla Faye	R087631, L048960	Enola	Voluntary Surrender	(a)(6)(c)(e)(p)	August 8, 2018
Rankin Christy Elizabeth	L045468	Morrilton	Letter of Reprimand	(a)(6)(d)	August 22, 2018
Retford Robert Gregory	L031417	Fordyce	Revocation	(a)(2), (a)(6)(u)	September 12, 2018
Reyes Francis Joseph Yang	R088094	Roundlake Heights, IL	Voluntary Surrender	(a)(1), (a)(7)	July 19, 2018
Reynolds Shellie Elaine	R090028, L049755	El Dorado	Probation – 3 years	(a)(4), (a)(6)(c)(i)(p)	September 12, 2018
Riley Jill Kathleen Smelser	R066054, L038199	Sherwood	Voluntary Surrender	(a)(1), (a)(2), (a)(6)	August 7, 2018
Steinbarger Amanda Toye I Clark	L053460	Russellville	Probation – 2 years	(a)(4), (a)(6)(c)(e)(i)(p)	September 12, 2018

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EOE

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Sutton Jennifer Marie	R081589	Muldrow, OK	Probation – 1 year	(a)(6)(p)	September 12, 2018
Thomas Shuna Laurelle Fountain Thomas Hammonds	A001741, R052309 PAC01681, L031995	Little Rock	Letter of Reprimand	(a)(6)(u), (a)(9)(a)	August 30, 2018
Tolliver Danielle Candace	RN Applicant	Van Buren	Probation – 1 year	(a)(2), (a)(4)	September 12, 2018
Trout Annabelle Marissa Lewis	AZRN185665	Fayetteville	Cease & Desist	(a)(6)(a)(c)(e)	August 29, 2018
Walker Frankie Lane	L038367	Nashville	Letter of Reprimand	(a)(6)(a)(e)(u)	July 31, 2018
Walmsley Tiha Marie	R091806	Benton	Probation – 1 year	(a)(6)(p)	September 12, 2018
Weatherford Sheelah Carolyn	R079206	Greenbrier	Probation – 3 years	(a)(4), (a)(9)(e)	September 12, 2018
Wilcox Sara Elizabeth	R103285, L055123	Mabelvale	Letter of Reprimand	(a)(1)(f), (a)(6)(c)	August 23, 2018
Williams Steven Michael	TXPN301723	Beebe	Letter of Reprimand	(a)(6)(b)(c)	August 23, 2018
Williams Pamela Renee Mott Williams Mills Stewart	L023660	Greenwood	Letter of Reprimand	(a)(6)(e), (a)(9)	July 31, 2018
Wilson Keith Daniel	L057382	Conway	Probation – 2 years	Terms and Conditions	September 12, 2018
Wood Licia Ann Lyle	R053680	Benton	Probation – 2 years	Terms and Conditions	September 12, 2018
Young Emily Kate	R095162	Fouke	Voluntary Surrender	(a)(4), (6)(p)	August 30, 2018



Forensic Issues Impacting our Communities

Increasing violence and litigation are rampant in our society requiring us to have a concrete concept of the prevalent types of violence and abuse in order to respond and prosecute. This forensic training includes a plethora of pictures and case studies on the following topics:

- Abusive Head Trauma, Unexplained Infant Death, SIDS & Infanticide
- Stalking: Lethal Hide and Seek
- Sexual Assault Dynamics and Correlation of Medical Findings
- Human Trafficking: Scope, Types and Actus Reus
- Child Abuse: Identifying and Differentiating Types of Neglect and Abuse
- Intimate Partner Violence: Recognition and Case File Construction
- Vicarious Trauma

Target Audience Includes: Law Enforcement, Nurses, Coroners, Social Workers and Advocates

Speaker: Dr. Pamela Tabor, DNP – Forensics

\$10 Registration Fee:

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DISCLAIMER

- In order to obtain 8.5 nursing contact hours, you must attend the entire program and complete/submit the evaluation form.
- No conflicts of interest were identified for any member of the speaker, planning committee or any author of the program content.
- This seminar is jointly provided by Grandma's House Children's Advocacy Center, The Merlin Foundation and North Arkansas Partnership for Health Education, Inc.
- North Arkansas Partnership for Health Education, Inc. is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation, Midwest MSD Provider Approval # AR1020-5.
- For questions about nursing contact hours, contact Kim Tinsley, MSN, RN, CHSE, CNE, ktinsley@Northark.edu or 870-391-3127.

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On April 13, 2019, Publishing Concepts, Inc. will be celebrating their 14th Annual Nursing Expo in the Jack Stephens Event Center on the UALR campus. In conjunction with this event we will be honoring nominees and winners of The Compassionate Nurses Award and Nursing Educator Award in the Legends room.

We're searching Arkansas to find the one nurse we can say is the most outstanding in the state. Do you know a nurse that you feel is the most compassionate, caring and empathetic caregiver? A nurse who has given comfort or care to you, a family member, or a friend. It may be a nurse you work with. We are asking you to send us their name, where they work, phone number, and a short message expressing why you think they are the most deserving nurse in Arkansas.

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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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It is important that the individual making the nomination includes their contact information for follow up.

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