

MOMENTUM

Spring 2004 • Volume 2 Issue 2



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Week—May 6-12**

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MOMENTUM

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The mission of the Ohio Board of Nursing is to actively promote and protect the health of the citizens of Ohio through the safe and effective practice of nursing as defined by law. Measurable ends to achieve this mission include competent practitioners, informed public and a law which accurately reflects the dynamic practice of nursing.

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Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 192,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.

In both the television and print media, there continues to be an intense focus on problems with America's health care system. Sky-rocketing costs, increasing numbers of uninsureds, medication errors, nursing shortages and more. In the midst of all this health care gloom and doom, one recent article offered a rare positive note. The CNN/USA Today/Gallup poll recently released its 2003 results

of the professions rated the highest for "honesty and ethics." According to this survey, nurses once again top the list of honest professionals. A resounding 83 percent of Americans surveyed rated nurses as "High" or "Very high" for honesty and ethics. This places nurses at **the top of the list** for 4 out of the past 5 years. (In 2001, after the terrorist attacks on the World Trade Center, nurses fell to number 2 as firefighters captured the highest rating.) This latest survey reaffirms what most of us already know: nurses are highly regarded members of the health care team, and the public

depends on nurses to insure quality patient care.

An essential component of quality care is, of course, patient safety. As we know, this has been a hot media topic and one that generates great concern. An Institute of Medicine (IOM) report released in 2000 estimated that 98,000 hospitalized Americans died as a result of health care errors in a single year. Subsequently a 2002 national study, published in *The New England Journal of Medicine*, reported that 42 percent of respondents indicated that they or a family member had experienced an error during the provision of a health care course of treatment. In the same study, 24 percent reported that these errors led to serious health consequences, ranging from severe pain, prolonged recovery period, long term disability, and even death of the patient. The release of this type of information has led to a heightened awareness of threats to patient safety and an

increased focus on measures to promote environments that balance increased efficiency and improved patient safety.

As with any health care problem that arises, nurses and dialysis technicians have an opportunity to make changes that will greatly impact the client populations we serve. Keeping our clients safe must be the principal focus of all health care providers. In the fast-paced world that has become the health care arena, we need to remember our mission as we provide nursing care services to an increasingly complex patient population. Creating environments and planning care that support this key focus will move us in a positive direction. It is imperative that we participate in studies and conduct data analysis of nursing-related errors that will help us understand both the extent of the problem and whether or not current interventions are effective.

Patient safety will always remain an issue. The complexity of today's health care system and the challenge of various clinical settings place an increased burden on all health care practitioners, especially nurses. The Ohio Board of Nursing (OBN) encourages nurses to be active in identifying means by which health care errors in their particular workplace can potentially be eliminated. Through its regulatory authority, the board works to guarantee that nurses and dialysis technicians are providing quality services to insure patient safety. The board also strives to remain a valuable source of information for the public by responding to inquiries on nurse and dialysis technician laws, practice issues, and disciplinary actions. This edition of *Momentum* exemplifies the manner in which this is done.

Clients and families entrust us with their health care needs. We are viewed as the most honest and ethical of professionals in the country. As nurses we must all do our part to reduce or eliminate health care treatment errors. This is vital to improving patient safety and the general public expects no less.



Yvonne M. Smith
MSN, RN, CNS
President

Yvonne M. Smith MSN RN CNS

from the executive director



John M. Brion
RN, MS
Executive Director

The preliminary analysis of data from the Statewide Nursing Workforce Survey has been completed. Over 182,000 surveys (one to every currently licensed nurse in Ohio) were sent out from the Board and almost 96,000 surveys were completed and returned. A return rate of almost 53% is terrific for a survey and speaks to the high level of professional commitment of Ohio's nurses. While the preliminary numbers suggest that overall nurses are satisfied with their nursing jobs (78%) and with nursing as a career (80%), the written comments reflect that many nurses are also frustrated. A commonly expressed frustration was that the dedication and sacrifice of nurses often goes unnoticed and unacknowledged. As a nurse myself I can certainly understand these frustrations although, having not been involved in direct clinical practice for several years, I doubt that my understanding of the demands of current clinical practice is complete. I do understand that many, many nurses feel unappreciated. On behalf of all the people you care for, I would like to offer the following "thank you".

Thank you for working through the night, on weekends and on holidays; for getting home after your children are asleep or leaving before they get up in the morning to make sure that we have someone there to care for us. Thank you for being kind and patient, for offering a smile or a reassuring word

even when we are not kind in return. Thank you for skipping lunch and staying over at the end of your shift to make sure we are not alone. Thank you for being there when we are born and when we die and during all the difficult times in between. Thank you for treating us with respect and dignity and taking the extra time to humanize an often scary, impersonal environment. Thank you for missing Christmas morning with your family, Saturday night parties with your friends, church on Sunday morning, school functions with your children, special events with your partner, and all the other things you give up to provide the care we need. Thank you for taking time in your busy day to explain things clearly so we understand what is happening to us in a very unfamiliar setting. Thank you for recognizing when we are in pain, hungry, cold, lonely, or afraid and for taking action to help ease that burden. Thank you for holding our hands, patting our shoulders, and hearing our concerns. Thank you for understanding that we sometimes lash out at you when we are really afraid and angry about our health situation. Thank you for working short staffed, for coming in on your day off, for tolerating unpleasant co-workers, for doing more than you can with less than you need. Thank you for making one little corner of the world a whole lot better by choosing to be a nurse and for being there when we need you.

A handwritten signature in black ink that reads "John M. Brion, RN, MS". The signature is written in a cursive, flowing style.

Celebrate Nursing!

Get ready! Once again, May 6th through 12th is National Nurses Week. After several earlier attempts dating back to 1953, President Richard Nixon issued a presidential proclamation in 1974 recognizing National Nurses Week. In 1982, President Ronald Reagan signed a proclamation in March designating May 6th as National Nurses Day. Over the intervening years the day has been expanded to a week. Today we recognize May 6th through 12th as National Nurses Week. Take this opportunity to celebrate your profession and yourselves.



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Student Nurses: Who Supervises?

Student nurses are found in virtually every kind of clinical facility. Students are truly operating in the “student role” while in the clinical setting, and are supervised by faculty during their experience. Having students in clinical facilities grants seasoned nurses a fabulous opportunity to offer themselves as role models, and even mentors, so long as the circumstances fall within the law regulating the practice of nursing.

This addresses supervision of nursing students, particularly when provided by staff nurses who are not “preceptors”, as defined by rule, but regular unit staff nurses. The basis of the explanation requires that we start with a review and understanding of law and rules.

How the Law Reads

First, the sections of law and rules relating to student supervision are not new. Revised Code (RC) section 4723.29, entitled “Exceptions from Licensing Requirement,” is where it all begins. This section indicates who can practice nursing without a license. RC section 4723.29(A), reads:

This Chapter does not prohibit any of the following:

- (A) The practice of a nursing student currently enrolled in and actively pursuing completion of a prelicensure nursing education program approved by the Board of Nursing, if the student’s practice is under the auspices of the program and the student acts under the supervision of a registered nurse serving for the program as a *faculty member, teaching assistant, or preceptor* [emphasis added].

How the Rules Read

Rule 4723-5-18, Ohio Administrative Code (OAC) regulates “Supervision of a Nursing Student”. The first two sections read as follows:

- (A) “Supervision of nursing student” means that a *faculty member,*

teaching assistant, or preceptor shall be immediately available to the nursing student at all times to provide guidance and evaluation of the student’s performance.

- (B) Supervision of a nursing student shall be provided for each clinical experience involving the delivery of nursing care to an individual or group of individuals. This supervision shall be provided *only by a faculty member, teaching assistant, or preceptor who meets the qualifications set forth in rule 4723-5-10 of the Administrative code or 4723-5-11 of the Administrative Code* [emphasis added].

For purposes of this rule, qualified, official faculty or teaching assistants are employees of the nursing program. Official preceptors are employees of the clinical facility who are cooperatively working under contractual agreement as “instructional personnel” of the nursing program and who supervise one or two student nurses at a time. Supervision of students is generally limited to nurses who fit within one of these three categories.

However, in an effort to offer faculty some latitude, the following rule was written some years ago providing a single exception to what is found in law and rules. Rules 4723-5-18(C), OAC (for students in a program leading to RN licensure), or Rule 4723-5-18(D), OAC (for students in a program leading to LPN licensure), allows the faculty or instructional personnel of the nursing program to:

“assign to a staff nurse with licensure status equivalent to that of the faculty or instructional personnel, the responsibility to supervise the performance of a nursing task by a nursing student during a clinical experience involving the delivery of nursing care to an individual. The assignment of this supervisory responsibility shall be limited to the one-time per-

formance of the specified nursing task only on the individual identified by the faculty or instructional personnel. The faculty will remain responsible for planning the student’s clinical experiences and for evaluating the student” (this was taken from (C), for RN students, however the LPN wording is substantively the same. See Rules Chapter 5 on the Website)[emphasis added].

The intent of this rule was to allow faculty on busy units to “capture” specific skills opportunities, especially those that don’t occur often, such as foley catheterizations, special dressing changes, tube irrigations, and the like. However, faculty are responsible to assure that sound judgment is employed when using this rule.

The basic premise is this; faculty should feel free to utilize these exception rules in order to prevent a student from missing an opportunity for a special skill, but the faculty must assure that the student has a grasp of the principles involved, confidence in that student to know his or her limits, and confidence in the staff nurse that the supervision will be appropriate. In addition, all parties should be aware that at all times the patient/client “belongs” to the clinical facility, and that the staff nurse may always stop a student if patient harm becomes a risk.

Issues Surrounding Medications and IV Therapy

Application of the supervision requirements for nursing students can become particularly important when the clinical experience involves the administration of medications or the initiation of IV therapies. The following represent three real scenarios that illustrate the importance of appropriate nursing student supervision. Note there are substantial differences between the first scenario and the second two:

- Scenario #1. The faculty has spent

substantial time with a student going over the intended use, contraindications, side effects, the “rights”, and other medication administration considerations for a specific patient. He/she is confident that the student is competent regarding his or her nursing responsibilities giving these particular medications to the patient in question. Perhaps the student has even given 2 or 3 IM injections, with the faculty, and has demonstrated competency, but still needs confidence building by having direct supervision in the room. However, at the time of administration, another student has a crisis with his or her patient, and the faculty person asks the staff nurse who is assigned to the student’s patient (an RN for RN students, either an RN or LPN for PN students) to be in the room with the student, to make sure the student has checked the patient’s identification, and to provide moral support during the IM injection. This exhibits good judgment on the part of the faculty, and *meets the spirit* of Rule 4723-5-18(C) or (D), OAC.

- Scenario #2. The faculty is very busy with 10 students in an acute care facility. So as not to miss experience with medications, the student group is divided, and the faculty asks several of the staff nurses, assigned to the patients being cared for by students, to go with the individual student caring for their patient while giving medications. The faculty may give instruction to the staff nurse about what she expects, and to the student as well, but this is clearly different than in Scenario #1. This is a “hand-off” to a person (the staff nurse) who is not faculty or instructional personnel. *This is a violation of both the exemption law and the supervision rule, and puts all three parties in jeopardy.*
- Scenario #3. The faculty wants students to gain more experience starting IV therapy, so assigns several students to go to a pre-op area, to be with staff nurses, who then supervise the students. *This is a violation of both the exemption law and the supervision rule, and puts all three parties in jeopardy.*

Scenarios #2 and #3 each constitute a “hand-off” to a person over whom the nursing program has no jurisdiction. *This* is what becomes a problem. At this point, to use a colloquialism, the faculty has placed the student “off their radar screen” and in the hands of someone not authorized to supervise a student. The student then becomes an unlicensed assistive personnel (UAP), who is not even an employee of the clinical facility. In administering medications or starting IV therapy, the student is practicing nursing without a license as the exemption set forth in RC section 4723.29(A) *no longer applies*. Further the delegation rules in OAC Chapter 4723-13 provide that the administration of medications and performance of IV therapy *may not be delegated to unlicensed personnel*. This is a situation that would give any knowledgeable chief nursing officer, or facility attorney, great pause.

The fundamental issue in this scenario is that when the student is “handed off” to a staff nurse, he/she becomes a UAP and the nursing delegation rules then apply. See the question and answer section below for more clarity on the consequences of placing your student in the position of becoming a UAP during clinical experience. This is a no-win situation for everyone, and should never knowingly take place.

Below is a Question and Answer section to assist in answering the most commonly asked nursing supervision questions. Please note that this section does not “stand alone”, but must be considered along with the other law and rules governing the practice of nursing.

Q Who is responsible for supervising a student, and why?

A **Fact:** A faculty member, teaching assistant, or official preceptor must supervise the student nurse.

Why: The student nurse does not have a license to practice nursing, and is permitted to practice only because of an exemption from the licensing requirement that allows them to do so if under faculty/instructional personnel supervision as discussed above.

Reference: RC section 4723.32(A), (Nurse Practice Act)

Q Is there ever any time a student may be supervised by a staff nurse?

A **Fact:** Yes, one exception in the supervision rules provides that an RN (for RN students) or, an RN or LPN (for PN students) may supervise the one-time performance of a nursing task by a student. The assignment of this supervisory responsibility is made by the nursing faculty/instructional personnel, and must be limited to the patient/client specified by the faculty/ instructional personnel. The faculty remains responsible for planning the students experience and evaluating the student.

Why: This rule was written to allow some flexibility for faculty on busy units with a number of students, so that the students would not miss opportunities. It is assumed that the faculty is aware of their responsibilities and will choose these moments wisely and with patient/client safety in mind.

Reference: Rule 4723-5-18(C) & (D), OAC (Supervision Rules)

Q Does this rule permit staff nurses to supervise medication administration by a student nurse?

A **Fact:** Rules 4723-5-18(C) & (D) speak to “nursing tasks”. Medications and IV therapy are not specifically named.

Why: The Board’s intent was to allow faculty to make judicious decisions when a student might otherwise miss a task or skill that does not frequently occur. If a staff nurse is supervising the entire gamut of assessing and supervising the knowledge, skills and abilities of the student in administering medication and performing IV therapy, then the student has been “handed-off” by the faculty, and this exceeds the intent and limits of the rules. Again, if the student is “handed-off” to a staff nurse, the student is out from under the auspices of the nursing program, and would be viewed as an UAP. In that case, the delegation rules are very clear that a nurse may not delegate medications and IV therapy to a UAP.

Reference: Rule 4723-13-03(A), OAC (Delegation Rules)

Q Can a student administer medications without direct faculty supervision?

A The student may administer medications, without the faculty being in the room, if the faculty has determined

and documented that the student has demonstrated competency in his/her knowledge, skills, and abilities with regard to the medication and the patient/client situation. If this is the case, the faculty is using sound judgment in allowing a student to perform the actual administration on his or her own. If an about-to-graduate student does not have the knowledge, skills, and abilities to safely administer "usual" medications this raises serious questions about the student's readiness to complete the program! This scenario applies to other skilled nursing care procedures as well.

Q Do Rules 4723-5-18(C) & (D), OAC permit a faculty member to assign one student or a group of students to a specialized unit or department to obtain additional practice in IV therapy, (for example, a pre-op area to practice IV insertion), supervised by staff nurses?

A **Fact:** No.

Why: Rules 4723-5-18(C) & (D), OAC both state, in part, that the assignment of this supervisory responsibility "...shall be limited to the one-time performance of the specified nursing task only on the individual identified by the faculty or instructional personnel" [emphasis added]. Once the student is away from supervision of faculty/instructional personnel, the exemption in law allowing them to practice nursing without a license is no longer in effect and they become an unlicensed person.

Furthermore, they are a UAP who does not hold employee status at that health care facility. In the *worst* case, the nursing education program is in violation of the supervision rules, which places the Board of Nursing in the position of having to consider and take action on the approval status of the program.

In addition, the student is placed in the position of practicing nursing without a license or exemption, and the staff nurse supervising the student is delegating in violation of OAC Chapter 13, the Delegation rules. Depending on the circumstances, this kind of activity could be referred to the Supervising Board Member for Disciplinary Matters for further consideration by the Board.

In addition, inappropriate nursing stu-
continued on page 21

Congratulations to all of the pre-licensure nursing programs in Ohio that were able to achieve a 100% pass rate on the NCLEX-RN or NCLEX-PN Examination in 2003! The programs that achieved this remarkable success are:

- Aultman Hospital School of Nursing, Canton
- Northwest State Community College AD Program, Archbold
- Case Western Reserve University, Certificate Program, Cleveland
- Walsh University BSN Program, North Canton
- Ursuline College, The Breen School of Nursing BSN Program, Pepper Pike
- Professional Skills Institute, PN Program, Toledo
- James A. Rhodes College PN Program, Lima
- Central School of Practical Nursing, Inc., Cleveland
- Northwest State Community College PN Program, Archbold
- Canton City Schools PN Program, Canton
- Willoughby-Eastlake School of Practical Nursing-High School Division, Willoughby
- Parma School of Practical Nursing at Cuyahoga Valley Career Center, Brecksville
- Trumbull Career & Technical Center, Adult PN Program, Warren
- Willoughby-Eastlake School of Practical Nursing-Adult Division, Willoughby

For complete listings of NCLEX® percentage passing rates for all Ohio pre-licensure nursing programs, go to the Board's webpage, www.nursing.ohio.gov, use the link to "Education", and download the "2001-2003 RN NCLEX Statistics" or the "2001-2003 LPN NCLEX Statistics" PDF files.

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Be Heart Healthy

The American Heart Association (AHA or the association) is stepping up its outreach efforts with a campaign to educate

women about the risks of heart disease. While it has long been known that heart disease is the leading cause of death for

men in the US, it is now recognized as the leading cause of death for women in the United States as well. The association estimates that heart disease kills nearly 500,000 American women annually.

Many women focus their preventive health energies on those diseases more common in women, such as breast and cervical cancer. For this reason, the AHA is attempting to educate women about the potential risks of heart disease and has issued new guidelines for preventing heart disease and stroke in women.

These guidelines are based on a woman's individual cardiovascular health, and are published in the February edition of *Circulation: Journal of the American Heart Association*.

Authors of the guidelines state that cardiovascular disease is not something that women either have or do not have.

Rather it is a disease that develops over time and all women are somewhere on the continuum of low, intermediate, or high risk for cardiovascular disease. The guidelines represent a collaborative effort by the AHA and 11 other professional and governmental co-sponsoring organizations. They have been endorsed by an additional 22 organizations.

To publicize the new guidelines and raise awareness of heart disease as the leading cause of death in American women, AHA developed the "Go Red for Women" initiative. While heart health is still of the utmost importance for men, this initiative targets women since the risk of heart disease is often overlooked in this population.

The "Go Red for Women" campaign is currently in full swing. Anyone who calls 1-888-MYHEART, will receive a free kit that includes a women and heart disease brochure, wallet card, and red dress pin.



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Healthy Goals for Women

- **Total Cholesterol**

Less than 200 mg/dL

- **LDL (bad) Cholesterol**

LDL cholesterol goals vary.

- For people who don't have heart disease and one or no risk factors, the goal is **less than 160 mg/dL**.
- For most people with two or more risk factors, the goal is **less than 130 mg/dL**.
- For people who have heart disease, or diabetes, the goal is to **keep the LDL below 100 mg/dL**.

- **HDL (good) Cholesterol**

50 mg/dL or higher

- **Triglycerides**

Less than 150 mg/dL

- **Blood Pressure**

Less than 120/80 mmHg

- **Fasting Glucose**

Less than 110 mg/dL

- **Body Mass Index (BMI)**

Less than 25 Kg/m²

- **Waist circumference**

Less than 35 inches

- **Exercise**

A minimum of 30 minutes most days, if not all days of the week.

- **Eat a balanced diet emphasizing fruits, vegetables, cereal and grain products, fat-free and low-fat dairy products, legumes, nuts, fish, poultry and lean meats.**

- **Don't smoke — if you smoke, stop.**

- **Schedule regular visits with your doctor.**

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Payment Failures

There is often a lag-time between when a payment is processed by the bank and when the Board receives

notification of error or insufficient funds. Even though a renewed license may have been received in the mail,

failure of a payment to clear the bank will cause an application to become incomplete. It is not the Board's intention in publishing this list to embarrass licensees who fail to render proper payment for their license or certificate. The purpose is to notify current and potential employers and to reach the individual when other avenues have failed.

There are many reasons a personal check may not properly 'clear' during bank processing. It is for this reason that each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates or licenses, will not be considered complete until proper payment has been rendered. Once that grace period has expired (and if applicable the renewal cycle has ended) licensee information is turned over to the Compliance Unit and recommended for investigation on charges of working without a license. Individuals found to be working on a lapsed license will be subject to the penalties defined in ORC Section 4723.99 (B).

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

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Dates and Location of Scheduled Board Meetings

2004	2005
April 15-16 (Retreat)	January 20-21
May 20-21	March 17-18
July 15-16	May 19-20
September 16-17	July 21-22
November 17-19	September 15-16
	November 16-18

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed the following Friday. On Wednesday, the day before the meetings, Board members

may meet as a whole or in small groups on proposed rule language or other topics as the need arises. Rules hearings, when needed, are typically held on Wednesdays, generally in November.

Watch for formal notification of the date, time and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and possible action by the Board. The Thursday meeting begins promptly at 9:00 AM. The public is invited to attend, however, potential attendees should contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes in time or location of the session.

Advisory Groups Meeting Dates—2004

The Advisory Group on Nursing Practice and Education Issues will meet February 12; April 22; June 10; August 12, October 14; and **December 9, 2004.**

Chair: Kathleen Driscoll

The Advisory Group on Dialysis will meet February 17; April 20; June 15; August 17; and October 19, 2004.

Chair: Debra Broadnax

The Advisory Group on Continuing Education will meet February 20; June 18; and October 15, 2004.

Chair: Lisa Klenke

The Committee on Prescriptive Governance will meet February 23; June 14; and October 18, 2004.

Chair: Joanne Navin

All meetings of the advisory groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. Because space is limited, if you

have an identified need to attend one of these meetings, please contact the Board office at 614/466-9970 to deter-

mine space availability, as well as any change in the location, date or times from those listed.

2004 Members Ohio Board of Nursing

	Term Expires
Yvonne M. Smith, MSN, RN, CNS / Canton, President	2005
Mary Jean Flossie, LPN, LNHA / Massillon, Vice President	2005
Debra Broadnax MSN, RN, CNS / Columbus	2004
Elizabeth Buschmann, LPN / Oregon	2004
Patricia Schlecht, RN, MSN / Loveland	2004
T. Diann Caudill, LPN / Newark	2005
Kathleen Driscoll, JD, MS, RN / West Chester	2005
Lisa Klenke, MBA, RN, CNA / Coldwater	2005
Anne Barnett, BSN, RNC / Junction City	2006
Bertha Lovelace, RN, BA, CRNA / Cleveland, Supervising Member for Disciplinary Matters	2006
Judith Brachman, Consumer Member / Columbus	2007
Cynthia Krueger, RN, MSN / Napoleon	2007
Teresa L. Williams, LPN / West Union	2007

Advanced Practice Nurses— Questions and Answers

Question 1:

Is performing a newborn circumcision within the authority of the license and certification of a certified nurse-midwife (CNM) in Ohio?

Answer:

At this time, a CNM may **NOT** perform a circumcision in Ohio.

Section 4723.43(A), Ohio Revised Code (the law), states the scope of practice for a CNM:

Section 4723.43 Excerpt from the CNM Scope of Practice

A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience.

(A) A nurse authorized to practice as a certified nurse-midwife, in collaboration with one or more physicians, may provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse's education and certification, and in accordance with rules adopted by the Board...

Further, Rule 4723-8-02, Ohio Administrative Code (the rules), pro-

vides the following regarding scope:

4723-8-02 Scope of Practice

(A) A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall provide to clients nursing care that requires knowledge and skill obtained from advanced formal ...

(B) Each certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist shall practice in accordance with the duties, responsibilities, and accountabilities of practice as contained in:

- (1) The laws regulating the practice of nursing;*
- (2) The rules of the Board;*
- (3) The applicable scope of practice statements, standards of practice, guidelines or statements for practice or functions, provided the applicable statements, standards, or guidelines are in accordance with Chapter 4723. of the Revised Code; and*
- (4) Other applicable federal and state laws and rules.*

Rule 4723-8-02 (B) refers to relevant national guidelines (or standards or statements) as sources of the authority for practice for APNs, in so far as they do not conflict with Ohio law (for example, the medical practice act, pharmacy board laws).

Reviewing the core competencies for CNMs published by the American College of Nurse-Midwives (ACNM), the competencies do not address circumcision as a component of routine newborn care (*The Core Competencies for Basic Midwifery Practice*, ACNM, May 2002).

Therefore, Ohio CNMs may not perform circumcisions.

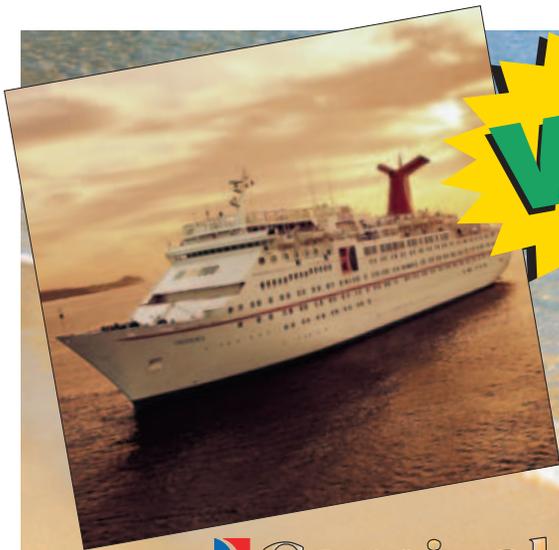
Question 2:

Can a Certified Nurse-Midwife or Women's Health Nurse Practitioner examine for and treat a sexually transmitted disease of a male partner of a female client?

Answer:

Yes. Reviewing the ACNM *Core Competencies* (mentioned above) and other relevant guidelines, practice of a certified nurse-midwife or women's health nurse practitioner may include management strategies and treatment for sexually transmitted diseases (STDs). Such services may include patient/partner evaluation, treatment, or referral, and/or counseling regarding sexual behaviors that promote health and prevent disease for a patient and a *patient's partner*.

Partner evaluation and treatment relative to STDs should be addressed in the standard care arrangement, and such evaluation and treatment should be documented appropriately in the medical record.



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If you have an active LPN license, and do not receive an application form by May 23, 2004 please contact the Board at 614-466-3947. The fee schedule is:

Postmarked prior to June 30, 2004, the amount due is \$65.

Postmarked on or after June 30th but prior to August 31, 2004, the amount due is \$115.

Postmarked on or after August 31, 2004, the amount due is \$165.

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If you have an inactive or lapsed LPN license, you may contact the Board for reactivation information at 614-466-3947 or by email at renewal@nursing.ohio.gov. You will find a link to renewal under "Contact" on the website www.nursing.ohio.gov.



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Ohio's 2003-2004 Statewide Nursing Workforce Survey

The Ohio Board of Nursing recently completed an extensive survey of Ohio's nurses. This survey was undertaken in an effort to obtain accurate, up-to-date information about the nursing workforce in Ohio. In August of 2003 a survey was mailed to each of the 185,000 people holding an active nursing license in Ohio. Nearly 96,000 nurses returned surveys by December, 2003 which is a high return rate (53%). Thanks to everyone who participated. These results indicate that nurses in Ohio have a high level of professional commitment.

The focus of this brief is the entire

sample of nurses who participated in the survey. This analysis includes licensed practical nurses and registered nurses in Ohio. Further analysis of this data will be reported in future issues of Momentum and posted on the Board of Nursing web-site. The next issue of Momentum will include a brief regarding men and ethnic minorities in Ohio's nursing workforce. A complete report of survey findings will soon be available on the Board of Nursing web-site.

Ohio Nurses: who are we?

Most of the respondents (n = 76,842, 80%) are registered nurses and the

remainder are licensed practical nurses (n = 18,656, 20%). The majority of nurses are white (94.4%), female (96%) and over age 45 (63%). Less than 13 percent of all respondents reported that they are under 25 years of age. In regard to the ethnicity of the other 5.6 percent of nurses, 4.3 (n = 3,995) are African-American and less than one percent (n = 664) are Hispanic.

Ohio Nurses: how are we educated?

More than a fourth of all Ohio nurses (25.8%) report that the first level of nursing education they completed was a practical nurse program. For the registered nurses, the breakdown for initial education program was 10 percent practical nursing, 29 percent diploma, 37 percent associate degree, and 23 percent baccalaureate.

The highest level of nursing education completed by the registered nurses was similar in terms of diploma (n = 22,230, 31%), the associate degree (23,920, 29%) and baccalaureate degree (n = 23,375, 31%). An additional 8 percent (n = 5,774) of RNs have earned a master's degree in nursing and 0.4 percent (n = 298) a nursing doctorate. An additional 7,283 nurses (7.6%) indicate holding a non-nursing bachelors degree, 3.4 percent (n = 3,290) have a non-nursing master's, and 436 (.5%) indicate holding a doctoral degree in a field other than nursing.

Ohio Nurses: where do we work?

Nearly 90 percent (n = 84,450) of the nurses are currently employed (88%-RN; 89%-LPN). Of currently employed nurses 98 percent work in some type of health care related job, with most (67%) working full-time. However 31 percent of all employed

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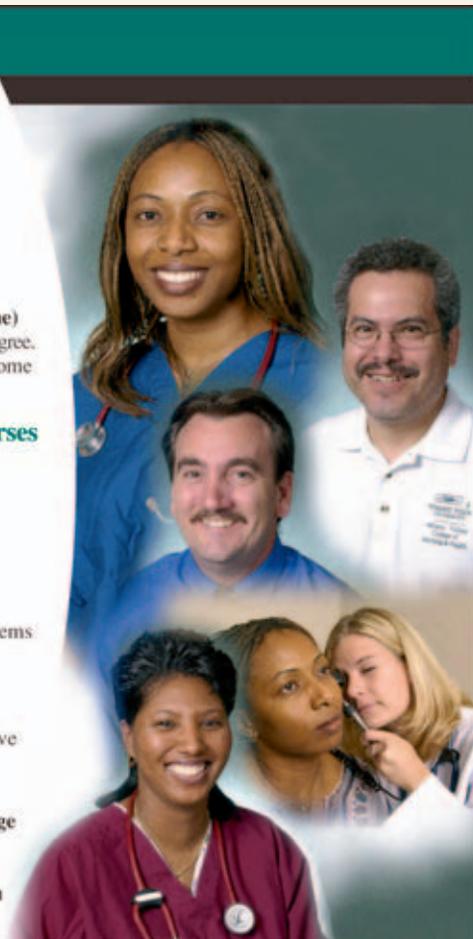
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nurses (34%-RNs; 21%-LPNs) do not provide direct care as a primary part of their job. Of these 13 percent report working in administrative roles (14%-RNs; 7%-LPNs), 6 percent report working in nursing education (7%-RNs; 3%-LPNs), and the remainder report working in a variety of other positions.

More nurses are working in hospitals than any other setting. Forty-six percent of all currently employed nurses (n =

38,800) work in a hospital (52% of RNs; 20% of LPNs). The other work settings include: 14 percent (n = 11,876) in long term care settings (8% of RNs; 42% of LPNs); 13 percent (n = 11,143) in outpatient or ambulatory care settings (13% of RNs; 14% of LPNs); and 6 percent (n = 5,420) in home health care (6% of RNs; 7% of LPNs). About 15 percent of employed RNs and LPNs report having a second job.

Ohio Nurses: How much do we work?

The average number of hours worked in one job during the two weeks prior to the survey was 66 hours for RNs and 67 hours for LPNs. For those nurses who report holding a second job the average number of hours worked in a second job during the two weeks prior to the survey was 39 hours for RNs and 42 hours for LPNs. Almost 25 percent of employed nurses report having worked more than 80 hours in their primary job during the two weeks prior to completing the survey, with 10 percent reporting having worked more than 90 hours in one job during that time period.

Almost half (47.1%) of all respondents report having worked in their current job less than 5 years, while 21.7 percent of all respondents report being in their current position for more than 15 years. Nearly 14 percent of all respondents have been in the same position for more than 20 years.

Ohio Nurses: How satisfied are we with nursing?

A great majority (78.9%) of all nurses report being either satisfied (53.0%) or very satisfied (25.9%) with their choice of nursing as a career. Only 2 percent of all respondents (both RN and LPN) indicate that they are very dissatisfied with having chosen nursing as a career.

When asked how satisfied they are with their primary job, 77 percent of all respondents were either satisfied (52.3%) or very satisfied (24.8%), while 1.9 percent of all nurses indicated that they were very dissatisfied with their current job.

Ohio Nurses: How much longer do we plan to work?

A little less than half (46.6%, n = 38,330) of all respondents currently employed in nursing plan to leave the field within the next 10 years; 18.2 percent (n = 14,996) plan to leave nursing within the next 5 years. Of those nurses who plan to leave within the next 5 years, 57.3 percent plan to retire while another 31.9 percent plan to find a non-nursing job. However, 30.6 percent (n = 25,161) of all currently employed nurses responding to the survey indicate that they plan to continue to work in nursing for at least 15 more years.

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dent supervision by staff nurses may violate hospital policy, increase the threat of liability, and jeopardize compliance with JCAHO regulations.

References:

1. For the nursing education program: Rules 4723-5-04 and 4723-5-18, OAC (Supervision and Program Approval Rules)
2. For the student: RC section 4723.99, ORC (Nurse Practice Act)
3. For the staff nurse: Rule 4723-13-03(A), OAC, and RC section 4723.28, (Nurse Practice Act)

Q Is there any legal way to allow students the experience of administering medication or providing IV therapy with nurses who are employees of the clinical agency?

A **Fact:** Yes.

How: The staff nurses who are willing to provide supervision **must** become official preceptors, which will place them on file at the nursing program as part of the “instructional personnel” team. This presumes that contract language between the nursing program and the clinical facility exists and spells out the expectations and understanding of all parties.

References: Rule 4723-5-18(C) & (D), OAC

Q Can a clinical agency prohibit students from participating in IV therapy or from administering certain medications, for example those that are high-risk?

A **Yes.** The clinical agency reserves the right to limit the scope of what a student nurse can do with the patients/clients the agency has a responsibility to protect.

Q Can a clinical facility write policy requiring that its staff nurses supervise students in clinical practice rather than nursing program faculty?

A **No.** This would be in violation of the “exemption” section of the Nurse Practice Act, RC section 4723.29(A).

Q What is the bottom line on how and when students may administer medications and perform IV therapy?

A **Assumptions:**

- Agency policy permits students to perform the specific tasks/procedures; and

- **The tasks/procedures are within the legal scope of practice for that student (once graduated and licensed).**

Students may administer medications and perform IV therapy under these circumstances:

- Supervised by faculty, instructional personnel, or official preceptors; or
- On their own, if they have demonstrated and documented knowledge, skills, and abilities to perform that task/procedure with that patient/client, at that time.

Under all circumstances, the faculty remain finally responsible for student supervision and evaluation.

Q Finally, what if the patient/client is in urgent need of a medication, or the medication is considered “high risk”, and the above conditions are not met?

A The patient/client’s staff nurse gives the medication. The student may observe. The staff nurse may certainly talk through the situation with the student, but the student is not authorized to perform the task/procedure.

The rules regulating nursing education provide a measure of safety and accountability for all involved. It is important to the future of nursing that competent, qualified unit nursing staff offer to serve as preceptors at the appropriate time in the student’s education. When that happens, both a contractual and working relationship is forged, and the staff nurse becomes an essential element in the student’s education.

To locate the Nurse Practice Act (Law), Chapter 4723 Ohio Revised Code, go to the Ohio Board of Nursing website, www.nursing.ohio.gov, then the link to Law and Rules. Select “Law”.

To locate the Nursing Education Rules, go to the Ohio Board of Nursing website, www.nursing.ohio.gov, then the link to Law and Rules. Select “Rules”, then “Chapter 5”.

To locate the Delegation Rules, go to the Ohio Board of Nursing website, www.nursing.ohio.gov, then the link to Law and Rules. Select “Rules”, then “Chapter 13”.

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 RN-139102, GRIFFITH, SUZANNE
 RN-141252, GRUPEN, RICHARD
 RN-103761, HAMBLEN, D. EILEEN
 RN-277076, HAMMONS, KRISTI
 RN-267801, HANES, MARILYN
 RN-178467, HANNEKEN, MARK
 RN-305969, HOEPF, MIRANDA
 RN-164438, HOLTZ, BETTY
 RN-301706, HOPKINS, MYA
 RN-299791, HWA, KIM
 RN-291778, HYLTON, SUZANNE

RN-288326, JEBOUR, TRACIE
 RN-082314, JOLIVETTE, BARBARA
 RN-145370, KILSTROM, SUSAN
 RN-156551, KNOUFF, BEVERLY
 RN-139843, KOLESZAR, CAROLEN
 RN-278607, KONDRUP, ANDREA
 RN-207978, LAMBROU, BARBARA
 RN-291011, LEE, JENNIFER
 RN-114386, LILES, JAN
 RN-290508, LILLY, MARVIN
 RN-089699, LINK, BEVERLY
 RN-304088, MANSFIELD, CHARLOTTE
 RN-107164, MATTHEWS, CATHERINE
 RN-229257, MCGUINNESS, NADA
 RN-246239, MERRY, LISA
 RN-198476, MEYERHOEFER, NATALIE
 RN-254425, MOORE, MARGO
 RN-260501, MULUGETA, GENNET
 RN-268390, NICHOLS, JANET
 RN-277016, NORRIS-LANDERS, KAREN
 RN-161890, OPPENHEIM, PATRICIA
 RN-095227, PANNELL, OCTRAYIA
 RN-237332, PAYNE, STARLA
 RN-273795, PRYER, YAHNA
 RN-169586, REDDEN, JEROME
 RN-279004, RILEY, SHERRY
 RN-104350, ROTH-WARREN, DORIS
 RN-178947, SATAWA, MARY
 RN-270676, SAUVEY, SHARON
 RN-227543, SEEBER, REBECCA
 RN-196723, SHAW, VICKIE
 RN-247334, SILVEOUS, CORETHA
 RN-099739, SILVERMAN, SANDRA
 RN-261475, SLATER, MYRA
 RN-150611, SMITH, LINDA
 RN-109863, SOPKO, LINDA
 RN-291246, STEPHANOFF, PAMELA
 RN-207383, TAYLOR, LORI
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 RN-198620, WESTBROOK, NANCY
 RN-110718, WILLIAMS, DIANNE
 RN-114074, WILLIAMSON, BARBARA
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 PN-090875, CLARK, JULIE
 PN-095061, CLARK, TAMMY
 PN-106164, CROZIER, JENNIFER
 PN-055443, GIRTEN, KATHERINE
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 PN-081340, IMMEL, DARLENE
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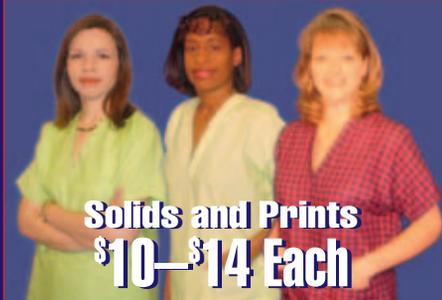
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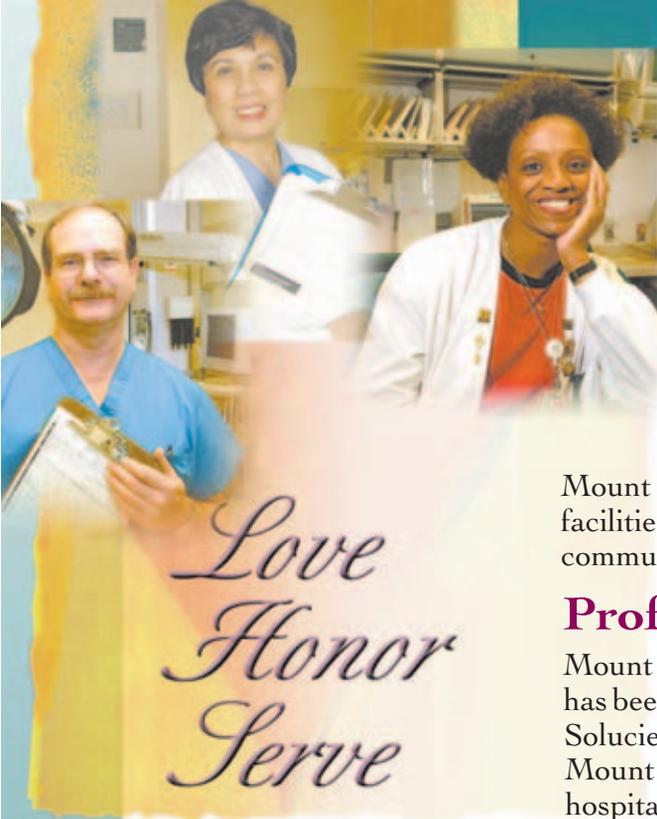
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