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Circumcisions and Certified Nurse-Midwives

Complaints Filed with the Board Increase

Lessons Learned From LPN Renewal
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Lessons Learned From LPN Renewal

Complaints Filed with the Board Increase

Circumcisions and Certified Nurse-Midwives

From the President
From the Executive Director
Advisory Groups and Committees
Payment Failures
Dates and Location of Scheduled Board Meetings
Duplicate Licenses
Board Disciplinary Action

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Vice-President
Teresa L. Williams, LPN
Executive Director
Betsy J. Houchen, RN, MS, JD

The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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Edition 15
At the May and September 2006 Board meetings, representatives of the National Nurses Organizing Committee (NNOC) addressed the Ohio Board of Nursing (Board) during the Open Forum portion of the Board meetings. They explained that NNOC, founded by the California Nurses Association in 2004, is a national union and professional organization for registered nurses, advanced practice nurses and registered nurse organizations throughout the country, and has approximately 250 Ohio members and continues to grow in membership.

At the May Board meeting NNOC conveyed the organization is pursuing patient advocacy to promote the interests of patients and direct care nurses. NNOC is requesting the Board consider amending the Ohio Nurse Practice Act as follows:

Registered Nurses have the independent professional responsibility and therefore the right to act as patient advocates, as circumstances require, by initiating actions to improve health or to change decisions or activities, which in the professional judgment of the registered nurse are against the interest and wishes of the patient, or by giving the patient the opportunity to make informed decisions about health care before it is provided. Registered Nurses must always act in the exclusive interest of the patient.

NNOC conveyed this language is in the California law for nurses and their organization is promoting it as a national standard. Ohio is the first state NNOC approached to ask the Board to amend its Nurse Practice Act.

In a response letter to NNOC, the Board expressed appreciation of NNOC's perspective and the intent of the proposed language. However, for the following reasons, at this time, the Board does not plan to advocate legislation adopting this language.

First, the existing legal framework in Ohio appears to adequately address the indicated issue. Employees in Ohio, including licensed nurses, who in good faith report violations of law, potential public health hazards, or imminent risk of physical harm to an individual, for example, are afforded extensive immunization from liability or retaliatory employment action (see Sections 4113.52, ORC; 4723.341, ORC; 124.31, ORC (public employees). For example, if a licensed nurse believes that a course of treatment violates the Ohio Medical Practices Act or rules adopted thereunder, he or she would receive whistleblower protection in reporting the violation. Licensed nurses are also specifically immunized in reporting violations of the Nurse Practice Act (see Section 4723.33, ORC).

In addition, a licensed nurse is not required to implement any order or direction for a client if the nurse believes the order or direction is inaccurate; not properly authorized; not current or valid; harmful, or potentially harmful to a client; or contraindicated by other documented information. (See Ohio Administrative Code Rules 4723-4-03 (E), 4723-4-04 (E)).

Second, even if the Board believed it necessary to implement more extensive employment protection for licensed nurses, it is likely beyond the scope of the Board's legal authority to regulate the workplace as has been suggested. Generally speaking, the Board is limited in its jurisdiction to regulation of individual nurses and pre-licensure nursing programs (see Section 4723.06, ORC). The Board has no legal authority to regulate employer-employee relations, or to regulate the employment policies adopted by facilities, such as hospitals or nursing homes. Similarly, the Board does not inspect or license long term care facilities or hospitals.

Finally, as a paramount part of complying with prevailing standards of safe nursing care, licensed nurses in Ohio are required to consider both patient safety and the individual interests of the patient. See, e.g., Ohio Administrative Code Rules 4723-4-06 (H); 4723-4-06 (J) (2). This includes recognition of a client's right to refuse a course of treatment.

At the September Board meeting NNOC again conveyed that they are pursuing patient advocacy to promote the interests of patients and direct care nurses and that NNOC is requesting the Board reconsider amending the Ohio Nurse Practice Act using the NNOC proposed language.

NNOC discussed employment situations where nurses were reassigned to other units and NNOC stated they believe employers retaliate against nurses when nurses object to reassignments when nurses think that patients may be put at risk. The Board asked if the nurses involved in the situations NNOC described had an opportunity to appeal or arbitrate within their facility, as most, if not all, facilities provide a "right of review" process. The Board also asked, should the Board decide to adopt the NNOC proposed language, would it end what NNOC states is retaliation; the discussion was that it would not. The Board encouraged NNOC to educate nurses about the employment processes for appeal or arbitration available to nurses.

The Board, for the same reasons as specified above, does not plan to advocate legislation adopting this language. The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care. The Board believes that the current statutory and regulatory framework accomplishes the objectives sought in the language NNOC proposes.
Greetings! It is with great pleasure that we recognize the 90th Anniversary of the Ohio Board of Nursing! To celebrate and reflect on 90 years of history, we take great pride in providing excerpts from a booklet, Ohio Board of Nursing, Celebrating 75 Years of Regulating the Practice of Nursing 1916-1991.

- For ten years, graduate nurses in Ohio worked to achieve passage of a law that would regulate the practice of nursing. On April 27, 1915, the General Assembly passed the long-awaited Nurse Practice Act thereby establishing what today has become the Ohio Board of Nursing.

  “Within sixty days after this act becomes operative, the State Medical Board shall employ a secretary, entrance examiner, and three nurses; said three nurses with the secretary of the State Medical Board shall constitute the Nurses’ Examining Committee.”

Section 1 of the Law Regulating the Practice of Nursing, 1915.

- A Nurses’ Examining Committee (Committee) was appointed and the first nurses were actually registered on January 11, 1916.

- The Committee adopted minimal educational standards including a three-year course of study totaling 357 hours. A minimum of one year of high school was required for those wishing to study nursing.

- The first examination questions were written by Committee members. The day-long essay and demonstration test covered nine subject areas: Anatomy and Physiology; Hygiene, Sanitation, and Bacteriology; Materia Medica and Therapeutics; Cooking and Dietetics; Nursing of Medical and Communicable Diseases; Surgical Nursing; Pediatric Nursing; Obstetrical Nursing; and Ethics of Nursing.

- Candidates also had to demonstrate proficiency in such tasks as preparation of a bed for delivery, application of a sling or breast binder, catheterization, etc. Three nurses were able to receive the required 75 percent passing grade on that first examination.

- The first Committee recognized 65 nurse schools and received certification applications from 3,946 nurses.

- On May 7, 1941 Ohio legislators approved a bill that established the State Nurses Board as a separate entity. Five nurses were appointed by the Governor to serve on the first Board. The Attorney General advised the Board that its “first duty was not to its profession but to the public.”

- As early as 1917, Ohio entered into agreements with ten neighboring states to provide “reciprocity” for nurses licensed in other states.

- In arguing for national “endorsement” (determined to be a more appropriate term than “reciprocity”), a national council of federation of nurse examiners was proposed to “establish a standard examination of such character that the certificate awarded the successful candidate could safely be accepted by all boards of nurse licensure…”

- Recognition of the practical nurse as a member of the health care team came about after years of debate. In 1948, after a “study of present trends,” the Board voted to develop amendments to the nurse practice act that would provide for licensure of qualified practical nurses. In 1955, the General Assembly approved a bill to license the practical nurse and the Board became known as the Board of Nursing Education and Nurse Registration. By July 1956, thirteen schools of practical nursing were approved and 4,064 practical nurses had been licensed.

- By 1966 there were 47,150 registered nurses and 59 approved schools of registered nursing educating 7,363 students. In addition, 17,120 practical nurses had been licensed and thirty practical nursing programs were recognized.

- The Nurse Practice Act was revised to require mandatory licensure for all nurses in 1967. Registered nurses had to be licensed by January 1, 1968 and practical nurses by April 1, 1971.

- The Nurse Practice Act was again revised in 1988, establishing educational standards, developing better means to measure a nurse’s competency to practice, and protecting the public from unsafe practitioners. The amended Act strengthened the Board’s disciplinary authority and changed the composition of the Board to eight registered nurses, four licensed practical nurses, and for the first time, a consumer member.

- The first recorded disciplinary action taken by the Committee occurred in 1939, and the Disciplinary/Enforcement Unit was established in 1984.

- The Board established a computerized licensure database to generate all examination, endorsement and licensure renewal documents in 1986.

**MORE RECENTLY…..**

- In 2000, the General Assembly enacted legislation creating certified Dialysis Technicians and Dialysis Training Programs to be regulated by the Board.

- Authority for Advanced Practice Nurses was obtained through the legislature in 1996 and in 2000, authority for Clinical Nurse Specialists, Certified Nurse-Midwives, and Certified Nurse Practitioners to prescribe drugs was enacted through legislation.

- In 2003, the General Assembly enacted legislation to create Certified Community Health Workers and Training Programs.

- In 2005, the General Assembly created, through the budget bill,
H.B. 66, a new category of health care worker, certified medication aides, to be regulated by the Board. The legislation authorized nurses to delegate the administration of certain medications to certified medication aides working in nursing homes and residential care facilities.

AND NOW....

The Board regulates over 210,000 licensees and certificate holders as compared to approximately 191,000 in 2002. This Board regulates more licensees and certificate holders than any other regulatory board in Ohio.

The mission of the Board is to actively safeguard the health of the public through the effective regulation of nursing care. The Board carries out its responsibilities pursuant to Chapter 4723. of the Revised Code and the rules promulgated thereunder. A thirteen-member Board and Board staff implement legislative mandates, regulatory requirements, and other measures designed to protect the citizens of Ohio.

The public expects safe nursing care will be delivered and unsafe or incompetent practitioners will be appropriately dealt with. The Board provides these assurances by reviewing and approving pre-licensure nursing education programs; issuing and renewing licenses and certificates only to those who meet the requirements; establishing and interpreting scopes of practice; establishing regulatory requirements for registered nurses, licensed practical nurses, advanced practice nurses, dialysis technicians, certified community health workers, and medication aides; and, if these licensees and certificate holders violate the law or rules, imposing discipline and monitoring their practice.

Thanks for taking a moment to reflect on our history and thanks to all former Board members and staff who made history! As current Board members and staff, we are not only proud of our past, we are proud of the contributions we make to the profession of nursing today and the work we do to safeguard the health of the public. ■
All meetings of the advisory groups begin at 10:00 a.m. (unless otherwise noted) and are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614/466-9970 to determine any change in the location, date or times from those listed.

The Advisory Group on Nursing Education—February 9, August 10, October 12, and December 7.
Chair: Kathleen Driscoll

The Advisory Group on Dialysis—February 21, August 15, and October 17.
Chair: Debra Broadnax

The Advisory Group on Continuing Education—February 17, June 16, and October 20.
Chair: Lisa Klenke

The Committee on Prescriptive Governance—April 24 and October 16.
Chair: Jacalyn Golden, MSN, CNP

The 2006 Members of the Ohio Board of Nursing are listed below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Term Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia A. Krueger, RN, MSN</td>
<td><em>President</em></td>
<td>2007</td>
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<tr>
<td>Teresa L. Williams, LPN</td>
<td><em>Vice President</em></td>
<td>2007</td>
</tr>
<tr>
<td>Anne Barnett, BSN, RNC, CWS</td>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Bertha Lovelace, RN, BA, CRNA</td>
<td><em>Supervising Member for Disciplinary Matters</em></td>
<td>2006</td>
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<tr>
<td>Judith Brachman, <em>Consumer Member</em></td>
<td></td>
<td>2007</td>
</tr>
<tr>
<td>Debra Broadnax MSN, RN, CNS</td>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Elizabeth Buschmann, LPN</td>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Kathleen O’Dell, RN, M.Ed., N.C.S.N</td>
<td></td>
<td>2008</td>
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<tr>
<td>Janet L. Boeckman, RN, MSN, CPNP</td>
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<td>2009</td>
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<tr>
<td>Patricia Burns, LPN</td>
<td></td>
<td>2009</td>
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<tr>
<td>Kathleen Driscoll, JD, MS, RN</td>
<td></td>
<td>2009</td>
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<tr>
<td>Lisa Klenke, MBA, RN, CNA</td>
<td></td>
<td>2009</td>
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<tr>
<td>J. Jane McFee, LPN</td>
<td></td>
<td>2009</td>
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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. The purpose of publishing this list is to notify current and potential employers and to reach the individual when other avenues have failed.

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. If payment is not received within 30 days after notice is provided, 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 may be subject to discipline.

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.

Registered Nurses:
- RN179628 Cheryl Balogh
- RN234395 Robert Clarke
- RN284031 Deborah Conner
- RN231846 Cordelia Farrish
- RN081572 Mary Hartmann
- RN254146 Ann Jarven
- RN099852 Jane McCutcheon
- RN256289 Linda McDaniel
- RN227234 Cassandra Norris
- RN169684 Bernadette Queener
- RN288354 Shelia Smith
- RN229036 Dundee Sweetland
- RN152613 Venita Yetsko
- RN300574 Jacque Young

Licensed Practical Nurses:
- PN116288 Nikki Armstrong
- PN111993 Liza Avenson
- PN080412 Vera Bazemore
- PN038360 Daisy Brown
- PN075771 Gail Carpenter
- PN109961 Sandra Carter
- PN084044 Marla Cook
- PN030448 Patricia Curtis
- PN106911 Emily Dabner
- PN107371 Patricia Edington-Wallace
- PN077423 Barbara Freeman
- PN105124 Lisa Groves
- PN104119 Daniel Harville
- PN102088 Mildred Highlander
- PN089727 Janice Jenkins-Williams
- PN087786 Kristi Jones
- PN026851 Eugenia Lauring
- PN090330 Vickie Lawson
- PN044725 Patricia Prokop
- PN106406 Kelvin Raines
- PN095293 Susan Runion
- PN079095 Carol Tatum
- PN109807 Stacey Townsend
- PN075285 Becky White
- PN099429 Paige Wilson
- PN099756 Wende Wilson
- PN068305 Jeannease Zimmerman
- PN068305 Jeannease Zimmermann

Dialysis Technicians:
- DT1459 Lisa Miljour

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, please do not assume from the name alone that a particular individual has a payment failure. You may verify the license number on the Board’s web site at www.nursing.ohio.gov by clicking on Verification.
The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed on Friday. The Board may also meet on Wednesdays prior to the Board meeting as a whole or in small groups to discuss specific items or issues, to participate in continuing education activities, or to conduct a public rules hearing (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 a.m. The public is invited to attend. Please contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes.

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LPN renewal occurs in the Spring of each even-numbered year (while RN renewal occurs in the odd-numbered years). Each year, and this was no exception, license renewal catches many nurses off guard and they are not prepared to renew on time.

Perhaps the following may be “Helpful Hints” for License Renewal:

- Maintain your continuing education certificates in a file by “licensing period” (September 1, even year through August 31, then next even year) rather than by calendar year.
- Do not count on your employer to save the documentation of continuing education for you. This is your responsibility as an individual nurse.
- Remember to notify the Board office of any address or name change.
  - Address changes may be made by email, fax or letter;
  - Name changes must be accompanied by a certified court document.
- When you buy your new calendar each year, mark June 1 as a day to check to see if your renewal notification has come – June 1, odd year if you are an RN and June 1, even year if you are an LPN. If you have not received your application by then, e-mail the Board office at renewal@nursing.ohio.gov.
- Avoid the late fee, avoid the late rush, avoid the aggravation; renew early!

ON-LINE RENEWAL

On-line renewal was available in 2005 for registered nurses and this year for licensed practical nurses. Only 20% of LPNs used the on-line system, and for those using it, over 95% of them found it “fast and easy”, “helpful”, “very user-friendly.”

You may want to consider using on-line renewal next time around.

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The number of complaints the Board receives regarding licensees and certificate holders has tripled since 2001. The breakdown is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaints</th>
</tr>
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<tbody>
<tr>
<td>2001</td>
<td>1,085</td>
</tr>
<tr>
<td>2002</td>
<td>1,402</td>
</tr>
<tr>
<td>2003</td>
<td>1,817</td>
</tr>
<tr>
<td>2004</td>
<td>2,580</td>
</tr>
<tr>
<td>2005</td>
<td>3,701</td>
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</table>

Factors contributing to the increase are changes to the mandatory reporting law requiring employers to report any conduct that would be grounds for disciplinary action, education of employers regarding the reporting requirements, implementation of criminal records checks for licensure applicants, and an increased number of licensees and certificate holders contacting the Board directly to self-report potential violations of the law and rules.

Some licensees and certificate holders have expressed dismay at the increased number of complaints received. However, the percentage is small considering the fact that the Board regulates over 210,000 individuals. Further, more than 50% of the complaints received are closed without any Board action.

**Update on Priority III and IV complaints**

The Summer 2006 issue of Momentum contained information about the Board’s process for evaluating and prioritizing complaints.

In March 2006, the Board implemented a new process for investigating Priority III and IV complaints in order to address concerns regarding the length of time between the Board’s receipt of a lower priority complaint and initial contact with a licensee or certificate holder.

Between March 2006 and October 2006, the Board issued 245 letters to licensees and certificate holders for Priority III and IV complaints. The number of responses received was 186, higher than anticipated. The majority of the responses contained sufficient information to complete the investigation and 136 complaints were closed after review.

If you have questions, contact the Compliance Unit at disciplinary@nursing.ohio.gov.

---

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Is it within the scope of practice of a Certified Nurse-Midwife (CNM) to perform newborn circumcision?

No.

During the spring 2006 meetings of the Ohio Board of Nursing APN Task Force, the Certified Nurse-Midwife (CNM) participants queried the Board regarding newborn circumcision as it relates to the current scope of practice of CNMs in Ohio. At that meeting, the CNMs referenced that it was the practice of CNMs to perform circumcisions when CNMs were previously registered with the State Medical Board prior to 1988, after which CNM registration was moved to the Board of Nursing.

The Board clarified CNM practice prior to 1988, and discussed the past practice of CNMs with Medical Board staff who stated that circumcision was not an authorized practice for CNMs prior to 1988. We have been unable to identify a Medical Board statute, rule, or policy indicating that CNMs were authorized to perform newborn circumcisions while registered by the State Medical Board.

Further, minutes from an October 14, 1994 “CNM Focus Group” meeting of Board of Nursing staff and CNM representatives discussed the CNM scope of practice in relation to various types of instruments used and procedures performed, and included a specific recommendation that three procedures were “prohibited in the scope of practice” of the CNM: C-sections, forceps deliveries, and circumcisions.

Currently, the Nurse Practice Act defines the CNM scope of practice in Section 4723.43 of the Revised Code:

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. (emphasis added)

No certified nurse-midwife may perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies. Division (A) of this section does not prohibit a certified nurse-midwife from performing episiotomies or normal vaginal deliveries, or repairing vaginal tears. A certified nurse-midwife who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

The plain language of the statute provides that a CNM may provide care to women before, during, and after their pregnancy. There are certain newborn activities performed by CNMs that are directly related to intrapartal and postpartum care of women that include but are not limited to the care of the newborn at the time of delivery, maternal-child bonding, and lactation counseling. However, the performance of newborn circumcision is not a procedure that is necessary to provide intrapartal, postpartum and/or gynecological health care to women and therefore is not included in the CNM scope of practice.

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PRACTICE CORNER

Circumcisions and Certified Nurse-Midwives

Q: Is it within the scope of practice of a Certified Nurse-Midwife (CNM) to perform newborn circumcision?

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Further, minutes from an October 14, 1994 “CNM Focus Group” meeting of Board of Nursing staff and CNM representatives discussed the CNM scope of practice in relation to various types of instruments used and procedures performed, and included a specific recommendation that three procedures were “prohibited in the scope of practice” of the CNM: C-sections, forceps deliveries, and circumcisions.

Currently, the Nurse Practice Act defines the CNM scope of practice in Section 4723.43 of the Revised Code:

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. (emphasis added)

No certified nurse-midwife may perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies. Division (A) of this section does not prohibit a certified nurse-midwife from performing episiotomies or normal vaginal deliveries, or repairing vaginal tears. A certified nurse-midwife who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

The plain language of the statute provides that a CNM may provide care to women before, during, and after their pregnancy. There are certain newborn activities performed by CNMs that are directly related to intrapartal and postpartum care of women that include but are not limited to the care of the newborn at the time of delivery, maternal-child bonding, and lactation counseling. However, the performance of newborn circumcision is not a procedure that is necessary to provide intrapartal, postpartum and/or gynecological health care to women and therefore is not included in the CNM scope of practice.
CARING FOR PEOPLE FIRST
TriHealth nurses are supported by a rich spiritual heritage that embraces diversity and fosters respect for all people. Our motto, “Caring for People First,” applies not only to how the staff cares for patients and families but also to how they care for one another.

SUPERIOR WORKPLACE
Working Mother magazine has selected TriHealth for the third consecutive year as one of the nation’s 100 Best Companies for Working Mothers in 2006. The 21st annual list recognizes TriHealth and its anchor hospitals, Good Samaritan and Bethesda North, for their efforts to foster health and well being for working parents. Nurses from the hospitals voiced opinions about why they would recommend TriHealth to other nurses:

- “At TriHealth, I have the ability to move from one area to another.”
  **Variety and Flexibility** – Our nurses can choose from a variety of specialty areas and scheduling options that help create a balanced lifestyle. Working Mother evaluators recognized flexible scheduling and leave time as particular strengths at TriHealth.

- “TriHealth nurses have a positive attitude. We help one another.”
  **Teamwork** – Staff nurses actively participate in decision making and quality improvement. The collaborative effort of nurses, physicians, health care professionals and administrators creates a work environment of support and mutual respect.

- “TriHealth has a good orientation program and a good learning atmosphere.”
  **Professional Growth** – Orientation and mentoring programs help new nurses get started. All TriHealth nurses are encouraged to develop themselves through specialty certifications, onsite clinical and career development programs, an onsite RN to BSN program and decision making committees.

- “TriHealth feels like where I belong: I love the atmosphere.”
  **Job Satisfaction** – In addition to receiving a competitive salary and benefits package, TriHealth nurses have the satisfaction of knowing they are making a difference in a setting where values matter and where there is a deep commitment to excellence and service.

“It takes a team effort to give good patient care. When everyone cooperates you’re able to address the patient’s needs above and beyond basic nursing care.”
Pat Perkins, RN, Good Samaritan Hospital Outpatient Treatment Center

“Experience the TriHealth Difference
With new patient towers going up, awards received for “best place to work,” career options expanding and schedule flexibility increasing, TriHealth attracts some of the best nurses in the Greater Cincinnati area.

Brandon Elliott RN, Good Samaritan Hospital Telemetry
EXPANDING OPPORTUNITIES

Expansion projects scheduled for completion in 2007 will create additional nursing opportunities at Good Samaritan Hospital and Bethesda North Hospital. Good Samaritan, just north of Downtown Cincinnati, will open a 10-story patient tower next summer. Bethesda North Hospital, located in a prosperous northeast suburb of Cincinnati, will open its own seven-story tower next year. New nursing units will be state-of-the-art, with the latest in patient amenities, healing environment features, technology and computerization.

For more information about joining a valued team of professionals committed to “Caring for People First,” look for our ad in this issue or contact our nurse recruiters at 513-872-2655 for Good Samaritan Hospital or 513-745-1151 for Bethesda North Hospital. Fax your resume or apply online: www.trihealth.com.

Terri Grefer, RN, Good Samaritan Hospital Medical Oncology

“I believe every nurse should start off on a medical-surgical unit. You get a broader appreciation of nursing and there’s constant learning. I worked as a PCA in various hospitals before I became an RN in 2004. I chose TriHealth for nursing school and for my career because of its excellent reputation. People are friendly here, and I always feel I have available resources to ask questions.”

Lora Baxtron RN, Medical-Surgical Unit Nurse, Bethesda North

TriHealth is an equal opportunity employer. We are committed to a diverse and inclusive workforce.
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**WHAT IS A DUPLICATE LICENSE?**

A duplicate license is a license that is issued to a nurse to replace a lost, destroyed, or stolen license.

After completing a form entitled Affidavit of Lost Document, and submitting the $25.00 replacement fee, the nurse is issued a license with the designation “Replacement” stamped across the top of the license. Once a duplicate or replacement license is issued, the original license that has been lost or stolen is no longer valid.

For purposes of security, each issue of Momentum will have a list of those licenses for which a replacement was issued during the months immediately preceding publication.
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**REQUIREMENTS FOR APPLICANTS:**
- Masters Degree
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Painesville, OH 44077
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Website: www.lhs.net

Allegheny County Medical Center
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e-mail – chte@hmis.org
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NURSING FACULTY
Bohecker College—Columbus is opening a New School of Nursing on Executive Parkway near the beltway northeast of Columbus.

We are currently hiring nursing faculty for immediate full-time and part-time positions in our Practical Nursing and Associate Degree in Nursing (LPN to RN) programs. Classes begin November 16th.

We require BSN and five years clinical experience. MSN or other advanced healthcare degree is a plus. Previous faculty experience in PN or ADN programs is a plus. Previous health care clinical management experience is a plus.

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Director of Emergency Services—FT—BSN required, 3-5 years emergency room experience, current EMT-P license and previous management experience preferred.

Community Health Partners
Nursing Unit Coordinator—FT—Cath Lab—The Unit Coordinator is administratively responsible to the Nurse Manager. Graduate of approved school of Nursing, current RN license in Ohio. BSN preferred. Two to three years of nursing experience. Previous Cath Lab management experience required.
Nurse Practitioner—FT Mon-Fri—Physicians Office
Qualified candidates mail/fax/e-mail resumes to:
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Lorain, Ohio 44053
Fax 440-960-4629
e-mail – chte@hmis.org
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MOMENTUM
Mercy Health Partners is an integrated network of services and facilities, including hospitals, long-term care facilities and other health delivery sites serving Southwest Ohio, with locations throughout Greater Cincinnati.

Mercy Hospital Mt. Airy
Carla Gossman – 513-853-5760

Perioperative Manager – BSN required, MSN preferred. CNOR, 3-5 years progressive management experience, PACU, PAT, OR, PACU required.
Clinical Administrator (House Supervisor) – Part-time days and full-time nights
Clinical Coordinator – Full-time. PAT/ACU, BSN, 3-5 years same day surgery or PACU experience preferred
Chemotherapy RN
Surgery Department RN
Unit Based Educator (new position) – Telemetry, ICU, Oncology, Orthopedics – BSN required
ICU RN and Charge Nurse
Oncology RN – 12 hour shifts and weekend option
Ortho RN – 12 hour shifts
Telemetry RN and Charge Nurse – 12 hours shifts and weekend option
Emergency Department RN and Charge Nurse – 12 hour shifts and weekend charge

Home Care
Teelisha Higgins – 513-981-6201

Clinical Manager – BSN preferred.
2 years home care management experience required
Chronic Care Coordinator – Minimum 2 years as RN in homecare, CHF or chronic care and/or patient care case management experience required
RN IV – Minimum 2 years recent nursing experience in acute care, long term care or homecare with 1 or more years of IV nursing experience required

Mercy Hospital Western Hills
Ann Toerner – 513-389-5037

Director of Perioperative Services (new position) – Full-time
Surgeal Assistant – Must be able to get certification within one year and currently functioning as a surgical assistant
RN House Supervisor – Night shift, varied shifts available
RN Assistant Manager – Senior Behavioral Health Unit – Day shift
Skilled Rehab RN – Weekend option, evening shift or full-time, day/evening rotation
Skilled Rehab Clinical Coordinator – Full-time, evening
Senior Behavioral Health RN – Full-time, part-time and weekend option
Emergency Department RN – Full-time and part-time, 11a-11p and 7p-7a
ICU RN – Day/night rotation
Med/Surg RN – Full-time, part-time and weekend option. New grads welcome
Telemetry RN – Many shifts including weekend option
RNFA – Surgery – Full-time
New Stroke Unit RN – Full-time and part-time
PACU RN – Monday – Part-time and PRN, Monday – Friday shifts

Mercy Hospital Fairfield
Nancy Scheffel – 513-682-7229

Clinical Director Perioperative Services RN Nurse Practitioner – Outpatient Clinic Clinical Coordinator (Charge Nurse) – Orthopedic, Women’s Specialty, Telemetry Nurse Manager – Education
Emergency Department RN – Full-time, part-time and weekend option, days/nights or Monday – Friday, no weekends
Cancer Care RN – Part-time
Surgery RN – Full-time
Telemetry RN – Full-time and part-time
Cardiovascular ICU RN – Full-time and part-time
Family Birth Center RN – Full-time and part-time
Stress Test RN – Part-time
ICU RN – Full-time and part-time
Ortho RN – Full-time and part-time

Mercy Hospital Anderson
Rachel Dattilo – 513-624-3200

Nurse Manager – Inpatient Med Surg/Oncology – 3-5 years management experience and BSN required
OR Charge Nurse – Full-time, evening shift. Minimum 3 years OR experience in multiple specialties. OR charge experience preferred
RN Clinical Education Specialist – Advanced degree required
RN Clinical Documentation Specialist, HIM – Full-time, day shift
RNFA – Full-time, days and evenings. Experienced RNFA or surgical assistant. Experience in multi specialties a plus
Emergency Department RN – Various scheduling options, days/evenings/nights and weekend option. Recent ED experience preferred but will train
Cardiovascular ICU RN – Full-time and part-time. Open Heart Recovery experience required
RN Nurse Practitioner – Full-time, days. Work half-time with Physicians and other half within hospital
Telemetry RN – Full-time and part-time, nights. Will train
Med/Surg ICU RN – Full-time and part-time, nights. Will train
Med/Surg RN – Full-time and part-time, days and nights. Oncology, Orthopedic and Women’s Specialty units
LDRPN – Family Birth Center RN – Full-time and part-time, nights. Will train
Radiology RN – Full-time, days, no weekends/holidays. ACLS and Critical Care experience preferred
Endoscopy RN – Outpatient Ambulatory Surgery Center – Part-time. ACLS, PALS and at least 2 years critical care experience required

Mercy Hospital Clermont
Kate Stetson – 513-735-7534

Clinical Coordinator (Charge Nurse) – Behavioral Medicine
Surgery RN – 1 year experience preferred
ICU RN
Telemetry RN
Emergency Department RN
Med/Surg RN
ET/Wound Ostomy RN – BSN, WOCN certification required. MSN, education or health related field preferred

What’s New at Mercy!

Unit Based Educator (Telemetry, ICU, Oncology, OrthO)
If you are an RN and love teaching and educating utilizing your clinical expertise, Mercy Hospital Mt. Airy has an exciting role for you. Hurry in to interview and receive a free gift. Contact Carla Gossman 513-853-5760

Family Birth Center RNs
Mercy Hospital Fairfield is experiencing babies by the bundles and has an increased need for RNs in their Family Birth Center. Contact Nancy Scheffel 513-682-7229

Mercy Hospital Western Hills

MED/STROKE UNIT – New unit focusing on stroke/neuro patients.
STEP DOWN ICU – Critical care training provided.
New Grads Welcome! Contact Ann Toerner 513-389-5037.

Apply online at: e-mercy.com

We may work at different facilities, but we’re part of one big family. There’s a team spirit at Mercy you can’t find anywhere else. It’s what makes us proud to say

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Marilyn, MDS RN
Scott, Critical Care RN
Sandy, ICU RN

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