

PUBLICATION OF THE OHIO BOARD OF NURSING

MOMENTUM

Fall 2007 • Volume 5 Issue 4

Board Approves School Nurse Decision-Making Model



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It is important to note, I am required to be licensed and certified to practice. I am not a nurse. I do not have an RN license and I am not a nurse.



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Find out why so many of our area RNs call TriHealth "home."

Call our nurse recruiters:

Mandy at Good Samaritan, 513-872-2655 or

Bonnie at Bethesda North, 513-745-1151.

Apply on-line or send us your resume:

www.trihealth.com

TriHealth Human Resources

475 Darnley Avenue, Cincinnati, OH 45226

Fax: 513-872-3672



TriHealth is an equal opportunity employer. We are committed to creating a diverse and inclusive workforce.

MOMENTUM

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Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 210,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.

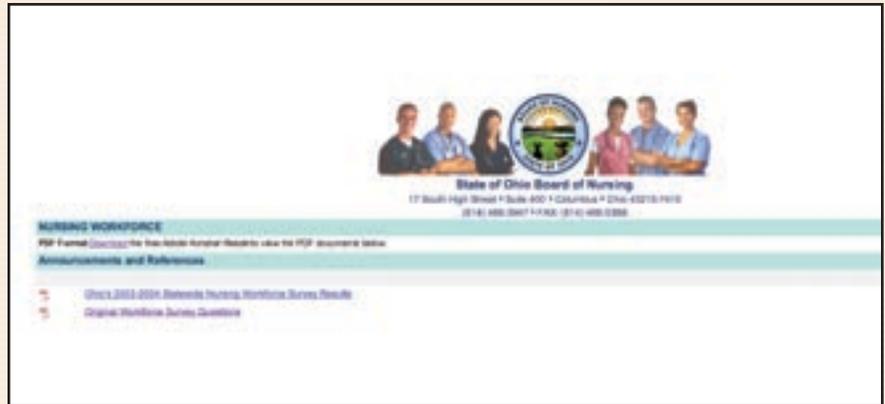
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Cynthia A. Krueger
RN, MSN
Board President

and compiling the data. The use of SurveyMonkey™ will be the

most efficient and cost effective method of conducting a survey of approximately 200,000 nurses in Ohio!



www.nursing.ohio.gov

The Board is conducting a Nursing Workforce Survey. The goal of the survey is to provide a “snapshot” of the nursing workforce in Ohio. It consists of questions to gather information about work setting, employment status, education, practice area, ethnicity, age, and plans to continue to practice nursing.

The survey will be electronically processed through the use of SurveyMonkey™, a company that specializes in conducting surveys

most efficient and cost effective method of conducting a survey of approximately 200,000 nurses in Ohio!

On the Board web site (www.nursing.ohio.gov) there is a link to the survey. It is available from now through January. The survey should take less than ten minutes to complete. If you do not have access to a computer at home, check with your employer to see if they have a computer that can be used to complete this impor-

available for public use.

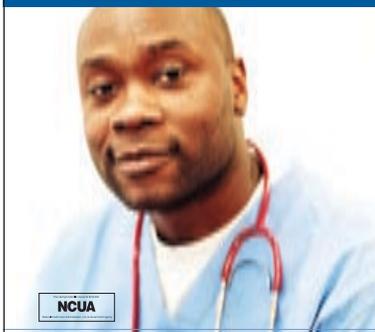
Please tell your nurse friends and co-workers about the survey. Please complete the survey to provide researchers, educators, employers, and legislators information about the nursing workforce in Ohio! •

Yours truly,

Cynthia Krueger, RN, MSN
Board President

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DAY	PORT	ARRIVE	DEPART
Sun.	Miami		4:00 PM
Mon.	Nassau	7:00 AM	2:00 PM
Tues.	"Fun Day" at Sea		
Wed.	St. Thomas/St. John*	9:00 AM	8:00 PM
Thurs.	St. Maarten	7:00 AM	6:00 PM
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
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Are You Engaging in the Unauthorized Practice of Law?

As a licensed nurse or nursing program faculty member, you may occasionally encounter situations in which a nursing student seeks your assistance in answering legal questions. The best response is to recommend that the individual seek the advice of an attorney.

However, situations may arise when it is unclear whether the question asked is legal in nature. For example, if a nursing student asks whether performing a certain task is within the scope of practice of a registered nurse, although the response does involve an interpretation of the Nurse Practice Act and rules related to standards of practice, answering this question would typically not be construed to be the “practice of law,” as all license practitioners are accountable for understanding the laws and rules applicable to their practice. See, e.g., Rule 4723-4-03 (B), OAC. Furthermore, general practice questions are probably not being asked for purposes of obtain-

ing personal legal advice.

Faculty members or administrators may encounter situations in which a nursing student seeks help in addressing questions on the licensure application that could be construed as legal in nature. For example, applicants may ask whether certain criminal convictions will preclude them from being licensed in the state of Ohio. In this situation, referring the applicant to the Board of Nursing, or to legal counsel, may be in the best interest of the applicant. In addition, the Board has received an increasing number of applicants who claim to have inaccurately completed licensure applications based upon the advice and direction of faculty. If a student asks for assistance in answering questions on an application for licensure related to criminal history, again, it may be in the student’s best interest to refer them to the Board, or to legal counsel who may make an inquiry on the student’s behalf to the Board. The benefit of legal coun-



Faculty members or administrators may encounter situations in which a nursing student seeks help in addressing questions on the licensure application that could be construed as legal in nature.

sel in this regard is twofold. First, an attorney should be trained to ask the right questions and is thus more likely to get the right answers. Second, reliance upon legal advice should be viewed as a mitigating factor in the event it is alleged that an applicant violated Section 4723.28(A), ORC, i.e., committed fraud, misrepresentation, or deception in applying for or securing any nursing license.

In general, whether providing advice on how to answer licensure application questions would be construed as engaging in the practice of law is unclear, and would depend on the facts and circumstances involved. The Supreme Court of Ohio has original jurisdiction over “admission to the practice of law, the discipline of persons so admitted, and all other matters relating to the practice of law.” This jurisdiction includes authority over the unauthorized practice of law. For questions related to the unauthorized practice of law, you may contact the Supreme Court of Ohio, Board on the Unauthorized Practice of Law at (614) 387-9318.

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I am teamwork in action. I am respected by my co-workers, and appreciated by my patients. I am motivated by compassion. I go the extra mile and accommodate my efforts. I wouldn't want to work anywhere else.

expanding your options.



"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**

Expansion projects recently completed have created additional nursing opportunities at our top-rated hospitals, Good Samaritan and Bethesda North. Good Samaritan, north of downtown Cincinnati, just opened a new 10-story patient tower. Bethesda North, located in a northeast suburb of Cincinnati, opened its own seven-story tower this summer. New units are state-of-the-art with the latest in patient amenities, healing environment features, technology and computerization.

Nurses from our 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.
- *"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.



"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*

"What I like most is the feeling of connection with a patient or family member. When people leave here, I want them to feel like they were nurtured and well taken care of. So much of nursing is not what you do but how you do it."

Terri Grefer RN, *Good Samaritan Hospital Medical Oncology*



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.

For more information 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.

We are looking for EXPERIENCED RNs at Good Samaritan and Bethesda North hospitals for new and expanding units including:

Med/Surg • Critical Care • Telemetry

Emergency Department • Cath Lab • other areas of care.

Challenging RN management and educator positions also are available.

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Fax: 513-872-3672

BNH **513-745-1151**

GSH **513-872-2655**

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Bethesda North
Good Samaritan

Board Approves School Nurse Decision-Making Model

At its September 2007 meeting, the Board approved the School Nurse Decision-Making Model (Model). The two-part Model pertains to medication administration within the public school system and delegation of nursing tasks within the school setting. In regards to medication administration, the Department of Education law, Section 3313.713, ORC provides that a board of education must adopt a policy regarding administration of drugs

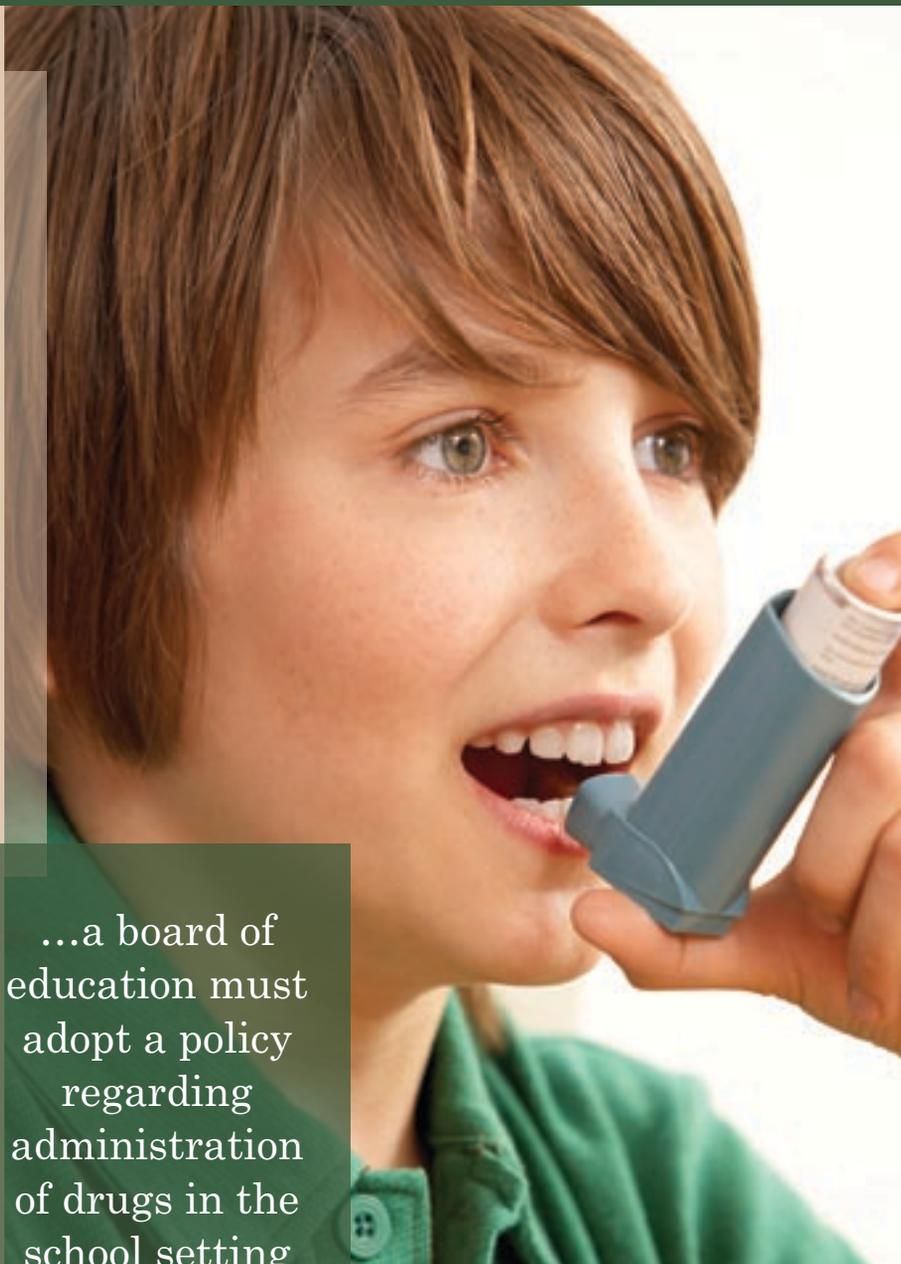
in the school setting. The policy must specifically authorize medication administration by school employees or prohibit it. The person authorized to administer medications in the school setting may or may not be the school nurse. Therefore, the Model pertaining to medication administration assists the school nurse in recognizing his/her role in medication administration depending on the individual authorized to administer medications in the school setting. The delegation of nursing tasks by school nurses to trained unlicensed individuals is the same process as set forth in Chapter 4723-13 Ohio Administrative Code, Delegation of Nursing Tasks.

Note that the School Nurse Decision Making Models do not

...a board of education must adopt a policy regarding administration of drugs in the school setting

reflect any change in Ohio law or rules related to medication administration in the school setting. Since approximately 1983, the education law has always potentially allowed unlicensed persons to administer medications according to school board policy. The Nurse Practice Act and administrative rules reflect this. If an unlicensed person is designated by school policy to administer medications, then a nurse is not required to delegate this task, as it is "otherwise authorized by law." The nurse may also be involved in providing training for and professional evaluation of the medication administration.

These Models are available for download from the Board's Web site www.nursing.ohio.gov in the Practice section.



Non-Medication Related Nursing Tasks: School Nurse's Scope of Practice

LEGALITY

Define/Describe the activity/task

Is the activity or task within the scope of practice of the nurse and NOT prohibited or precluded by any other law or rule?

THE NURSE PRACTICE ACT (THE LAW & RULES):
 ORC 4723.01(B): practice as an RN
 ORC 4723.32: exceptions from licensing
 OAC 4723-1 to 4723-27

NO

YES

COMPETENCY

Can the nurse perform the activity or task and meet the standards of safe nursing practice as defined in OAC 4723-4?
 Can the nurse demonstrate and document current knowledge, skills, and abilities?

NO

YES

SAFETY

Is this activity or task safe and appropriate to perform/delegate with this student at this time?

YES

NO

YES

NURSE DELEGATION:
 Are the standards set forth in OAC 4723-13 met?

YES

NO

YES

ACCOUNTABILITY

The nurse may perform/delegate the activity/task according to acceptable and prevailing standards of safe nursing care and accept accountability for the nursing actions.



Note:
 Emergency Situations -
 An unlicensed person may perform nursing tasks in an emergency situation ORC 4723.32 (D).

Medication Administration: School Nurse Scope of Practice

LEGALITY

Define/Describe the activity/task

THE EDUCATION LAW & RULES:
 ORC 3313.713: School Board authorization for medication administration
 SCHOOL BOARD POLICY:
 Review the specific district policy
 THE NURSE PRACTICE ACT (THE LAW & RULES):
 ORC 4723.01(B): practice as an RN
 ORC 4723.32: exceptions from licensing
 OAC 4723-1 to 4723-27

Is the medication administration activity/task permitted under applicable law and policy in the school setting?

NO

School Board Policy designates unlicensed Person to administer meds

YES

School Board Policy designates nurse to administer meds

YES

Note:
 Emergency Situations -
 An unlicensed person may perform nursing tasks in an emergency situation ORC 4723.32 (D).

COMPETENCY

Unlicensed person may administer medications according to School Board Policy
No Nurse delegation involved

Can the nurse perform the medication activity/task and meet the standards of safe nursing practice as defined in OAC 4723-4?
 Can the nurse demonstrate and document current knowledge, skills, and abilities?

NO

SAFETY

The School Nurse may provide training for safe medication administration

YES

Is this medication activity/task safe and appropriate to perform/ delegate with this student at this time?

NO

ACCOUNTABILITY

The nurse may perform/delegate the activity/task according to acceptable and prevailing standards of safe nursing care and accept accountability for the nursing actions.

YES

NURSE DELEGATION:
 Are the standards set forth in OAC 4723-13 met?

YES

NO



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 Scott, Critical Care RN
 Robin, RN Clinical Coordinator, ICU

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- RN – Director Clinical Nursing – Emergency – FT
- RN – Clinical Documentation Specialist – FT, PRN
- RN – Quality Management – FT, PT
- RN – Perinatal Clinical Nurse Specialist – FT
- RN – New Ortho/Neuro Unit – RNs & New Grad Opportunities!
- RN – Clinical Resource – FT, PT, Weekend option
- RN – Surgery & CVOR – FT, PT
- RN – Telemetry – FT, PT
- RN – Orthopedics-Med/Surg – FT, PT
- RN – Cardiovascular ICU – FT, PT
- RN – Family Birth Center – FT, PT
- RN – Emergency Department – FT, PT
- RN – ICU – FT, PT
- RN – Cardiac Rehab – PT
- RN – Cancer Care – PT

**Mason Health Center
 513-870-7190**

- RN – Health Solutions – PRN

**Mercy Schroder
 513-867-4109**

- RN – Intermediate Care – FT

**Mercy Blue Ash
 Regional Office
 513-981-6201**

- RN – Nurse Practitioner – PT – School Based Health Clinic

East

**Mercy Hospital Anderson
 513-624-3200**

- RN – Orthopedic Service Line Director – FT
- RN – Women’s Services Clinical Director – FT
- RN – Emergency Department Manager – FT
- RN – Clinical Administrator (House Supervisor) – Nursing Administration – FT
- RN – Cardiovascular Nurse Practitioner – FT
- RN – Emergency Department – FT, PT, PRN
- RN – Med/Surg Oncology – FT, PT, PRN
- RN – Med/Surg Orthopedics – FT, PT, PRN
- RN – Med/Surg Women’s Specialty – FT, PT, PRN
- RN – Cardiovascular Inpatient Unit – FT, PT, PRN
- RN – Post Procedural Unit – PPU – PT, PRN

**Mercy St. Theresa
 513-272-4962**

- RN – Supervisor – Intermediate Care – FT
- RN – Intermediate Care – FT
- LPN – Intermediate Care – FT

**Mercy Hospital Clermont
 513-735-7534**

- RN – Clinical Coordinator – Telemetry – PRN
- RN – Team Lead, Case Management – Quality – FT
- RN – Behavioral Med – FT
- RN – Case Manager – Quality – FT
- RN – ICU – FT, PT, Weekend option, PRN
- RN – Telemetry – FT, PT, PRN
- RN – Med/Surg – FT, PT, PRN
- RN – Emergency Department – FT, PT, PRN

West

**Mercy Hospital Mt. Airy
 513-853-5760**

- RN – Clinical Coordinator – Endoscopy Suite – FT
- RN – Charge Nurse – Emergency Dept., ICU – FT, PT
- RN – Oncology – FT, PT
- RN – Telemetry – FT, PT
- RN – Orthopedics – FT, PT
- RN – Emergency Department – FT, PT
- RN – ICU – FT, PT
- RN – Telemetry – FT Weekend Option
- RN – Oncology – FT Weekend Option
- RN – Recovery Room (PACU) – FT, PT
- RN – Surgical Assistant – FT
- RN – Surgery – FT
- RN – Behavioral Health – PT
- RN and/or New Grad – Outpatient Chemo – PT

**Mercy Hospital
 Western Hills
 513-389-5037**

- RN – Director – Quality – FT
- RN – Clinical Coordinator – Senior Behavioral Health – FT
- RN – Clinical Coordinator – ICU – FT
- RN – Manager – Med/Surg Ortho – FT
- RN – Manager – OR/Endo – FT
- RN – Telemetry – FT, PT
- RN – ICU – FT, PT, PRN
- RN – Med/Surg Ortho/Neuro Vascular – FT, PT
- RN – Rehab – FT, PT
- RN – OR – FT
- RN – PACU – FT, PT
- RN – PCA III – FT Internship – New Grads
- RN – Senior Behavioral Health – FT, PT, Weekend Option Day shift

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 513-948-6710**

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Upcoming Events

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 Clermont**

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 January 08 –
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Advisory Groups and Committees

All meetings of the Advisory Groups begin at 10:00 AM (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 614/466-6940 to determine any change in the location, date or times from those listed.

Advisory Group on Nursing Education—February 8, April 12, June 14, August 9, October 11, and December 13.
Chair: Kathleen Driscoll, JD, MS, RN

Advisory Group on Dialysis—February 13, April 10, June 26, and October 9.

Chair: Debra Broadnax, MSN, RN, CNS

Advisory Group on Continuing Education Approvers—April 27 and October 5.

Chair: Lisa Klenke, MBA, RN, CNAA

Committee on Prescriptive Governance—April 23, August 27, and October 15.

Chair: Jacalyn Golden, MSN, CNP

2007 Members Ohio Board of Nursing City Term Expires

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Medication Aide Pilot Program **UPDATE**



In 2005, the General Assembly enacted the budget bill, HB 66, which included provisions that authorized medication aides to administer medications in nursing homes and residential care facilities, a Medication Aide Pilot Program, and approval of medication aide training programs. The law required the Board of Nursing (Board) to establish administrative rules by February 1, 2006, and to implement a certified Medication Aide Pilot Program (Pilot) from May 1, 2006, to June 30, 2007. An Advisory Council, composed of many interested parties with diverse interests, worked with the Board to establish rules for the certification of medication aides and approval of training programs.

The law authorized the Board to approve up to 80 nursing homes and 40 residential care facilities based on criteria set forth in law and administrative rule. Participating facilities were authorized to utilize Board-certified medication

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aides to administer prescription medications to facility residents upon delegation by a nurse. While the program was to be conducted initially as a Pilot, the legisla-

tion allowed for it to expand statewide and become a permanent program after the Pilot was completed, unless there was future legislative action by the General Assembly.

The Board was also required to conduct an evaluation of the Pilot and submit a report to the General Assembly by March 1, 2007. The evaluation included data gathered from participating facilities through December 31, 2006. This evaluation would assess whether certified medi-

cation aides were able to safely administer medications in nursing homes and residential care facilities, as well as the financial implications associated with allowing them to do so.

The Pilot evaluation revealed that the Board had approved 13 nursing homes and 12 residential care facilities to participate in the Pilot. In addition, 17 medication aide training programs had been approved. Ten medication aide certificates had been issued in November and December; however no participating facilities were using medication aides to administer medications. Due to the low participation rate, there was not enough data for analysis, evaluation, or recommendations regarding the Pilot. This information was summarized in the evaluation report that was submitted to the General Assembly.

An amendment to the budget bill extended the Pilot. There is no definite date specified for the Pilot to end,

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since the ending point depends on the certification date of the seventy-fifth medication aide. Once the seventy-fifth medication aide is certified, the “clock” begins as outlined in the timeline below. As of September 17, 2007, 42 medication aide certificates have been issued.

- The Board will request a report from each Pilot facility 91 days after the 75th medication aide is certified.
- The reports from the Pilot facilities are due to the Board 31 days after the request.
- A Board Report is submitted to the General Assembly 181 days after the 75th medication aide is certified.
- The Pilot will end 31 days after the Board submits its Report to the General Assembly.

The Board will calculate the ending date of the Pilot, based on the timeline, and will post it on the Board’s web site. This notification will inform facilities across the state when they may begin using medication aides. Throughout the Pilot, the Board may continue to receive applications from facilities seeking approval to participate in the Pilot.

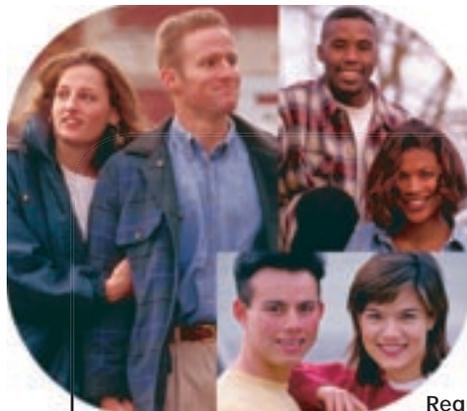
Information about medication aides and the Pilot Program can be obtained through the “Medication Aides” link on the Board web site at: www.nursing.ohio.gov.

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Interested candidates may submit their resumes by mail or fax to: ST. VINCENT CHARITY HOSPITAL, Attn.: Gail Robb, RN, Nurse Recruiter, 2351 East 22nd St., Cleveland, Ohio 44115, Fax: 216-363-2591, Email: gail.robb@csauh.com. EOE, M/F/D/V. Faith In Action.



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CONSUMER MEMBER *of the Board*

Judith Y. Brachman has been the consumer member of the Ohio Board of Nursing since 1999. She will complete the statutory limit of her service in December 2007. Below are views on her work with the Board.

The job of the Consumer Member on the Ohio Board of Nursing is to make sure that the views of health care recipients are presented in all discussions and decisions of the Board. My twelve nurse colleagues on the Board always reflect their professionalism in their concern for the health care of the public. At the same time, the Consumer Member is unique in being appointed specifically as the representative for the patient.

Whether the Board is discussing new Rules, bills before the legislature, or possible action against a nurse's license, as the Consumer Member, I focus first and foremost on how a proposed action will help or prevent harm to a patient. In doing this, I have identified a "Toolbox" of measures to assist in pro-

tecting patients.

I was fortunate to come to the Board with prior experience working in public service, including eight years as the Director of the Ohio Department of Aging. This has given me both familiarity with state government and an understanding of the needs of a sizable portion of the patient community - that of the elderly. With this knowledge, my toolbox of patient safety measures has been quite handy.

Some of the best measures in the toolbox have been persuasion, advocacy and open discussion. As the chair of the committee helping to write the Rules for the new Medication Aide program, those measures were very helpful in getting our work done. We were able to reach consensus among the many differ-

ent organizations represented on the committee, while making safety paramount for nursing home and assisted living residents who would be receiving medication under circumstances not previously encountered in Ohio. The overall acceptance of the Rules points to the committee's success.

Sometimes issues arise that may be viewed differently by patients than those working in the profession. Whether the issues relate to educational expectations or questions about the ability of specific nurses to practice safely and retain their licenses, our other Board Members have had open minds about concerns I may voice. But when divergent outlooks persist, then another measure from the toolbox has been important - being on record

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differing from an action being taken by the Board.

Throughout my years of service, all Board members have made every effort to include my views, and have displayed the importance of another set of tools – those of listening and exchanging views. This is a Board of very careful listeners, who encourage an atmo-

sphere of direct and honest debate. In such an open forum, everyone's views are respected and considered before moving to a decision.

As I complete my second and final term on the Board, I am pleased to note the tremendous respect I have gained for the professionalism and skill of nurses. As health care recipients, we

are fortunate to have a well trained and dedicated group of nurses to help us and our families. As in any health care field, there is a premium on making sure the public feels safe. By working together, all of us on the Board of Nursing strive to have a positive impact on patients and the confidence they feel in the care they receive from Ohio's nurses.



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