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Fall 2009 • Volume 7 Issue 4



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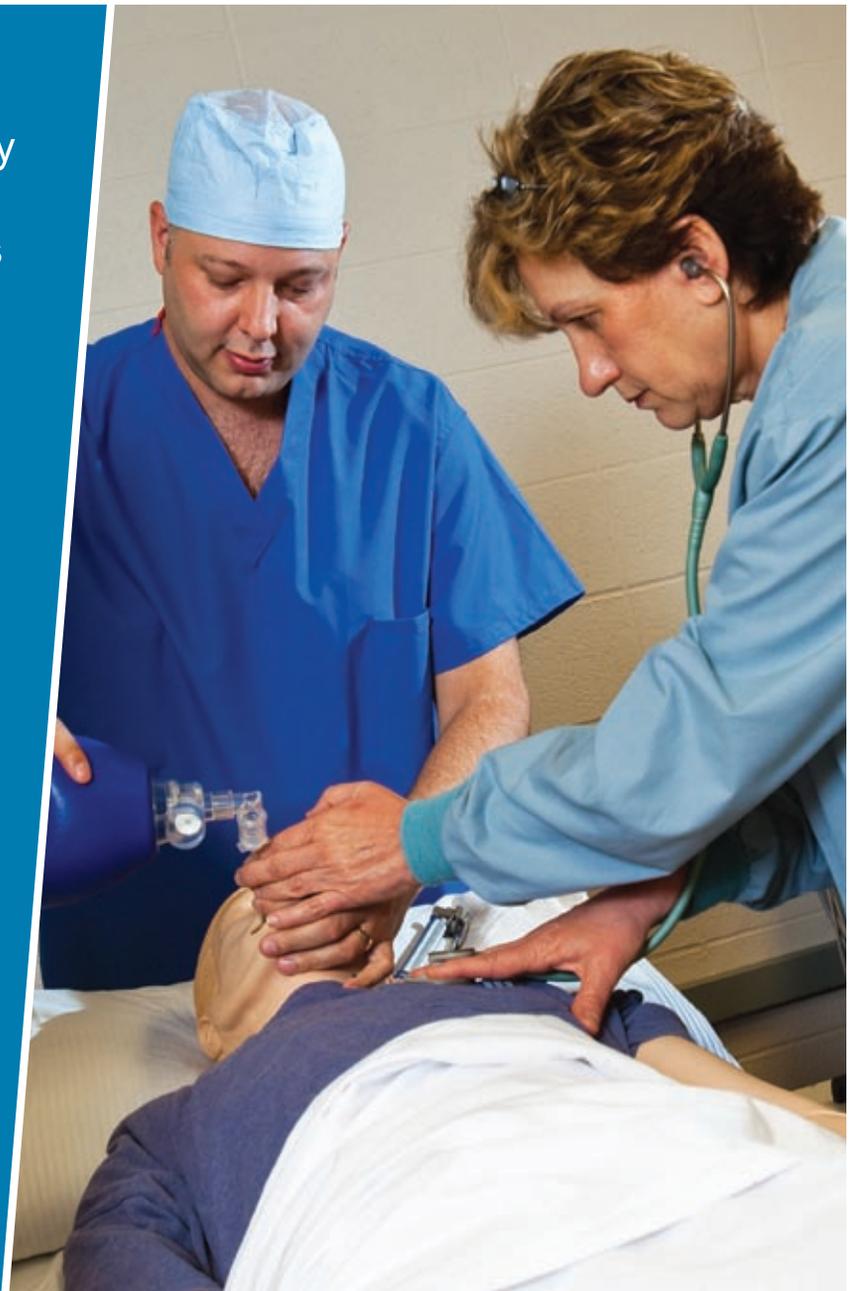
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Cover: Senator Sue Morano meets with Board President Lisa Klenke and Board Member Janet Boeckman in the Ohio Capitol.

Photo credit: Andrew Powell

Momentum reaches every nurse, dialysis technician, medication aide, and community health worker, 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.



Lisa Klenke, MBA, RN
Board President

We were pleased to greet Senator Sue Morano in the Board of Nursing office for her license renewal! Senator Morano is a registered nurse and a practicing healthcare professional.

Senator Morano was the Chairperson of the Nursing Education Study Committee, established by the 127th General Assembly to study the nursing faculty shortage. The Committee completed its work and issued a final report in December 2008.

Following the Study Committee's work and recommendations, Senator Morano sponsored Substitute Senate Bill 89 of the 128th General Assembly, involving initiatives to assist nursing education, including establishing new equivalencies for out-of-state certified APNs with prescriptive authority who wish to obtain prescriptive authority in Ohio. The bill also specifies allocations for the Nurse Education Assistance Loan Program, a tuition assistance program for pre- and post-licensure nursing students, and cooperation among hospitals and state higher education



Senator Sue Morano talks with Executive Director Betsy Houchen after the Senator renewed her RN license.

nursing programs. The Nursing Board assisted Senator Morano and interested parties in drafting the amended substitute language, and Executive Director Betsy Houchen and Board Member Janet Boeckman testified in the Senate on behalf of the bill.

The Board appreciates Senator Morano's kind comments in a recent letter to the Board following her visit. Senator Morano stated,

"Congratulations on receiving the 2009 Regulatory Achievement Award from the National Council of State Boards of Nursing.

As a registered nurse for 27 years and the only practicing healthcare professional in the 128th General Assembly, I understand the importance of licensing and regulatory policies. It is an honor to have won this award, and I commend the hard work and dedication the Board has put forth to have been selected.

Again, congratulations on this outstanding award."

The Board is pleased to have the opportunity to work with Senator Morano regarding nursing regulation and legislation, and we thank her for her contributions as a registered nurse and as a legislator! •

Lisa R. Klenke

Patient Confidentiality and Social Networking

In July, the Ohio State Highway Patrol enacted new restrictions on the use of personal and social networking Web sites, such as "Facebook" and "MySpace," after a female trooper posted inappropriate photos of a sexual nature on a MySpace page identifying herself as a patrol member. A law enforcement union attorney has indicated his intent to challenge these restrictions.

The use of social networking Web sites by healthcare professionals can raise serious issues if workplace information is discussed. Primarily, nurses must at all times maintain patient confidentiality. Administrative Rules 4723-4-04(H) and 4723-4-03(H), Ohio Administrative Code, require that a nurse maintain the confidentiality of client information obtained in the course of nursing practice, and that the nurse communicate appropriate client information with other members of the health care team for health care purposes only.

Caution must be exercised when discussing work-related events on social networking sites. Descriptions of patient care situations that are detailed as to time, place and description of patient characteristics, even absent reference to a patient name, may compromise patient confidentiality. •



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Many Ohio citizens and organizations are struggling under the current economy and budget constraints. The Board also struggles to manage in light of budget cuts and staffing limitations, even though we continue to see an increasing number of new nurses for licensure, complaints for investigation, and education programs to approve.

Over the past several years, the Board has made significant strides in using technology to reduce costs and streamline processes for greater efficiency. For example, despite difficulties with the state's online licensure system this year, we achieved a 91 percent online renewal rate for the RN 2009-2011 renewal period, compared to approximately 40 percent previously for RN renewal.

When you visit our Web site, you will see the front page is newly re-designed. We are working to make the site easier to navigate so you can more quickly find the information you need. Over the upcoming months, you will see additional changes to the other pages of our Web site.

To increase communications, the Board is now using Twitter! We will join the Kansas Board of Nursing as one of the first nursing boards in the country to become part of the Twitter community. It will be used like our eNews list-serve broadcasts for the purpose



Betsy J. Houchen,
RN, MS, JD
Executive Director

Over the past several years, the Board has made significant strides in using technology to reduce costs and streamline processes for greater efficiency.

of conveying important regulatory information, but using a different technology. Our “tweets” will contain concise messages and refer the subscriber to other sites for additional information. More information about both of these services is available at our Web site, www.nursing.ohio.gov.

During these difficult times, the Board is committed to providing efficient service to its licensees and certificate holders, and fulfilling its mission of public protection. Please subscribe to eNews and Twitter today and stay connected! •

Formulary Revised by Committee on Prescriptive Governance

At its May 11, 2009, meeting, the Committee on Prescriptive Governance (CPG) approved modifications to the Formulary format. Two of the prescribing categories within the Formulary for APNs with Certificates to Prescribe (CTP/CTP-E) are now merged into one column. The categories merged are “Physician Initiated” (PI) and “Physician Consult” (PC). This format change was effective and available on the Formulary July 15, 2009. The CTP holder's standard care arrangement must now specify whether a drug or drug category listed on the Formulary as PI or PC will require the collaborating physician to personally examine the patient (PI) or if the drug may be prescribed with consultation (PC). This determination should be consistent with the individual CTP holder's scope of practice and the practice specialty of the collaborating physician. The definitions of physician initiated and physician consult are unchanged. CTP holders should review the revised Formulary with their collaborating physicians and update their Standard Care Arrangement (SCA) accordingly. The revised Formulary may be accessed on the Board's Web site: www.nursing.ohio.gov in the “Nursing Practice” section.

The CPG is composed of physicians, pharmacists and prescribing advanced practice nurses in addition to members of the Nursing, Medical and Pharmacy Boards. Any questions concerning the CPG or the Formulary should be directed to the Board's Practice Consultant by e-mail to practice@nursing.ohio.gov. •



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Continuing Education Requirements

FOR REGISTERED NURSES, LICENSED PRACTICAL NURSES, DIALYSIS TECHNICIANS, COMMUNITY HEALTH WORKERS AND MEDICATION AIDES IN OHIO

What is CE?

CE means an approved or accredited planned learning activity that builds upon a prelicensure or precertification education program and enables a licensee or certificate holder to acquire or improve knowledge or skills that promote professional or technical development to enhance the individual's contribution to quality health care and pursuit of professional career goals.

Is CE required in Ohio?

All individuals renewing, reactivating or reinstating a license or certificate must complete required CE.

Am I required to obtain CE in specific areas?

All licensee and certificate holders are required to complete one contact hour of Category A for renewal. This contact hour is directly related to the Ohio Nurse Practice Act and the rules of the Ohio Board of Nursing. Effective February 1, 2009, to qualify as Category A, the CE must be approved by an Ohio Board of Nursing (OBN) approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.

Registered Nurse (RN) and Licensed Practical Nurse (LPN). Each person licensed as a RN or LPN in Ohio must complete at least 24 contact hours of approved CE to renew their license. A nurse who has been licensed by endorsement for less than or equal to one year must complete 12 contact hours. At least one of the required contact hours must be Category A. The contact hours must be completed within two years prior to the expiration date on the license.

The RN licensure period is from September 1 of odd numbered years through August 31 of the following odd numbered year. The LPN licensure period is from September 1 of even numbered years through August 31 of the following even numbered year.

Certificate of Authority. Each advanced practice nurse who obtains continuing nurs-

ing education in their area of practice for the purpose of obtaining or maintaining a national certification may use those hours to satisfy the continuing education requirements.

Clinical Nurse Specialist (CNS). A CNS who is not certified by a national nursing certifying organization shall obtain at least 12 additional contact hours in the nurse's area of practice or in relevant programs from other health care disciplines.

Certificate to Prescribe (CTP). Each person authorized to prescribe must complete additional CE in advanced pharmacology. Twelve contact hours are required if the CTP has been held for a full renewal period, or six contact hours if the CTP has been held for less than a full renewal period.

Ohio Certified Dialysis Technician (OCDT). An OCDT must complete at least 15 contact hours of approved CE to renew their OCDT certificate. At least 10 of the 15 hours must be in the area of dialysis care, and at least one of the 15 contact hours must be Category A.

Community Health Worker (CHW). A certified CHW must complete at least 15 contact hours of approved CE to renew their CHW certificate. At least one of the 15 hours must be directly related to establishing and maintaining professional boundaries, and at least one of the 15 hours must be Category A.

Certified Medication Aide (MA-C). MA-Cs currently hold an interim certificate that is valid through April 30, 2010. Prior to the issuance of a subsequent certificate issued May 1, 2010 – April 30, 2012, a MA-C must complete eight contact hours of approved CE (consistent with the functions of the MA-C).

What if I was recently licensed or certified in Ohio for the first time?

Nurses (who received their first license by examination in Ohio), OCDTs and CHWs are not required to obtain contact hours for their first renewal.

How does the Board know I met the CE requirements?

Licensee and certificate holders are required to indicate whether they have met the CE requirement during the time of renewal (on the renewal application). Individuals are not required to send documentation of their contact hours with their renewal application.

Evidence of CE is also required when reactivating or reinstating an inactive or lapsed license or certificate, or upon receipt of a "CE Audit" letter. In addition, when reactivating or reinstating a license or certificate, CE requirements may vary (i.e. two hours of Category A).

What is an Audit?

The Board may conduct a random audit of any licensee or certificate holder to determine compliance with CE requirements. The time period for which you are being audited will be stated in the "CE Audit" letter. If audited, an individual will be asked to send photocopies of CE documents to the Board.

What is a "waiver"?

A "waiver" is a one-time opportunity to opt out of the CE requirements for one renewal period for nurses, OCDTs and CHWs. A waiver can be requested at the time of renewal (on the renewal application), and cannot be rescinded. The waiver is not available for reactivating an inactive license or reinstating a lapsed nursing license or OCDT certificate. Also, a non-certified CNS may not use a waiver to satisfy the requirement of the additional 12 contact hours.

How do I know if a particular educational activity is acceptable to the Board as approved CE?

Any of the following options may be used by a licensee or certificate holder to satisfy the continuing education requirements:

- a CE activity that has been approved by an OBN Approver or by a board or agency regulating the licensee or certificate holder in another jurisdiction;

- a CE activity that has been approved by a nationally recognized accreditation system of continuing education approval;
- a successfully completed course provided by an accredited educational institution for which academic credit is awarded;
- an independent study;
- interdisciplinary CE;
- a CE activity that has been approved by an agency that regulates a health care profession or discipline in Ohio or another jurisdiction.

The following activities DO NOT MEET the CE requirement in Ohio:

- basic life support or cardiopulmonary resuscitation;
- repetition of any educational activity with identical content and objectives within a single reporting period;
- agency specific orientation or in-service program;
- self-directed independent study activities, such as reading of texts or journal articles that have not been approved for CE;
- participation in clinical practice or research that is not part of a CE activity;
- a personal development activity;
- professional meetings or conventions except for those portions designated as a CE activity;
- community service or volunteer practice;
- Board-ordered CE;
- membership in a professional nursing organization.

I am taking college courses. Can I use that to meet my CE Requirement?

Academic credit received for successful completion of a course taken through an accredited educational institution may be used to meet the CE requirement. Academic credit translates into contact hours as follows:

- 1 credit hour in a quarter system = 10 contact hours
- 1 credit hour in a trimester system = 12 contact hours
- 1 credit hour in a semester system = 15 contact hours

continued on the next page

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Can I obtain my CE by mail or on the Internet?

Independent studies may be taken through mail order courses or the Internet. There is no limit to the number of contact hours obtained through independent study.

What records should I keep and how long should I keep them?

Documentation of completion of a CE activity should be supplied by the provider of that activity. If audited, you will be required to send photocopies of documents (i.e. certificate) that contain all of the following information:

- name;
- title of the program;
- date of program completion;
- name of the provider;
- number of contact hours;
- OBN Approver number or the name of the authorized provider or the name of the approval body.

For academic credit, a school transcript or grade report that indicates the licensee or certificate holder's name, the name of the school, the dates attended and credit hours awarded. An individual is responsible for keeping track of their own CE records. CE documents must be maintained for a period of six years.

CONTACTING THE BOARD

For questions or issues about CE requirements, please contact the CE Unit at (614) 466-1949, or at ce@nursing.ohio.gov.

National Certification for Advanced Practice Nurses

If you are an advanced practice nurse, your certificate of authority is current and valid only if you meet all requirements of the Board, including maintaining certification or recertification by the applicable national certifying organization. Please refer to the Board's Web site at www.nursing.ohio.gov for a list of Board-approved national organizations. Within 30 days of recertification, it is your responsibility to provide documentation to the Board. If you have any questions, please contact the Advanced Practice Unit at apn@nursing.ohio.gov.



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ADVISORY GROUPS AND COMMITTEES

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 614-466-6940 to determine any change in the location, date or times.

Advisory Group on Continuing Education— February 19, June 18, October 15. Chair: Delphenia Gilbert

Advisory Group on Dialysis— February 23, June 15, October 19. Chair: Patricia Protopapa

Advisory Group on Nursing Education— To be determined. Chair: To be determined

Committee on Prescriptive Governance— January 14, May 10, October 18. Chair: Eric Yoon

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Preparation for the 2009 H1N1 Flu Pandemic; Vaccinations by EMS Personnel

The following is an excerpt of information released on September 3, 2009, by the State Medical Director, Ohio Department of Public Safety:

"Since my last update of August 21, 2009, Ohio's public health officials and medical personnel continue to prepare for the H1N1 influenza immunization of the at-risk populations that have been identified by the Centers for Disease Control and Prevention (CDC). Currently, the at-risk populations are health care workers, pregnant women, all people from 6 months through 24 years of age, household contacts and caregivers for children younger than 6 months of age, and people aged 25 years through 64 years who have health conditions associated with higher risk of medical complications from influenza.

In the event that Governor Strickland declares an emergency that affects public health, the Ohio Administrative Code (OAC) 4765-6-03 will be enacted. If this occurs, the OAC 4765-6-03 expands the Ohio EMS scope of practice to permit the administration of immunizations by Ohio EMS providers provided that they are under physician medical direction and have received the appropriate training for administration of immunizations. During the EMS Board meeting on August 19, 2009, the EMS Board made the following recommendations in the event that OAC 4765-6-03 is enacted for the purpose of administration of the H1N1 immunizations:

1. Although OAC 4765-6-03 addresses the EMS scope of practice of all provider levels in the state of Ohio, the EMS Board recommends that participation in the administration of the H1N1 immunization to at-risk populations, prior to the actual local onset of a pandemic, be limited to



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EMT-Intermediates and EMT-Paramedics due to the extremely brief period of time available for training of personnel in the skill of intramuscular injections.

2. Ohio EMS providers participating in the administration of the H1N1 immunization of at-risk populations will complete the training, as that is provided by the CDC.
3. The protocols for administration of the H1N1 immunizations by Ohio EMS providers will be provided and overseen by the local public health agencies.

As with any contagious disease, prevention is crucial. Education of the general public about the novel H1N1 virus, in addition to the medical community, is ongoing. Through various outlets of communication, the general public is being informed of the signs and symptoms of H1N1 influenza and of the preventative measures that can be taken to avoid becoming infected or infecting other individuals. I have been informed of several employers throughout our state who have relaxed their corporate absentee policies to encourage their workers with influenza-like symptoms to stay at home as recommended by the CDC and prevent the spread of the disease. Likewise, there are measures within the upcoming H1N1 immunization training module for Ohio's EMS providers that should be routine for prehospital care delivery. Specifically, the utilization of appropriate personal protective equipment (PPE) and handwashing are mandatory actions that should be exercised with each and every patient encounter on a daily basis with or without the onset of a pandemic."

Update: On October 7, 2009, Governor Strickland issued an Emergency Proclamation permitting EMTs to perform immunizations and administer drugs. A copy of the full Proclamation is available by clicking on a link provided on the Board's website.

For the most current information regarding the status of the HINI in the state of Ohio, visit the Ohio Department of Health Web site at: http://www.odh.ohio.gov/landing/phs_emergency/panflu/panflumain.aspx. •

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DELEGATION OF NURSING TASKS TO MEDICAL ASSISTANTS BY ADVANCED PRACTICE NURSES

The Board frequently receives inquiries regarding the ability of advanced practice nurses to delegate nursing tasks to medical assistants. Medical assistants, whether certified or not, are considered unlicensed assistive personnel (UAP). Nurses, including advanced practice nurses (APNs), may only delegate nursing tasks to unlicensed individuals in accordance with Ohio Administrative Code (OAC) Chapter 4723-13, Delegation of Nursing Tasks. This chapter defines “nursing tasks” as “those activities which constitute the practice of nursing as a licensed nurse and may include, but are not limited to, assistance with activities of daily living that are performed to maintain or improve the client’s well-being, when the client is unable to perform that activity for him or herself.” In an office setting, examples of the nursing tasks which an APN may delegate could include assisting the client in completing a questionnaire about their chief complaint, obtaining height/weight and vital signs, performing blood draws for lab tests or generally assisting the APN with the care of the client. The administrative rules do not contain a list of the tasks that an APN may delegate to a UAP. Rule 4723-13-05, OAC, sets forth the criteria and standards for nurse delegation. The following steps should be considered when determining if a specific nursing task may be delegated by a nurse to a UAP.

Prior to making the decision to delegate a nursing task to an unlicensed person, the advanced practice nurse needs to determine the following:

(1) That the nursing task is within the scope of practice of the delegating nurse as set forth in section 4723.01 of the Revised Code;

(2) That the nursing task is within the knowledge, skill, and ability of the nurse delegating the nursing task;

(3) That the nursing task is within the training, ability, and skill of the unlicensed person who will be performing the delegated nursing task;

(4) That the nursing task is able to be delegated (see next section);

(5) That appropriate resources and support are available for the performance of the task and management of the outcome;

(6) That adequate and appropriate supervision by a licensed nurse of the performance of the nursing task is available in accordance with, rule 4723-13-07 of the Administrative Code.

Prior to the delegation of any nursing task, the APN must:

(1) Identify;

(a) The individual on whom the nursing task may be performed;

(b) A specific time frame during which the delegated nursing task may be performed.

(2) Complete an evaluation of the conditions that relate to the delegation of the nursing task to be performed, including;

(a) An evaluation of the individual who needs nursing care;

(b) The types of nursing care the individual requires;

(c) The complexity and frequency of the nursing care needed;

(d) The stability of the individual who needs nursing care;

(e) A review of the evaluations performed by other licensed health care professionals.

(3) Identify a nursing task as able to be del-

egated if all of the following apply:

(a) The nursing task requires no judgment based on nursing knowledge and expertise on the part of the unlicensed person performing the task;

(b) The results of the nursing task are reasonably predictable;

(c) The nursing task can be safely performed according to exact, unchanging directions, with no need to alter the standard procedures for performing the task;

(d) The performance of the nursing task does not require complex observations or critical decisions be made with respect to the nursing task;

(e) The nursing task does not require repeated performance of nursing assessments;

(f) The consequences of performing the nursing task improperly are minimal and not life-threatening.

LIMITATIONS

Nurses, including APNs, may only delegate the administration of the following medications to unlicensed individuals: 1) Over-the-counter topical medications to be applied to intact skin for the purpose of improving a skin condition or providing a barrier; and 2) Over-the-counter eye drop, ear drop, and suppository medications, foot soak treatments and enemas. See Rule 4723-13-05(C). Consistent with this rule, an APN **may not** delegate the administration of any other medications or injections such as DTaP, MMR or influenza vaccines. In a situation in which an APN is utilizing an UAP and an injection is indicated, the APN would need to administer the injection him/herself or the medication order may be implemented by an LPN or RN. •

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Don't Forget To Display Your **LICENSURE TITLE**

It is important that Ohio's citizens know the licensure or certification qualifications of the nurse with whom they are communicating or from whom they are receiving nursing care. Ohio law establishes the kind of credentials or initials that may be used depending on the applicable license or certificate held. See Section 4723.03, ORC. Ohio Administrative Code (OAC) Rule 4723-4-06 requires licensed practical nurses and registered nurses to display the applicable title or initials identifying the nurse's relevant licensure as a RN or a LPN when providing direct patient care. Likewise, an advanced practice

nurse is required to display the relevant title or initials identifying approval as a certified nurse-midwife (CNM), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) or clinical nurse specialist (CNS) when engaging in direct advanced practice nursing care. An advanced practice nurse may also use the initials "APN." When engaging in the practice of nursing and interacting with clients or healthcare providers on behalf of the client through any form of telecommunication, a nurse is also required to identify their applicable nursing licensure or certificate status as an advanced practice nurse.

FREQUENTLY ASKED QUESTIONS

1) I practice in a setting in which, for personal safety reasons, I do not want clients to know my last name. Am I required to have my full name listed on the identification badge that I wear when providing nursing care?

Ohio law and rules do not specifically require a nurse's full name to be listed on his/her identification badge. The regulations only specify that the nurse must display his/her relevant licensure or certification.

2) I fax orders to physician offices and other healthcare providers. Am I required to include my title on the fax coversheet?

A nurse is required to identify his/her relevant licensure when engaging in nursing practice or interacting with clients or healthcare providers on behalf of the client through any form of telecommunication which may include, but is not limited to: telephone conversations, faxing, emailing and/or texting.

3) I am certified as a family nurse practitioner. What title am I required to display?

If you are engaging in advanced practice nursing, the Nurse Practice Act requires you to display the title or initials Certified Nurse Practitioner (CNP).

4) My facility's policy is to display the title "staff nurse" on name badges; however the facility employees only RNs and not LPNs, is this acceptable?

No. The requirement is that the nurse in this instance display either "RN" or registered nurse on the identification badge.

Because the displaying of licensure titles is required by an administrative rule, failure to adhere to this regulation could subject a licensee to disciplinary action. •

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PAYMENT FAILURES

There is often a lag-time between the time a payment is processed by the bank and the time the Board receives notification of error or insufficient funds. Failure of a payment to clear the bank will cause an application to become incomplete. Under Rule 4723-1-04, Ohio Administrative Code, return of a check does not waive or extend the date upon which a license or certificate lapses. The purpose of publishing this list is to notify

current and potential employers and to reach the individual when other avenues have failed.

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.

If your name is listed here, please contact the Board at 614-995-3691 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. •

BAD CHECK LIST

DT 01459 Lisa Miljour
 PN 121873 Adebisi Adedoyin
 088845 Rebecca Anderson
 080412 Vera Bazemore
 110095 Alicia Bennett
 109961 Sandra Carter
 106337 Julie Cowdrey
 089104 Mary Darnell
 107371 Patricia Edington-Wallace
 100040 Lavonda Featchurs
 077423 Barbara Freeman
 104926 Stacy Freeman
 066195 Teresa Gilmore

105124 Lisa Groves
 086632 Sandra Haulter
 102088 Mildred Highlander
 044929 Gaynell Hunt
 026851 Eugenia Lauinger
 095293 Susan Runion
 090935 Autumn Schrader
 109807 Stacey Townsend
 099429 Paige Wilson
 068305 Jeanease Zimmerman
 RN 254983 Lynn Baker
 179628 Cheryl Balogh
 196050 Beverly Chambers
 234395 Robert Clarke

284031 Deborah Conner
 081572 Mary Hartmann
 219322 Micheal Hipshire
 278461 Yvonne Hoberek
 254146 Ann Jarven
 099852 Jane Mccutcheon
 256289 Linda Mcdaniel
 169684 Bernadette Queener
 323272 Jennifer Sheets
 288354 Shelia Smith
 292985 Therese Spalding
 229036 Dundee Sweetland
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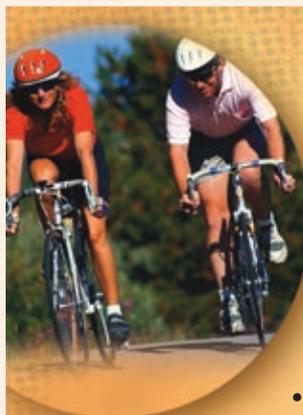
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The free report is provided by **LaTonia Denise Wright**. Ms. Wright is an OH licensed RN and a licensed attorney in OH, KY, and IN. She represents, counsels, and advises nurses in Nursing Board and professional practice matters.

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