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DAKOTA NURSE COMMUNICATION

North Dakota Goes Paperless

State Board of Nursing eliminates wallet cards

Recovery At Home

Caring for flu patients in the home setting

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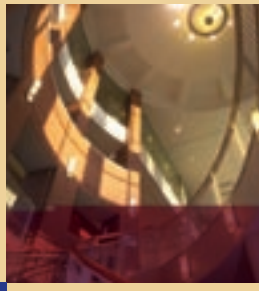

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Dakota Nurse Connection circulation includes over 26,000 licensed nurses, hospital executives and nursing school administrator's in North and South Dakota.

The ***Dakota Nurse Connection*** is published by the South Dakota and North Dakota Boards of Nursing. Direct ***Dakota Nurse Connection*** questions or comments to:
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EDITION 29

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A message from the Executive Director

Gloria Damgaard, RN, MS, FRE
South Dakota Board of Nursing

Winter in South Dakota is always an interesting experience. No wonder South Dakotans spend so much time talking about the weather. We get such a variety of conditions from mild temperatures that bring snow, ice and fog to subzero temperatures where it is barely safe to be outside. Most of the time the severe coldness gives me the sense of a kindred spirit to the pioneers that braved the harshness of the prairie in order to survive here. Then, there are those days where the trees are covered with ice crystals from the fog and as the sun comes out the crystals fall from the trees and are scattered through the air sparkling like a dusting of magic. The beauty of that scene does a lot to carry me through the harsher days. And so it is with the work life of nursing, lots of variety, harsh at times but always beauty that keeps us inspired to do the important work of caring for people during the most vulnerable times in their lives. The staff and members of the Board of Nursing thank all of you for your work in making the nursing profession one of trust and respect.

At the Board of Nursing, we are watching carefully the actions of the 85th SD Legislative Session. This session begins on January 12th and will mainly end on March 12th with legislators returning on March 29th to consider vetoes. As all of you are aware, budget issues will be of primary concern. You may be wondering how the budget shortfalls will impact the financial condition of the Board of Nursing. The good news for nursing regulation is that the Board of Nursing does not rely on appropriations from the legislature for its financial operations. We rely only on the licensing fees that we collect in order to carry out the statutory requirements of the Nurse Practice Acts 36-9 and 36-9A. Our financial condition is one of stability at this point in time. Our fee structure has allowed us to operate without a fee increase for our licensees since 2003. Our usual pattern is that we build a modest reserve balance during the first few years following a fee increase. Since the cost of doing business increases every year, we reach a point in our budget cycle where the expenditures will exceed the annual revenue. It is at this point that the reserves that have been built are used to supplement the revenue. We will seek a fee increase when the reserve balance reaches a point where we cannot continue without more revenue. We are anticipating that our funds will carry us for approximately 2-3 more years before we need to seek a fee increase. It is our goal to have a 10 year span between licensure fee increases. We hope you agree.

We wish you a very prosperous and healthy 2010. As always, if we can be of assistance to you, please don't hesitate to call us. Talk to you again in the spring.

Sincerely,

Gloria Damgaard

A message from the Executive Director

Constance Kalanek, Ph.D., RN, FRE
North Dakota Board of Nursing

I hope all of you had a great holiday season. The Board staff are extremely busy during the holiday season, not only with the usual holiday and family fun, but with the additional work of getting 7,565 nurses' applications finalized to renew their license. This number includes APRNs, RNs and LPNs. We have been tracking the number of non-renewals for the past 10 years and have found that the Board averages 700 non-renewals annually. This seems like a large number; however, this includes all the new graduates who have chosen to license in their home state before traveling the world, the nurses that upgraded from LPN to RN and also includes a number of nurses who retired. The names of the nurses that did not renew are posted on the Web site in March for review by the employers and nurses. If you are interested in knowing who did not renew, check, the Web site at www.ndbon.org.

This next year the Board will not be issuing the renewal wallet card. So, check your licensure status by visiting the website under Updates and Verifications. If you have questions about this process, use the Contact Us section on the Web site.

The state of North Dakota has been very fortunate during the country/world economic downturn. However, the most dramatic change we have felt here at the Board office is with the demand for nurses. Who would have predicted that the new graduates would have difficulty finding work? The Board has been licensing many experienced nurses from other states and working with experienced registry nurses who have traveled to our state to find work. It appears the employers have chosen the experienced nurse over the new graduate in some cases.

The Board has completed a strategic plan that looks out to the next three years. The Board has identified key areas to channel the work for 2010-2013. Examples of the key elements of the plan include some of the following:

- Review Nurse Practice Act and Rules.
- Continue implementation of electronic (paperless) system for licensure.
- Evaluate the nursing program survey process.
- Review the scope of practice for all levels of licensure.
- Support establishment of a Center for Nursing as a repository for innovations.
- Review regulatory disciplinary/ non-disciplinary models.
- Conduct external review of ND Board of Nursing disciplinary/ non-disciplinary processes and the Workplace Impairment Program.
- Establish a Technology Committee and establish a prioritized plan for technology infrastructure.

As you can see, the Board and staff will be very busy during the next few years. We will periodically put calls out for volunteers to work on a variety of committees and task forces. If you are looking for ways to become involved in nursing regulation, this is one way to do it. Check the website on occasion for the notices and apply for a committee. Be willing to participate and share your ideas!

The Board and staff wish you well for this next year and encourage you to take advantage of opportunities presented to our profession and participate in crafting the future!

MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

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Deb Soholt
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Secretary, RN Member, Pierre
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LPN Member, Yankton
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LPN Member, Sioux Falls

Upcoming Board of Nursing Meetings

February 9-10, 2010 (Pierre)
***January 27, 2010**

April 21-22, 2010
***April 7, 2010**

June 30-July 1, 2010
***June 16, 2010**

September 14-15, 2010
***September 1, 2010**

November 18-19, 2010
***November 4, 2010**
*Deadline for submission of agenda items and materials.

All licensure forms, the Nurse Practice Act and contact information are available on the South Dakota Board of Nursing Web site at www.nursing.sd.gov.

Board Staff Directory

Gloria Damgaard, RN, MS, FRE
Executive Director
gloria.damgaard@state.sd.us / (605) 362-2765

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Winora Robles Program Assistant	winora.robles@state.sd.us (605) 362-3525
Lois Steensma, Secretary Regarding licensure verification, renewal, name changes, duplicate licenses, and inactive status.	lois.steensma@state.sd.us (605) 362-2760

Licensure Information

License Verification
Licensure status for all nursing professions and the certification status for certified nurse aides can be verified online, www.nursing.sd.gov, select Online Verification. A verification search may be done using license number or name. The verification report generated is considered a South Dakota Board of Nursing document and primary source verification.

Criminal Background Checks Required for RN and LPN Applicants
Criminal background checks (CBC) must be submitted to the SD Board of Nursing for all new RN, LPN, CRNA, and CNS applications for licensure by examination or endorsement on the South Dakota Board of Nursing cards. Please note: Cards from other agencies are not accepted.

CBC materials which include fingerprint cards will be mailed upon request; contact the Board of Nursing office at (605) 362-2760 or e-mail Lois.Steensma@state.sd.us. Completed CBC materials and $43.25 fee, payable to South Dakota Division of Criminal Investigation (DCI), must be received to process licensure application. **Incomplete materials will delay processing CBC and licensure application.**

Online Renewals with previous licensure discipline history or criminal convictions:
Licensed nurses with licensure discipline and a history of criminal convictions are unable to process their renewal applications online and must submit the paper renewal application.

Verification of Employment:
If you choose to complete your renewal online, you will be required to attest to the hours that you have worked during the renewal period. The Board will periodically audit and request a completed employment verification form.

South Dakota Board of Nursing Meeting Highlights

September – November 2009

Education

- Moved pursuant to ARSD 20:48:07:43 to give Sinte Gleska University written notice of intent to change Approval Status for LPN Nursing Program and notice for hearing.
- Motion to continue Probationary Status for Sinte Gleska University. Exhibits will be reviewed for compliance with ARSD 20:48:07, and a decision regarding compliance will be made at the next scheduled Board of Nursing meeting. An Interim Program Director approved by the Board of Nursing must be in place by the beginning of spring 2010 semester or approval will be withdrawn.
- Motion to conduct site visit at Presentation College in Aberdeen, S.D.
- Accepted and granted continued approval for 2010 for the following clinical enrichment programs:
  - Avera Sacred Heart Hospital, Yankton
  - Avera McKennan Hospital
  - Rapid City Regional Hospital
  - South Dakota Correctional Health Facilities
  - Avera St. Lukes, Aberdeen
  - South Dakota Human Services Center, Yankton
  - Pine Ridge IHS Hospital
  - Sanford Health USD
  - Sioux San Hospital, Rapid City
  - Bennett County Hospital and Nursing Home
- Approved Interim Status Approval for University of Sioux Falls School of Nursing.
- Granted Interim Status Approval for a generic BSN Program at National American University following receipt of syllabi.
- Presentation College: Denied request for an exception to ARSD 20:48:07:22, Qualifications of Administrator of Nursing Education Programs. Upon submission of a written plan to meet the requirements the Board will reconsider.

Practice

- Directed Board staff to proceed with the development of voluntary certification of Medication Aides and a registry that would include both (MA-C) certified and non-certified Medication Aides (MA).

Other Matters

- Authorized Board staff to pursue exploration of a new licensure database and information system, and the RFP process.
- Accepted 2009 South Dakota Nursing Workforce Report as published.
- Awarded $1,000 each to LPN student loan applicants.

Note: Board meeting minutes are available on our Web site at www.doh.sd.gov/boards/nursing.

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

September and November 2009

Karla Jean Larson P006459
Letter of Reprimand

Nancy J. Korbel R030175
Voluntary Surrender

Jill Elizabeth Kuper P003959
Voluntary Surrender

Tania Lee Taylor R037880
Letter of Reprimand

Mary Ann Haag R010627
Voluntary Surrender

Ellen Marie Heer R037483
Summary Suspension

Dawn D. Armstrong R031384
Probation

Brenda Kay Runge R033482
Voluntary Surrender

Mary Kaye Kurvink R017395
Voluntary Surrender

Christopher Alan Baartman R035872
Probation

Jaysie L. Witkop R033108
Suspension

Krista Dawn Horvath R035899
Letter of Reprimand

Misty Rayne Eskins R032184
Voluntary Surrender/Summary Suspension

Karla Beth Puthoff R027300
Voluntary Surrender/Summary Suspension

Ellen Marie Heer R037483
Suspension

David Lee Locke aka Rockey R035538
Voluntary Surrender

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  520-572-2110 FX
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2010 Course Calendar

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Course *calendar*

Medication Aide:

SD Board of Nursing

Medication Aide: 20 Hours (state requirement)
Course Duration: 3 week
Course price: $125.00
Materials Fee: $17.50
Other Fees: None
Total Price: $142.50

Book Required:
Administering Medications
Donna Gauwitz
ISBN: 978-0073520858

This course consists of approximately 20-30 hours online and 4 hours of clinical time at your facility!

Course Calendar for 2010:

1/18/10 – 2/8/10
2/15/10 – 3/8/10
3/22/10 – 4/12/10
4/19/10 – 5/10/10
5/17/10 – 6/7/10
6/21/10 – 7/12/10
7/19/10 – 8/9/10
8/16/10 – 9/6/10
9/20/10 – 10/11/10
10/18/10 – 11/8/10

Course Description

This course is designed to teach the safe administration of medication to health care workers. Students are trained to give routine medications to patients in all healthcare settings.

The medication Aide Curriculum is approved by South Dakota State Board of Nursing. This course exceeds the 20 hours mandated by the State. Course content is approximately 30 hours of didactic learning. Student will complete 4 hours of clinical training at their facility.

Facility information: Your facility must currently be able to conduct Medication Aide training. You will need to submit a curriculum change to the State Board of Nursing for the We Care Online curriculum. Please notify our office for questions regarding the Medication Online training. 1-888-932-2501.

Enrollment Requirements:

- Students must submit Enrollment Form
- Payment must be processed before class begins.
- No prerequisites

The South Dakota Association of Nurse Anesthetists

The South Dakota Association of Nurse Anesthetists (SDANA) has elected a new Board of Directors for 2009-2010. Don Roesler, CRNA, Sioux Falls, will serve as president, and Karen Bordewyk, CRNA, Sioux Falls, as president-elect/secretary. Other Board members include Dan VanVeldhuizen, CRNA, treasurer, Sioux Falls; Paul Beninga, CRNA, federal political director, Sioux Falls; Pat Roseland, CRNA, Rapid City; Wendy VanderKooi, CRNA, Harrisburg; Al Schmitt, CRNA, Gregory; and Curt Pudwill, CRNA, Piedmont.

The South Dakota Association of Nurse Anesthetists recently elected the following to the Board of Directors: Back row (L-R) Paul Beninga, CRNA, Federal Political Director; Curt Pudwill, CRNA; Don Roesler, CRNA, President; Pat Roseland, CRNA; Al Schmitt, CRNA. Front row (L-R) Wendy VanderKooi, CRNA; Karen Bordewyk, CRNA, President elect/Secretary. Not shown Dan VanVeldhuizen, CRNA, Treasurer.

SDANA represents the approximately 240 nurse anesthetists (CRNAs) who practice in South Dakota. SDANA seeks to promote high-quality anesthesia care by providing continuing education for its members, and ensuring cooperation between all members of the health care team. The organization monitors and seeks to impact policy legislation in matters that pertain to nursing and nurse anesthesia.

Nurse anesthetists were the first providers of anesthesia in South Dakota. In 1950, 15 nurse anesthetists established the SDANA. Today, nurse anesthetists provide high-quality anesthesia care in every South Dakota hospital where surgical services are offered. CRNAs are the only anesthesia providers in 76 percent of South Dakota hospitals, including 100 percent of the state's rural hospitals.

Applicants to a nurse anesthesia program must have a bachelor's of science in nursing or another appropriate baccalaureate degree, a current license as a registered nurse, and a minimum of one year's acute care nursing experience. Nurse anesthesia programs vary from 24-36 months of graduate coursework, including both classroom and clinical experiences. Graduates of nurse anesthesia educational programs must pass a national certification exam to become CRNAs. CRNAs are required to earn 40 continuing education credits every two years as one of the criteria for recertification.

For more information about the profession of nurse anesthesia, go to www.aana.com.

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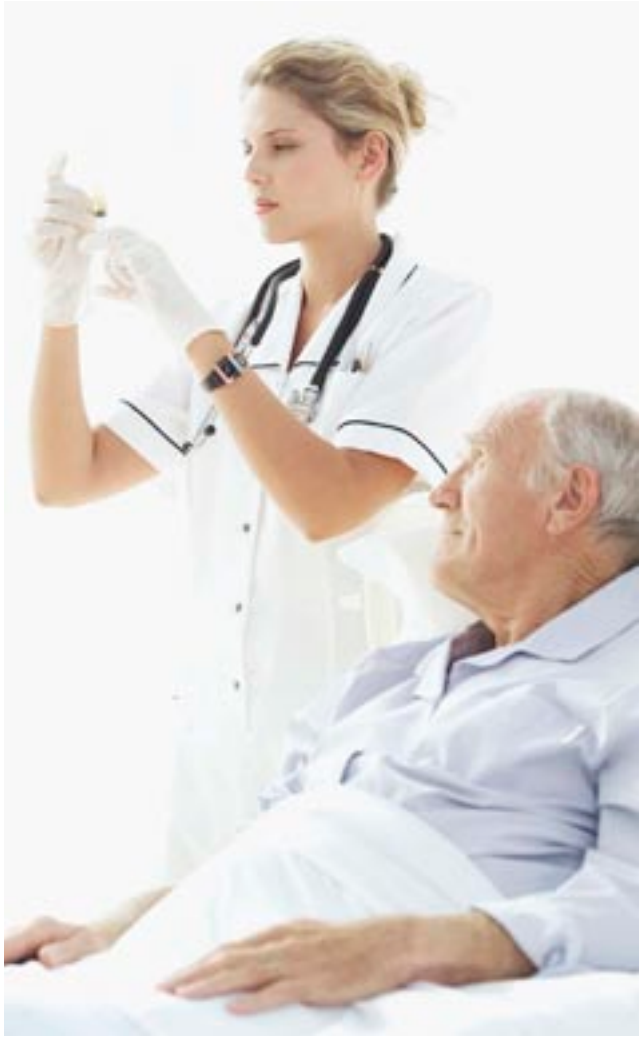
Diverting Drugs: A Serious Issue

Being alert to red flags can save lives



As healthcare professionals, we have a duty to protect the public. We also have a moral obligation to patients, and also our fellow healthcare professionals. We must all be alert to warning signs that an individual may be diverting drugs.

Here is some red flag behavior:

- Volunteers to care for patients with regular pain medications
- Always volunteers to give medications
- Excessive amount of narcotics signed out to patients
- Always gives IM, PRN & maximum doses when others do not
- Patients complain of no pain relief from medications given
- Selected patients will only receive sleeping pills and narcotics when this individual is on duty
- Discrepancies on medication administration records
- Narcotics signed off the controlled substance record but not recorded on patient record
- Borrows narcotics from other units
- Has frequent wastage, like spilling drugs or breaking vials
- Unobserved wastage – no co-signature
- Abnormal number of syringes used or missing
- Evidence of broken syringes in employee restroom
- Frequently volunteers for extra shifts and/or other units
- Works in an area where drugs are missing or tampered with

Please report suspicions to your supervisor and/or to the South Dakota Health Professionals Assistance Program.

The state of South Dakota Health Professionals Assistance Program (HPAP) provides a supportive, non-disciplinary approach to assist nurses and licensed healthcare professionals who recognize their illness of Chemical Dependency and their need for continuing care and/or practice limitations

HPAP is confidential and professionally staffed to monitor treatment and continuing care of regulated health professionals who may be unable to practice with reasonable skill and safety if their illness is not appropriately managed.

South Dakota Health Professionals Assistance Program. Contact (605) 322-4048.

Caring for a Flu Patient at Home

PIERRE, S.D. – Health officials say most normally healthy people who get the flu can recover at home, but do you know how to care for a flu patient in the home setting?

"Most flu patients can be cared for at home, so it makes sense to be prepared to do that," said Colleen Winter, administrator of health and medical services for the Department of Health. "These are good skills to have for both seasonal and H1N1 flu."

When practical, the ill person should stay in a separate room away from others and one person should serve as main caregiver. Ideally, this caregiver should be healthy and not have medical conditions that increase the risk of severe influenza disease (e.g. pregnancy, heart problems, diabetes, kidney disease, chronic lung disease, over age 65, cancer, or patients who are immunocompromised). The following steps are recommended:

- Have the patient rest in bed; the more rest the better.
- Give acetaminophen or ibuprofen according to package label to reduce fever, headache, and muscle, joint or eye pain. Do not use aspirin in children or teenagers.
- Prevent dehydration by making sure the patient drinks plenty of fluids, such as water, juices, broth, and drinks with salt and sugar like sports drinks or lemonade.
- Care providers should wash their hands with soap and water, or use alcohol-based hand cleaners, before and after attending to sick persons. Washing hands is the single best preventative measure for everyone in the household.
- Clean counters, surfaces and other areas in the home regularly using everyday cleaning products or a bleach solution (one part plain household bleach to nine parts water).
- The ill individual should stay home until 24 hours after fever has resolved without fever-reducing medications.
- Seek medical care if symptoms are severe or the patient has difficulty breathing, has bluish or grayish skin color, or there is severe or persistent vomiting.

For more detailed information, see the Department of Health's Influenza Home Care Guide at http://doh.sd.gov/PDF/InfluenzaHomeCareGuide.pdf. Stay informed about H1N1 flu at the Department's Web site, http://doh.sd.gov/H1N1.

Released by the South Dakota Department of Health

The Burden of Diabetes in South Dakota—Common, Costly, and Controllable

- Every $1 invested in diabetes self-management can cut health care costs by up to $8.76
- Every $1 invested in preconception care for women with diabetes can reduce health care costs by up to $5.19 by preventing costly complications
- Every percentage point drop in A1c blood test results (e.g., from 8.0% to 7.0%) can reduce the risk of micro-vascular complications (eye, kidney, and nerve diseases) by 40%
- Every 10 mm Hg reduction in systolic blood pressure, the risk for any complication related to diabetes is reduced by 12%

From The Burden of Diabetes in South Dakota produced by the South Dakota Department of Health Diabetes Prevention & Control Program (DPCP). The full burden report , along with the Recommendations for Management of Diabetes in South Dakota guidelines and the South Dakota Diabetes State Plan 2007-2009 are available at http://diabetes.sd.gov or from the DPCP at (605) 773-7046 or colette.hesla@state.sd.us. These publications were developed as part of a statewide initiative to improve the health care of people at risk for and with diabetes.

Feasibility Study for Implementation of Certified Medication Assistants in South Dakota

Nancy Bohr, RN, MBA, MSN, FRE

South Dakota Board of Nursing (SDBON) requirements for delegation of medication administration to unlicensed assistive personnel fall short of the recommendations for the training of medication assistants established by National Council State Boards of Nursing (NCSBN).

The model curriculum, adopted at Delegate Assembly in 2007, consists of 60 hours of didactic training, which includes work in a skills lab or simulation facility, and 40 hours of supervised clinical practicum. NCSBN has developed Administrative Rules stipulating that MA-Cs should be regulated by Boards of Nursing (medication assistant-Certified (MA-C) Curriculum, August 2007).

Current Administrative Rules in South Dakota mandate 20 hours of initial training without a mechanism for continued competence. Medication administration is a high-risk task for nurses to delegate, and as such, appropriate training, education, and supervision of medication assistants is necessary to assure patient safety.

The purpose of the project was to explore implementation of the medication assistant-Certified Model Curriculum as developed by NCSBN and the development of a medication aide registry (SDBON meeting minutes, September 2007) in the state of South Dakota.

Promoting uniform standards for regulating and training medication assistants is important in protecting the public. Data from NCSBN's 2006 Job Analysis of medication assistants supports the need for increased initial training and ongoing competency.

The job analysis provided a description of current activities and included facilities in long-term care, assisted living, rehabilitation, developmental, residential, home health psychiatric, hospice group home, hospital, community based, correctional, schools, and daycares which included adults and children.

The goal of NCSBN's medication assistant Curriculum model is to provide a document that reflects the current health care environment in states where medication assistants are used.

Registration of medication assistants will allow boards to

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appropriately respond to unsafe practice, such as diversion of medications by a medication assistant or client abuse. A registry will allow South Dakota to share open and publicly disclosable information concerning a medication assistant to others, i.e. employers, agencies, other states or territories. The NCSBN 2004 Model Administrative Rules, Article XVIII, Chapter 18 (NCSBN, 2004) states that if jurisdictions are utilizing medication assistants, they should be regulated by boards of nursing.

National standards do not exist across the United States for unlicensed personnel administering medication in non-acute settings where title, roles, and training expectations vary widely. The model curriculum will assist boards of nursing in protecting the public through consistent training and functioning of medication assistants. Since the mission of boards of nursing is protection of the public, they must be concerned about how quality of care is impacted when medication is administered by medication assistants. Findings will assist member boards in the regulation of medication assistants and serve as an important resource as more states develop and revise MA-C regulation.

The literature review indicates that health care is not regulated heavily, and few facilities are governed by statutes, rules, or laws. Effectiveness must be measurable in improving the quality of care, and health care providers must be aware of the tools developed by researchers.

A study conducted by Arizona Board of Nursing to explore the impact on patient health and safety if medication technicians were added to nursing home teams revealed no clinical or statistically significant differences for medication administration between licensed nurses and medication assistants; therefore, there was no evidence of reduced quality of care. The addition of medication technicians allows the licensed nurse to focus on other crucial issues.

North Dakota Board of Nursing conducted a study and presented a report on the utilization of medication assistants in North Dakota. The survey of health care organizations throughout the state indicated that nineteen percent of 200 facilities employ medication assistants, with the majority in long-term care. Training and orientation is done in-house, and errors are tracked through incident reports, quality improvement, and retraining of employees. Recommendations include: examine a medication assistant program and standardized testing through NCSBN; review of current standards and requirements; educational seminars to organizations on utilization of medication assistants according to level of training and continued competency.

The knowledge gained through the literature review provides evidence and resources for South Dakota Board of Nursing to evaluate the existing curriculum for medication assistants. This review will also assist in determining changes that will provide more uniform standards and knowledgeable medication assistants as partners with licensed nurses in delivering medication safely.

The questionnaire used in this project was designed to gather data from approved Medication Administration Training Programs in South Dakota on their current medication assistants' training and perceptions of how changes to the Administrative Rules will impact their organization. The first part of the survey related to the utilization of medication assistants in their facility and included the number employed, shifts worked, patient workload, as well as tracking of medication errors and remediation. The second part sought information on education requirements and how they may differ from the current requirements.

continued on page 14

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continued from page 13

The survey also requested responses regarding concerns related to the proposed changes.

Definitions

Facilities: Facilities are made up of long-term care facilities, assisted living centers, schools, correctional facilities, mental health facilities, group homes, youth residential centers, and hospice centers. These facilities had approved medication administration training programs and employed medication assistants.

Agencies: Agencies are made up of state departments which regulate the types of facilities and state associations which represent the facilities.

A non-random sample of the 178 approved Medication Administration Training Programs and 22 state agencies and associations were sent a letter asking for their participation in a Web-based survey. Two hundred letters were sent with 76 (38 percent) responses returned from facilities and agencies. The rationale for this approach was based on the fact that most approved Medication Administration Training Programs trained and employed their medication assistants, thus arriving at an estimate of the number of medication assistants in the state. Since data has not been collected prior to this project, this information would also assist in determining whether medication assistant certification was feasible.

Results

The descriptive analysis was based on data collected from a sample of 76 respondents from facilities and agencies. Facilities were broken down into seven categories:

- Mental Health
- State Agencies and Associations
- Correctional Facilities
- Education Centers
- Long-Term Care
- Assisted Living
- Group Homes

Facilities

How many MAs are employed by your organization?

Sixty-one respondents employed 787 medication assistants with a statistical mean of 12.9 medication assistants per facility. Based on the number of respondents and non-respondents, the mean of 12.9 was multiplied with the number of facilities not responding to the survey and resulted in approximately 2,131 medication assistants employed in South Dakota. This sample does not include those facilities that are exempt from the Administrative Rules of the South Dakota Board of Nursing but which have similar rules and regulations governing medication assistants in their facilities. North Dakota and South Dakota have similar numbers for population and licensed nurses, with North Dakota employing approximately 3,500 certified medication assistants.

How many medication assistants are utilized on each shift?

Fifty-nine medication assistants were utilized on the day shift, with a mean of 3.17 per shift. Forty-three were utilized on the evening shift with a mean of 2.79, and 40 medication assistants were scheduled for the night shift with a mean of 2.33. The results are evenly distributed, with the day shift having slightly more medication assistants scheduled. Residential treatment centers, group homes, and an adolescent psychiatric center have a mean of 25-30 medication assistants utilized per shift. The higher means are due to facilities where there are a number of units or cottages housing clients, thus requiring more staff.

For how many residents/patients are the MAs responsible?

Sixty-one respondents reported that medication assistants had a range of 4-25 residents/patients per shift, with a mean of 12.9 patients/residents for each medication assistant.

Do you track medication errors?

The responses indicated that 96.49 percent of the facilities track medication errors.

Does your organization require continued competency for MAs? If yes, how many hours of continued competency are required annually?

Ninety percent of respondents answered "yes" to this question, with a mean of four hours required annually for continued competency.

Are MAs at your facility required to be CNAs prior to becoming medication assistants?

Over 71percent of the respondents do not require CNA certification. Long-term care facilities require CNA certification, in accordance with a federal requirement based on the Omnibus Budget Reconciliation Act of 1987.

Reasons for non-requirement of CNA certification were lower levels of care required, and may serve as a deterrent to applicants for employment. Cost and time commitments were also listed as reasons that the CNA credential is not required.

Does your organization require/perform criminal background checks for medication assistants?

Almost eighty-seven percent of facilities perform criminal background checks. This percentage was based on responses from correctional facilities, residential treatment centers, schools, adolescent psychiatric center, assisted living facilities, group and residential homes, long-term care facilities, and mental health facilities.

Does your organization require more than the 20 hours initial training? If yes, how many initial training hours are required?

Almost sixty-nine percent of respondents do not require more than the 20 hours initial training. Twelve respondents require more hours of training, with a mean of 38

training hours. Those facilities requiring additional training hours include residential treatment centers, schools, and assisted living facilities.

Agencies

Does your agency support increasing the current 20 hour curriculum to 60 hours of didactic and clinical instruction with a 40 hour practicum? If not, what are the barriers to increasing the curriculum requirements?

The proposed change in curriculum requirements is supported by fifty-two percent of agencies. Barriers cited included cost, staffing, current curriculum meets the needs, time, money, and lack of need.

What methods do your facilities currently use for reporting medication errors and disciplinary problems?

Most agencies reported immediate action is taken when medication errors occur. One facility responded that errors were not tracked. Variance and medication error reports, incident reports, and notification to supervisors were the most common actions taken. Forms of remediation ranged from suspension until further education was completed, following just culture principles, and staff education. Based on the type of facility, notification of physician and family were noted. Every facility had policies that were followed to remediate through education and tracking methods.

Do you support continued competency requirements for MAs? If no, what are the barriers to continued competency requirements for MAs?

Ninety-two percent of the respondents support continued competency.

What benefits from the proposed changes do you perceive for your agency?

The following benefits were identified:

- Medication safety
- Decreased medications errors and diversions
- Better trained and educated staff
- More knowledgeable individuals and fewer errors
- Increased quality of care
- Increased awareness of importance of medication administration
- More class time providing time to absorb and understand importance of role

What impact would the proposed changes have on your facilities?

The following impacts were identified by facilities:

- Increased cost
- Longer training hours causing staff shortages and increased overtime
- medication assistants would be more confident in role

continued on page 16

compassion

Carrie Van Stryland, Registered Nurse,
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continued from page 15

- Better understanding of impact of medication administration
- More benefit than detriment
- Increase quality of teaching
- No profound benefit

Based on NCSBN's medication assistant (MA-C) Model Curriculum, would your facility support changes to the current requirements?

Based on facility and agency responses, sixty-one percent responded yes to this question. Those who do not support the changes feel the additional time requirement is a barrier. Cost was identified as a negative with quality as a positive benefit. The same constraints previously listed fell into the responses.

Does your agency support development of MA-C Registry by the South Dakota Board of Nursing?

Almost ninety-one percent of agencies and facilities support the development of such a medication assistant Registry.

Based on the 10 survey questions, the major themes that emerged are as follows:

Positive Responses

- Changes would support increased safety
- Support shown for implementation of a registry
- Support for following national standards to provide high quality care
- Continued competency necessary
- There is a low level of errors now
- More hours needed in curriculum and 20 hours not sufficient for competency
- Criminal background check currently being done
- Remediation processes including additional competency education, policies in place for reporting errors, supervision and monitoring for safety

Negative Responses

- Cost was the prevalent barrier to increased requirements
- One type facility was non-supportive of increased hours for curriculum and other components
- Non-support of certified nurse assistant requirement
- Time constraints

Overall, the survey shows a positive view of the proposed changes. Time constraints and cost appear to be the largest barriers, and was the expected response. The development of a Web-based training program would be cost and time effective for facilities and organizations. It has been noted that long-term care facilities are required to have certified nursing assistants, by federal law, which will affect revisions.

Currently, South Dakota has a 20-hour training program, compared to the national average of those having certified medication assistants with 50 hours of theory/lab and 31 hours clinical experience. Surrounding states of North Dakota, Minnesota, Iowa, and Nebraska have certified medication assistants, and several states have more than one level of training for the medication assistant and require more training hours.

Discussion related to medication administration was held at the Nov. 19-20, 2009 South Dakota Board of Nursing regular Board meeting. An approved online course for certified medication assistants has been developed based on the current 20-hour requirement, with further development to offer the 100-hour recommended curriculum. Clinical experience will be conducted at the approved health care facility. A national certification test will be implemented January 2010 for medication assistants through NCSBN with Pearson Vue as the vendor. It was noted that a voluntary registry in South Dakota could be developed for medication assistants, both certified and non-certified; such a registry could be of benefit to employers as well as to registrants. Costs for taking the 100-hour course and the test will be reviewed, as well as the cost of developing and implementing a registry database.

The Board moved that the South Dakota Board of Nursing direct Board staff to proceed with the development of voluntary certification of medication aides and a registry that would include both (MA-C) certified and non-certified medication aides (MA).

Contact the South Dakota Board of Nursing at (605) 362-2760 to request the full report.

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Approved by the North Dakota Board of Nursing.

NORTH DAKOTA BOARD OF NURSING

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NORTH DAKOTA BOARD OF NURSING MEETING HIGHLIGHTS

September 2009

Accepted the following Disciplinary Review Panel recommendation related to Turtle Mountain Community College (TMCC) incomplete transcripts:

- Applicants from TMCC will be required to submit all official transcripts from the colleges the transfer courses were taken and subsequently accepted by TMCC.
- As a requirement of initial program approval, TMCC will be required to submit completed transcripts with degree posted that includes all courses in the required curriculum. They must have the technology and capability by the registrar to submit transcripts which include accepted transfer courses.

Directed staff to visit with Dr. Davis and the Higher Learning Commission to gather more information regarding the transcript issue and report to the November Nursing Education Committee meeting.

Approved the proposed curricular revisions from the University of ND as the program has full approval from the ND Board of Nursing and the curricular revisions are in full compliance with NDAC 54-03.2-06-07 (4) Nursing Curriculum.

Approved the proposed programmatic changes from the United Tribes Technical College as the program has full approval from the ND Board of Nursing and the programmatic changes are in full compliance with NDAC 54-03.2-06-02 programmatic changes.

Approved the request by Jamestown College Nursing Program for a cohort of Korean students to participate in a Korean nursing students internship experience according to NDCC 43-12.1-04(2) persons exempt from provisions of chapter.

Ratified approval of the workshops for contact hours submitted to the ND Board of Nursing, which includes courses #805 through #816.

Ratified approval of the following nurse faculty interns:

Anne Eliason, RN (changed employer)
Shane Skeim, RN
Jody Morlan, RN
Kimberly Lee, RN
Nathan Koland, RN
Andrea Ginerich, RN
Tracy Enger, RN
Heidi Shannon, RN
Rachel Mcgauvran, RN
Jennifer Laframboise, RN
Samuel Held, RN

Accepted the recommendation of loan forgiveness for Dusty Czapiewski, RN, upon receipt of verification of military deployment.

Accepted the request for deferment from Shirley Coppin and defer repayment of her nursing education loan until Sept. 1, 2010, without interest according to NDAC 54-04.1-04-05. Deferment or when ND LPN employment begins.

Appointed the following three Board of Nursing representatives to participate on a work group related to the study of the CNA and UAP registry.

1. Nelson (Buzz) Benson, RN
2. Char Christianson, RN
3. Joann Sund, RN

Directed Board staff and legal counsel to obtain legislative history and intent of the exemption NDCC 43-12.1-04 (10) and other pertinent information. Directed the Executive Committee to meet to review this information within the next two weeks for resolution.

Approved the request by NDBON for funding for the NURSYS data integrity project.

Ratified prescriptive authority for the following:

Lisa Murdoff, APRN, FNP	CP: Douglas Renton, M.D.
Christine Lauzon, APRN, FNP	CP: James Brousseau, M.D.
Stephanie Nilles, APRN, NNP	CP: Stephen Nelson, M.D.
Brian Torske, APRN, FNP	CP: John Windsor, DO
Ashley Thompson, APRN, FNP	CP: Edward J. Wos, DO
Bridgit Fischer, APRN, FNP	CP: Kimber Boyko, M.D.
Alisa Hogue, APRN, FNP	CP: Shahid Chaudhary, M.D.
Andrea Malucky, APRN, FNP	CP: Benedict Roller, M.D.
Melissa Ulberg, APRN, FNP	CP: Bruce Hetland, M.D.
Mary Lockard, APRN, FNP	CP: Mark Jackson, M.D.
April Wilson, APRN, FNP	CP: Jeffrey Sather, M.D.
Jennifer Stone, APRN, FNP	CP: Brent Herbel, M.D.
Allison Giffey, APRN, FNP	CP: Charles Stillerman, M.D.
Alisa Hogue, APRN, FNP	CP: Shahid Chaudhary, M.D.
Norman Berthiaume, APRN, FNP	CP: Rohini Becheri, M.D.
Lauree Hellman, APRN, CNS	CP: Laura Schied, M.D.
Beth Ashmore, APRN, CNS	CP: Latif Ougzin, M.D.
Susan Clouse Smith, APRN, FNP	CP: Mark G Peterson, M.D.
Michelle Fike, APRN, CNS	CP: Michael Capan, M.D.

Appointed Nelson (Buzz) Benson as a second Board member to the RX Authority Committee according to NDAC 54-05-03.1-08.

Directed staff to send a letter to Biolife Plasma Services acknowledging receipt and discussion of the request, and that the Board has concerns and has requested additional information before making a decision. Additional correspondence will be made when the Board has made a final decision on interpretation of the exemption.

NORTH DAKOTA BOARD OF NURSING MEETING HIGHLIGHTS

November 2009

Granted continued full approval to the Concordia College baccalaureate program through November 2014.

Granted continued full approval to the Jamestown College baccalaureate program through November 2014.

Approved the programmatic change from the ND State College of Science AASPN as the program has full approval from the ND Board of Nursing and the programmatic changes are in full compliance with NDAC 54-03.2-06-02 programmatic changes.

Approved the programmatic change from the Minot State University as the program has full approval from the ND Board of Nursing and the programmatic changes are in full compliance with NDAC 54-03.2-06-02 programmatic changes.

Granted continued approval for Missouri Slope Lutheran Care Center Medication Assistant Program II of Bismarck, ND, from November 2009 through November 2013.

Granted approval for Dakota College at Bottineau Medication Assistant Program II from November 2009 through November 2013.

Staff reported that Pearson will be offering a national certification examination that will be available beginning January 2010 for medication assistants. The test would be administered through Pearson, the same company that administers the NCLEX-RN and PN examinations. More information regarding testing for medication assistant certification will be distributed as it becomes available.

Approved the revisions to the IV Therapy Course Guidelines.

Ratified approval of the following nurse faculty interns:
Sara Wiedrich Betty Schwartz
Melissa Brodsho Ahren Dosch

There are currently 237 out of state students obtaining clinical experience in ND for fall 2009 semester.

Directed staff to continue discussions with representatives of CTE to establish an interagency agreement for the purpose of joint nursing program evaluation process.

Approved the 2008-2009 Annual Report and 2008-2009 Annual Education Report.

Minot State University Baccalaureate Program received a letter of citation that the program did not meet the requirements for notification of major programmatic changes prior to implementation according to NDAC 54-03.2-06-02 programmatic changes, for curricular changes implemented in spring of 2008.

Accepted the proposed revisions to the Criminal History Record Check Policy that relates to record retention for criminal history record check results and related documentation.

Recognized International Education Research Foundation Inc. as an approved credentials evaluations service for licensure by examination in ND (NDAC 54-02-01-07 (2)).

Did not recognize Span Tran Educational Services as an approved credential service for licensure by examination in ND (NDAC 54-02-01-07 (2)).

Directed staff to include a rule addition in the next promulgation that relates to the NDCC 43-12.1-04(10) exemption and chapter 43-51-05 Limited Practice without a License.

Directed staff to develop policy and procedure for application based on chapter 43-51-05 and directed Brian Bergeson to provide a follow-up letter to BioLife Plasma Services after policy and procedure are in place.

Retired the current practice statement for RNs and Medical Screening Examination.

Accepted the report on the utilization of paramedics in nonemergency roles (NDCC 33-36-04-04 (f)).

Formed a task force consisting of representatives from NDBON, the ND Dept of Human Services, Home Health and ND Board of Pharmacy to study the Medicaid Waiver – NDAC 54-07-01-04 Medicaid Waiver Recipient Service Providers.

Directed staff to review scope of practice parameters utilized by other jurisdictions for APRNs working in the role of first assistants and report back to the Board for the March Board meeting.

Requested Brian Bergeson, SAAG, to review the statute related to NDCC 50-24.1-32 regarding the inclusion of clinical nurse specialists.

UNIVERSITY OF NORTH DAKOTA 100 YEAR GALA AWARD RECIPIENT

Deborah Soholt, '78 BSN - Deliver Award. Recipients have consistently demonstrated excellence in practice and have made unique contributions to nursing practice and patient care. Deb is currently the director of Women's Health at Avera McKennan Hospital and leads the Avera Midlife Care for Women Clinic in Sioux Falls, SD. She directs development of primary care models for women's health and is responsible for community-based women's health programming. Deb is a public speaker for women's health, leadership, professional role development and change within health care, and in January 2009 hosted an educational talk for women that resulted in 400 new patients to her organization. For five years, she has co-hosted a weekly public radio show, "House Calls," speaking on a broad range of health topics. She has introduced hormone rebalance care and established compounding pharmacy for bio-identical hormone therapy to providers in her organization.

Nursing graduate student receives National Public Health Award

University of North Dakota College of Nursing student Debbie Swanson was recently recognized by the American Public Health Association (APHA) for her contributions to improving health.

Swanson, a student in the Advanced Public Health Nursing master's specialization, was honored with the 2009 Committee on Affiliates (CoA) Award for Excellence at the annual meeting in Philadelphia, Penn. The award is given to a member whose service is exceptionally meritorious.

Swanson, also a graduate of the College of Nursing bachelor's program, is currently the nursing and nutrition supervisor at the Grand Forks Public Health Department. As a dedicated advocate for public health, Swanson has spearheaded numerous efforts to advance public health policy in nursing for issues such as tobacco control, immunization, oral health, and obesity.

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GOING CARDLESS ... ELIMINATION OF WALLET CARDS

The North Dakota Board of Nursing will be going paperless in 2010. The Board directed staff to begin preparations for a paperless system in March 2009. The implementation plan calls for the revisions needed within the electronic system to eliminate the wallet card received after renewal of a license, after successfully passing the NCLEX, and upon meeting the requirements for endorsement.

The Board of Nursing Web site at www.ndbon.org provides for primary source verification online. Also, all temporary permits have been issued electronically for the past year. The online verification system has been available for a number of years, and is real time. With an online system, there is no theft or loss of the wallet card and most importantly, identity theft is minimized.

An example of a verification screen for an advanced practice RN would appear as copied below:

North Dakota Board of Nursing License/Registration Verification
12/22/2009 10:32:42 AM

The verification licensure/registration information generated from this system is considered primary source verification by the North Dakota Board of Nursing and is real time with the Board's licensure/registration database.

License Type:	RN Compact License; Single State APRN, RX
Profession:	RN
APRN Type:	NP
Specialty Area:	FAMILY
Licensee Name:	XXXXXXXXX
Licensee Number:	XXXXXXX
License Status:	Clear
Activity Status:	RN Active; APRN Active; RX Active
Initial RN Licensure Date:	07/30/2002
Initial APRN Licensure Date:	03/25/2008
Initial Prescriptive Authority Licensure Date:	05/16/2008
RN Expiration Date:	12/31/2010
APRN Expiration Date:	12/31/2010
RX Expiration Date:	12/31/2010
Discipline History:	None

An example of a verification screen for an RN would appear as copied below:

North Dakota Board of Nursing License/Registration Verification
12/22/2009 10:29:41 AM

The verification licensure/registration information generated from this system is considered primary source verification by the North Dakota Board of Nursing and is real time with the Board's licensure/registration database.

License Type:	RN Compact License
Profession:	RN
Licensee Name:	XXX
Licensee Number:	XXXXX
License Status:	Clear
Activity Status:	RN Active
Initial RN Licensure Date:	08/12/1970
RN Expiration Date:	12/31/2011
Discipline History:	None

Employer verification of a license or registration should include a number of steps to determine the identity and licensure status of a nurse or assistive person. By using the online verification system with the appropriate identifiers, employers should feel confident that the licensee or registrant they are employing has a current unencumbered license or registration.

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RECOVERY AS A LIFETIME CHALLENGE

Reflections: My Participation in the Workplace Impairment Program

Over the past three years I have learned a lot about chemical dependency and its influence in my life over the years. I also feel I have grown a great deal in this time, both personally and professionally. Through the program of alcoholics anonymous and the guidance of sponsorship, I have learned to deal with every aspect of life without the need for mind-altering chemicals and to accept and work on my personal flaws while still being okay with being me. I am very lucky today for all of the wonderful things I have in my life – things that I would never have thought possible or felt I deserved three years ago.

When I started in this program three years ago, I thought three years was far too long and I didn't think that there was any way I could ever complete the requirements listed in my contract. I also knew, however, that the only thing I still had in my life that I cared about was nursing, and I was willing to try anything to prevent losing that too. The time has gone by exceptionally fast, and with each day that passed, the requirements seemed to become easier to meet. It has now become a part of my life so much that it will be difficult to remember, for example, that it is not necessary to call every morning when I wake up to see if I need to go in for a drug screen. I believe it will also be easy to continue the things that will be essential to continue on this path and maintain my sobriety.

There are several things that I have found essential to my sobriety and plan to continue after I am discharged from this program. I attend a regular meeting every week; this is my home group, and I help there with things like making coffee and cleaning up. I also attend three group conscience meetings and volunteer for service positions that keep the group going. I have a sponsor that I meet with on a regular basis. She helps me see when I have made mistakes and helps me make amends for things I have done wrong. She also listens to what's going on in my life and assists me to make good decisions. I try to maintain an attitude of willingness. I have found that being willing to do what is suggested, accept help from others, work the steps, and allow your life to change is the hardest thing for many of us. If you are willing to do the work, you will experience a life that is truly "happy, joyous, and free." I pray daily to my higher power and ask for his guidance and the willingness to accept what he has planned for my life. I have found that if I trust in him and accept his will, rather that fight it, things will usually turn out better than I could have ever planned. Finally, I share my story with others. I do this primarily to relate to other addicted individuals. I hope that if someone can relate to my story they will become willing to take the actions I have taken and experience a life as happy as mine. I also share my story with people who don't understand substance abuse. Many people have loved ones that are addicted to some kind of drug or alcohol, and they wane to understand why people would choose to live that way and why they can't "fix" them. Sharing our stories also reminds us of where we came from. When I tell people what my life was like, I remember it and I am reminded why I never want to live that way again.

I am so grateful for the WIP and the program of AA. Today, I truly live a life that is beyond anything I could have dreamed of.

-Alicia

To find out more information about the Workplace Impairment Program contact Karla Bitz, Associate Director, ND Board of Nursing, at 701-328-9783.

EDUCATION STATISTICS

FISCAL YEAR 2008-2009

- ND Pass Rates for NCLEX®
  - RN 86.5 %
  - LPN 91.2 %
- National Pass Rates for NCLEX®
  - RN 87.5 %
  - LPN 85.3 %
- $78,000 was disbursed to nursing students for the Nursing Education Loan

Frequently Asked Questions

Practice and Regulation

I had discipline on my nursing license over 10 years ago. I have told my employers about it, but now everyone can see it on the website. Does discipline ever come off my record?

When individuals receive formal discipline such as an encumbrance or suspension, the information remains on the Web site even if all terms of the discipline have been met. Informal discipline such as letter of concern is not noted on the record. Nurses who have received formal discipline should understand that employers can ask for discipline information from the Board of Nursing. Disciplinary action for practicing without a license or registration may be expunged from the record if no further violations occur within five years after the Board's order.

I am an RN, and my nursing supervisor is an LPN. Can LPNs supervise RNs?

LPNs cannot supervise RN nursing practice. According to the ND Administrative Code Chapter 54-05-01, the LPN assists in implementing the nursing process. The LPN practices under the direction of the registered nurse, advanced practice registered nurse, or licensed practitioner.

Can nurses delegate the administration of medication by gastric tube to a medication assistant I or II?

Medication assistant students and medication assistants I or II may only administer medications by gastrostomy or jejunostomy tube when specifically delegated by a licensed nurse for a specific client.

What is the Nurse Licensure Compact?

The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's primary state of residence) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline. Under the nurse licensure compact, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, each state must enter into an interstate compact, called the Nurse Licensure Compact (NLC). For more information visit the website www.ncsbn.org and click on Nurse Licensure Compact (NLC).

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NORTH DAKOTA NURSING NEEDS STUDY 2009 LICENSED NURSE SURVEY RESULTS CENTER FOR RURAL HEALTH

Funding for this project was provided by the North Dakota Board of Nursing

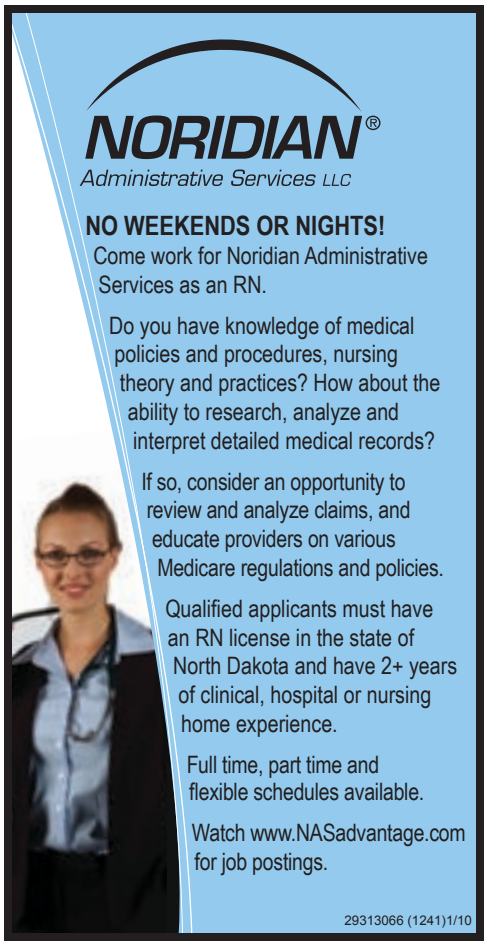
July 2009

Terri Lang, B.A.
Patricia L. Moulton, Ph.D.

EXECUTIVE SUMMARY

Background

The Nursing Needs Study was recommended, in 2001, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.



This study, initiated in 2002, was designed to obtain an accurate and complete picture of nurses in rural and urban areas of North Dakota, compare North Dakota's trends to national trends, and inform institutional and public policy. The study, currently in its seventh year, is approved to continue until 2012 by the Board of Nursing. This study will continue to provide valuable information about the nursing workforce through a 10-year period of time.

Results

In this report, results from the current licensed nurse survey are presented. This data was collected from 1,374 of 6,398 nurses (21 percent response rate) which renewed their license online between October-December 2008. These results are also compared with licensed nurse survey results from 2003, 2004, 2005, 2006 and 2007 reports.

- **Demographics**
  The average age for RNs in North Dakota was 44 years, which is slightly lower than the National Sample Survey (Steiger, 2006) average RN age of 47 years. Average LPN age of 45 years was higher than the national average of 43 years (Seago, et al., 2004). The average age for advanced practice nurses (APNs) in North Dakota was 49 years. Ninety-six percent (96 percent) of North Dakota's nurses were female, which is higher than the national average of 94 percent (Steiger, 2006). In North Dakota, 96 percent of nurses were Caucasian, not of Hispanic origin. The largest minority group, American Indian/ Alaska Native, comprised nearly 2 percent of nurses in North Dakota.

- **Income**
  RNs in urban settings reported an income 17 percent higher than that reported by RNs in rural settings. LPNs in urban settings reported an income 13 percent higher than that reported by LPNs in rural settings. Urban APNs reported an income 14 percent higher than APNs working in rural settings.

- **Pursuing a Faculty Role**
  An increasing percentage of LPNs, RNS, and APNs have indicated they were interested in pursuing a nursing faculty role sometime in the near future. In 2009, 14 percent of LPNs, 22 percent of RNs and 21 percent of APNs indicated an interest in a faculty position in the future. Barriers included a disinterest in a faculty position, disinterest in meeting educational requirements, and better pay outside of educational settings.

- **Part-Time Employment**
  Approximately one-fifth (21 percent of the nurses surveyed) work part-time, which has declined from 2007 where 24 percent of the nurses surveyed worked part-time. Reasons given for working part-time were

preference for part-time work, having more time to take care of home and family, finances allow for part-time work and schedule flexibility.

- **Employment Setting**
  Within their primary work setting, most LPNs worked in long-term care (33 percent), hospitals (24 percent), and ambulatory care settings (20 percent). The majority of the RNs (52 percent) worked in hospitals, and most APNs worked in ambulatory care (44 percent) and hospital settings (35 percent). Sixteen percent (16 percent) of LPNs and RNs and 35 percent of APNs were employed in two nursing jobs.

- **Retirement Plans**
  About one-quarter of nurses plan to retire within the next eight to 10 years, with an average planned retirement age of 64 years. Most nurses intend to end providing direct patient care a few years prior to retirement. Nurses indicated that increased pay, flexible scheduling, retention of benefits while working part-time, ability to work part-time, and having adequate staffing levels would encourage them to work for more years.

- **Workplace Environment**
  Almost one-half of the nurses indicated that they had an increase in patient loads over the past two years. Nurses also noted they have seen an increase in voluntary overtime at the workplace. Nurses were most satisfied with their professional role aspect of their work setting and least satisfied with the power structure.

- **Continuing Education**
  Most nurses work in facilities that provide financial support for continuing education. Most often, nurses receive support for tuition and/or registration and travel expenses.

For a copy of the full report, go to: **http://ruralhealth.und.edu/.**

NURSE REGULATORS MEET FOR 2009 NCSBN ANNUAL MEETING

CHICAGO - The National Council of State Boards of Nursing (NCSBN) met in Philadelphia, Aug. 12 -14, 2009, to consider pertinent association business with its member boards of nursing. Laura Rhodes, MSN, RN, NCSBN president and executive director of the West Virginia Board of Examiners for Registered Professional Nurses, presided at the meeting. There were 59 member boards represented by delegates. Attending from the North Dakota Board of Nursing were Board members Julie Traynor, RN, and Buzz Benson, CRNA. Board staff attending were Patricia Hill, RN, assistant director of practice and discipline and Constance Kalanek, RN, executive director.

Highlights of some of the significant actions approved by the member boards of nursing included:

- Election of new directors to the Board of Directors and members of the Leadership Succession Committee;
- Adoption of revisions to the Education Model Rules;
- Approval of the College of Nurses of Ontario, the College of Registered Nurses of Manitoba, and the College and Association of Registered Nurses of Alberta as Associate Members of NCSBN; and
- Adoption of the 2010 NCLEX-RN Test Plan.

Rhodes remarked, "We are delighted to announce that the NCSBN Annual Meeting had a record attendance this year. I know that the dialoguing and networking opportunities that this meeting provided to all attendees will be invaluable to nursing regulators throughout the coming year."

Rhodes also thanked the participants for a successful meeting and noted that the Board of Directors looks forward to working with member boards and external organizations in the coming year.

NCSBN will meet Aug. 10 - 13, 2010, in Portland, Ore., for its next annual Delegate Assembly.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories - American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of member boards, provides leadership to advance regulatory excellence for public protection.

Back row: Julie Traynor, RN, Patricia Hill, RN.
Front row: Constance Kalanek, RN, Buzz Benson, RN.
Photo courtesy of Matt Romano.

WITZEL APPOINTED TO NATIONAL BOARD OF DIRECTORS

Gwen Witzel, NP-Langdon, AANP Region 8 Director; Penny Jenson, NP-Salt Lake City, Utah, AANP President Elect; Chris Peterson, NP-Bowman, AANP North Dakota State Representative

Gwen Witzel, NP, from Langdon, has been appointed to the Board of Directors for the American Academy of Nurse Practitioners (AANP). Witzel is responsible for Region 8 which encompasses six states: North Dakota, Missouri, South Dakota, Wyoming, Colorado and Utah. Chris Peterson, NP, from Bowman, will fill the AANP North Dakota State Representative position that was vacated by Witzel.

The Mission of the AANP Organization is to:

- Promote excellence in NP practice, education and research
- Shape the future of health care through advancing health policy
- Build a positive image of the NP role as a leader in the national and global health care community.

AANP is a full service organization representing NPs throughout the nation.

KUDOS!

Thank you to the nurses that volunteered for the Committees and Task Forces listed below:

GUIDELINES FOR THE ROLE OF THE DIALYSIS TECHNICIAN

Colleen Sveum, RN
Ione Eckroth, RN
Karen Prussing, RN
Maria Reginier, RN

NURSING EDUCATION COMMITTEE – (through the September 2010 Board meeting)

Kimberly Ash, RN
Evelyn Orth, RN
Julie Anderson, RN
Trish Strom, RN

PROGRAM MONITORING COMMITTEE - (through the September 2010 Board meeting)

Renee Olson, LPN
Michael Kaspari, RN

NURSE PRACTICE COMMITTEE 2007-2009:

Becky Dvorak Berger, RN
Margaret Birkholz, LPN
Jo Burdick, RN
Cora Lee Hutton, RN
Melana Howe, RN
Karen Latham, Ph.D., RN
Gail Mallow, RN
Beth Reiten, RN
Wanda Rose, RN
Renee Olson, LPN
Rhonda Pfenning, RN
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Tuesday, Apr 20 – Fun Day At Sea
Wednesday, Apr 21 – Puerto Vallarta, Mexico
Thursday, Apr 22 – Mazatlan, Mexico
Friday, Apr 23 – Cabo San Lucas, Mexico
Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

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For more information about the cruise and the curriculum, please log on to our website at www.thinkaboutitnursing.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

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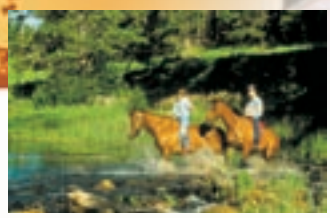

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