| Volume 7 | Number 4 | fall 2009 |

DAKOTA NURSE CONNECTION

Potentially Inappropriate Medications (PIMs) on the Prairie

Barrier to Health Care Eliminated with Passage of New Legislation

North Dakota Nurse Practitioner's Association Story

NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING

Andrea Nelson, RN
Critical Care

Steve Weippert, RN
Medical/Surgical

Alison Mutchler, RN
Cardiac Intensive Care

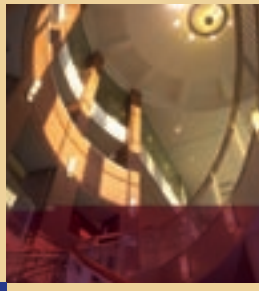
Passion for life

It's my life's work. Make it yours.

When is the last time you amazed yourself? You met a goal, accomplished a feat, perhaps made a real difference in another's life. At MeritCare, we are creating an environment that gives you what you need to amaze yourself time and time again. We offer excellent pay and benefits, valuable opportunities for education and growth, and a healthy atmosphere of respect and appreciation. Visit us online for a complete list of nursing opportunities.

nurse.meritcare.com

MeritCare is an AA/EOE and is a smoke/drug free workplace.



MeritCare Health System®

P.O. Box MC • Fargo, ND 58122 • (701) 280-4800 • (800) 437-4010

DAKOTA NURSE CONNECTION

10 The Clinical Nurse Leader: A New Role for Nursing and Health Care

12 Get to Know New Appointed Board Member

20 NCSBN Inducts the Third Group of Fellows of the NCSBN Regulatory Excellence Institute

22 Potentially Inappropriate Medications (PIMs) on the Prairie

SOUTH DAKOTA HIGHLIGHTS

4 Message from the Executive Director

19 South Dakota Board of Nursing Meeting Highlights

19 Disciplinary Actions Taken by The South Dakota Board of Nursing

21 H1N1 Flu Vaccine: What You Need to Know

26 2009 Report on South Dakota's Nursing Workforce

NORTH DAKOTA HIGHLIGHTS

5 Message from the Executive Director

8 Nursing Education Programs Approved by NDBON

11 License Renewal Update

13 NDBON Receives Recognition

14 Frequently Asked Questions: Requirements for Licensure Renewal

Dakota Nurse Connection circulation includes over 26,000 licensed nurses, hospital executives and nursing school administration 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:
Dakota Nurse Connection, South Dakota Board of Nursing, 4305 S. Louise Ave., Suite 201, Sioux Falls, South Dakota 57106-3115 • 605-362-2760
Dakota Nurse Connection, North Dakota Board of Nursing, 919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504; 701-328-9777
For Advertising Information: **Call Victor Horne** • 800-561-4686 • Publishing Concepts, Inc., 14109 Taylor Loop Road, Little Rock, AR 72223

EDITION 28

www.thinkaboutitnursing.com

Message from the Executive Director

Greetings to all of our readers from the SD Board of Nursing members and staff. This is the time of year when we are all making preparations for the change of seasons. Unfortunately, it is not as simple as the transition from summer to fall and winter this year. This year when we talk about seasons, the flu season dominates the conversation. We are certain that you have been preparing for the upcoming seasonal flu and also the pandemic H1N1. The Board of Nursing is also making preparations to ensure that we are prepared for the increased demands for nurses during emergency situations and that licensure barriers will not occur. We thank you for your dedication to protecting and caring for the citizens of this state. Don't forget to take good care of yourselves as well.

For this quarter's message, I would like to share some information on prescription drug abuse, a different type of quiet epidemic that exists in this country. This problem really isn't isolated to the celebrity population even though we have all heard about the deaths of such celebs as Michael Jackson, Elvis Presley, Heath Ledger, and Anna Nicole Smith to name but a few. Others such as Rush Limbaugh, Eminem and Matthew Perry were fortunate to have received treatment before their addiction ended in death. The 2008 National Survey on Drug Use and Health (NSDUH) estimates that there are 6.2 million Americans who are current non-medical users of psychotherapeutic drugs. Non-medical use of prescription drugs ranks second only to marijuana as the most prevalent category of drug abuse in this country. The most common drugs of abuse are narcotic pain relievers, tranquilizers, stimulants and sedatives. Narcotic pain relievers top the list with 4.8 million being prescribed in 2008. The 2008 NSDUH also showed that a vast disparity existed between the number of persons needing specialized treatment for chemical dependency and the number who actually received it. According to the survey, 23.2 million Americans needed specialized treatment for this problem but only 2.3 million (10%) received it. Currently, there are over 25 bills introduced into the 2009 Congress on prescription drugs and controlled substances. The extent of the problem is staggering.

You might be wondering what this has to do with you or the profession of nursing. First of all, chemical dependency affects nursing professionals as much as it does the general population. Nurses however, are in a unique position where they have access to these drugs on a daily basis. When drug diversion occurs from the workplace, it signifies a very late stage of the illness of chemical dependency. We need to be aware of the signs and symptoms of chemical dependency in our colleagues and to take action whenever possible. This safeguards the public and assists the nurse to obtain treatment. Secondly, nurses need to be aware of the legal implications of possessing and distributing prescription medications without the proper authority. For instance, leaving the workplace with any kind of medication that has not been prescribed for you is illegal and places you at risk for criminal charges of possession. This is not an uncommon occurrence. You also need to be aware that giving a prescription medication to anyone other than for whom it is prescribed may constitute distribution, another criminal charge. As nurses, we need to be aware of these issues so that we don't inadvertently place ourselves in jeopardy for licensure action and criminal prosecution. Thirdly, we also need to look at our homes and how we handle our prescriptions and how accessible they are to other family members or guests.

South Dakota has a committee in place that is exploring the possibility of implementing a Prescription Drug Monitoring Program (PDMP) in our state. The committee consists of members representing physicians, pharmacists, nurses and their respective associations. A PDMP is an electronic database that receives information on every prescription that is issued by a provider and dispensed by a pharmacy to a patient. The purpose of the program would be to ensure that health care providers have access to accurate and timely prescription history information for assisting in the early identifications of patients at risk for addiction. We will keep you posted on future developments related to this program.

I'll be in touch with you again in a few months. Enjoy the beautiful fall colors as we brace ourselves for another South Dakota winter!

Sincerely,

Gloria Damgaard

Gloria Damgaard, Executive Director

Message from the Executive Director

Greetings to all! Hope you all had a safe and enjoyable summer. The summer time has gone so fast and now the board staff are preparing for the 09-10 renewal period. The Board of Nursing Web site has a new look with increased functionality. The board's online services had expanded to the point that our home page was very crowded and confusing for our users.

As you can see there are a number of services we are providing to the licensee. Verification continues to be available for all levels of licensure and for registration of unlicensed assistive persons and medication assistants. As a reminder, **do not** copy your renewal cards for your employer. The verification page of the Web site is primary source verification and your employer should verify licensure through the Web site.

The board continues to strive to become paperless with the expansion of online services. We will add other online applications during this fiscal year to help reach that goal. Also, the Board has directed staff to prepare an implementation plan to discontinue the issuance of paper licensure/registration cards. This is just another step in eliminating the use of paper in this era of advanced technology and also a factor in the prevention of fraudulent activities. Keep in mind you can verify your license or registration 24/7 on the Web site.

Check the Web site for the latest minutes and public notices for Board of Nursing activities. The Dakota Nurse Connection, the board's official newsletter, is also available on the Web site for ease of access. Board meeting dates, forms and practice statements are just examples of what is available on the site. I would also encourage you to use the Web site "contact us" option. The contact us section is reviewed daily by staff. The staff attempts to answer the Web site questions within a week of submission, many times a lot sooner.

Please let us know if you have suggestions to improve the Web site. We are always open to suggestions. Once again, have a great fall! God Bless you all!

North Dakota Board of Nursing Officers and Members

PRESIDENT
Nelson (Buzz) Benson, RN, Bismarck

VICE PRESIDENT
Julie Traynor, RN, Devils Lake

TREASURER
Charlene Christianson, RN, Glenfield

Elizabeth Anderson, LPN, Fargo
Melisa Frank, LPN, Dickinson
Hillary Kaisershot, LPN, Manning
Karen LaLonde, Public Member, Bismarck
Daniel Rustvang, RN, Grand Forks
Joann Sund, RN, Fargo

North Dakota Board of Nursing 2009-2010 Board Meeting Dates

November 19 & 20
January 14 & 15
March 11 & 12
May 20 & 21
July 15 & 16, 2010 Annual Meeting

For additional information, please call 701-328-9779

North Dakota Board of Nursing Annual Report is available on the Web site at www.ndbon.org/ publications.

WORKPLACE IMPAIRMENT PROGRAM

An Alternative to Discipline.

A monitoring program for nurses with impairments of:

- ✔ **Chemical Dependency**
- ✔ **Practice Deficiencies**
- ✔ **Physical Disorders**
- ✔ **Psychiatric Disorders**

For more information contact:
Karla Bitz, Ph.D., RN • North Dakota Board of Nursing
919 S. 7th St. Suite 504, Bismarck, N.D. 58504-5881
Phone: (701) 328-9783 • Fax: (701) 328-9785
www.ndbon.org
e-mail: kbitz@ndbon.org

NURSES ***Have you moved recently?***

Update your address on the N.D. Board of Nursing Web site: www.ndbon.org

Click on: Address Change

We appreciate it when licensees help us maintain current records!!

Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by e-mail.

BOARD STAFF	E-MAIL ADDRESSES
Constance Kalanek, Ph.D., RN, FRE, Executive Director	**ckalanek@ndbon.org**
Karla Bitz, Ph.D., RN, FRE, Associate Director	**kbitz@ndbon.org**
Patricia Hill, BSN, RN, Assistant Director–Practice and Discipline	**phill@ndbon.org**
Linda Shanta, Ph.D., RN, Associate Director–Education	**lshanta@ndbon.org**
Julie Schwan, Administrative Services Coordinator	**jschwan@ndbon.org**
Gail Rossman, Technology Specialist	**grossman@ndbon.org**
Sally Bohmbach, Administrative Assistant	**bohmbach@ndbon.org**
Kathy Zahn, Administrative Assistant	**kzahn@ndbon.org**

PROVISION of HIGH QUALITY NURSING CARE

A series of Educational Presentations
Sponsored by the North Dakota Board of Nursing

PURPOSE: To provide an opportunity for students, registrants, and licensees to keep current on regulatory issues in the nursing profession.

AVAILABLE TOPICS:
* Advanced Practice Licensure
* Current Legislative Issues
* Current Licensure Issues-(for students)
* Delegating Effectively
* Nurse Practices Act (NPA)
* Violations of NPA
* Medication Assistant
* Workplace Impairment Program
* Standards for Nursing Education
* Standards of Practice- LPN
* Standards of Practice- RN
* Unlicensed Assistive Person Issues
* Emerging Issues in Nursing
* Standards of Practice & Code of Ethics

BENEFITS:
* Cost effective – we'll come to you
* Individualized – to meet your needs
* Current & up to date information
* CE credits with every presentation

PRESENTERS:
Constance Kalanek, PhD, RN, FRE
Karla Bitz, PhD, RN, FRE
Patricia Hill, RN; BSN
Linda Shanta, PhD, RN

Length of Presentation(s): 60 minutes each. Fee: $50 per presentation plus mileage.
Contact Hours: 1 contact hour each except Standards of Practice & Code of Ethics is 2.3 contact hours.
Approved by the North Dakota Board of Nursing

The N.D. Board of Nursing in cooperation with the National Council of State Boards of Nursing presents:

THE NURSE PRACTICES ACT CONTINUING EDUCATION COURSE ONLINE!

Increase your knowledge of the North Dakota Nurse Practices Act in four easy steps:

Study the CE material — Complete the exam
Submit payment — Receive results/ certificate

Benefits:

Convenient-available via the internet 24 hours/day, seven days/week
Inexpensive-only $12 online
Secure online transaction
Immediate opportunity to earn two CE credits

Go to: www.nclex.com

NORTH DAKOTA BOARD OF NURSING MEETING HIGHLIGHTS

July 2009

- Approved the request from Dakota Nursing Program-LRSC to deliver the ADN Registered Nursing Program to the distance site at Northwood, N.D., according to NDAC section 54-03.2-06-07(6) Nursing Curriculum and 54-03.2-07-03.1 Program Delivery, and 54-03.2-04-03 Practical or Registered Nurse Program Faculty Qualifications pending notification by Aug. 15, 2009 that qualified faculty have been hired for the coordinator position at LRSC for all clinical faculty at Northwood site that would meet the requirements of NDAC 54-03.2-04-03 or meet the enrollment requirements of the NFI.
- Accepted the request from TMCC administration to withdraw the application for approval of a PN nursing program.
- Ratified approval of the workshops for contact hours submitted to the N.D. Board of Nursing, which includes courses #794 through #804.
- Approved the proposed revisions to the "Guidelines for Nurse Refresher Courses" to:
  - Require the course coordinator to have a master's degree;
  - Add requirements for theory instruction in evidence based practice, information management, and genetics/genomics;
  - Increase the required clinical hours from 100 to 120 clock hours;
  - Grammatical edits for clarification
- Ratified approval of the following nurse faculty intern:
  - Melinda Balderas
- Data collection is complete for the NFI program with a 97 percent return rate from the NFI and 100 percent return rate from mentors. The NFI team will begin to compile the research data in the next year. The NFI final progress report was submitted to NCSBN on June 30, 2009, to complete the grant for the project. Plans are to publish the findings of the study when the research is complete.
- According to NDAC 54-04.1 nursing education loans approved all of the individuals for the nursing education loan for a total awarded of $77,951 which includes $600 for refresher course students.
- The board reviewed the FY 08-09 CHRC report. Since July 2008, 2,416 fingerprint cards have been sent upon receipt of application. Eighty-eight percent of those cards were returned for processing. 12 percent of the cards were returned for errors, 12 percent of the fingerprints cards needed retakes, 5 percent of prints were rejected and were forwarded for Name Search. 10 percent of CHRC results had a rap sheet. Staff requested feedback from the board as to how many sets of fingerprint cards should be sent to applicants. Some have requested cards sent a third time. The board felt twice was enough and the third set would need to be picked up at the board office or sent certified at the applicant's expense. Staff also identified the chain of custody issues that continue to be of concern related to issuance of fingerprint cards directly to the applicant and include the following:
  - If licensee notifies staff that they did not receive two fingerprint cards, another set of fingerprint cards are sent to the same address.
  - Cards are submitted with incomplete demographic information or signatures and are then returned to applicant.
  - Cards are submitted with the signature of law enforcement missing are then returned to applicant for completion.
- Approved the proposed revisions to the Approval of Applications Policy to reflect the changes in law effective 8/1/2009 for UAP practice without a registration and direct staff to revise any other guidelines or documents affected by the law revision.
- Directed staff to implement the revisions to NDAC 43-12.1-14.2 UAP – practice without a registration effective immediately.
- Approved the proposed revisions to the admission criteria for the WIP program to include consultation with the executive director and/ or disciplinary review panel for approval for admission.
- Approved the proposed revisions to the "drug screen testing" for the WIP program to include specific testing for alcohol when necessary.
- The board opines that the delegation of administration of medications does include over the counter (OTC) medications according to NDAC 54-07-05-10(2) pro re nata (PRN) medications.
- Ratified prescriptive authority for the following:
  - Jessica Nygaard, APRN, FNP
    CP: Tonia Hoggarth, MD
  - Ronald Schmitz, APRN, CRNA
    CP: Wayne Robert Martin, MD
  - Mark Koivula, APRN, FNP
    CP: Bruce Hetland, MD
  - Lana Meyer, APRN, FNP
    CP: Tanya Diegel, MD
  - Mary Krogstad, APRN, FNP
    CP: Mohamed Chebaclo, MD
  - Joann Almen, APRN, FNP
    CP: Russ Petty, MD

NURSING EDUCATION PROGRAMS APPROVED BY BOARD OF NURSING - JUNE 30, 2009

North Dakota Board of Nursing is the recognized approver of the nursing programs in ND by the United States Department of Education

Program Name and Director	*Address*	*Type of Program*	*Term of Board Approval*	*Nat'l Nursing Organization for Accreditation*	*NCLEX® FY 07-08 Candidates Pass Rate*	*NCLEX® FY 08-09 Candidates Pass Rate*
North Dakota State University Dr. Loretta Heuer	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Doctor of Nursing Practice	Full Approval through May 2011	CCNE	NA	NA
University of Mary Glenda Reemts, MSN, PhD(c)	7500 University Drive, Bismarck, ND 58504	Masters Degree	Full Approval through November 2010	CCNE	NA	NA
University of North Dakota Dr. Julie Anderson	Box 9025, Grand Forks, ND 58201	Masters Degree	Full Approval through January 2011	CCNE	NA	NA
North Dakota State University Dr. Loretta Heuer	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Masters Degree (Discontinuing Program)	Full Approval through May 2011	CCNE	NA	NA
Dickinson State University Dr. MaryAnne Marsh	291 Campus Drive, Dickinson, ND 58601-4896	Baccalaureate Degree	Full Approval through May 2011	NLNAC	81.8%	85.2%
Jamestown College Dr. Jacqueline Mangnall	Box 6010, Jamestown, ND 58401-6010	Baccalaureate Degree	Full Approval through November 2009	NLNAC	82.8%	84.2%
Medcenter One College Of Nursing Dr. Karen Latham	512 North 7th St., Bismarck, ND 58501-4494	Baccalaureate Degree	Full Approval through March 2012	CCNE	100%	88.1%
Minot State University Kelly Buettner-Schmidt, MSN	500 University Ave W, Minot, ND 58701	Baccalaureate Degree	Full Approval through May 2011	NLNAC	79.4%	82.1%
University Of Mary Glenda Reemts, MSN, PhD(c)	7500 University Drive, Bismarck, ND 58504	Baccalaureate Degree	Full Approval through November 2010	CCNE	88.8%	81.2%
University Of North Dakota Dr. Julie Anderson	Box 9025, Grand Forks, ND 58201	Baccalaureate Degree	Full Approval Through January 2011	CCNE	85.7%	86.8%

Program Name and Director	*Address*	*Type of Program*	*Term of Board Approval*	*Nat'l Nursing Organization for Accreditation*	*NCLEX® FY 07-08 Candidates Pass Rate*	*NCLEX® FY 08-09 Candidates Pass Rate*
North Dakota State University Dr. Loretta Heuer	136 Sudro Hall P.O. Box 5055 Fargo, ND 58105-5055	Baccalaureate Degree	Full Approval through May 2011	CCNE	96.4%	91.9%
Concordia College Dr. Polly Kloster	901 South 8th Street Moorhead, MN 56562	Baccalaureate Degree	Full Approval through November 2009	CCNE	94.3% (reported by MN-BON)	93.9% (reported by MN-BON)
Dakota Nurse Program RN Julie Traynor, MS	Bismarck State College Lake Region State College Minot State College-Bottineau Williston State College	Associate Degree - RN	Continued Initial Approval through May 2009	None	72.7%	85.7%
North Dakota State College of Science Barbara Diederick, MS	800 6th St. North, Wahpeton, ND 58075-3602	Associate Degree - RN	Full Approval through March 2011	None	73.7%	94.7%
Dickinson State University Dr. MaryAnne Marsh	291 Campus Drive, Dickinson, ND 58601-4896	Associate Degree – PN	Full Approval through May 2011	NLNAC	82.6%	93.3%
North Dakota State College of Science Barbara Diederick, MS	800 6th St. North, Wahpeton, ND 58075-3602	Associate Degree – PN	Full Approval through March 2011	NLNAC	95.9%	95.1%
United Tribes Technical College Evelyn Orth, MSN, Mmgt	3315 University Dr., Bismarck, ND 58504-7596	Associate Degree – PN	Full Approval through November 2011	NLNAC	88.9%	100%
Sitting Bull Community College D'Arlyn Bauer, MSN, Mmgt	1341 92ND Street, Fort Yates, ND 58538	Associate Degree – PN	Full Approval through November 2010	None	100%	50%
Dakota Nurse Program PN Julie Traynor, MS	Bismarck State College Lake Region State College Minot State College-Bottineau Williston State College	Certificate PN	Full Approval through May 2011	None	94.3%	96.7%

BARRIER TO HEALTH CARE ELIMINATED WITH PASSAGE OF NEW LEGISLATION

North Dakota Nurse Practitioner's Association Story

During the 2009 Legislative session North Dakota Nurse Practitioners Association (NDNPA) in North Dakota successfully supported the passage of legislation that would allow nurse practitioners (NP) to be recognized as Primary Care Providers for Medicaid recipients. NPs in North Dakota are now recognized by all third party payers, Medicare and Medicaid as primary care providers. The passage of this legislation will improved access to healthcare and eliminated a barrier to NP practice.

How this Legislation Passed - Our Story

Over the course of one and one half years NPs worked on this much needed change. The initial step was to discuss the issue with all nurses in the state so there would be a clear understanding of the importance of the change needed. Through the ND Nurse Leadership Council all nursing groups in the state were advised of the issue and asked to offer support for the legislative change. The Board of Nursing also offered support for the language change through both oral communication and a written letter to the ND Department of Human services. The ND Nurse Practitioners Association was then held a meeting with the ND Dept of Human Services and representatives of the Board of Medical Examiners and the ND Medical Association to discuss the issue. Documentation was provided to both groups regarding the quality of care provided by NPs, cost effectiveness of NP practice and NP scope of practice. Discussion was held to assure our medical colleagues that the language change would not change what is already included the NP scope of practice. The ND Dept of Human Services granted the NPs time on the Medicaid Medical Advisory Committee agenda to discuss the issue. Representatives of the NDNPs also met with the Lt. Gov. Jack Dalrymple and key Medicaid department personnel to again discuss the issue. Also, while a group of NPs were in Washington, D.C., at the National AANP convention they had the opportunity to visit with our legislators, Sen. Conrad and Dorgan and Rep. Pomeroy all voiced their support for the revisions to language. After all the meetings and many contacts without action it was recommended to take this to the legislature for a decision.

Sen. Judy Lee was approached and briefed on the issue and the need for a language change to allow NPs to be recognized as primary care providers for the Medicaid recipient. She agreed with the importance of this issue and volunteered to write and sponsor legislation. Senate Bill (2158) was then a reality.

The ND Nurse Practitioner Association hired a lobbyist Julie Fedorchak to aid in the passage of this bill. Under her guidance, testimony was organized. Those who testified at the initial Senate Committee meeting were Cheryl Rising president of NDNPA, Gwen Witzel AANP ND state representative, Kris Todd NDNPA secretary who read letters of support from multiple physicians throughout the state and Dr B. Baker a family practice physician. The Board of Nursing also provided a statement of support for this legislation. The Senate Bill 2158 was passed in the committee meeting and went to the senate floor. Two members of the NDNPA and the lobbyist spent time meeting with each senator, explaining Senate Bill 2158. NDNPA prepared talking points literature to explain and answered questions about Senate Bill 2158. Senate Bill 2158 easily passed the Senate, only one no vote! Then the bill crossed over to the House and went back into committee where the same persons represented their respective organizations and gave testimony again in support of the bill. The bill passed with an amendment to add the physician assistants (PAs). Again two nurse practitioners and the lobbyist spent time meeting with each House Representative educating them on Senate Bill 2158. The amended bill passed unanimously in the House, but because there was an amendment, procedurally the bill had to return to a joint committee meeting between the House and Senate. Once again the NP Association attended the committee meeting to support the bill. After two meetings and much discussion among the committee members the amendment for adding physician assistant was deleted because of many unanswered questions regarding the physician assistant role.

A Success Story

The legislative process worked well for the NDNPAs. Communication was the key! All nursing groups were educated and informed through the ND Nurse Leadership Council. NDNPAs met with the Board of Medical Examiners and the North Dakota Medical Association and representatives from the governor's office. We collected significant information on the issue in support of the role change for the NP. It was all organized and presented in a professional, logical and educational sequence. Multiple NDNPs had a part in getting this legislation passed. This collaborative effort of nursing organizations lead by the North Dakota Nurse Practitioner Association created positive changes and improved access to health care and eliminated an unnecessary barrier. Additionally, The NDNPA's received a seat on the Medicaid Medical Advisory Committee.

Written by Gwen Witzel RN, FNP and Cheryl Rising RN, FNP

LICENSE RENEWAL UPDATE

All nurses currently holding an active license that expires on Dec. 31 this year will receive a postcard notification containing information for renewing your license online. Please watch for your renewal postcard in your mailbox mid October. If you have moved and not updated your address with the Board of Nursing please update it soon as possible by logging onto www.ndbon.org.

All APRNs, RNs and LPNs must renew online. The Board of Nursing Web site (www.ndbon.org) is a secure system behind layers of firewalls using the highest level of encryption available. Using any computer with internet access, a licensee may renew a license at any time of day on any day of the week. You will be able to access the renewal link using your social security number, license number and name. Payment can be made by credit card, debit card or checking account information. Prepaid credit cards are available from many banks and businesses.

When you click on the "submit" button at the end of the renewal process, you are attesting that all information you entered is correct. Do not send the Board of Nursing hard copy certificates of continuing education contact hours unless you receive the online random notification of CE audit while you are renewing. Access to the online renewal link will be DISABLED at midnight, CST on Dec. 31 when renewal ends.

The Board of Nursing strongly recommends that you not wait until the last week of the renewal period to renew your license. If you fail to renew before the renewal period ends your license will become inactive. **You may not practice as a nurse in ND if your license has lapsed.**

Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

- Renew online utilizing internet access wherever you are stationed after Oct. 1 or
- Call our office and we will renew your license prior to your deployment.

Keep in mind if your deployed you are exempt from meeting the continuing education requirement (NDCC 43-51).

NORTH DAKOTA BOARD OF NURSING LICENSURE RENEWAL REQUIREMENTS

(Licenses expiring 12/31/2009)

Continuing Education for Licensure Renewal

The Board determined in Section 54-02-05-08 that continuing education for purposes of license renewal must meet or exceed twelve (12) contact hours within the preceding two (2) years.

Practice Requirements for Licensure Renewal

Nursing practice for the purposes of license renewal must meet or exceed four hundred (400) hours within the preceding four (4) years.

FREQUENTLY ASKED QUESTIONS

What do I do if I have not received my renewal notice?

It is no longer necessary to wait until you have received a renewal reminder card to renew. As a courtesy, we do send out a postcard renewal reminder to the last known address on record. It is each licensee's responsibility to ensure his/her nursing license is renewed by the expiration date. The online renewal process is activated in early October. The renewal cycle falls every two years starting in October and concludes at midnight on Dec. 31.

What do I do if I don't have a computer to renew my nursing license?

Online renewal is the fastest and simplest way to renew your license. For those who lack internet access at home, family and friends are often happy to help. Additionally, most employers allow their employees to utilize their computers to renew their licenses. Further, most libraries have computers with internet access available to the public.

What do I do if I have a name or address change?

Address and name changes can be made on-line under "On-Line Services".

What are the payment options and what do I do if I do not have a credit card or debit card?

You may use a Visa, MasterCard or Discover credit or debit cards, checking account information, or a Paypal account. If you do not have any credit cards or a bank account, you can purchase a Visa, MasterCard or Discover gift card at many banks or credit unions or at discount stores such as WalMart and CVS Pharmacy for the purpose of paying for the on-line application.

Visit the NDBON Web site http://www.ndbon.org/faq.asp for Renewal – Frequently Asked Questions for RN, LPN, APRN, SPRN.

GET TO KNOW A NEWLY APPOINTED BOARD MEMBER

In an effort to familiarize North Dakota nurses with board members, message from a board member presents Karen LaLonde in this issue. Ms. LaLonde is from Bismarck.

When where you appointed as a board member?

I was appointed as a board member June 2009.

Why did you decide to become a board member?

I have enjoyed working with people in county government and in private business. I am currently retired, but miss the involvement and challenge presented by the workplace.

What is your nursing background?

My board member position is of a public member. I am and have been a hospital volunteer for three and a half years.

What do you feel you can bring to the Board of Nursing?

As a public member, I can bring my experiences of several careers of public life. I have lived in three other states and have experienced different cultures and other forms of government.

Karen LaLonde

What is one of the greatest challenges of being a board member?

I am a graduate of a major university, but not educated in nursing. I have much to learn about health care with the perspective of the nursing board and the many aspects this profession brings to the public. It is exciting to have this challenge and I look forward to giving the best I can offer as a board member.

How would you describe your experience (so far) as a board member?

North Dakota should be proud of the Board of Nursing staff and the members serving on the Board of Nursing. I am impressed with the professionalism and education of the members. The board handles each item on the agenda with complete attention and welcomes any question to gain more information.

What would you say to someone who was considering becoming a board member?

I would encourage a person to serve on the board of nursing to give his/her time for the betterment of an honored profession. If a person is in the medical profession or a public member, as I am, this time spent could help the patients receive the best care possible and in the best environment.

SITTING BULL COLLEGE

MAKE A LIFE-CHANGING DIFFERENCE

Sitting Bull College's Practical Nursing program is seeking qualified candidates to teach on a new $40 million campus, where salaries are competitive, work hours are flexible, and classes are small and personable. You will be part of a life-changing health care effort on the Standing Rock Reservation

The Practical Nursing program at Sitting Bull College is a two year Associate of Science degree program designed to prepare students to become practical nurses, as well as prepare students who may advance their education in nursing at other institutions located on the Great Plains.

Practical Nursing Instructor

Bachelor Degree required, Masters Degree preferred for clinical instructor. Masters degree required for full teaching faculty position.

To obtain an employment application go to: www.SittingBull.edu/aboutus/jobs.

Faculty and Clinical Instructor positions will remain open, until filled.

For inquiries about Nursing faculty and instructor positions contact Director of the Division of Nursing, D'Arlyn Bauer.

Sitting Bull College
1341 92 St.
Fort Yates, ND 58538
701.854.8000
Visit us at www.SittingBull.edu

Sitting Bull College is an equal opportunity employer.

NDBON RECEIVES DEPARTMENT OF EDUCATION RECOGNITION

The North Dakota Board of Nursing has received recognition for four years from the U.S. Department of Education and awards over $78,000 in nursing education loans.

The North Dakota Board of Nursing has been reviewed by the U.S. Department of Education: National Advisory Committee on Institutional Quality and Integrity. The committee recommends the board receive full recognition for four years. This recognition validates the board as a reliable authority as to the quality of education offered by nursing programs in North Dakota. The board is fully compliant with all the criteria for recognition.

The North Dakota Board of Nursing approves 19 nursing programs, one doctor of nursing practice, three masters degree, 8 baccalaureate, 2 associate degree RN, 4 associate degree PN and one PN Certificate. The University of North Dakota College of Nursing also offers a PhD in nursing that does not require board approval. The total enrollment for all programs is 2312 nursing students (2008-2009 Annual Report).

Linda Shanta, PhD, RN, director of education for the North Dakota Board of Nursing stated, "The approval by the North Dakota Board of Nursing, a recognized accreditor by the Department of Education, provides assurance to the public of the quality of current and future nursing education programs in this state. This approval further affirms that quality nursing education programs are important in meeting the demands of the national and state nursing shortage and practice in the 21st century."

Executive Director Constance Kalanek PhD., RN, FRE states, "We are quite pleased with the response of the nursing education programs and colleges to address the recommendations of the Nursing Needs Study and increase the number of practicing nurses in North Dakota."

North Dakota Board of Nursing awards nursing education loans in excess of $78,000. This annual award goes to graduate and undergraduate nursing students who may repay by nursing employment in North Dakota after graduation. The repayment rate is one dollar per hour of employment. The biennial renewal fee of $10 of each registered nurse and licensed practical nurse licensure fee funds the program.

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

TRINITY HEALTH

Interested in working with some of the best nurses around - compassionate, caring and dedicated to their profession? Our hospital is about people - our patients and our 2,700 employees! If you're looking for a hospital that cares about their staff, consider us. We are seeking:

Talented RNs and LPNs, nurse managers, and nurses with critical care experience. FNPs are invited to apply.

SIGN ON BONUS + RELOCATION! To check out our opportunities or to apply, visit our website at www.trinityhealth.org. Inquiries may be addressed to jobs@trinityhealth.org.

EQUAL OPPORTUNITY EMPLOYER

Be Passionate. ***Be Renown.***

Renown Health is northern Nevada's leading health network—and a place where better is a way of life. With a complete network of two medical centers, a rehabilitation hospital, a skilled nursing facility, and multiple medical and urgent care facilities, we offer as much possibility in your professional life as Reno's 300+ days of sunshine and over 4,000 acres of park offers you in your personal. Join us.

Nursing Opportunities Available

For more information about Renown Health or to apply, visit **www.renown.org**

SKILL. EXPERTISE. TECHNOLOGY.

www.renown.org

EOE

Renown™ HEALTH

Frequently Asked Questions

Requirements for Licensure Renewal

Following is a series of frequently asked questions about the license renewal requirements in N.D. for licensed nurses. It has been prepared to help license holders better understand their responsibilities with respect to practice and continuing education requirements. Reading this is not a substitute for knowing what the nurse practices act (NDCC Chapter 43-12.1) and the NDAC rules of the Board of Nursing say about continuing education. It can, however, be a good resource that may help answer many of your questions.

Practice Requirements

Are there practice requirements for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must meet or exceed 400 hours of nursing practice in the preceding four years. Hours practiced in another regulated profession cannot be used for nursing practice hours.

Continuing Education Requirements

Is continuing education (CE) required for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must complete 12 contact hours of CE obtained within the preceding two years.

Am I required to obtain continuing education in specific areas?

No

What is the time frame for getting my continuing education?

CE must be completed within each two year renewal period. The continuing education is to be completed within the two years prior to the expiration date on the license.

How much continuing education should I get?

LPN, RN, APRN – Each person licensed as a licensed practical nurse, a registered nurse, or an advanced practice registered nurse in ND must complete at least 12 contact hours of approved CE to renew their license.

APRN with Prescriptive Authority – advanced practice registered nurse with prescriptive authority must complete 15 contact hours of CE related to pharmacology. These 15 contact hours may fulfill the RN/APRN renewal contact hour requirements of 12 CE.

When do I need to begin completing the 12 contact hours of approved CE?

This requirement will need to be completed before you renew your nursing license. This requirement will remain in effect for each successive licensure renewal thereafter.

I completed 40 contact hours last licensure period and only needed 12. Does that mean that I can use the other 28 hours for this licensure period?

No! Contact hours do not carry over from one license renewal period to another. You must complete at least 12 contact hours of approved CE in each license renewal period in order to renew a license to practice nursing in North Dakota.

I am currently maintaining my certification in another health care profession. Can I use the continuing education to fulfill my license renewal requirements for contact hours?

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally/internationally accredited to approve CE.

Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement. Contact hours obtained for renewal of license or certification in another regulated profession cannot be used for maintaining nursing licensure.

Do I send my CE records to the board?

No. Send your CE records ONLY if you have received a "Notice of Continuing Education Audit" from the North Dakota Board of Nursing.

Who keeps track of my Continuing Education?

You do!! As a professional, you are responsible for keeping track of your own CE records. You must keep your CE documents for at least 4 years. The board may audit your CE records for up to 4 years.

Then how does the board know I met the Continuing Education Requirement?

Each time you renew your license you MUST verify through attesting to the statement on the renewal form that you have completed the 12 contact hours.

But, I was just licensed in North Dakota for the first time!!

License by Exam - If you recently received your first license in North Dakota and took an examination to receive it, and this is your first renewal of that nursing license, you are NOT REQUIRED to have completed CE courses. You have met the requirement through your academic coursework and MUST verify through attesting to the statement on the renewal form.

License by Endorsement - If you recently received your first license in North Dakota and have moved from another state, you are considered to have received your license or certificate by "ENDORSEMENT". Even though this may be your first renewal you MUST verify through attesting to the statement on the renewal form that you have completed the **required six** contact hours. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

I have had an active license in North Dakota for 10 months. Do I need to complete the entire amount of approved contact hours of CE to renew?

If you have held an active license for less than 12 months, you need to complete at least six contact hours of approved continuing education before renewing that license. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

Inactive License

I'm not working right now.

Whether you are working or not has no bearing on your CE requirement. The CE requirement is directly related to renewal of your license in ND.

I need to renew my license and am not able to complete the required number of contact hours. How can I renew my license?

The CE rules do not allow you to renew or reactivate your license without completing CE activities and you are not eligible for licensure.

I don't plan to renew my license. What do I need to do?

Inactive Status – If you do not renew your license it will be on "Inactive Status".

You may not work as a nurse if your license is on inactive status. There is an additional fee to reactivate a license from an inactive status.

Reactivation

How do I get my license back?

Reactivation- Any time your license is on inactive status, you may "reactivate" your license by:

- completing at least the minimum number of required contact hours of approved CE within 24 months immediately preceding reactivation of your license

AND

- meeting or exceeding four hundred hours of nursing practice in the preceding four years.

Contact the Board office for a Renewal/Reactivation form. The staff will assist you in reactivating your license.

If I complete a refresher course to reactivate my license, can I use the contact hours obtained for my next renewal cycle?

Yes, the refresher course contact hours can be used for the first renewal cycle after reactivation of your license.

What do I need to do if I have not practiced for four or more years in North Dakota?

Any APRN, RN, or LPN who has not actively practiced in North Dakota for four years or more must meet the following requirements before a license to practice is issued:

1. Complete the relicensure application
2. Pay the renewal fee
3. Provide to the board for approval, proof of one of the following:
   a. Practice as a licensed RN or LPN which meets or exceeds 400 hours with the preceding four years in another state, territory or country. Verification of employment is to be submitted.
   b. Completion of a refresher course in nursing within the preceding year.
   c. Successful completion of a clinical nursing course in a board-recognized program to further nursing education.
   d. Other evidence the licensee wishes to submit which would provide proof of nursing competence.

Approved Continuing Education

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

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally accredited to approve CE.

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

Yes. Credit received for successful completion of a course taken through an accredited college ornuniversity may be used to meet the CE requirement. This is called "Academic Credit" and translates into contact hours as follows:

- 10 contact hours = One academic quarter hour
- 15 contact hours = One academic semester hour

I can't always get to the classes when they are offered. Can I get my CE at home?

Yes, many individuals receive CE through independent study activities. Independent studies may be taken through mail order courses or the Internet. There is no limit to the number of contact hours you may obtain through independent study.

CAUTION!! It is up to you to make sure that the educational activities you choose are acceptable to meet the CE requirement to renew your license. Look at the advertising for the course/function - approval should be mentioned.

I took a course that met the requirements for continuing education of another board of nursing. Does that mean it is approved CE?

No. Approval is a formal process that involves review of the program components. Meeting a requirement alone is not approval.

continued on page 16

continued from page 15

I taught a course that was approved for contact hours; can I use the contact hours to meet the CE requirement for renewal?

Yes, you may use the approved contact hours up to six CH for teaching a course one time during a renewal period. The presentation or lecture must be outside of the normal duties of the job and approved for contact hours.

I had a nursing article published in a refereed journal, can I use contact hours to meet the CE requirement for renewal?

Yes, evidence of publication of one article related to nursing practice in a refereed journal, one book chapter or research project published in the license renewal time frame may be submitted for verification of the 12 contact hours.

The educational activity I took was not approved for CE.

The board does not retroactively approve courses for CE. It is the responsibility of the course provider to get the activity approved for CE before you take it. If the educational activity was not approved for CE or you did not receive academic credit, you will not receive credit toward the CE required to renew your license.

I'm required by my employer to take CPR. Does that count?

No, not all educational activities completed are acceptable as CE. The following is a list of activities that DO NOT MEET the CE requirement in ND:

- Basic Life Support classes;
- CPR classes;
- Repetition of any educational activity with identical content and objectives within a single reporting period;
- Agency specific orientation or in-service programs;
- Self-directed independent study activities that have not been approved for CE;
- A personal development activity;
- Community service or volunteer practice;
- Board-ordered CE;
- Membership in a professional nursing organization;
- Professional meetings or conventions except for those portions approved for CE.

Audit Information

How long should I keep my continuing education records?

Records must be kept for at least four years.

What records should I keep?

Documentation of completion of CE activities should be supplied to you by the provider of the activity. Upon audit, you will be required to send photocopies of documents that contain all of the following information:

- Your name;
- Title of the education activity or course;
- Code or course number;
- Date of program completion;
- Name of the provider/instructor;
- Name of the organization which approved the program for CE;
- Contact hours or number of credits.

For academic credit, an official college transcript or grade report showing your name, the name of the school, the number of credits received, and the dates attended is also acceptable.

What is an AUDIT?

The board monitors compliance with the CE requirement through an audit system. If you receive a "Notice of Continuing Education Audit" during your online renewal you are asked to send photocopies of your CE records to the board. It is important that you send COPIES of the actual documents received upon completion of the education activities attended. Information received in the Board office in response to an audit of your continuing education records will not be returned to you. You should keep your original documents. The time period for which you are being audited will be stated in the "Notice of Continuing Education Audit".

What other states have mandatory continuing education?

The following states have a mandatory continuing education requirement as prerequisite to license renewal.

Alabama	Alaska
Arkansas	California
Delaware	District of Columbia
Florida	Iowa
Kansas	Kentucky
Louisiana	Massachusetts
Michigan	Minnesota
Nebraska	Nevada
New Hampshire	New Mexico
Ohio	Rhode Island
Texas	Utah
West Virginia	Wyoming

NEED MORE INFORMATION?

For further information on the board's rules on Continuing education requirements for renewal and reactivation please refer to NDAC Section 54-02-05-06 Reactivating a license or Section 54-02-05-08 Continuing education requirements for license renewal or visit the North Dakota Board of Nursing Web site at www.ndbon.org and click on Licensure.

South Dakota State University
College of Nursing

NEW Doctor of Nursing Practice (DNP) Program
Preparing Advanced Practice Nurses to Transform Clinical Practice
- Bachelor's to DNP – Family Nurse Practitioner
- Post Master's for Advanced Practice Nurses

Application Deadline: March 1, 2010

Current Master's Degree Programs (M.S. in Nursing)
- Nurse Educator
- Nurse Administrator
- Clinical Nurse Leader

Application Deadline: March 1, 2010

Doctoral Degree Program (Ph.D. in Nursing)
Admit every other year, 2009, 2011, etc. (begin Statistics prerequisites Fall 2010)

For more information contact:
Roberta K. Olson, Ph.D., R.N., Dean, College of Nursing
South Dakota State University
Box 2275
Brookings, SD 57007-0098
Call: (Toll Free) 1-888-216-9806
E-mail: Roberta.Olson@sdstate.edu
Web: www3.sdstate.edu (keyword: nursing)

SOAK AWAY STRESS AND MUSCLE TENSION!

Fizzing Mineral Bath soak added to a warm bath will make you feel like your home is a spa!

Dead Sea Salts: Legendary mineral rich salts to relax and ease muscles

Grape Seed Oil: Antioxidant | **Shea Butter:** Moisturizing | **Citric Acid Vitamin C:** Effervescent

NURSES-EARN EXTRA INCOME!

Become a Jordan Essentials consultant today by visiting ***www.jordanrep.com/11668. toll-free 1-877-662-8669***

To order Fizzing Mineral Bath and other high quality home spa products from Jordan Essentials, go to www.jordanrep.com/11668 or www.jordanessentials.com and choose consultant #11668 for purchase. Portions of the proceeds go the Think About It Nursing Scholarship Fund. All products are made in America!

Think about it nursing scholarship fund

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**.

South Dakota Board of Nursing Officers and Members

Deb Soholt
President, RN Member, Sioux Falls
Robin York
Vice President, RN Member, Henry
Teresa Disburg
Secretary, RN Member, Pierre
Diana Berkland
RN Member, Sioux Falls
Linda Bunkers
RN Member, Dell Rapids
Doris Dufault
LPN Member, Hot Springs
John Jones
Public Member, Pierre
June Larson
RN Member, Vermillion
Adrian Mohr
Public Member, Sioux Falls
Christine Callaghan
LPN Member, Yankton
Patricia Wagner
LPN Member, Sioux Falls

Upcoming Board of Nursing Meetings

November 19-20, 2009

*** November 5, 2009**

*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 Website at www.nursing.sd.gov.

Board Staff Directory

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

Nancy Bohr, RN, MBA, MSN, FRE Nursing Program Specialist Regarding Nurse Aide Training, Medication Administration Training, and Nursing Education.	nancy.bohr@state.sd.us (605) 362-2770
Kathy Rausch, RN-BC, FAACVPR Nursing Program Specialist Regarding discipline matters.	kathy.rausch@state.sd.us (605) 362-3545
Linda Young, RN, MS, BC, FRE Nursing Program Specialist Regarding Advanced Practice Nursing, Scope of Practice, and Nursing Work Force Center.	linda.young@state.sd.us (605) 362-2772
Erin Matthies Licensure Operations Manager	Erin.Matthies@state.sd.us (605) 362-3546
Robert Garrigan, Accountant Regarding NCLEX Examination.	robert.garrigan@state.sd.us (605) 362-2766
Jean McGuire, Senior Secretary Regarding licensure by endorsement and certified nurse aide registry.	jean.mcguire@state.sd.us (605) 362-2769
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 email 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.

4305 S. Louise Ave., Suite 201 • Sioux Falls, SD 57106-3115 • Phone (605) 362-2760 • Fax (605) 362-2768

South Dakota Board of Nursing Meeting Highlights

June 18-19, 2009

Education

- Accepted revised nursing curriculum from University of South Dakota Nursing program
- Granted initial approval for Sioux San Hospital-Rapid City Service Unit for Clinical Enrichment Program

Other Matters

- Accepted FY 2010 Budget as presented

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

June 2009

Autumn Dawn Rice P009187
Voluntary Surrender

Phyllis E. Yates P010314
Letter of Reprimand

Michele Jean Schmidt CNP000294
Letter of Reprimand

Blaine P. LeBeau R028516
Voluntary Surrender

Christopher Baartman R035872
Voluntary Surrender

Wendy J. Holthe R032035
Voluntary Surrender

Jaysie L. Witkop R033108
Summary Suspension

Charise LaRae Olson R037413
Voluntary Surrender

Deleen J. Kougl CP000316
Probation

Larry Eugene Einck R030573
Probation

Are you saying I can get my *Graduate* degree in nursing at Augustana?

Augustana offers a Master's Degree in nursing for Clinical Nurse Leaders (CNLs). Responding to the national call to improve quality and safety of health care, these clinical experts in the CNL role improve outcomes at the point of care.

Want to know more?
Call 605.274.4721
or visit *augie.edu/graduate*

AUGUSTANA COLLEGE

AUGUSTANA COLLEGE GRADUATE PROGRAMS.
PRACTICAL. RELEVANT.

NCSBN Inducts the Third Group of Fellows of the NCSBN Regulatory Excellence Institute on Aug. 13, 2009

Awards dinner left to right- Nancy Bohr and Laura Rhodes, president, Board of Directors.

CHICAGO - The National Council of State Boards of Nursing, Inc. (NCSBN) inducted its third group of Fellows of the NCSBN Regulatory Excellence Institute on Aug. 13, 2009, during the NCSBN Annual Meeting and Delegate Assembly held in Philadelphia. The Institute of Regulatory Excellence (IRE) began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE is a series of educational conferences held annually with the following topics rotated on a four-year cycle: Public Protection/Role Development of Nursing Regulators, Discipline, Competency and Evaluation/Remediation Strategies and Organizational Structure/Behavior.

The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

Individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials FRE after their name in recognition of their accomplishment.

The 2009 class of fellows includes:

Nancy Bohr, MBA, MSN, RN, FRE, nursing program specialist, South Dakota Board of Nursing
Marilyn L. Hudson, MSN, RN, CNS, FRE, nursing practice consultant, Oregon State Board of Nursing
Carol Camille Walker, MS, RN, FRE, practice consultant, North Carolina Board of Nursing

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. The College of Registered Nurses of British Columbia is an associate member.

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

H1N1 Flu Vaccine: What You Need to Know

The Department of Health has developed this fact sheet to provide basic information about the H1N1 vaccine. Learn more at http://doh.sd.gov or call 1-800-738-2301.

Will I be required to get the vaccine?

No, the decision to be vaccinated is up to you. The H1N1 vaccine is completely voluntary just as the seasonal flu vaccine is. The vaccine is free but some providers may charge an administration fee.

Is the H1N1 vaccine experimental? Is it safe?

The H1N1 vaccine is not experimental. It is very similar to the seasonal flu vaccine thousands of South Dakotans receive every year and is manufactured in exactly the same way in the same facilities. The new vaccine is currently in clinical trials to make sure it's safe and effective. To date, federal health officials report those trials have identified no serious safety issues in adults or children. The U.S. Centers for Disease Control and Prevention (CDC) will continue monitoring as vaccination begins to identify any side effects.

Can I get the flu from the vaccine?

No. With both the seasonal flu vaccine and the H1N1 vaccine, the virus in the shot is inactivated or killed, so it can't cause disease. In the nasal spray form of vaccine, the virus is live but is weakened so it can't grow in the lungs and cause illness.

Do I need to get both the seasonal and the H1N1 vaccine?

Both are needed. The H1N1 virus is different from the seasonal flu viruses so a different vaccine is needed. Seasonal flu vaccine will not protect against H1N1 and H1N1 vaccine will not protect against seasonal flu. Preliminary data from the clinical trials indicate one dose of the H1N1 vaccine is sufficient to provide protection for healthy adults. Get your seasonal vaccine now and the H1N1 when it becomes available.

Will the H1N1 vaccine be available for everybody?

Manufacturers are working to make enough for every American who wants to be vaccinated; however, it will come in waves so people at high risk for H1N1 flu should get the first doses (pregnant women, people who live with or care for children younger than 6 months of age, health care, emergency medical services personnel with direct patient contact, children from 6 months to 4 years, and children from 5 to 18 years with chronic medical conditions). Initial doses are expected in October.

I thought people over 65 were at risk for the flu. Why aren't they a priority for H1N1?

Younger age groups appear to be at higher risk for H1N1 and its complications, unlike seasonal flu which impacts older adults more. Older adults may have some immunity to H1N1 due to infection with similar strains in the past. People 65 and older should get their seasonal flu as they do every year. And as more H1N1 vaccine becomes available, they can choose to receive that vaccine as well to protect them.

Is H1N1 really a threat or is this just so much media hype?

The fact is that flu viruses cause serious illnesses and deaths every year and H1N1 is expected to do the same. As many as 36,000 Americans die from seasonal flu each year and many more are hospitalized. H1N1 flu has been generally mild to moderate in nature. While that pattern is likely to continue, more widespread activity is expected as the flu season progresses. South Dakota will continue to see cases of H1N1 flu and deaths are likely as well.

Watch http://doh.sd.gov/H1N1/ for updates on the vaccine and other H1N1 issues.

You've been Helping Others your whole life.
Isn't it time you helped yourself?
Master of Science in Nursing (MSN) NEW
with emphasis in Nursing Education
Online RN to BSN Degree Program
Other healthcare related degree programs:
• Health Information Technology AAS
• Healthcare Coding Diploma
• Healthcare Management BS
• Medical Staff Services Manangement AAS
• Master of Business Administration (MBA) with emphasis in Health Care Administration
• Master of Management (MM) with emphasis in Health Care Administration
NATIONAL AMERICAN UNIVERSITY Online
5301 S Highway 16, Ste. 200 • Rapid City, SD 57701
Enroll Today (800) 209-0182
http://nauonline.edu
Accredited by the Higher Learning Commission and a member of the North Central Association. • www.ncahlc.org • (312) 263-0456
MSN pending state approval in Minnesota, Texas, Tennessee, and Missouri

Potentially Inappropriate Medications (PIMs) on the Prairie: Propoxyphene Use in North Dakota and South Dakota

Sally May, RN, BSN; Jane R. Mort, Pharm.D.; Ryan Sailor, BA

"Drug use in older adults is increasingly recognized as a complex problem that requires an integrated interdisciplinary approach."[1]

Introduction

Inappropriately used medications can be a significant safety risk to patients of any age, but this is especially true for the Medicare population. The complexity of medication safety for elders is multifactorial: medications are among the most widely used interventions for older adults [2]; 90 percent of persons aged 65 years or older use at least one medication per week [3]; both the pharmacokinetic (how the body handles the drug) and pharmacodynamics (how the target organs respond to the drug) change with aging, resulting in drugs having prolonged durations of activity, greater risks of toxicity, increased frequencies of adverse effects and greater or lesser effects than anticipated from a given dose.[4] In addition, there is evidence that for individuals age 65 and older who are taking at least one potentially inappropriate medication (PIM), the prevalence of adverse drug events is three times as high as it is for older adults without similar medications.[1]

Potentially inappropriate medications (PIMs) are classified as those drugs that should always be avoided or are rarely appropriate in older adults. The risks associated with these drugs usually outweigh the benefits and most of these medications have alternatives that are equally effective, but with fewer adverse effects. In addition to the potential for patient harm, PIMs can also result in increased costs to the health care system through additional office visits, emergency room visits and even hospitalizations.[5,6]

compassion

Carrie Van Stryland, Registered Nurse,
Sanford USD Medical Center, Medical Oncology

"It's at the heart of what we do every day."

You chose a career in nursing because you felt called to a greater good. We understand and share your calling. At Sanford, we care about patients and are always looking for new ways to improve the already exceptional care we give them.

You made a great decision when you chose nursing. You'll make another when you choose Sanford.

If this is your calling, Sanford Health is your place.

Magnet status for Nursing Excellence at Sanford USD Medical Center

Improving the Human Condition

sanfordhealth.org

To learn more about our career opportunities, visit us at sanfordhealth.org or contact Human Resources at (605) 333-7000. EOE.

100-11200-0210c rev. 7/09

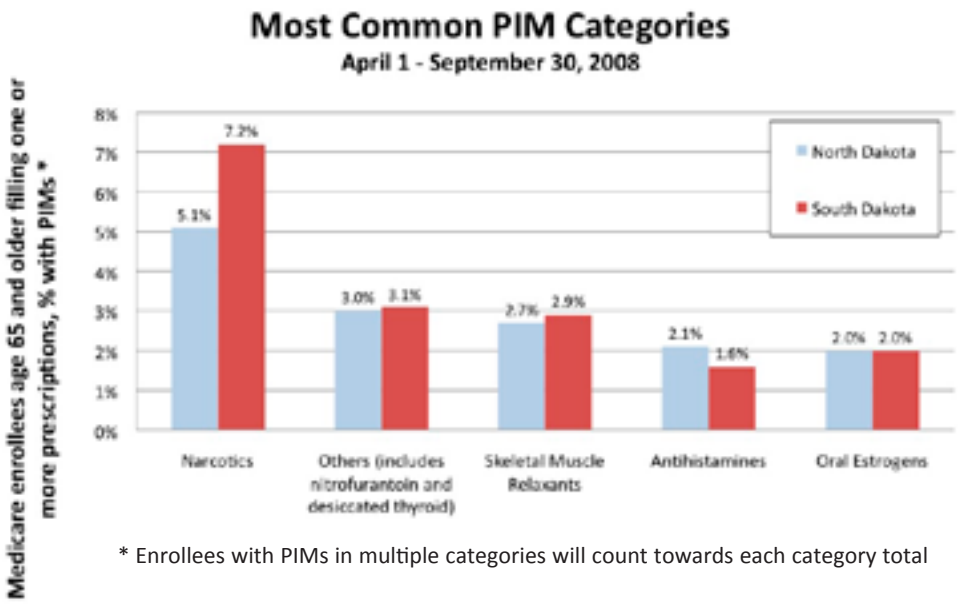
As a component of the 9th Statement of Work, the Centers for Medicare & Medicaid Services (CMS) has contracted with Quality Improvement Organizations (QIOs) in each state, including North Dakota Health Care Review, Inc. (NDHCRI) and South Dakota Foundation for Medical Care (SDFMC), to understand and improve prescribing patterns of their respective states' health care providers.

Data

To support efforts to improve drug safety, CMS provided Part D claims data to the North Dakota and South Dakota QIOs. These data covered the period from April 1 to September 30, 2008. Based on quality measures designed for CMS under a contract with Bearing Point, PIM rates were calculated by CMS in both states, and are shown in the following table:

PIM rates	North Dakota	South Dakota
Among Medicare Part D enrollees age 65 and older who filled one or more prescriptions, percentage with a PIM filled (4/1/08-9/30/08)	14.8%	16.4%

In each state, nearly one in six Medicare enrollees age 65 and older filling one or more prescriptions received a PIM. To dig further into the cause of the PIM rates, we broke down the rate into drug categories. The following bar graph shows the top five most common drug categories that contributed to the statewide PIM rates.



* Enrollees with PIMs in multiple categories will count towards each category total

While there are differences between the two states on how common certain PIM categories are, narcotics are the leading PIM prescribed to Part D enrollees. In both states, products containing propoxyphene accounted for greater than 99 percent of the narcotics that are categorized as PIMs. Since propoxyphene use is prevalent in both states, the QIOs in North Dakota and South Dakota are both focusing quality improvement and education efforts on this targeted medication.

Pharmacology

Researchers have compared the equivalence of propoxyphene/acetaminophen to acetaminophen alone.[7] Propoxyphene has the typical side effects of narcotic agents that include drowsiness, dizziness, ataxia, constipation, and nausea.[7] The question of effectiveness has led the FDA to request additional efficacy testing.[8] The FDA has also recently required the addition of a box warning to the prescribing information regarding the possible occurrence of acute toxicity from propoxyphene use.[8]

In the elderly the metabolite, norpropoxyphene, has a longer half-life than found in a younger population and therefore builds up to higher levels.[7] While this metabolite does not have opioid activity, it does add to the adverse effects seen with the agent.[7] This explains in part the more frequent occurrence of propoxyphene's adverse effects in the elderly population.

Although propoxyphene should be avoided, it continues to be used and often at excessive doses that place patients at risk for adverse outcomes.[9] Propoxyphene doses should not exceed 600 mg per day and propoxyphene is often combined with acetaminophen which should not exceed four gm per day.[10] Given these limitations, Darvocet N-100™ should not be administered in a dose greater than six tablets in a 24 hour period (i.e., no more than one tablet every four hours). Directions of one to two tablets every four to six hours have the potential to greatly exceed the maximum dose of six tablets per day. This not only increases the chance of adverse effects or overdose from propoxyphene but puts the patient at risk for liver toxicity from acetaminophen.[10]

continued on page 24

continued from page 23

Alternatives to propoxyphene include acetaminophen and other opioid agents such as hydrocodone, oxycodone, morphine, and fentanyl depending on the severity and etiology of the pain.[11] Nonsteroidal anti-inflammatory drugs (NSAIDs) may only be considered for very select patients due to the high incidence of adverse effects and nonselective NSAIDs should be combined with an agent to protect from NSAID induced gastric toxicity.[11]

Reducing Inappropriate Prescribing of Propoxyphene: Implications for Nursing Practice

Nurses are in a critical position to improve prescribing practices of physicians and other providers by reducing the use of the PIM propoxyphene in their older adult patient population. Nurses are on the front line of monitoring medication use in older adults and assessing their symptoms. Nurses are often the first to notify prescribers about the need for a medication change or to report a medication-related adverse event.[1] The first step in monitoring medication use is the completion of a comprehensive medication assessment.[12]

Regular comprehensive medication assessments are a useful strategy for identifying PIMs, yet current evidence suggests that medication history discrepancies, including either missed or additional medications and inaccurate doses or frequencies, are common and may have clinical significance.[13,14] Nurses can improve medication assessments of elderly patients by instructing patients or their caregivers to bring in *all* the medications they use at home, including prescriptions, over-the-counter medications, herbal and nutritional supplements and topical preparations.[12, 15, 16]

Nurses can identify PIMs in their elderly patients' medication profiles by using a validated tool such as the 2002 Beers Criteria. The criteria highlight specific medications whose associated risks to older adults may outweigh their benefits or for which safer alternatives exist[12], e.g. propoxyphene. The 2002 Beers Criteria are available in the *Try This: Best Practices in Nursing Care to Older Adults* series from The Hartford Institute for Geriatric Nursing, New York University, College of Nursing at http://consultgerirn.org/resources

Evaluating the effect of specific PIMs included in an older patient's medication regimen requires nurses to consult with patients, caregivers, pharmacists, primary care providers and other prescribers. This provides the opportunity to determine whether the patient's symptoms are related to pharmacologic or physiological changes; the indication for using the medication still exists; the medication is accomplishing the purpose for which it was prescribed; safer pharmacological and non-pharmacological alternatives were considered; and appropriate monitoring is being performed.[12]

Reducing PIM use, including propoxyphene, in older adults requires an interdisciplinary process. This includes an accurate assessment of patients' actual medication use, reliable identification of PIMs in older adult patients' medication profiles and a judicious evaluation of the medication's effect on the individual.

References:

1. *Fick DM, Mion LC, Beers MH, Waller, JL. Health outcomes associated with potentially inappropriate medication use in older adults. Res Nurs & Health 2008;31:42-51.*

2. *Murray MD, Callahan CM. Improving medication use for older adults: an integrated research agenda. Ann Intern Med.2003; 139:425-9.*

3. *Slone Epidemiology Center. Patterns of medication use in the United States 2006: a report from the Slone Survey. Boston University: Slone Epidemiology Center, 2006.*

4. *Chutka DS, Takahashi PY, Hoel RW. Inappropriate medications for elderly patients. Mayo Clin Proc 2006;79:122-39.*

5. *Gurwitz JH, Field TS, Harrold LR et al. Incidence and preventability of adverse drug events among older persons in the ambulatory setting. JAMA 2003;289:1107–16.*

6. *Budnitz S, Pollock DA, Weidenbach KN, Mendelsohn AB, Schroeder TJ, Annest JL. National surveillance of emergency department visits for outpatient adverse drug events. JAMA 2006; 296:1858-66.*

7. *Barkin RL, Barkin SJ, Barkin DS. Propoxyphene (dextropropoxyphene): a critical review of a weak opioid analgesic that should remain in antiquity. Am J Ther 2006;13:534-42.*

8. *FDA News Release July 7, 2009. FDA takes actions on Darvon, other pain medications containing propoxyphene. Available at: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm Accessed July 7, 2009.*

9. *Mort JR. High dose acetaminophen in narcotic combinations: should there be concern? SD Med 2008;61:294-5.*

10. *Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Reuters (Healthcare) Inc. Updated periodically.*

11. *The American Geriatrics Society Panel on the Pharmacologic Management of Persist Pain in Older Persons. Pharmacological management of persistent pain in older persons. J Am Geriatr Soc 2009; 57:1331-46.*

12. *Molony SL. Monitoring medication use in older adults. Am J Nurs 2009;109:68-78.*

13. *Tam VC, Knowles SR, Cornish PL, Fine N, Marchesano R, Techells EE. Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review. Canad Med Assoc J 2005;173:510-5.*

14. *Cornish PL, Knowles SR, Marcheano R et al. Unintended medication discrepancies at the time of hospital admission. Arch Intern Med 2005;165:424-9.*

15. *Bergman-Evans B. Improving medication management for older adult clients. Iowa City, IA: University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core. 2004.*

16. *Zwicker D, Fulmer T. Reducing adverse drug events. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, eds. Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York: Springer Publishing Company, 2008: 257-308.*

This material was prepared by North Dakota Health Care Review, Inc. (NDHCRI) and South Dakota Foundation for Medical Care (SDFMC), the Medicare Quality Improvement Organizations for North and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the US Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 9SOW-SD-PS-09-257. ND-9SOW-09-QP-74.

Free Subscription to StuNurse magazine!

Do you know someone who is a student nurse, or someone considering a nursing career? Then let them know about the StuNurse magazine. A subscription to the StuNurse digital magazine is FREE and can be reserved by visiting www.StuNurse.com and clicking on the Subscribe button at the upper right corner.

Educators...let your students know they can subscribe free of charge!

South Dakota Center for Nursing Workforce 2009 Report on South Dakota's Nursing Workforce

Linda Young, MS, RN, FRE, BC, Program Director, SD Center for Nursing Workforce, Nursing Program Specialist, SD Board of Nursing

As our country struggles to keep pace with the growing demand and need for bedside nurses and nursing faculty, South Dakota's nursing leaders continue to proactively implement strategies to grow and retain nurses to ensure that citizens have a nursing workforce prepared to meet their changing health needs. The *Report on South Dakota's Nursing Workforce – 2009* [1] presents an accurate picture of South Dakota's nursing workforce which is vital when comparing South Dakota data to national data and informing policymakers. The report includes an analysis of employment data collected by the South Dakota Board of Nursing from each RN and LPN upon licensure renewal. Data in the report focuses on South Dakota's nursing workforce characteristics, supply, and projections for future supply and need. Aggregate licensure data for registered nurses (RN), licensed practical nurses (LPN), certified nurse midwives (CNM), certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS) was provided by the South Dakota Board of Nursing (SDBON). A full report is available on the SD Center for Nursing Workforce website, www.doh.sd.gov/boards/nursing/sdcenter.htm.

SDBON licensure data revealed 12,636 actively licensed RNs, 2,243 actively licensed LPNs, 26 actively licensed CNMs, 371 actively licensed CNPs, 372 actively licensed CRNAs, and 79 actively licensed CNSs as of Jan. 31, 2009. Of the 10,739 RN licenses renewed during the data collection period from Jan. 31, 2007 to Feb. 1, 2009, 9,178 returned completed renewal applications, for an 85.5 percent response rate. Of 1,874 LPN licenses renewed, 1,735 LPNs returned completed renewal applications, for a 92.6 percent response rate.

Supply data from 2002 through 2009, presented in the table below, demonstrates a positive growth in supply of actively licensed RNs, LPNs, CNMs, CNPs, and CRNAs. Licensure data revealed that 1,566 new RNs were licensed in SD during this same time period; 928 were added as new graduates, those who sat for exam, and 638 were added by endorsement from another state. The net increase of RNs was 1,010 nurses from Jan. 31, 2007 to Feb. 1, 2009.

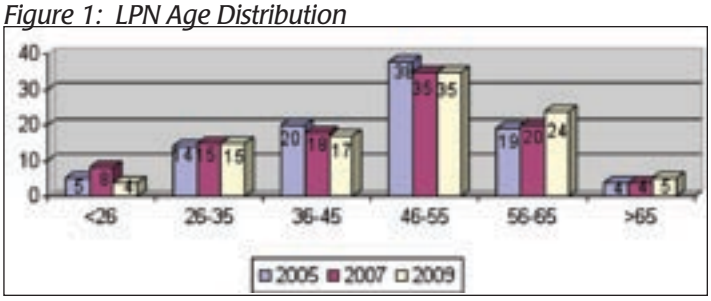
Actively Licensed Nurses, Percent Change for Selected Years 2002 – 2009

NURSES	2009	PERCENT	2007	PERCENT	2005	PERCENT	2002
RNs	12,636	+8.7	11,626	+6.8	10,881	+6.9	10,183
LPNs	2,243	+1.7	2,206	+1.1	2,183	+2.5	2,130
CNMs	26	+3.7	19	+18.8	16	+23	13
CNPs	371	+12.8	329	+13	291	+24	235
CRNAs	372	+6.0	351	-1.7	357	+17	306
CNSs	79	-2.5	81	+9.5	74	-14	86

Data from the SD BON continues to reflect that a majority of nurses in South Dakota are female. Male nurses however continue to gain in numbers each year. In 2009, 7.9 percent of RNs were male, as compared to 6.9 percent in 2002.

The largest cohorts of LPNs in SD are in the 46-55 and 56-65 age groups and comprise 59 percent of the LPN workforce, figure 1. The average age of an LPN is 49 years. The largest cohort of RNs is in the 36-45 and 46-55 age groups which comprises over 51 percent of the RN workforce. However, RNs in the <26 and 26-35 age groups have maintained a steady increase since 2005, figure 2. The average age of an RN is 45 years. Over 12 percent of LPNs and over 11percent of RNs indicated on their surveys that they intend "to leave or retire from nursing within the next five years".

Figure 1: LPN Age Distribution



Employment data continues to reflect a high percentage of RNs and LPNs in South Dakota actively employed in the nursing profession, figures 3 and 4. Data reveals 93 percent of RN respondents employed either full-time or part-time in nursing positions as compared to the national data which reflects approximately 83 percent of RNs employed in nursing[2]. Similarly, 90 percent of LPNs responded they were employed in a nursing position either full-time or part-time. To maintain an active nursing license in South Dakota a nurse must provide evidence of employment or volunteer work as a nurse; a minimum of 140 hours in a 12 month period or an accumulated 480 hours within the past 6 years is required.

Figure 2: RN Age Distribution

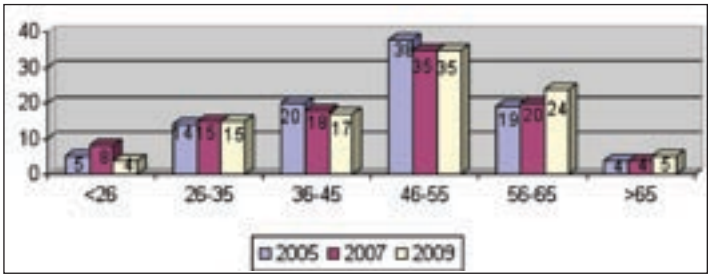


Figure 3: Employment Status of LPNs in SD

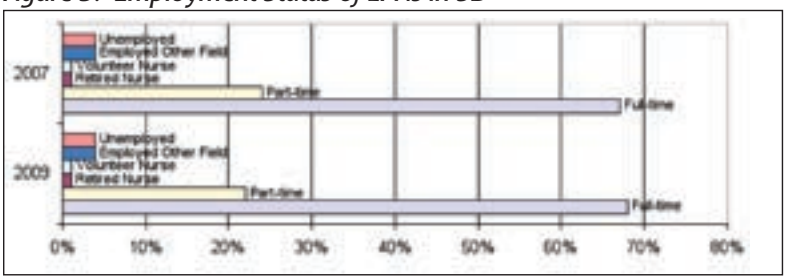
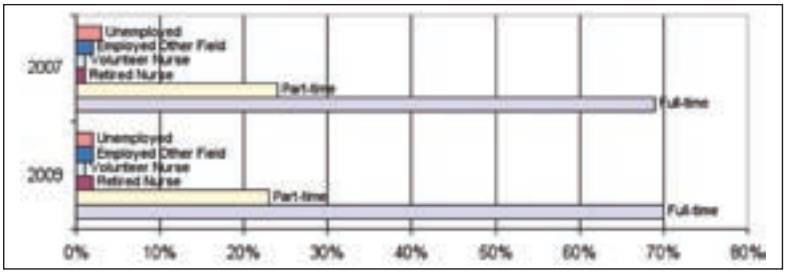


Figure 4: Employment Status of RNs in SD



Most RNs and LPNs were employed in the following practice settings: hospitals, office/clinics, nursing homes/long term care, community/home health, and outpatient surgical during the data collection period of Feb. 1, 2007 though Jan. 31, 2009, figures 5 and 6. The majority of RNs were employed in the following three practice settings: hospital (50 percent), office/clinic (15 percent), and long term care (11 percent); the majority of LPNs were employed at office/clinic (33 percent), long term care (30 percent), and hospital (16 percent). While percentages of nurses employed in most of these settings remained fairly consistent from previous reports, data revealed RNs employed in the hospital setting decreased from 53 percent in 2007 to 50 percent in the 2009.

Employment data also revealed that a majority of positions held by nurses include staff nurse, clinic nurse, charge nurse, nurse management, and APN roles. Most RNs and LPNs reported that in their current positions 75-100 percent of their time is involved in direct patient care, less than 10 percent of nurses indicated that their position did not involve direct patient care.

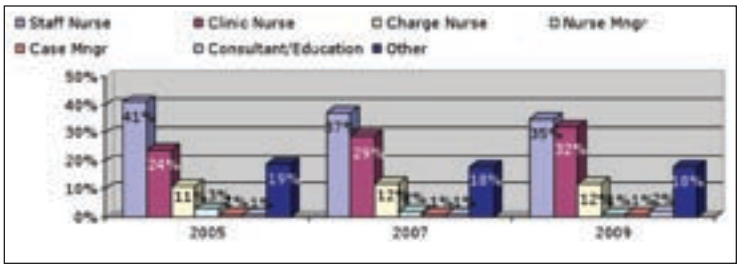
Consistent with previous nursing workforce reports a majority, 84 percent, of LPNs indicated their highest educational preparation at the PN diploma or associate degree level, figure 7. LPNs prepared with a baccalaureate RN, associate RN, or diploma RN in nursing comprised 7 percent, while 2 percent hold a non-nursing baccalaureate or master's degree. An increased number of LPNs, 12.3 percent, responded they are "currently enrolled in education classes leading to an advanced nursing degree" compared to 9 percent in 2007.

RNs were also consistent with previous nursing workforce reports. Thirty-seven percent of RNs reported their highest educational preparation at the associate degree level, figure 8. Diploma prepared RNs continue to steadily decline with 13 percent in 2009 compared to 14 percent in 2007, 17 percent in 2005, and 20 percent in 2002. Only 6 percent of nurses indicated their highest preparation as master's in nursing, which was unchanged from 2007. Less than 1 percent, or 65 nurses, reported preparation at the doctoral level as compared to 60 nurses in 2007, and 58 nurses in 2005. An increased number of RNs however, 15.3 percent, indicated they are "currently enrolled in education classes leading to an advanced nursing degree" compared to 6 percent in 2007.

The distribution of LPNs and RNs who resided in SD's frontier, rural, urban counties, and out-of-state remained fairly consistent from previous nursing workforce reports, figures 9 and 10. The 2008 South Dakota Health Care Professional Workforce Report defines urban counties as a population center with 50,000 or more persons; rural counties as a population density of more than six persons

continued on page 28

Figure 5: Percentage of LPN Positions Held



continued from page 27

per square mile but no population centers of 50,000 or more; and frontier counties as a population density of six or fewer persons per square mile.[3]

South Dakota's counties are shown in four regions, central, northeast, southeast, and western, as illustrated on the map in figure 11. Numbers of licensed nurses residing in each region reflects licensure data from the SDBON as of Jan. 31, 2009. State and county population estimates were based on data from the US Census Bureau's 2008 Population Estimates.[4]

Figure 6: Percentage of RN Positions Held

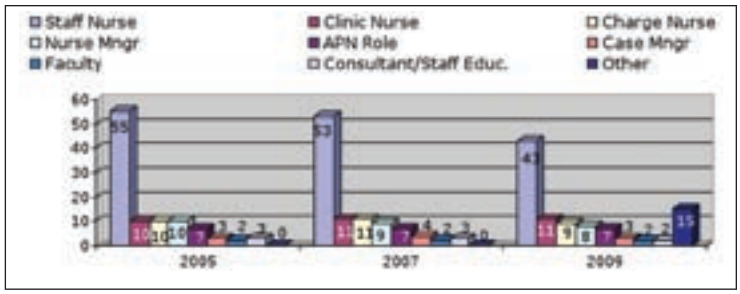


Figure 7: Educational Preparation of LPNs in SD

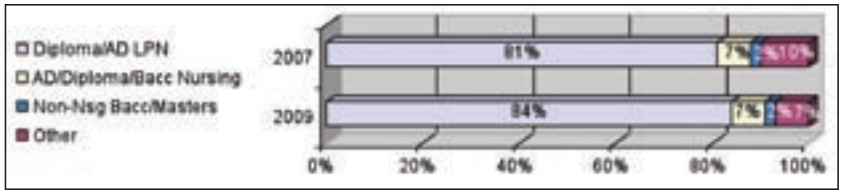


Figure 8: Educational Preparation of RNs in SD

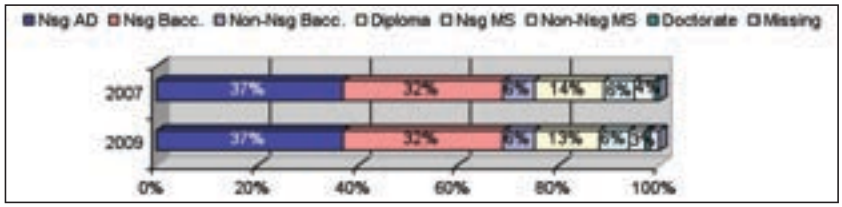


Figure 9: Distribution of LPNs in SD

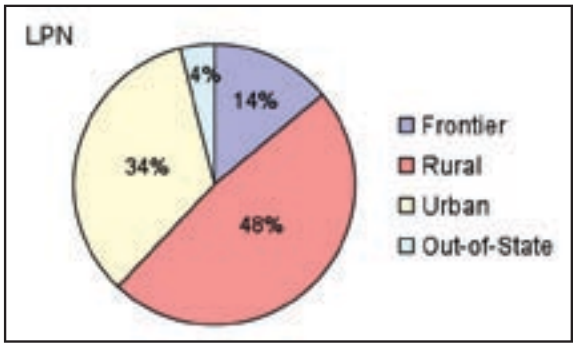
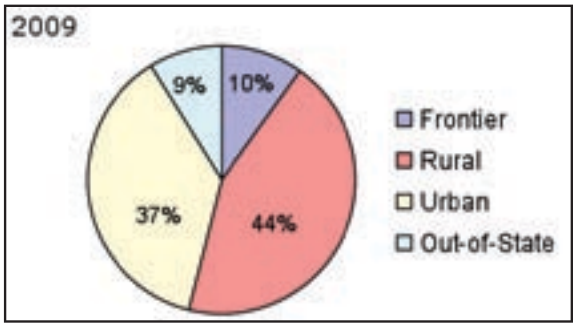
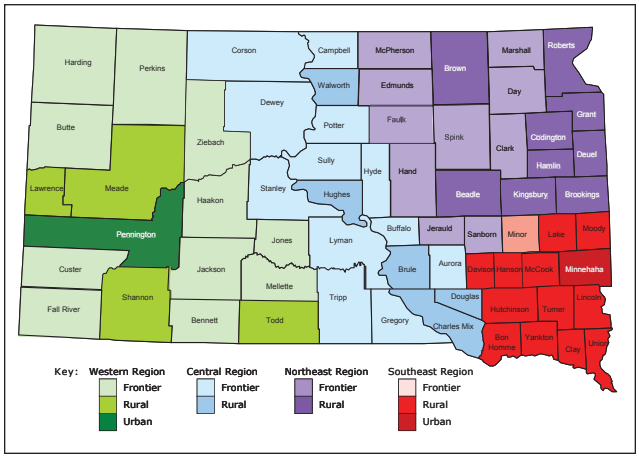


Figure 10: Distribution of RNs in SD



The *Central Region* is comprised of seventeen counties and the estimated population in 2008 was 76,650; about 10 percent of the state's population. In 2009 this region had 148 LPNs, 829 RNs, 1 CNM, 25 CNPs, 9 CRNAs, and 3 CNSs. The *Northeast Region* is comprised of nineteen counties and the estimated population in 2008 was 175,717; about 22 percent of the state's population. In 2009 this region had 518 LPNs, 2024 RNs, 2 CNMs, 47 CNPs, 30 CRNAs, and 10 CNSs. The *Southeast Region* is comprised of fourteen counties and the estimated population in 2008 was 339,912; about 42 percent of the state's population. In 2009 this region had 890 LPNs, 6,052 RNs, 6 CNMs, 146 CNPs, 177 CRNAs, and 46 CNSs. The *Western Region* is comprised of sixteen counties and the estimated population in 2008 was 211,915; about 26 percent of the state's population. In 2009 this region had 595 LPNs, 2648 RNs, 9 CNMs, 105 CNPs, 74 CRNAs, and 13 CNSs.

Figure 11: Map of South Dakota's Regions



Footnotes:

1 South Dakota Center for Nursing Workforce, *Report on South Dakota's Nursing Workforce – 2009*, www.doh.sd.gov/boards/nursing/sdcenter.htm.

2 The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses", Division of Nursing, Bureau of Health Professions, HRSA, USDHHS.

3 South Dakota Department of Health, Office of Data, Statistics, and Vital Records. *The 2008 South Dakota Health Care Professional Workforce Report*, http://doh.sd.gov/Statistics/2008Workforce/default.aspx.

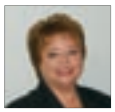
4 U.S. Census Bureau, SD County Population Estimates. http://factfinder.census.gov (accessed May 15, 2009).

A comprehensive list of all the insurance companies that offer more discounts than Farmers.

Doctors and Nurses are a special group of people who deserve a special rate on auto and homeowners insurance. Farmers now offers more ways to save on your policy than ever before. So if you want a great rate, great service and a great agent, put your pen down and pick up the phone. Call a Farmers Insurance Agent to find out about our lower rates. The right choice for insurance couldn't be easier.

Chris Allen
West Fargo, ND
(701) 373-0033

Martie Bothun
Pierre, SD
(605) 224-6994



Jamie Drageset
Aberdeen, SD
(605) 725-0035

Jodi Enderson
Rapid City, SD
(605) 718-7020

Kyle Herman
Bismarck, ND
(701) 255-3655

Rodger Hoeft
Fargo, ND
(701) 365-0733

Kerry Lutter
Sioux Falls, SD
(605) 339-3203

Jill Melchert
Sioux Falls, SD
(605) 275-4160

Tina M Morast
Bismarck, ND
(701) 222-8135

Keith Phillips
Moorhead, MN
(218) 236-0948

Steve Renslow
Grand Forks, ND
(701) 775-8122

Dave Schmidt
Rapid City, SD
(605) 342-5434

Tamie Schmidt
Bismarck, ND
(701) 222-3536

Steve Severson
Fargo, ND
(701) 293-1414

Ila Swenning
Brookings, SD
(605) 692-7799

Bill Termes
Spearfish, SD
(605) 644-0951

George Wogaman
Grand Forks, ND
(701) 772-7108

FARMERS INSURANCE GROUP
Symbol of Superior Service

FARMERS®

The South Dakota Human Services Center

A state-of –the-art 304-bed psychiatric and chemical dependency hospital serving acute, psychiatric rehabilitation, geriatric & adolescent patients in Yankton, South Dakota.

Employment Opportunities for Staff and Charge RN's

- Dynamic multi-disciplinary team of professionals
- Competitive salary
- Excellent benefit package
- Flexible scheduling

Contact the Human Resources Office at
(605) 668-3118 or
diane.hovden@state.sd.us
SD Human Services Center
PO Box 7600
Yankton, SD 57078
www.state.sd.us/dhs/mcn/index.htm
An Equal Opportunity Employer

Reach Every Nursing Household in North and South Dakota

NO OTHER MAGAZINE OR NEWSPAPER IS READ BY MORE **nurses** IN THE DAKOTAS THAN THE ONE YOU ARE HOLDING **RIGHT NOW!**

CALL OR EMAIL
Victor Horne
at 800-561-4686
vhorne@pcipublishing.com

Targeted Networking

The "NEW" Classifieds

LIMITED AVAILABILITY CALL TODAY

Reach every nurse in Dakota for as little as $225.

Contact Victor Horne
vhorne@pcipublishing.com
1-800-561-4686

CLASSIFIED ADS AS LOW AS $225

Improving health, enriching life

For job openings, visit altru.org.

Grand Forks, ND (701) 780-5136
EOE

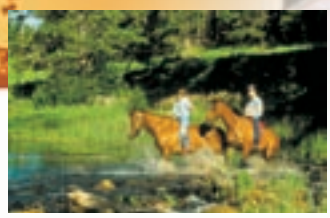
New Practical Nursing Program

Eastern Wyoming College
seeks Practical Nursing Program Coordinator/Instructor to lead new program.
Contact:
Tom McDowell, HR Dir
(866) 327-8996 or
Tom.McDowell@ewc.wy.edu

Douglas, Wyoming EOE

StuNurse.com
education/employment

Touch Lives Then *Touch the Sky.*



In the Black Hills, you'll discover a great place to live and a great place to work. We've invested our resources to create a career environment built upon a commitment to excellence. You'll find yourself putting compassion into practice while you work with leading-edge technology.

And after you've helped others, help yourself to the beauty of the Black Hills. Go for a drive. Marvel at the monuments. Ride a horse. Experience history. Take a hike. Climb a mountain or just sit beside a waterfall and read a book. It's all waiting in our backyard.

Regional Health, a system of hospitals, clinics, and senior care facilities, offers the best of both worlds to nurses: competitive pay and benefits presented with valuable opportunities for career development in an atmosphere of respect where the sky is the limit. Inside and out.

It's no wonder our nurses find it hard to leave.

Call to request a free

Get Your Life Back

CD-Rom introducing you to Regional Health and the beautiful Black Hills.

1-800-865-2638

Go on-line for current openings, job descriptions, and benefits at

www.regionalhealth.com

Equal Opportunity Employer

REGIONAL HEALTH

353 Fairmont Boulevard Rapid City, SD 57701

CUSTER REGIONAL HOSPITAL • LEAD-DEADWOOD REGIONAL HOSPITAL • RAPID CITY REGIONAL HOSPITAL • SPEARFISH REGIONAL HOSPITAL • STURGIS REGIONAL HOSPITAL

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit No. 1884

www.AveraJobs.org

A CAREER DEDICATED TO EXCELLENT CARE

At Avera, nurses love their jobs. Providing excellent health care, nearby home, at 235 locations in 87 communities in a five-state area. Leading the industry in clinical performance with advanced technology and compassionate service.

To learn more, visit any of our regional centers or **www.Avera.org** today.

Avera Queen of Peace Health Services
Mitchell, SD
Contact: Department of Human Resources
(605) 995-2469
rita.lemon@averaqueenofpeace.org

Avera Sacred Heart Hospital
Yankton, SD
Contact: Department of Human Resources
(605) 668-8331
jmiller@shhservices.com

Avera St. Luke's Hospital
Aberdeen, SD
Contact: Department of Human Resources
(605) 622-5258
hr@averastlukes.org

Avera Marshall Regional Medical Center
Marshall, MN
Contact: Department of Human Resources
(507) 537-9314
jobs@averamarshall.org

Avera McKennan Hospital & University Health Center
Sioux Falls, SD
Contact: Department of Human Resources
(605) 322-7850
hr@mckennan.org

Avera

Look no further.

To see a full list of job openings for this week, visit www.AveraJobs.org.