



**SOUTH DAKOTA BOARD OF NURSING**  
 4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106

**NOVEMBER 14-15, 2005**

**MINUTES**

CALL TO ORDER & ROLL CALL: 10:05 A.M. November 14 by Board President Linda Bunkers.

<b>BOARD MEMBERS</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>BOARD STAFF PRESENT</b>	
Diana Berkland	Present	Present	Gloria Damgaard	Executive Secretary
Linda Bunkers, President	Present	Present	Nancy Bohr	Nursing Program Specialist
Teresa Disburg	Present	Present	Linda Young	Nursing Program Specialist
Dori Dufault	Present	Present	Andrew Albers	Nursing Program Specialist
John Jones	Present	Present	Kris O'Connell	Board Attorney
June Larson	Present	Present	Robert Garrigan	Senior Accountant
Christine Pellet, Secretary	Present	Present	Mike Coley, Director	HPAP
Deb Soholt, Vice President	Present	Present	Maria Eining	HPAP
Patricia Wagner	Present	Present	Winora Robles	Recording Secretary
Robin York	Present	Present		

**GUESTS**

Marcia A. Miller	Indiana State University
Esther Acree	Indiana State University
Mark Ivory	The College Network
Adele Jacobson	Dakota Wesleyan University
Gloria Thompson	Dakota Wesleyan University
Carol Bergan	Sisseton Wahpeton College
Janell Christenson	Avera McKennan

**APPROVAL OF MINUTES:** SEPTEMBER 2005 – Ms. Peterson should be identified as “faculty.” On page 7, replace “mediation” with “remediation.” With the changes, a MOTION to approve passed in a unanimous voice vote.

**AGENDA APPROVAL** – Gloria Damgaard asked that consideration of four new handouts be added to the Agenda. With these additions, a MOTION to approve the Agenda passed in a unanimous voice vote.

**FINANCIAL REPORTS** – Robert Garrigan presented based on a Report that was previously distributed to the Board. There has been a slight increase in RN renewals, which is the largest revenue item. APN renewals are also up slightly compared to expectations. Expenses are within budget; some funds have been allocated to upgrade the telephone system. Postage costs will rise in January; the budget does not take that into account. A MOTION to approve the Financial Reports passed in a unanimous voice vote.

**NCLEX® 3<sup>RD</sup> QUARTER REPORT** – Nancy Bohr reviewed state, national, and international pass rates based on the Report that had been distributed; South Dakota is consistently near or above the national rate.

**NURSE AIDE 3<sup>RD</sup> QUARTER REPORT** – Nancy Bohr presented. One facility’s approval has been withdrawn. Gloria Damgaard mentioned that CNA verification and endorsement data can be added to this Report in the future. Nancy shared that CNA testing can now be accomplished online.

**NCSBN POLICY PERSPECTIVES** – Gloria Damgaard briefly discussed some items of particular interest. The New England Journal of Medicine is an additional relevant handout.

**TELEHEALTH AMENDMENT HR 3010** – Gloria Damgaard shared information concerning this Amendment.

**CCNE: Doctorate of Nursing Practice Accreditation** – Gloria Damgaard presented. Uniform titling appears to be the purpose.

**JOINT BOARD RESOLUTION** Related to SD CNPs/CNMs Collaboration.

**REQUEST FOR PROGRAM APPROVAL BY INDIANA STATE UNIVERSITY:** Nancy Bohr introduced guests Marcia Miller, Esther Acree, and Mark Ivory. Updated handouts provided by the guests were distributed, and a brief

background was presented regarding the program’s history and current status. Some states, such as South Dakota, can recognize the program; some states’ rules require that the program be approved by that state. Curriculum and requirements were reviewed. Mobility testing capability is in place. Study guides are available for a student to pursue credit by examination for some courses; online courses are available for non-nursing courses. In any standard online course, methods include theory modules, telephone conferencing, video products, text book, power point for illustrations and examples; IV insertion, for example, utilizes video streaming. Providing quality clinical experiences for students outside of Indiana has been a challenge. Preceptor standards are in place; a virtual faculty lounge for exists for concerns, questions. VA systems, large hospitals, and smaller facilities have implemented well. RN students wear a blue and white uniform with ISU insignia. Exams are proctored. Adjunct ratio is 10:1, preceptorship is 1:1. Preceptors are also RN students, working 1:1 with the student. Online, 30 students comprise a section; they begin by learning to use the online systems. Nancy Bohr will communicate the Board’s decision to the ISU representatives.

MOTION: Deb Soholt moved that South Dakota Board of Nursing recognize Indiana State University College of Nursing LPN-BSN Track for Distance Education Learning Program as a state-approved program by the Indiana Board of Nursing and accredited by NLNAC. Graduates of the Indiana State University College of Nursing LPN-BSN Track for Distance Education Learning Program are eligible for licensure by examination in South Dakota. Clinical experiences in South Dakota will be at the discretion of the clinical facilities.

Motion seconded by Christine Pellet.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

NCSBN UPDATE on Continued Competence Task Force.

MANDATED HPAP PARTICIPANTS USING NARCOTICS: Andy Albers introduced the question for Board discussion: Should nurses be allowed to practice nursing while under the influence of narcotic drugs, even prescribed drugs?

Current Procedure: There are now five HPAP participants in this situation, some with perfect work records, yet it does not constitute true compliance if the HPAP participant is using a narcotic, for whatever reason. The participant using prescription narcotics cannot have a clean drug test, but testing does help monitor levels. Current policy for mandated HPAP participants who have diverted: Mike contacts the participant, who signs a Voluntary Refrain from Practice, an agreement that the participant will not practice nursing until completing the treatment program. Following completion, the participant must obtain letters from a medical director or physician, and from their primary counselor, stating that they are fit to practice. Mike informs Andy of the new status; Andy returns the nursing license to the participant. With a signed HPAP contract, the participant is set up for random drug screens, a worksite monitor must be in place, with a stipulation that the individual will not deliver narcotics. All together, it takes about six to eight weeks to line all of this up.

Participant Issues: We do not want to deter people from seeking help through HPAP. What is the balance between confidentiality and protection of the public? An individual using prescribed narcotics is never really going through recovery. Chronic back pain and chronic migraines are conditions most often cited for such prescriptions. With current policies, are we legitimizing their drug use? Participants may need to look at non-narcotic or alternative pain control medications and pain management methods. Precluding the individual from practicing nursing may encourage the individual to find another way to handle their situation. Some must be considered too fragile to return to a normal work schedule; allowing a person to go back to work in healthcare too soon is like asking an alcoholic to go back to tending bar. The participant needs a good base from which to start; good coping skills and a support structure are essential. Many of these vulnerable people believe that they are truly in recovery, but then cannot maintain it. Especially after an inpatient program, there is a “honeymoon” period, maybe about a month, where the participant thinks that everything is going to be great now. Very few people cannot quit for a time, but it is staying clean that is the real challenge.

Employer Issues: Andy Albers said that providing information to employers concerning the hiring of people involved in HPAP would be a positive step. Employers develop their own policies concerning disclosure of an individual’s participation status within their facilities. Worksite monitors’ online site is a project that

Gloria Damgaard, Linda Young, and Nancy Bohr are working on with Mike Coley. Smaller facilities may do a good job of monitoring; are we doing right to take those nurses out of the workforce?

Special Board Considerations: **Patient safety is always the mission of the Board.** By law, this Board does not disclose names of HPAP participants; names of individuals who participate voluntarily in HPAP are not disclosed to this Board. Mike says that extending the period of participation from 3 years to 5 years is not difficult, but would entail additional expense to the Board. Lifelong drug testing may not be feasible. We must look beyond rehabilitation, and keep the mission of public safety in mind.

Policies Set by Other Entities: Minnesota and Nebraska have no set policy; the HPAP participant simply obtains a statement from the prescribing physician that this is the most reasonable way to handle their pain. Virginia rules state that physicians are barred from practice while on pain medication; Gloria Damgaard will check with other state Boards of Nursing regarding their policies. In South Dakota, the Board of Pharmacy and the Board of Medical and Osteopathic Examiners now use the 5-year period. Andy suggested instituting a rule stating that an individual cannot participate in HPAP while using any narcotics, as currently is the circumstance in some states; some states set a certain time limit for use of narcotics.

Options Discussed: Andy asked for direction from the Board in drafting a policy. Some options include:

- Preclude narcotic use entirely as a requirement for HPAP participation.
- Set a time-frame of no more than 10 days use, 14 days use ...
- Confer with pain-management specialists.
- Seek the opinion of a highly qualified back-to-work specialist.
- Standard 5-year HPAP participation, vs the current 3-year term.
- A minimum of a certain time-frame (perhaps 3 months) of clean record (a “cooling-off period”) to help ensure public protection as well as rehabilitation.

Deb Soholt suggested a no-use policy, with the option to review specific cases (post-surgery, for example).

Discussion will resume during the HPAP guests’ question and answer session scheduled for this Board meeting.

MANDATORY REPORTING OF DRUG DIVERSION BY NURSES – Gloria Damgaard shared a follow-up to previous Board discussion based on a new handout. State Representative Jean Hunhoff will support legislation; the Board of Nursing will help draft the bill’s language. Andy Albers related that, currently, a facility may direct an individual who has committed diversion to either enter HPAP or leave their employment; often, the nurse chooses to leave that employment, and is subsequently hired by another facility. This legislation could be an important step towards eliminating such situations. Furthermore, the Code of Ethics for Nurses states that such behavior should be reported.

MOTION: June Larson moved that the South Dakota Board of Nursing move forward with exploration of the mandatory reporting of drug diversion legislation and increase the term of mandated HPAP from the current policy of three years to a five year term for new participants moving forward.

Motion seconded by John Jones.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

LEGISLATIVE UPDATE – Gloria Damgaard presented.

CRIMINAL BACKGROUND CHECKS: New applicants and those applying for licensure by endorsement would be required to submit to state and federal criminal background investigation, to include fingerprinting by the Federal Bureau of Investigation. The Department of Criminal Investigation has indicated that they can handle the anticipated workload of about 900 applicants per year. Strong reasons for implementation include (1) the Board’s mission of public protection, and (2) compliance with the Nurse Licensure Compact’s requirement for criminal background checks. If nothing untoward is found, it is expected that a criminal background check would take about two weeks to complete.

QUORUM: Changing this Board’s quorum to a simple majority, with at least one officer present, will ensure that the Board can conduct its business.

ACT TO REVISE SCHEDULE II DRUGS BY CNPs AND CNMs: Based on a request brought before this Board earlier this year, the Board of Nursing has supported changing the term from “48 hours” to “30 days.” However, a group of CNPs now wishes to pursue “unlimited” prescriptive authority. Gloria Damgaard will relate to the CNPs that this Board is not supportive of the unlimited term.

ONLINE VERIFICATIONS & RENEWALS: Robert Garrigan shared an update regarding the status of these Phase II steps of IFMC implementation, and responded to questions posed by the Board.

CENTER FOR NURSING WORKFORCE: Linda Young, Director, is working on development of a new structure for CNW; the old Colleagues in Caring (CIC) model does not fit current objectives. CNW has a fiduciary responsibility to produce benefit for the nurses who financially support it. Policy and procedure need to be put in place to demonstrate that CNW is meeting the six goals set by its mandate. Oversight of supply and demand issues are satisfied through current CNW and Department of Health processes; numbers of graduates expected vs. the number needed remains an important issue. In particular, workplace environment concerns and promoting nurse leadership are two items that will be addressed. Following review of the draft of the organizational structure, those involved offered comments and direction. A Governance Council will head the group. The number of committees could be reduced from six to four. It was suggested that an LPN and perhaps a consumer be included in basic membership. The Communications Committee will deal with, among other matters, the image of nursing. Other topics include strategic action, website development, and evaluation of the effectiveness of policies implemented. It was suggested that less committee meeting time be dedicated to presentations, and more to discussion. Recently, CNW has been working with SDNA, presenting to groups concerning the nurse practice act, abandonment, and scope of practice; it was proposed that other matters such as Code of Ethics, as well as nursing rules and regulations can be addressed at future nursing meetings. NEDDS may introduce such materials to students, perhaps as case studies; in the workplace, it could be part of the orientation process. The new education upward mobility brochure was distributed. Darcy Sherman Justice, President of SDNA, has shared a booklet dealing with workplace issues; CNW is looking into developing such a booklet tailored for South Dakota nurses. It was suggested that CNW bring in some really big thinkers. Another thought was that CNW should shift from management’s perspective to a nurse’s perspective, to more effectively serve the nurses and give nurses something they can really use. Diana Berkland, June Larson, Deb Soholt, and Dori Dufault are willing to serve on a Task Force.

FINANCIAL AUDITS FOR FY2003, FY2004, FY2005: Gloria Damgaard presented. The Board is required to contract with an auditor, and an audit must be conducted every three years.

MOTION: Diana Berkland moved that South Dakota Board of Nursing authorize East, VanderWoude & Company to conduct the financial audit for the Board of Nursing for these years: FY2003, FY2004, FY2005. Motion seconded by Christine Pellet.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

CLINICAL ENRICHMENT PROGRAM REPORTS/REAPPROVAL: Nancy Bohr presented. According to surveys conducted, the programs, overall, are considered beneficial by students in building confidence, and employers appreciate that participants demonstrate sharpened skills. No significant changes are anticipated in any of the programs. MOTION: Robin York moved that South Dakota Board of Nursing approve Clinical Enrichment Programs for:

- Avera St Luke’s Hospital
- Avera Sacred Heart
- St. Michael’s Hospital and Nursing Home
- South Dakota Department of Human Services Center
- Bennett County Hospital and Nursing Home
- Sioux Valley Hospital USD Medical Center

as submitted.

Motion seconded by June Larson.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

SISSETON WAHPETON COLLEGE REQUEST FOR INTERIM STATUS LPN-RN: Nancy Bohr introduced guest Carol Bergan. The program, which was granted Prerequisite Status in July 2004, cannot meet its basic pass rate requirement until Spring 2006, since there have not yet been enough graduates on which to base the calculation. (Need a base of 21 graduates; have graduated 16.) There are currently 14 students. The intent is to cap the LPN-RN program at 12 students per class. Carol shared that there is a great deal of interest in the community, with requests from prospective students, as well as from potential RN employers. There is not a specific budget yet in place for the LPN-RN program. Hiring more faculty is a challenge; an additional 1.87 FTEs would be needed for the RN program. There are currently three full time faculty members plus adjunct to total 3.8 FTEs for the LPN program. Current faculty members, three of whom have previously taught in associate programs, are upgrading their degrees to meet NLN standards. To lighten the workload for faculty, start up of the proposed program is being planned so that they will not start two groups of new students at the same time. SWCC is having some innovative discussions with Mount Marty. There was discussion concerning the curriculum, which is still flexible; a clearer description of credit hours should be submitted. It is anticipated that a student would finish the LPN program in June, and take a cohort of prerequisites for the LPN-RN program the following fall. Nursing courses would begin in January. Two semesters of nursing plus six weeks would total 16 credit hours. Total credit hours for the LPN program is 52; 31 nursing, 21 non-nursing. There is a possibility that a licensed LPN would be automatically qualified to take the course. Carol is directing both the LPN and RN programs, but, depending on who is hired, that person may be able to direct one of the programs. Carol further explained the organizational structure document by naming faculty who will hold various positions, noting their degrees of preparation. Gloria Damgaard mentioned that there is adequate time for the program’s budget and curriculum to be submitted, since they do not anticipate admitting students for some time, and recruiting faculty will have moved along by then. Carol was invited to address the Board again in February. No Board action is required at this time.

SISSETON WAHPETON INVITATION: Carol Bergan has extended an invitation to the Board; it was proposed that the June 22-23, 2006 Board Meeting convene there. Carol will check to see whether there are any scheduling conflicts at the College and let the Board know.

DAKOTA WESLEYAN UNIVERSITY REQUEST FOR PREREQUISITE STATUS – RN-BAN (Bachelor of Arts) Program.

Nancy Bohr introduced guests Adele Jacobson and Gloria Thompson, and shared background concerning this request. Adele presented an overview. DWU has a strong two year Associate program now, and encourages students to continue on to Baccalaureate. All nursing courses will be offered online. DWU is developing an infrastructure for technology; a strong foundation is in place. DWU has had a strong relationship with SDSU, and now is prepared to offer this program. All standards and requirements are met. They expect to accept students in the Fall of 2007. Results of a mini-survey that was conducted to determine interest show that the pool would be the students from the two year program, and would be beneficial especially for the communities of Huron and Mitchell. The two year program will not change, and is presently expanding to Sioux Falls. Current faculty from DWU will participate, drawing on expertise that they already have, and additional faculty will be hired. A mini-grant from NEDDS will help with faculty development; they are seeking more grant funding to help with development of the program. Gloria Thompson added that Fall 2007 will be the optimum time for some current students, who will be ready at that time to pursue the BAN.

MOTION: Robin York moved that South Dakota Board of Nursing approve Prerequisite Status to Dakota Wesleyan University for an RN-BAN Completion Program.

Motion seconded by June Larson.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

REVISED CONSENT AGENDA: Andy Albers presented regarding the revised Discipline Consent Agenda Policy.

MOTION: Deb Soholt moved that South Dakota Board of Nursing approve the revised Consent Agenda.

Motion seconded by Robin York.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

BOARD ATTORNEY OPINION ON LIFE LONG DRUG TESTING – Kristine O’Connell presented based on a handout previously distributed. The issue was stated: Whether the Board of Nursing can mandate license-long drug testing of licensees. Short summary: Probably.

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THE BOARD MOVED INTO CLOSED SESSION FOR PURPOSES OF DISCIPLINE

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THE BOARD MOVED INTO OPEN SESSION

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CONSENT AGENDA APPROVAL – The Discipline Consent Agenda listed these nine cases:

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| LW - Voluntary Surrender | TH - Dismissal           | NL - Mandated HPAP       |
| SJ - Dismissal           | JP - Voluntary Surrender | BR - Mandated HPAP       |
| MH - Dismissal           | CG - Discharge from HPAP | CP - Voluntary Surrender |

Following specific requests, three cases were removed from the Consent Agenda: JP, CP, and SJ. President Linda Bunkers asked whether anyone wished to make further changes; there were no other such requests.

MOTION: Diana Berkland moved that the South Dakota Board of Nursing accept the Discipline Consent Agenda as written with the removal of the following names: JP, CP, SJ.

Motion seconded by June Larson.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

AH COMMUNICATION: Andy Albers, Nursing Program Specialist, presented an update from this individual from Iowa who is participating in HPAP for one year in South Dakota. No Board action is required.

JEANETTE KREITEL: Board Attorney Kris O’Connell and Executive Secretary Gloria Damgaard presented an update in the matter of an appeal of the Circuit Court decision. No Board action is required.

LINDA LAPP: Gloria Damgaard, Executive Secretary, presented an update concerning this matter for the Board.

CINDY HUWE: FORMAL HEARING. November 14, 2005, 1:30p.m. Board Attorney Kristine O’Connell stated that this is the time and place set aside for the Formal Hearing in the case of Cindy Huwe. Ms. Huwe was present to address the Board. Kristine O’Connell shared background on this case with the Board.

MOTION: Teresa Disburg moved that the South Dakota Board of Nursing indefinitely suspend Cindy Huwe’s nursing license. She may reapply for reinstatement of her license showing good cause.

Motion seconded by Robin York.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	ABSENT		MOTION CARRIED

JACKI MOORE: FORMAL HEARING. November 14, 2005, 2:35p.m. Board Attorney Kristine O’Connell stated that this is the time and place set aside for the Formal Hearing in the case of Jacki Moore. Ms. Moore was present to address the Board. Andy Albers, Nursing Program Specialist, shared background on the case with the Board.

MOTION: Robin York moved that the South Dakota Board of Nursing grant reinstatement of her nursing license to Jacki Moore with mandated HPAP.

Motion seconded by John Jones.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	ABSENT		MOTION CARRIED

TS: APPEARANCE Tuesday 9:30 A.M. Nancy Bohr, Nursing Program Specialist, presented background on this case.

TS was present to address the Board.

MOTION: Robin York moved that the South Dakota Board of Nursing accept TS’s reapplication for and allow her to write the NCLEX-RN® examination and upon passage of the examination the Board of Nursing will issue TS a nursing license with mandated HPAP.

Motion seconded by Dori Dufault.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	RECUSED
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	ABSTAIN	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

DC, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Deb Soholt moved that South Dakota Board of Nursing issue to DC, RN a Letter of Concern with Remediation to include:

- (1) Ethics of Nursing Practice
- (2) Sharpening Critical Thinking Skills for Competent Nursing Practice
- (3) Professional Accountability and Legal Liability for Nurses

Motion seconded by Dori Dufault.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

LN, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Robin York moved that South Dakota Board of Nursing issue a Letter of Concern related to unprofessional behavior to LN, RN.

Motion seconded by Diana Berkland.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

JR, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Dori Dufault moved that JR have a mental health evaluation to determine ability to practice safely.

Motion seconded by Diana Berkland.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

JS, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Robin York moved that South Dakota Board of Nursing issue a Letter of Concern to JS, RN, with completion of Remediation Modules:

- Medication Errors – Detection and Prevention
- Documentation
- Professional Accountability and Legal Liability for Nurses
- Ethics of Nursing Practice
- Sharpening Critical Thinking Skills for Competent Nursing Practice

Motion seconded by Patricia Wagner.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

PATRICIA EAGLE: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Diana Berkland moved that South Dakota Board of Nursing notice Patricia Eagle for formal board hearing for violation of HPAP contract and Board of Nursing probation. The nurse license will be summarily suspended pending the formal hearing.

Motion seconded by John Jones.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

MARY LEE TRAPP: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Patricia Wagner moved that the South Dakota Board of Nursing send a Letter of Reprimand to Mary Lee Trapp.

Motion seconded by June Larson.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

JK, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: June Larson moved that South Dakota Board of Nursing send a Letter of Concern to JK, RN.

Motion seconded by Patricia Wagner.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

RK, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Christine Pellet moved that South Dakota Board of Nursing send a Letter of Concern to RK, RN.

Motion seconded by Patricia Wagner.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

CP, RN: Andy Albers, Nursing Program Specialist, presented background on this case with the Board.

MOTION: Diana Berkland moved that South Dakota Board of Nursing table the discipline of CP.

Motion seconded by John Jones.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

JP, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Robin York moved that South Dakota Board of Nursing table any action on JP, RN until the next scheduled Board meeting.

Motion seconded by Christine Pellet.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

SJ, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing dismiss the practice issue complaint for SJ, RN.

Motion seconded by Dori Dufault.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	ABSTAIN		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

SUSAN SHUTT, RN: FORMAL HEARING. November 14, 2005, 3:30p.m. Board Attorney Kristine O'Connell stated that this is the time and place set aside for the Formal Hearing in the case of Susan Shutt. Ms. Shutt did not appear. Andy Albers, Nursing Program Specialist, shared background on this case with the Board.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing deny licensure renewal for Susan Shutt, RN.

Motion seconded by Robin York.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

HPAP Q&A SESSION: Prescription vs illegal drug use and how that affects the decision to place people in HPAP.

HPAP team members Mike Coley, Janell Christenson, and Maria Eining led the session.

Recovery vs Relapse Potential: Are they in sustained recovery; if they are in recovery, can we breathe easier?

Addiction is a chronically relapsing disease. We try to achieve “sustained remission.” An addicted individual could be in recovery for years, but the brain never forgets; relapse is stronger, harder, and faster than the initial episode. Narcotics, methamphetamine, and alcohol, which is still the number one addictive substance, all raise particular issues. The recovery rate with methamphetamine addiction is only 6% after initial treatment. Cross-addiction is another issue – with meth in particular, that person has probably used another drug before. We need to look at each individual, and the substance of use. Addiction changes people; they lose their values, ethics, faith-driven life; with time and repetition, what they formerly considered bad behavior becomes easier to commit. Relapse happens; we need to know more about why and how. Remission may seem quite solid, but relapse still can happen; you can’t help but wonder why they didn’t reach out for help. Mike Coley remarked that according to an article he read some years ago about addicted individuals who completed treatment, one-third relapsed immediately upon release from treatment, one-third used again within sixty days of release from treatment, and one-third never used again. Maria said that cognitive improvement may occur within a certain amount of time, but it’s tough to come up with a specific number of days/weeks/months for return to practice.

Triggers: Falling into addiction may be triggered by pain, stress, loss, or a life problem. The person may have the attitude, I’ve already lost everything, so who cares? Desire for weight loss or for more energy can motivate a person to use certain drugs. Young people usually think they’re too smart to fall into addiction. We do not know how much of this is environmental. Many have relatives who have been affected by the disease; you cannot change your genes. Everyone deals with addiction differently; we don’t exactly know why.

Consequences: The disease is portrayed in each individual uniquely. The addicted person actually often hates the substance of abuse; women especially feel guilty or ashamed. Guilt is “I did something wrong” – Shame is “I am wrong – how could I have done that?!” Giving up a physical addiction can lead to a behavioral addiction such as an internet addiction, shopping addiction, etc. Developmental arrests are seen, even among highly educated, experienced individuals; when you begin to use, you stop dealing with life challenges; conflict is very difficult to deal with. A person who has been functioning very well may exhibit irresponsible behavior and poor coping skills, which is difficult for others to understand. Addiction especially does not treat women well; women are more likely to lose their jobs, children, spouse. If a young girl is using, she will be in bad shape physiologically in her mid-30s.

Treatment: Janell said it’s like emptying a jigsaw puzzle box onto a table: you must put things in place before you really know what you’re dealing with. Addiction, family, faith, specific substance, genetics, occupation all are pieces of the puzzle. Support systems are important – we try to help them put that together. Are family and/or friends supportive? Are they actually part of the problem, such as an alcoholic spouse? Or do they foster the guilt, shame? If you can help them get through the shame, they have a good chance of getting through the process. Spirituality and moral values are discussed. Sometimes we wonder why the person can’t stop; after all, we sent them to a good, expensive treatment. But treatment is not magic. A grief counselor may be called in; by the time the individual comes to HPAP, losses may have stockpiled. We must help them develop coping skills. At some point, an epiphany must happen for a person who is noncompliant, who is fighting the treatment, who is going to treatment for someone else (spouse, boss) instead of for their own well-being.

Special Board Considerations:

- Deb Soholt said protecting the public is the mission of the Board, treating disease is our background; how can we look at the pattern of success in treatment before we allow a nurse to go back to work?
- June Larson posed the question, when a nurse is using an illicit drug, do we treat that nurse differently than the nurse who came by the drug legally, through prescription.
- Is there a timeline, or some other criteria on which to base allowing a person to go back to work.

Maria Eining described the ASAM (American Society of Addictive Medicines) Model for Return to Practice currently used by HPAP to make assessments, and suggested that a similar model of criteria could be a useful tool for the Board’s purposes. A modified, standardized model may help the Board weigh options for treatment, and help determine the nurse’s suitability to return to practice. The HPAP team members will draft such a model and submit it to the Board.

CRIMINAL BACKGROUND CHECKS RESOLUTION: Gloria Damgaard presented. State Representative Jean Hunhoff will sponsor this resolution at a December meeting with the Council of State Government.

2006 BOARD MEETING SCHEDULE: February 7-8, 2006 in Pierre  
April 19-20, 2006 in Sioux Falls  
June 22-23, 2006 at Sisseton Wahpeton  
September 12-13, 2006 (September 12, 2006 Joint Boards)  
November 8-9, 2006

ELECTION OF OFFICERS: June Larson was elected President, Deb Soholt as Vice President, and Christine Pellet as Secretary of the Board, each serving a one-year term.

AUTHORIZATION OF LOBBYIST KRIS O'CONNELL – Gloria Damgaard announced that Kris O'Connell has agreed to act as a lobbyist for the Board of Nursing. Kris shared that she has several years experience as a lobbyist.

MOTION: Diana Berkland moved that the South Dakota Board of Nursing authorizes Kristine K. O'Connell to be an authorized lobbyist for the South Dakota Board of Nursing.

Motion seconded by John Jones.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	ABSENT		MOTION CARRIED

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THE BOARD MOVED INTO CLOSED SESSION FOR PURPOSES OF PERSONNEL

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THE BOARD MOVED INTO OPEN SESSION

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NCSBN COMMITTEE ROSTER: Gloria Damgaard will serve on the Nursys® Business Design Task Force for a 2-year term, or until its work is complete. Gloria has also been named to the Resolutions Committee, which deals with Delegate Assembly, fiscal analysis, and monitoring consistency with National Council philosophy. Gloria is Chair of the Nurse Compact Administrators Organization. This Board enthusiastically supports Gloria in these endeavors; her participation and recognition on the national level are valuable for the state.

NCSBN ONLINE COURSE – Confronting Chemical Dependency: June Larson has looked into the course, it is leased; should other Board members wish to access it, June can provide the Guest ID.

LOAN PROGRAM 2006: LPN Applications – Gloria Damgaard presented. Too few LPN program students apply for available loans, since the process overlaps the LPN school admission application process. Robert Garrigan has suggested changing the application deadline date, and changing disbursement to \$500 per student after the student has started the program. These changes address both attrition issues and timing of admissions.

MOTION: Diana Berkland moved that South Dakota Board of Nursing change the LPN student loan program to \$500 to be awarded prior to the beginning of the second semester. In addition, the South Dakota Board of Nursing will change the number of loans awarded to 30 annually.

Motion seconded by June Larson.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	YES		MOTION CARRIED

TRAVEL REQUEST: Institute of Regulatory Excellence, January 8-11, 2006 – Gloria Damgaard shared that NCSBN Scholarships will cover expenses for Linda Young, Nancy Bohr, and Gloria to attend the third annual Institute of Regulatory Excellence in Atlanta, Georgia.

MOTION: June Larson moved that South Dakota Board of Nursing approve travel for three to attend IRE.

Motion seconded by Christine Pellet.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	ABSENT		MOTION CARRIED

COLORADO TECHNICAL UNIVERSITY – FYI: Michelle Crissman has been appointed Chair of Nursing.

UNIVERSITY OF DELAWARE – Nancy Bohr shared background concerning this request for approval of their RN Refresher Course in South Dakota. The program is approved in Delaware. Course content was reviewed. Faculty qualifications: their preceptors must have a minimum of a baccalaureate; all of their current faculty members are prepared at masters level or above.

MOTION: June Larson moved that South Dakota Board of Nursing approve the RN Refresher Course submitted by the University of Delaware.

Motion seconded by Patricia Wagner.

Diana Berkland	YES	John Jones	YES	Patricia Wagner	YES
Linda Bunkers	YES	June Larson	YES	Robin York	YES
Teresa Disburg	YES	Christine Pellet	YES		
Dori Dufault	YES	Deb Soholt	ABSENT		MOTION CARRIED

#### ANNOUNCEMENTS

Institute of Regulatory Excellence, Atlanta, January 8-11, 2006

Nurses Day at the Legislature, Pierre, February 2006

NCSBN Mid-Year Meeting, Chicago, March 13-16 2006

ADJOURNMENT: Tuesday November 15 2005, 2:33 p.m.