WHAT IS THE SCOPE OF MY PRACTICE?

LOCAL COALITIONS WORK TO PREVENT SUBSTANCE ABUSE

OZARKA COLLEGE HOSTS CAREER FAIR FOR NURSING STUDENTS
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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.
In past articles, I have talked about the Arkansas Action Coalition and the work they have been doing in our state. The coalition was created in 2011 in response to the call from the Robert Wood Johnson Foundation (RWJF), The Center to Champion Nursing in America (CCNA), and AARP to be the state’s designated coalition for the national initiative, “Future of Nursing™: Campaign for Action.” They have been very active the past five years promoting leadership and academic progression among nurses in Arkansas. As with many other states, the Action Coalition is being incorporated into the state’s center for nursing for sustainability. Arkansas did not have a center for nursing, so several of the leaders of the Action Coalition spent this past year creating The Arkansas Center for Nursing (ACN). The Center is a nonprofit organization and will continue the Action Coalition’s previous work, as well as implement the recommendations around nursing and a culture of health that will support a healthy population and improved health care in Arkansas.

There is a center for nursing in thirty-four states. They are organized in different ways, but they all work collaboratively and comprehensively to address nursing workforce issues at the local, state and national level. Activities include increasing the educational level of nurses, increasing nurses in leadership roles and disseminating workforce data.

The first Board of Directors meeting for the ACN was held on June 1, 2016. The bylaws were approved along with election of officers. The initial goals for the Center for Nursing are:

- Promote academic progression, lifelong learning and workplace transition among Arkansas nurses.
- Improve consumer access to high quality, cost efficient health care by removing practice barriers so nurses may practice to the full extent of their education, training, licensure and certification.
- Empower Arkansas nurses to lead a culture of health initiatives and guide redesigning health care to provide improved care for all populations.
- Coordinate the collection, analysis and dissemination of statewide nursing workforce data.

Anyone can join the Center for Nursing. There are two membership types — individual and organizational. The individual membership is free and the application is on the Center’s Facebook page. Businesses and organizations interested in the work of the Center can also join for a graduated fee. Members are encouraged to become involved in the activities of the committees.

Check us out, join and volunteer. We need your expertise and assistance in helping Arkansas nurses lead the way.

Congratulations to the 2016 Honorees of the 40 Under 40 Leaders of Nursing in Arkansas.
ARKANSAS NURSES ASSOCIATION 103RD ANNUAL CONVENTION  
Culture of Safety: It Starts with YOU  
OCTOBER 27–28, 2016 • THE ARLINGTON RESORT HOTEL & SPA, HOT SPRINGS, AR  

FOR MORE INFORMATION, VISIT WWW.ARNA.ORG OR CALL 501.244.2363
You may have seen recent headlines regarding the Department of Veterans Affairs’ (VAs) proposed rule to allow advanced practice registered nurses (APRNs) to practice to the full extent of their education and training in the VA facilities. This recommendation has been met with some opposition from outside health disciplines — mainly physicians, politicians and even some media sources (recent article by Fox News).

The great news is that it is being supported by many groups, including, but not limited to, “Association of Veterans Affairs Nurse Anesthetists, 53 nursing organizations, the Military Officers Association of America, The Air Force Sergeants Association, other Veterans groups and stakeholders” (ANA, Talking Points on Department of Veterans Affairs Proposed Rule on APRNs). Also, the AARP and over 75 members of Congress have expressed support for the full practice authority of APRNs.

Let me first say, that the VA’s proposed rule is in no way an attempt to replace physicians in their health care settings. It is solely for the purpose of providing veterans with direct access to high-quality patient care. “Under the proposed rulemaking, APRNs would not be authorized to replace or act as physicians or to provide any health care services that are beyond their clinical education, training, and national certification” (www.regulations.gov/#!documentDetail:D-VA-2016-VHA-0011-0001).

In addition, the proposal is consistent with the 2010 recommendation of the Institute of Medicine (IOM), now National Academy of Medicine, to remove scope-of-practice barriers, allowing nurses to practice to their full extent based upon their education and training.

Currently in the United States, there are 21 states and the District of Columbia that allow APRNs to practice within their full scope. There are 17 states, including Arkansas, that have reduced scope of practice and 12 states with restricted practice. (See attached map outlining states and limitations). The VA is asking all states to
allow APRNs to practice within their full scope of practice at the VA facility. An APRN practicing in the private sector will be required to follow their state laws regarding scope of practice.

Research has shown that APRNs provide competent, safe care to patients within their field of practice. According to an article published in the June 2016 issue of the independent, peer-reviewed scientific journal *Medical Care*, “Scope of practice (SOP) restrictions and physician supervision requirements for nurse anesthetists have no impact on anesthesia patient safety.” The study examined a database of 5.7 million cases (5 times larger than the largest sample in previous anesthesia studies) and determined that patients are safely provided nearly 40 million anesthetics by 49,000 nurse anesthetists annually in the U.S.

Another study cited on Medscape looked at data from 27,993 published articles and summarized 11 outcomes. (www.medscape.com/viewarticle/810692) The study concluded that outcomes for nurse practitioners (NPs), compared to MDs are comparable or better for all 11 outcomes reviewed. The study also indicated that patient outcomes were similar for NPs and MDs in the following areas:

- satisfaction with care
- health status
- functional status
- number of emergency department visits and hospitalizations
- blood glucose
- blood pressure
- mortality

In conclusion, we need to emphasize and educate society, outside health disciplines, and the media that this is not a battle between nurses and physicians, but an ideal situation to provide access to quality, competent, safe care to our U.S. veterans. It is an opportunity to work together as a health care team to ensure those who have served to protect our rights and freedoms have their rights to timely, effective health care protected. Please help promote this needed change for our veterans by educating health care entities, your representatives and the general public regarding this proposal and the benefit of APRN health care providers.
ARKANSAS STATE
BOARD OF NURSING
1123 South University Ave.
Suite 800
Little Rock, AR 72204
Office Hours: Mon - Fri
8:00-12:00; 1:00-4:30
Phone: 501.686.2700
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RN, MNSc
ASBN Assistant Director

2016–2017 BOARD DATES

2016
October 12 ............. Hearings
October 13 ............. Hearings
November 16 .......... Hearings
November 17 .......... Hearings

2017
January 11 .......... Hearings
January 12 .......... Business Meeting
February 8 .......... Hearings
February 9 .......... Hearings
March 13-15 .......... NCSBN Midyear
Meeting, Salt Lake City, UT
April 12 .......... Hearings
April 13 .......... Hearings
May 10 .......... Board Strategic Planning
May 11 .......... Business Meeting
June 14 .......... Hearings
June 15 .......... Hearings
July 12 .......... Hearings
July 13 .......... Hearings
August .......... NCSBN Annual Meeting,
Chicago, IL
September 13 .......... Hearings
September 14 .......... Business Meeting
October 11 .......... Hearings
October 12 .......... Hearings
November 15 .......... Hearings
November 16 .......... Hearings

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Licensing Coordinator
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For allowing our nursing team to work with you when the need arises,
and treating us like your staff family! We gratefully appreciate you!

2016–2017 BOARD DATES
President Ramonda Housh presided over the hearings on September 7 and the business meeting held on September 8. Highlights of Board actions are as follows:

**Granted Continued Full Approval until the year 2021 to:**
- Northwest Arkansas Community College Associate of Applied Science in Nursing program
- Arkansas State University-Beebe Practical Nurse program
- Arkansas State University-Mountain Home LPN/Paramedic to Associate Degree in Nursing program

**Elected Board Officers for 2016-2017:**
- President – Ramonda Housh, APRN
- Vice President – Yolanda Green, LPN
- Secretary – Kaci Bohn, Ph.D.
- Treasurer – Karen Holcomb, RN

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**Farewell to Outgoing Board Members**

Outgoing board members Tammy Mitchell, LPN, Sandra Priebe, RN, and Cathleen Schultz, RN, were each presented a plaque to commemorate their term on the Board and to thank them for their service to the citizens of Arkansas, to all nurses and to the Arkansas State Board of Nursing.

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**CONGRATULATIONS!**

Ramonda Housh, APRN, ASBN Board President, was recently appointed by the National Council of State Boards of Nursing to the FY 2017 NCLEX® Item Review Subcommittee (NIRSC). The NIRSC is composed of nurses who have comprehensive knowledge of their respective nurse practice acts and practice of entry-level nurses. These nurses are charged with reviewing the items for construction flaws, correct validation citations, compliance with entry-level practice and violations of nurse practice acts.

Terri Imus, RN, ASBN Board Member, was presented the Adam D. Rule Telehealth Ninja Award at the South Central Telehealth Forum held August 1-2 in Nashville, Tennessee. The award is presented to someone who masters the system around them to provide medical attention to those in need, encourages legislation and promotes telehealth within the American medical system.

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**Special Notice about the Arkansas State Board of Nursing Magazine**

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update’s contents. Please contact LouAnn Walker at the Board office (501.686.2715) if you have questions about any of the articles in this magazine.

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Sue Tedford, MNSc, APRN, ASBN Executive Director and Sandra Priebe, MSN, RN, Board Member

Sue Tedford, MNSc, APRN, ASBN Executive Director and Cathleen Schultz, Ph.D., RN, CNE, FAAN, Board Member

Sue Tedford, MNSc, APRN, ASBN Executive Director, Tammy Mitchell, LPN, Board Member, and Ramonda Housh, MNSc, APRN, CNP, C-PNP, Board President
In Arkansas, each year between 2009 and 2013, about 124,000 individuals aged 12 or older were dependent on or abused alcohol; 70,000 were dependent on or abused illicit drugs. Substance use and mental health disorders often share common risk factors including adverse childhood experiences, trauma, extreme poverty, and parental substance use and mental health disorders. Experts estimate that at least half of individuals needing treatment for alcohol or illicit drug use also need mental health treatment or counseling.

Successful treatment and prevention efforts are not possible without carefully analyzed, objective data. Substance use and mental health data has been collected by numerous agencies at local and national levels, using different collection methods. Accessing these widely varied sources has been cumbersome and time-consuming.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognized the need for an infrastructure to collect data, as well as the importance of data to drive decisions about prevention initiatives. SAMHSA provided federal funding for all states to establish State Epidemiological Outcomes Workgroups (SEOWs).

SEOWs are networks of people and organizations that support prevention and treatment efforts. Members have the analytical or behavioral health background to provide this crucial decision support. The workgroups establish a forum for policymakers, researchers and community leaders to have a data-driven exchange of ideas to effectively plan and use prevention resources.

Prevention is at the core of SEOW's efforts. Prevention is the most effective way to decrease behavioral health problems caused by substance abuse and mental health disorders. It also reduces the societal costs of these illnesses, in terms of crime, incarceration and poverty.

SAMHSA funded the Arkansas SEOW in 2005 through the Arkansas Department of Human Services' Division of Behavioral Health Services (DBHS). DBHS contracted with the AFMC to provide data analysis, produce and disseminate data products, and provide technical assistance and leadership for the SEOW. AFMC serves as the analytic and advisory agent in Arkansas’ workgroup.

Arkansas' SEOW is a diverse coalition of epidemiologists, researchers, data analysts, prevention and treatment providers, social workers, tobacco-cessation coalitions, grass-roots organizations, schools and colleges, law enforcement, and representatives from the University of Arkansas for Medical Sciences and the Arkansas departments of both health and education.

The mission of the Arkansas SEOW is to provide analysis to state and community leaders about the causes and consequences of using alcohol, tobacco and other drugs, and to promote data-driven decision making. Data products provide detailed assessment of priority areas, prevention and treatment effectiveness efforts, and epidemiological profiles. The "Arkansas Epidemiological State Profile of Substance Use" is a publication produced every other year that includes both state- and county-level data.

SEOW members work diligently to distribute the data resources to their agencies and communities for local coalitions work to prevent substance abuse.
prevention planning. Recently, a SEOW member’s community coalition re-focused its prevention efforts on suicide after reviewing statistics on its community’s increasing suicide rates. The coalition set up a task force to increase community awareness of suicide risk factors and ways to prevent it.

SEOW also produces a variety of prevention products, including fact sheets and informational tools on substance use and mental health topics such as e-cigarettes, “bath salts,” underage drinking and suicide. Most fact sheets and informational tools are directed towards parents, providers and community members. Recent SEOW efforts include teen-targeted materials for schools and youth groups that focus on substance use prevention.

The Arkansas SEOW utilizes a website to increase access to collected data, reports, tools and community resources. Data tables, maps and local resources are easily accessible for every Arkansas county, provided free at the website preventionworksar.org.

Each county in Arkansas is served by a regional prevention resource center and those representatives are listed as county resources on the website. Anyone interested in the SEOW workgroup meetings or who needs a specific data resource or informational tool can use the “Contact Us” tab on the website.

REFERENCES:
2. SAMHSA, 2015 http://www.samhsa.gov/prevention
Ozarka College Hosts Career Fair for Nursing Students

MELBOURNE, AR — Ozarka College hosted the 4th annual nursing and health professions career fair on June 29, 2016, for their nursing students and those who have recently graduated from the Arkansas Rural Nursing Education Consortium (ARNEC) program. The career fair was held in the John E. Miller Education complex in Melbourne.

The Ozarka College nursing department began coordinating this annual event in 2013. Students are taught that nursing is a profession, not a job. Ozarka students are highly desirable, and the nursing department receives calls from facilities wanting to hire them. This is a great way to bring them together and let them make a career choice that is best for them and their families.

Facilities attending represented a vast array of employment choices, such as urban hospitals, rural hospitals, home health, prison systems, clinics, hospice and nursing homes. The facilities came with applications and presented employment specifics such as pay, benefits and opportunities for advancement.

A resume’ workshop was provided during the career fair, so many students arrived with a rough draft resume’ and during the workshop their resume’ was critiqued and edited as necessary. They were then able to pass out a professional resume’ to the facilities in attendance.

Nursing faculty provide a comprehensive program of classroom theory with hands on clinical skills that prepare the graduates to ‘hit the ground running’ when hired. This results in decreased orientation time for employers and improved patient care. Being able to manage multiple patients with differing medical needs at the same time is demanded of nurses in today’s
critical shortage situation. Ozarka’s commitment to providing quality clinical education prepares their new nurses for these demands.

Ozarka also offers a preceptor rotation during the program where the student is paired with a nurse in the field where the student is interested in working after receiving licensure. They complete 32 hours of clinical time during this rotation, which allows them to decide if their choice really is the best fit for them. By providing this opportunity to Ozarka students, the likelihood of a newly hired nurse realizing that they’ve hired into the wrong medical field is reduced, and in turn, this decreases the incidence of turnover for employers. Employers hiring new graduates from programs who offer this opportunity can feel more secure in hiring them because they know the chances of them changing jobs is greatly reduced.

Next to Baptist Health, Ozarka College graduates more LPN’s than any other college or university in the state of Arkansas. In 2015, Ozarka College’s licensed practical nursing pass rate was 96.1 percent. The ARNEC consortium, that Ozarka College is a member of, graduates more RN’s than any other two or four year institution in the state; the pass rate for them is also very high.

Ozarka’s mission is to provide life-changing experiences through education. Ozarka College meets that mission goal by providing a solid nursing education throughout the program and then completing that with job placement opportunities.
What Is the Scope of My Practice?

The Arkansas State Board of Nursing (ASBN) receives numerous phone calls daily, and many of these include the question, “Is (certain task) within a registered nurse’s or licensed practical nurse’s scope of practice?” This is often followed by, “I have read through the Nurse Practice Act (NPA), and I cannot make a determination.”

The NPA is written very broadly, which helps in prevention of limitation of a nurse’s scope of practice. If there were lists of skills deemed within the scope for RNs and LPNs there would be no room for growth, as the practice of nursing changes so rapidly.

Many boards of nursing, including Arkansas, use a Decision Making Model to help the nurse make a determination. This model is located on the ASBN website under the Laws and Rules tab.

To determine the need to use the model, identify the basic educational level and go to that section. The two most commonly utilized would be the RN and the LPN scope. The RN’s scope incorporates the nursing process. The practice of practical nursing comprises the delivery of health care services under the direction of a professional nurse, licensed physician or dentist and includes observation, intervention, and evaluation (ASBN, 1999). It does not include assessment, nursing diagnosis, or care planning.

If the task involves assessment, you can consider it outside the LPN’s scope of practice. There is no need to move further through this process. If the task is not considered outside one’s scope, move to the next page, which is the Decision Making Model.

In order for a task to be considered within a nurse’s scope of practice, he or she must be able to work through this decision tree without coming to a stop sign. Each nurse has their own personal scope. The scenario below is an example of the process.
A small rural hospital located in Arkansas offers obstetrical services. The supervisor has called the ICU nurse to come work L&D. She voices her concern that this area is outside her expertise and scope. Is a highly experienced ICU nurse competent to function in a L&D unit? All patients are being monitored with electronic fetal monitoring.

The question is, “Is interpreting fetal monitor tracings within the scope of practice for any nurse?” Interpreting the fetal monitoring strip usually involves assessment, diagnosis, and intervention. Therefore, it is outside the scope for a LPN.

For this ICU nurse the steps would include:

1. **Define activity/task.**
   *Identify, describe, clarify problem/need.*

   This nurse is a licensed RN since 1990 and very experienced in the ICU. Is she qualified to work at the bedside and monitor laboring patients? Those of you working in this area already know the answer. The need is not enough staff to cover L&D tonight. The people involved in the decision include the nurse and supervisor. The decision is to determine if it is within this nurse’s scope to work this area where interpretation of a fetal monitor tracing would be necessary. The question is being raised now due to a full unit with inadequate staffing.

2. **Is the activity permitted by the Arkansas Nurse Practice Act?**
   *Unsure, as it is not specifically addressed.*

   continued on page 16
3. Is the activity/task precluded under any other law, rule, or policy?
   No

4. Is the activity consistent with pre-licensure/post-basic education program, national nursing standards, nursing literature/research, institutional policies and procedures, agency accreditation standards, Board position statements, or community standards?
   Yes, with special education. There should be institutional policies and procedures in place, along with agency accreditation standards. There is no Board position statement.

5. Has the nurse completed special education if needed?
   No. STOP!!!!!!

According to the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), “Fetal heart monitoring requires advanced assessment and clinical judgment skills and should not be delegated to unlicensed assistive personnel or others who do not possess the appropriate licensure, education, and skills validation” (JOGNN, 2015, p.683).

There is no need to go further. This task is not within the ICU nurse’s scope. She could certainly be of help by coming to the unit and performing basic nursing skills, such as IV starts or Foley catheter insertions, etc. (This would also work in reverse with the L&D nurse working ICU).

This is a very straightforward example illustrating nurses do not have the same scope of practice. It depends on the basic licensure initially and then expertise, special education, and evidence of competency and skill. According to the Decision Making Model (1999), “the licensed nurse is responsible and accountable, both professionally and legally, for determining his or her personal scope of nursing practice.”

REFERENCES:
### 10th Nursing Continuing Education Cruise

**April 21-29, 2017**

**Day** | **Port** | **Arrive** | **Depart**
---|---|---|---
Sat | Galveston, TX | 4:00 PM | 
Sun | Fun Day At Sea | 
Mon | Fun Day At Sea | 
Tue | Montego Bay, Jamaica | 9:00 AM | 6:00 PM
Wed | Grand Cayman, Cayman Islands | 7:00 AM | 4:00 PM
Thu | Cozumel, Mexico | 10:00 AM | 6:00 PM
Fri | Fun Day At Sea | 
Sat | Galveston, TX | 8:00 AM |

**Who says Continuing Education can't be fun?**

Join ThinkNurse and Poe Travel for our 10th CE Cruise. Cruise the Caribbean on Carnival's Freedom while you earn your annual CE credits and write off your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at $945.00/p based on double occupancy, includes — 1 night stay in Galveston, 7 night cruise, port charges, government fees and taxes. A $250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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**On the bus:**

Skip the airline fuss.

Forget the airline security hassles, cramped seating, ear-piercing loud engines and long lines. Take the bus and stay with us Friday night in Galveston, then get back on the bus to the pier the next day at 12:00 noon. We've chartered a motorcoach from Little Rock Tours and Travel to whisk you to departure on our 10th ThinkNurse Continuing Education Caribbean Cruise! We’ll leave from the Baptist School of Nursing in Little Rock (Col Glenn Rd. off I-430) on April 21st and head straight to Galveston. You may leave your vehicle at the school if you like. We will return to the same location after the cruise. $250.00 p/p additional. Join us for a pleasant trip!

**Reserve your seats now.**

POETRANL

For more information about the cruise and the curriculum please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.
How Much Does It Cost?

We sometimes receive questions about how much certain items cost. You can usually find this information on the form for the application you are completing. Also, for your convenience we are including a copy of our Fee Schedule in this publication.

Although this printed version is current today, this schedule, like everything else in life, changes on occasion. The fees do not change often, but to be certain you have the correct fee, check our website at [www.arsbn.org](http://www.arsbn.org) under “Licensing” “Fees” before submitting your payment to the Board of Nursing. This is a quick reference to our charges, and the schedule is updated whenever changes are made, so you will always be sure to have the current information. If you have a question regarding fees, check our website first. Chances are you can save yourself some time and get the answers you need.

### FEES

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<tr>
<th>Service Description</th>
<th>RN</th>
<th>APRN*</th>
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* Must hold a valid RN license  • Provided for jurisdictions outside the USA  **Documentation of continuing education may be requested
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- RN WEO PT7a-7p
- RN House Supervisor- WKND

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PINNACLE POINTE IS THE LARGEST BEHAVIORAL HEALTHCARE SYSTEM IN ARKANSAS
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- Residential Inpatient Care
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501.223.3322
www.PinnaclePointeHospital.com
The annual pass rate for the National Council Licensure Examination (NCLEX) is calculated based on a fiscal year (July 1–June 30) for each nursing program in Arkansas. The Arkansas State Board of Nursing (ASBN) Rules require each program to achieve at least a 75 percent annual pass rate. Programs that do not achieve this minimum standard must submit documentation to the ASBN analyzing all aspects of their program. The report must identify and analyze areas contributing to the low pass rate and include a resolution plan that must be implemented.

### NCLEX® Pass Rates

The annual pass rate for the National Council Licensure Examination (NCLEX) is calculated based on a fiscal year (July 1–June 30) for each nursing program in Arkansas. The Arkansas State Board of Nursing (ASBN) Rules require each program to achieve at least a 75 percent annual pass rate. Programs that do not achieve this minimum standard must submit documentation to the ASBN analyzing all aspects of their program. The report must identify and analyze areas contributing to the low pass rate and include a resolution plan that must be implemented.

### REGISTERED NURSE PROGRAMS July 1, 2015 – June 30, 2016

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>NUMBER TAKING</th>
<th>NUMBER PASSING</th>
<th>PERCENT PASSING</th>
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</table>
During the 2015 Arkansas General Assembly a revision to the existing Glucagon Administration law was passed. Arkansas House Bill 1395, now Act 833, permits trained volunteer school personnel, in the absence of the school nurse, to administer glucagon and/or insulin in an emergency situation to a student diagnosed with diabetes. The Arkansas State Board of Nursing, in conjunction with the State Board of Education, has promulgated respective rules associated with implementation of this law. Arkansas State Board of Nursing Rules, Chapter 9, delineates the statutory requirements enacted pursuant to the Board’s authority under the Nurse Practice Act ACA 17-87-103 subdivision (11) (A – E).

The Arkansas Department of Education, Arkansas State Board of Nursing, Arkansas School Nurses Association and diabetic experts, worked together to identify and approve Insulin and Glucagon Administration Training program(s) that meet established minimum guidelines. To access information regarding approved Insulin and Glucagon Administration Training Program(s) and related materials go to the Arkansas State Board of Nursing website at www.arsbn.org, click on the Education tab and the link in the left hand column “Insulin & Glucagon Administration Training Programs.”
Congratulations to the following programs for achieving a 100 percent pass-rate on the NCLEX-RN® and PN® exams for the fiscal year 2016:

**Three Consecutive Years 2014 to 2016**
- University of AR – Monticello
  College of Technology – McGehee – PN

**Two Consecutive Years 2015 to 2016**
- Phillips Community College
  UA – Dewitt – PN

**First Year 2016**
- Harding University – Searcy – BSN
- Phillips Community College
  U of A – Helena – ADN
- Crowley’s Ridge Technical Institute – Forrest City – PN
- U of A Community College – Morrilton – PN
- ASU – Newport – PN

Arkansas nursing programs did well on the NCLEX® exams during 2015–2016. Overall, the Arkansas registered nurse programs averaged 84.8 percent, as compared to the national average for all RN programs of 83.9 percent. Arkansas practical nurse programs averaged 91.8 percent, as compared to the national average for all PN programs of 82.9 percent. Congratulations to all Arkansas approved nursing programs for averaging above the national NCLEX® passing rate!
Disciplinary Actions
SEPTEMBER 2016

The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) “Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;” (a)(2) “Is guilty of a crime or gross immorality;” (a)(4) “Is habitually intemperate or is addicted to the use of habit-forming drugs;” (a)(6) “Is guilty of unprofessional conduct;” and (a)(9) “Has willfully or repeatedly violated any of the provisions of this chapter.” Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE #</th>
<th>CITY</th>
<th>ACTION</th>
<th>VIOLATION</th>
<th>EFFECTIVE DATE</th>
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<tr>
<td>Allen</td>
<td>Angela Daniele Shealy</td>
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<td>Probation - 3 years</td>
<td>(a)(6)</td>
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<td>Anderson</td>
<td>Tina Annette Robinson</td>
<td>L036375</td>
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<td>(a)(2), (a)(6)</td>
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<tr>
<td>Barger</td>
<td>Sarah Elizabeth Wallace</td>
<td>R084879</td>
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<td>Barker</td>
<td>Cheryl Rae Sachs</td>
<td>L025261</td>
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<td>Boudra-Edwards</td>
<td>Rebecca Irene Holliday</td>
<td>R095594, L031989</td>
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<td>Butler</td>
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<td>Deal</td>
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<td>Duvall</td>
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<td>Ezell</td>
<td>Gloria Ann</td>
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<td>Hot Springs Village</td>
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## Disciplinary Actions
**SEPTEMBER 2016**

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*continued on page 26*
Disciplinary Actions  

**SEPTEMBER 2016**

Continued from page 25

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---

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Little Rock

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www.chghospitals.com/littlerock
## Disciplinary Actions

### SEPTEMBER 2016

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## Disciplinary Actions

**SEPTEMBER 2016**

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<th>NAME</th>
<th>LICENSE #</th>
<th>CITY</th>
<th>ACTION</th>
<th>VIOLATION</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Townsley</td>
<td>David Wayne</td>
<td>Batesville</td>
<td>Suspension - 1 year</td>
<td>(a)(6)</td>
<td>September 7, 2016</td>
</tr>
<tr>
<td>Underwood</td>
<td>Hollie Meagan</td>
<td>Cord</td>
<td>Voluntary Surrender</td>
<td></td>
<td>August 5, 2016</td>
</tr>
<tr>
<td>Vann</td>
<td>Leslie Alexander Kell</td>
<td>Bella Vista</td>
<td>Probation - 2 years</td>
<td>Terms and Conditions</td>
<td>September 7, 2015</td>
</tr>
<tr>
<td>Vester</td>
<td>Deirdra Jean</td>
<td>Mountain View</td>
<td>Letter of Reprimand</td>
<td>(a)(6)</td>
<td>August 22, 2016</td>
</tr>
<tr>
<td>White</td>
<td>Kayla Michelle</td>
<td>Russellville</td>
<td>Probation - 1 year</td>
<td>(a)(2)</td>
<td>September 8, 2016</td>
</tr>
<tr>
<td>Wilson</td>
<td>Linda LaVarre Higgs</td>
<td>Cabot</td>
<td>Probation - 3 years</td>
<td>Terms and Conditions</td>
<td>September 8, 2016</td>
</tr>
<tr>
<td>Wood</td>
<td>Rebecca Victoria</td>
<td>Greenbrier</td>
<td>Voluntary Surrender</td>
<td></td>
<td>August 16, 2016</td>
</tr>
</tbody>
</table>

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![Jakesia Baker, BSN Student, 2016](image)

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