

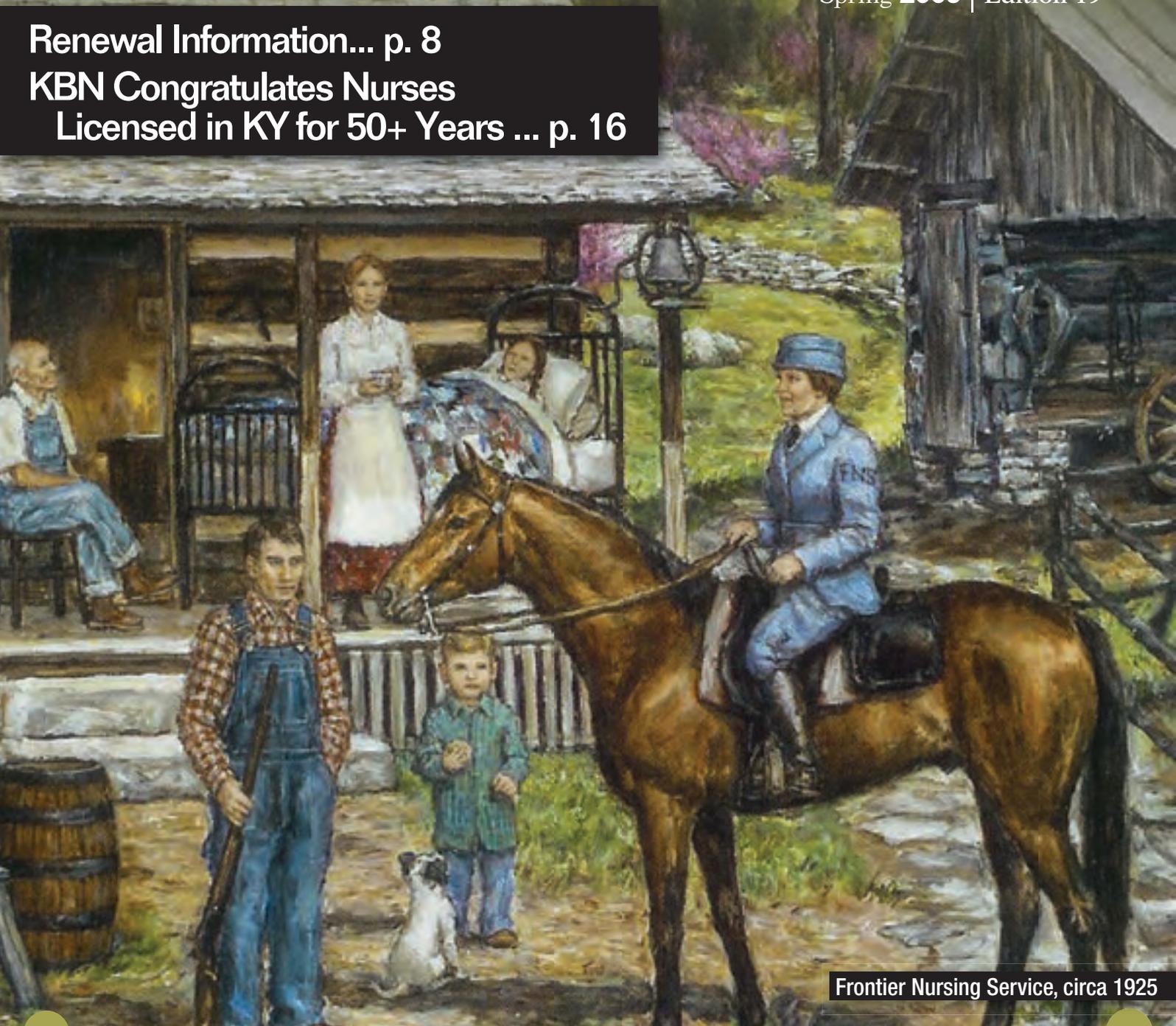
# *KBN* Nursing **CONNECTION**

Spring 2009 | Edition 19

Renewal Information... p. 8

KBN Congratulates Nurses

Licensed in KY for 50+ Years ... p. 16



Frontier Nursing Service, circa 1925

*Official Publication of the Kentucky Board of Nursing*

*Anne Crawford*



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It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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## Statistics Corner

As of April 1, 2009 KBN records show:

RN Active	53,211
LPN Active	14,287
RN Retired	1,219
LPN Retired	621
Advanced Registered Nurse Practitioners	3,565
Sexual Assault Nurse Examiners	206
Dialysis Technicians Active	579
Dialysis Technicians Inactive	422

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# EXECUTIVE DIRECTOR'S MESSAGE



## Tis the Season...

It's spring, flowers are blooming, bees are buzzing and birds are singing. Also, with spring comes graduation and a host of our newest colleagues to the nursing profession. Soon-to-be graduate nurses are now busily applying for that first job. Staff development directors are identifying those nurses with the knowledge, experience and abilities to mentor graduates in their new roles. Much anticipation, planning, money and energy will go into welcoming and guiding these new nurses. The objective of this activity is not simply KBN's 120-hour internship, rather, it is an ongoing investment in that first working year that enables graduate nurses to gain confidence and mature in their positions. With mentoring, strong role models and a positive work environment, newly licensed nurses will grow to skillfully and enthusiastically assume the many roles of nursing: caregiver, patient advocate, planner, and patient and family educator to name just a few. This is an exciting time as we prepare to welcome our newest group of colleagues.

Yet, somewhere, in every practice setting a cloud will surely form and when these new graduates appear, a small bevy of what I have called "piranha nurses" will begin to circle as they prepare for another annual event that is also common to our profession—the eating of nursing's young. If these nurses had a motto, it might be "She/he who suffers conquers," or "No pain no gain," or maybe it would simply be "To the hunt!!" Many of you reading this likely know or remember one of these nurses. Unfortunately, just one such nurse can undo hours of careful planning and erode the confidence of a new graduate in such a way that it will take weeks or even months before it can be reclaimed.

I've often thought the study of piranha nurses would be excellent research. In reviewing the literature, I found articles and studies on selecting and training mentors, creating a climate and culture of mentoring, the effect of mentoring on new nurses, etc. I even found several somewhat esoteric quotes used to describe mentoring such as "*All the flowers of all tomorrows are in the seeds of today*" (American proverb). Quite a few articles referenced the phenomenon of nurses eating their young but I found nothing about the reasons that might lead to such behavior or what must surely be the "joyful bounties" that result from doing so. Also, I have to admit I have a selfish interest in this—we have too many nurses who after a few years in the profession have gone on

to sell real estate or other merchandise. I once stayed in a hotel that was hosting a large cosmetic sales convention (you would recognize the name). In an elevator conversation with some of the attendees, I was invited to consider going into sales. When I replied I was a nurse, the response was, "Oh, our very best salespersons and managers are nurses who didn't want to be a nurse anymore." That, of course, is no surprise since the earliest lessons we learn as students are organization, observation, assessment and problem solving.

*What are we going to do to ensure that this current class of new graduates has the positive work environment and mentoring experiences that will promote their success and engender pride in their professional accomplishments?*

So enough of my soapbox... What are we going to do to ensure that this current class of new graduates has the positive work environment and mentoring experiences that will promote their success and engender pride in their professional accomplishments? Each of us must be involved—not just those who are designated as mentors. We should all be unofficial mentors who willingly and without being asked share knowledge, experience, and a kind word or smile. We can reach out to the new graduates we see who look confused or dismayed. We certainly must run "interference" before any piranha nurse can draw blood. And occasionally we might also seek out that age-old choice of safe havens—the linen closet—when a new graduate is missing in action.

I'll admit my comments are somewhat tongue in cheek. However, my intent is most serious. Each of us has a responsibility to invest in new graduates, to create positive work environments and to share our knowledge and experience in such a manner that it enables these beginning nurses to thrive. If they fail, rest assured we have all failed.

P.S.—and, of course, I would really appreciate your encouraging new graduates to read beyond the Discipline section of the *KBN Connection*.

A handwritten signature in black ink that reads "Charlotte F. Beason". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Charlotte F. Beason, Ed.D., RN, NEA

# BEST PLACE TO MAKE A DIFFERENCE IN NURSING

Saint Joseph has a history of providing high-quality, compassionate care for more than a century. We are fortunate to attract nurses who believe in our mission and who are dedicated to the service of our patients and their families.

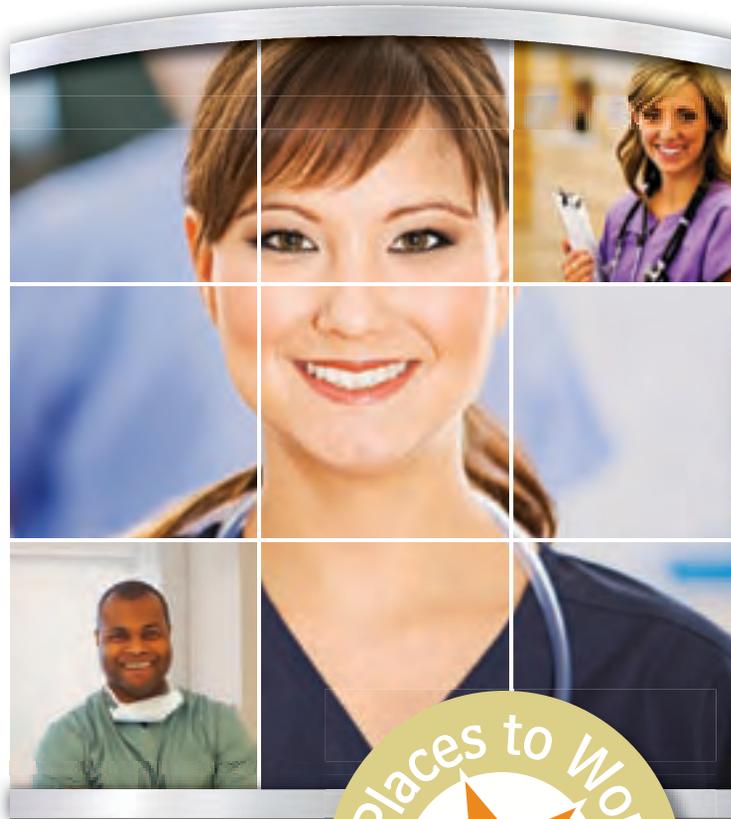
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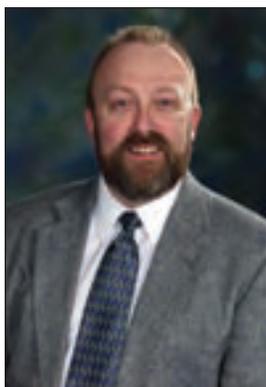
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# PRESIDENT'S MESSAGE

Winter is almost behind us, and with spring comes new beginnings and challenges for your Kentucky Board of Nursing. Budget and economic issues have been one of the main topics that we discuss frequently, like I'm sure it is for you and your family as well. I assure you that we are continuing to be

good stewards of your fees in conducting the business of the board. The board has discussed reducing the number of days for meetings when the agenda is small and other cost saving efforts. We continue to look at technology to aid us in conducting meetings more efficiently. The board is still working on revisions to its Education Regulations as well as the continued work related to the use of Unlicensed Assistive Personnel (UAP) in school and other settings. We continue the challenging work in regards to Transition to Practice issues, statewide as well as on the national level. All of this work falls within the mission of "Protecting the Public." On many occasions our work brings to the forefront issues that at times may be new and controversial, but we welcome comments as they hopefully will lead us toward better decision making. I am reminded of a poem that I have used many times in the past. I would like to share this poem with you...

I watched them tearing a building down,  
a group of men in a busy town.  
With a Ho! Heave! Ho! And a gusty yell,  
They swung a beam and a side wall fell.  
I asked the foreman, are those men skilled?  
Like the ones you'd hire if you had to build?  
He gave a laugh and said No! indeed,  
It's common labor, that's all I need.  
I can easily wreck in a day or two,  
What builders have taken years to do.

I thought to myself as I went my way,  
which of these roles have I tried to play?  
Am I a builder who works with care,  
measuring life by the rule and square;  
shaping my thoughts to a well laid plan,  
Patiently doing the best I can, or  
Am I a wrecker who walks the town,  
content with the labor of tearing down.

Each of us has a choice as to which role we will take when it comes to advocating for our profession, our patients or, to the Board, when it adheres to its mission of protecting the public through effective regulations. Think about it...

Jimmy T. Isenberg, Ph.D., RN

# SAVE THE DATE!

BRINGING THE NATION TO KENTUCKY

## 2009 KENTUCKY BOARD OF NURSING BI-ANNUAL CONFERENCE

FRIDAY, SEPTEMBER 25, 2009  
 HOLIDAY INN  
 HURSTBOURNE/I-64 EAST  
 LOUISVILLE, KY

## 2009 Renewal Information

**WHO:** All nurses who hold a current Kentucky RN or LPN license, ARNP registration, and/or SANE credential.

**WHAT:** Must renew the license, registration, and/or credential.

**WHEN:** Between midnight July 1 and midnight October 31, 2009, Eastern Time

**WHERE:** <http://kbn.ky.gov/renewal>

**WHY:** Kentucky Nursing Laws mandate renewal.

**HOW:** • Access and complete the online renewal application, using the last four digits of your social security number, license number, and date of birth

• Payment may be made by credit/debit card (Master Card or Visa only), a deduction directly from your checking (personal or business) or savings account, or prepaid credit card.

• The license number that you enter will be the license that is renewed.

Notification of renewal will be via e-mail and the KBN Connection.

**Renewal postcard reminders will NOT be mailed.**

### E-MAIL/ADDRESS CHANGES

If you have not given the Board a valid e-mail address, you may do so at <http://www.kbn.ky.gov/license/addchg.htm> with the assurance that KBN does not distribute e-mail addresses to third parties. If you moved and have not updated your address with KBN, you may do so from the website (listed above) or at the time you complete the online renewal application. When you change your address, you will be asked to indicate your primary state of residence.

RENEWAL FEES: RN: \$50

LPN: \$50

ARNP: \$40 for each designation

SANE: \$35

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. DO NOT submit evidence of continuing competency earnings unless requested to do so.

**Access to the online renewal form will be DISABLED at midnight, Eastern Time, October 31, 2009. If you failed to renew before this time and/or you did not submit any required documentation by that date, your license will lapse and you will have to reinstate your license. You may not practice as a nurse in Kentucky if your license has lapsed.**

Documentation required before a license will be renewed includes:

1. Court records and letters of explanation, if you answer "yes" to the criminal activity question
2. Board certified orders and letters of explanation, if you answer "yes" to the disciplinary history question
3. Documentation from your ARNP national certification organization if you answer "yes," that your national certification was revoked or issued on a provisional or conditional status
4. Other documentation requested by KBN staff.

### NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL

When you renew, you must declare your state of primary residence. If your primary residence is another compact state, you will not be able to renew your Kentucky RN or LPN license.

KBN is notified of all nurses who hold an RN or LPN license in more than one compact state. A Declaration of Primary Residence form and evidence of primary residence, such as a valid driver's license, voting registration card, or a federal income tax return would be required to deter-

*continued on page 12 >>*



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EOE

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The RN to BSN program enhances the vital knowledge base of today's registered nurse. In the RN to BSN program, you'll develop a deeper understanding of the professional role of the nurse, apply leadership theories and decision-making models, examine financial management issues, and be prepared to advance health promotion and disease prevention within the community. Our liberal arts general education courses complement the RN to BSN courses, fostering critical thinking abilities and developing your written and oral communication skills. Our program:

- offers your courses in a convenient format so you complete two courses per semester
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*Priority application deadline for the Fall 2009 FNP cohort is February 15, 2009*

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- preparing students for a nursing career – in 2007, over 30,000 qualified applicants were turned away from nursing programs due to the shortage of nursing faculty (AACN)
- health education
- staff development

#### **Choose the Family Nurse Practitioner track if you are interested in:**

- providing a wide range of preventive and acute healthcare services
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# Quality top strategy for improvement in Owensboro hospital

- OMHS NURSES TESTIFY OF QUALITY CARE IN ACTION

For little praise and small glory, nurses listen to patient complaints, check blood pressure, monitor vital signs, give injections, sterilize and dress wounds and make patients as comfortable as possible. It can be a thankless job at times, but all this and more is part of a day in the life of a nurse.

Owensboro Medical Health System can relate. What's important to nurses is also a strategic part of patient care at the hospital serving 11 counties with a population of 300,000 in western Kentucky. OMHS seeks to provide the best possible patient care by fostering a culture of clinical excellence. Quality initiatives begin with the hospital's board of directors and administrative team and run throughout the entire organization.

"Over the last 10 years, OMHS has been working on healthcare quality issues and we've decreased the chances of somebody coming into our hospital and dying over what it was a few years ago," says Robert Schell, MD, a general and vascular surgeon who serves on the hospital board. "Evidence shows that if our hospital board spends a significant amount of time on something, we'll get better results."

## IMPROVED QUALITY = LOWER MORTALITY

When quality initiatives leave the boardroom, the work is only getting started. Nurses have played a key role in improvements that have led to excellent patient outcomes. Over the last few years, mortality has dropped 20 percent and placed OMHS among the nation's top hospitals for clinical excellence.



Amanda O'Bryan and Josh Payne, nurses who began their careers at OMHS after completing degrees at Owensboro Community and Technical College, witness quality improvements every day. The nursing staff collaborates to offer patients the best care and hold one another accountable, they say.

"I ask questions of the more advanced nurses everyday," says Payne, now in his second year of caring for cardiac patients. "Quality is about a team effort—we are constantly giving suggestions for improvement to our co-workers and unit supervisors."

Before Payne and other bedside nurses ever see their patients, the nurses in surgical services focus efforts on reducing post-surgical complications. Patients receive prophylactic antibiotics within one hour of surgical incision, O'Bryan says, to reduce risk for infection. The surgery team has also implemented "Time Out"—a national patient safety initiative to verify that all necessary preparations take place before surgery begins.

"It's making sure that the patient is taken care of, giving them the best quality treatment and making sure that their needs are met," O'Bryan says.

Veteran nurse Jenny Whitmer has seen the hospital stay ahead of the quality curve during her 15 years at the hospital. "We have always been ahead of the game or right on target with all the changes from the Association of Operating Room Nurses or Joint Commission," Whitmer says, now a nurse educator. "Knowing that you have an organization like OMHS behind you is valuable as a nurse."

Any nurse considering a career change or seeking a position as a new graduate will not be disappointed. OMHS offers a challenging, rewarding environment that fosters teamwork.

"The opportunities to move up the ladder here are really good," Whitmer says.

LEFT: NURSES AT OWENSBORO MEDICAL HEALTH SYSTEM. FROM LEFT, LISA YORK, EMERGENCY DEPARTMENT; JOSH PAYNE, CARDIAC STEPDOWN; JOHN REINERS, ORTHOPEDICS; GLORIA DEAN, POST-ANESTHESIA CARE; NELLIE OWEN, NURSING ADMINISTRATION.



## OMHS: An Award-Winning Hospital

In October of 2008, HealthGrades released a study that recognized OMHS for the following distinctions across several specialties for outstanding patient care:

- Ranked #1 in Kentucky for Cardiac Surgery
- Ranked #1 in Kentucky for Gastrointestinal Services and Gastrointestinal Surgery
- Cardiac Surgery Excellence Award™ (for procedures such as heart bypass graft surgery)
- Gastrointestinal Care Excellence Award™
- Gastrointestinal Surgery Excellence Award™
- Five-Star Rated for Overall Orthopedic Services
- Five-Star Rated for Joint Replacement Surgery (such as total knee replacement surgery)
- Five Star Rated for Spine Surgery
- Five-Star Rated for Coronary Artery Bypass Graft Surgery
- Five-Star Rated for the Treatment of Pneumonia
- Five-Star Rated for Gastrointestinal Procedures and Surgeries
- Five-Star Rated for the Treatment of Gastrointestinal Bleed
- Five-Star Rated for Cholecystectomy
- Five-Star Rated for the Treatment of Sepsis
- Five-Star Rated for the Treatment of Respiratory Failure

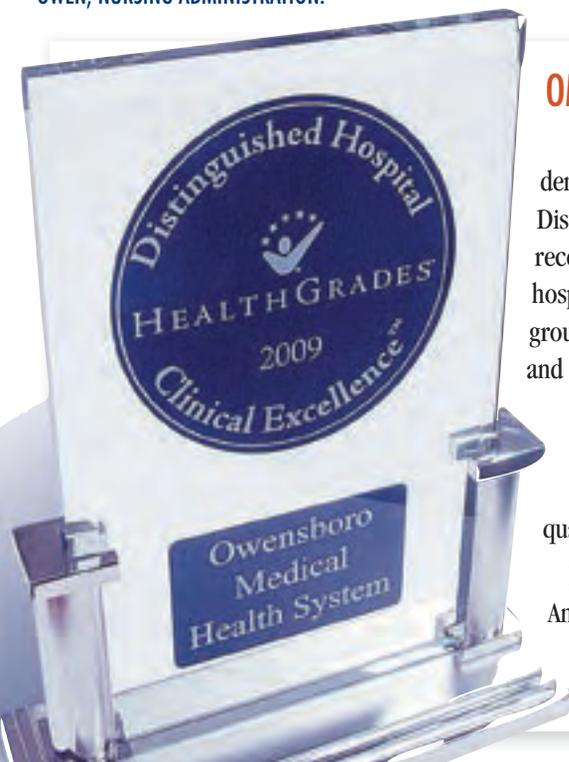
## OMHS AMONG THE NATION'S TOP HOSPITALS

A recent clinical study confirms that quality improvement efforts at OMHS are paying big dividends for patients. Earlier this year, OMHS was only one of 270 hospitals to receive HealthGrades' Distinguished Hospital for Clinical Excellence Award™, and one of only five Kentucky hospitals to receive this distinction for 2009. The same study of quality at the nation's nearly 5,000 nonfederal hospitals placed OMHS in the top 5 percent for overall clinical quality. This places OMHS among a group of hospitals, which, on average, have mortality rates 27 percent lower than average hospitals, and major in-hospital complication rates that are 8 percent lower.

"This award is a celebration of the work of many physicians and clinicians who have led quality efforts at OMHS over the past several years," says Jeff Barber, president and CEO of OMHS.

"Our board of directors established quality as our hospital's chief strategic initiative and a board quality and safety committee to oversee and work with other hospital and physician quality teams."

For seven years, HealthGrades has conducted the nation's foremost study on hospital quality in America, which identifies the top 5 percent of hospitals from a clinical quality perspective. The entire study and results are free at [HealthGrades.com](http://HealthGrades.com) and includes information for approximately 5,000 hospitals.



mine and validate the primary state of residence. The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices ONLY in a military/federal facility. If you declare a compact state as your state of primary residence AND declare that you practice ONLY in a military/federal facility, you may be issued a Kentucky single state license (Valid Only in Kentucky).

**DECLARATION OF PRIMARY RESIDENCE**

To ensure that your selection of a state of primary residence is accurately reflected in the KBN database, please follow these instructions:

**Figure 1**

Please Choose:  
Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
**Kentucky**  
Louisiana  
Maine  
Maryland  
Massachusetts

Select the state of primary residence from the drop-down selection by clicking on and highlighting the correct state (Figure 1).

The state chosen will have a blue background. (Figure 1)

**Figure 2**

\*State:

After releasing the mouse button, the state you selected will appear by itself in the box and will continue to have a blue background (Figure 2).

**Figure 3**

\*State:

You MUST click the mouse button outside of the state field so the background turns to white (Figure 3) BEFORE scrolling down the renewal page. If you do not, you will change the state that you are declaring as your primary state of residence.

Kentucky ARNP registration is current. When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirements, including the pharmacology requirement, by October 31. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the pharmacology requirement, you may e-mail maryd.stewart@ky.gov.

Current national certification from a Board recognized national certification organization in addition to current ARNP registration is required to practice as an ARNP in Kentucky.

If your national certification lapses for any period of time while your ARNP registration is current, you may not practice as an ARNP during the period of lapsed certification.

**SANE RENEWAL**

Before you will be able to renew your SANE certification, you must renew your RN license from the RN-LPN renewal link. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an ARNP, renew your RN-ARNP first (see above information) and then renew your SANE credential from the SANE link.

If your primary residence is a compact state, you must provide the name of the

state and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE credential. You must continue to keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your compact RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

When you click on the "submit" button at the end of the on line renewal process, you are attesting that you have or will have met the continuing competency requirements, including the continuing education requirement related to the role of the sexual assault nurse examiner, by October 31. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the SANE continuing competency requirement, you may e-mail maryd.stewart@ky.gov.

**MILITARY NURSES DEPLOYED OVERSEAS**

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

1. Submit a copy of the official overseas deployment orders showing a return date to KBN. You

license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.

2. Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

**PAPER RENEWAL APPLICATIONS**

Paper renewal applications will be available for an additional fee of \$40. This fee does NOT include the renewal fees listed previously. To request a paper renewal application, you must submit a written request for a renewal application and a check or money order in the amount of \$40. A paper application will be mailed to you. When you return the paper renewal application to KBN, you must include the appropriate renewal fee. Paper applications will be mailed after September 15, 2008. It may take up to 4 weeks to process the paper applications for renewal.

**Name Change:** A copy of a legal name change document, your current nursing license card, and the \$35 fee are required before a name change can be made. Acceptable documentation includes: marriage certificate, divorce decree (showing the return to another name), other legal name change documents, or a social security card.

*During the renewal period, submit the documentation and fee to change your name at least 4 weeks prior to renewing your license. You can go to <http://www.kbn.ky.gov/onlineSRVs/> and validate your license to see when your name has been changed in the KBN database.*

**CARDLESS RENEWAL LICENSURE SYSTEM - RENEWAL CARDS NOT ISSUED**

Beginning June 1, 2008, the Kentucky Board of Nursing began a migration to a "cardless" licensure renewal system. This will be first renewal period that a card will not be issued.

However, nurses licensed by examination, endorsement and reinstatement will continue to receive the newly designed card.

This new system encourages employers to use the KBN web site to validate that a license is current, valid, and clear of disciplinary action. The KBN web site validation is considered primary source validation, the data is updated real-time and is maintained by KBN.

In addition to the free KBN validation service, employers may subscribe to a monitoring and notification process that will send them an e-mail when licensure information changes (lapse, suspension, etc.). More information on the subscription services is available at <http://www.kbn.ky.gov/onlineSRVs/bulkvalidation/>.

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# ABOUT THE COVER

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The story of Mary Breckinridge and the Frontier Nursing Service embodies the spirit of a woman born of privilege and prominence, plunged into the valley of despair over the loss of her only two children and the long walk back to bring her dreams of hope and humanity to an impoverished country.

The journey began in 1881, in Memphis, Tennessee, with the birth of Mary Breckinridge. Her mother, born in Louisiana, was the daughter of a plantation owner. Her father was a Kentuckian and the son of the Confederate General John C. Breckinridge who served as Vice President of the United States under James Buchanan. After marriage her parents moved to an Arkansas plantation and her father was eventually elected to congress.

Mary's life was in continual geographic transition. She had no formal education as we know it today - she was educated by the various governesses who attended her over her youth. When her father was

appointed Minister to Russia and the family moved to St. Petersburg, her exposure to European and Russian societies were invaluable experiences.

Shortly after returning to America, Mary took a husband who soon died. Pondering her life and the happenstance of observing a child stricken with typhoid fever, Mary decided to become a nurse. In February of 1907, she entered the St. Luke's Hospital School of Nursing in New York.

After taking her second husband, a son named Breckie was born at about the time of the first Great War. Nearly two and a half years later their daughter, Polly, was born prematurely and died within six hours. Shortly after his fourth birthday, Breckie took ill and soon died. Mary immersed herself in nursing. She moved back and forth between Europe and America working with the health



**Frontier Nursing Service, circa 1925**, Created by Robert Joseph, DMD, MD and artist Anne Crawford, © Historical Medical Art, LLC, <http://www.historicalmedicalart.com>. Reprinted with permission.

needs of a war-torn Europe. She completed postgraduate training as a midwife at the British Hospital for Mothers and Babies in London. During this time she spent a summer on horseback in the Kentucky mountains, learning about the people and their needs and formulating a plan for rural healthcare.

Mary was drawn to the Kentucky mountains by family ties and the fact that it was considered one of America's most impoverished and inaccessible frontiers. Using inheritance from her wealthy grandmother Lees who was a Kentuckian by birth, she moved to Hyden, Kentucky in 1925 to start what was to become the Frontier Nursing Service (FNS). A few miles from Hyden, she built her two-story log home and named it Wendover. Starting with three nurses in 1925 and expanding to thirty-one by 1928, they rode by horseback over the 700-square-mile, rugged terrain to deliver general healthcare and obstetrical services to mountain families.

The success of the FNS drew visitors from every country. Her methods of delivering healthcare would later be copied and used throughout the U.S. and worldwide. Today, the FNS includes several rural healthcare centers, such as the Mary Breckinridge Home Health Agency, the Courier Program, and the Frontier School of Midwifery and Family Nursing (FSMFN). The FSMFN is the largest midwifery school in the nation and was the first Family Nurse Practitioner program in the US, boasting students from every state and seven countries.

Mary Breckinridge died on May 16, 1965. She once said, "We have grown like the banyan tree...with branches yielding shade and fruit to wide neighborhoods of men." Her work and her dreams live on.



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# HEALTHCARE SERIAL OFFENDERS

By Valerie Smith, MS, RN, FRE

Associate Director Investigations/Compliance, Arizona State Board of Nursing

Article reprinted from the *Arizona Board of Nursing Regulatory Journal* (September 2008, Volume 3, Number 3), with permission by the Arizona Board of Nursing

Media headlines over the past four years reflect the alarming concern about healthcare serial offenders. In December 2004, Charles Cullen, a nurse licensed in both New Jersey and Pennsylvania, was arrested and charged with the serial murders of patients over his 16-year nursing career. In March of 2006, Cullen pled guilty to the murder of 29 patients and the attempted murder of several others. Cullen, although portrayed as cooperative with authorities in attempting to identify his victims, is believed to have murdered over 40 patients, many of whom he could not recall and for whom sufficient evidence of murder could not be established after the fact. Co-workers and patients had reported concerns to management.

In October 2006, Vicky Dawn Jackson, a former nurse in Texas, pled guilty to killing 10 patients by injecting them with a drug used as a neuromuscular blocking agent that inhibits respirations. Authorities believe she may be responsible for 25 deaths in a small town Texas hospital where she worked. Several of her victims were friends or acquaintances.

Headlines from an Ohio newspaper in January 2008 reported "Ohio Nurse is Confessed Serial Rapist." John Riems was arrested and charged with rape and gross sexual imposition after a partially paralyzed nursing home patient was able to communicate to family members that Riems had sexually assaulted him. During questioning, Riems reportedly told police that he had sexually abused approximately 100 patients under his care during his 23-year nursing career and employment in 10 different facilities. His alleged victims included men and women, mostly elderly or disabled and unable to report the sexual abuse. According to media reports, police have verified at least 14 cases of sexual abuse perpetrated by Riems. His co-workers report that he was known for his temper and for spending long periods of time in patients' rooms with the door closed. They further report that several patients did not want him to care for them and would refuse their medications "just to keep him out of their room." Co-workers assert that they informed management about their concerns.

In June 2008, headlines in a Pennsylvania

newspaper reported "Male Nurse Charged with Raping Boy." According to media reports, in June 2008, Fred Magondu, a Pennsylvania licensed practical nurse who had been providing homecare to a 14-year-old boy, was arrested and charged with rape after semen found on linens and DNA results positively linked him to the sexual assault of the child under his care. The boy reportedly is both mentally and physically impaired, unable to speak and is blind. Another nurse alerted authorities after she noted when changing the boy's diapers that he was bleeding and bruised. Magondu was arraigned on multiple charges of rape, involuntary deviate sexual intercourse, indecent assault, corruption of minors and unlawful contact with minors. Magondu had been "caring" for the boy for several months and was employed by a pediatric agency and a nursing home, settings containing some of the most vulnerable patients. He has been a practical nurse since June 2006 and had no prior licensure disciplinary action, no prior known criminal history, is married and the father of three children.

According to the FBI and others who have extensively studied serial criminal offenders, serial offenders are often motivated by ritual and repetition. They may need to satisfy some form of fantasy, one that may not be common in the general population, through rituals. Beatrice Yorker, RN, MS, JD, has studied and published extensively about healthcare serial killers. She suggests the healthcare serial killer is motivated by power and control or excitement and attention. Law enforcement individuals maintain that the only way to stop a serial offender, whether it is killer or rapist, is to catch them. Charles Cullen told authorities that patients were being treated as nonhumans and as a result, they were suffering. His acts were not acts of mercy, as many of his victims were not dying or in pain. The medications that he used to end the life of innocent victims were drugs that cause a painful death. He is quoted as having told authorities, "I couldn't stop myself. I just couldn't stop."

The FBI has extensively studied serial offenders and has profiled behaviors common to the serial criminal. Most of their work and studies involve a known crime scene

that may be rife with evidence of wrongdoing. Unfortunately, this same type of crime scene is often not evident in a hospital or other healthcare setting. Most commonly, by the time the authorities suspect that there has been a crime committed in the healthcare setting, "evidence" has been compromised. Perhaps it has been compromised because the deceased has been embalmed and buried; the hospital room sanitized in preparation for the next patient(s); the short half life of many of the medications used to intentionally end a patient's life; the patient is unable to communicate what occurred or when communicating what occurred, has other history that may impact their perceived credibility.

Serial healthcare offenders are likely not much different from other criminal serial offenders. The difference though is that they have access to a vulnerable and unsuspecting population. Nursing is regularly rated as the most trusted profession. Who would think that amongst us are those who prey upon vulnerable individuals (patients), taking advantage of them, harming and sometimes, intentionally killing individuals under their "care?"

## BEHAVIORS COMMON TO SERIAL CRIMINALS

- They commit the same crime repeatedly.
- Their choice of housing, neighborhoods, cars, and clothing does not bring attention to them. Their family and neighbors are often "shocked" when they learn of the crimes committed.
- They select victims based upon availability, vulnerability, and desirability.
- Rarely is their criminal behavior impulsive but rather well thought out.
- They may have an obsession with publicity, particularly when media and others begin to report their findings.
- When they admit their actions, they often attempt to rationalize and justify their behavior by shifting blame on the victims or blaming the system.

## RED FLAGS COMMON TO INDIVIDUALS WHO SEXUALLY ABUSE PATIENTS

- Prior to coming to the attention of law enforcement or the regulatory board, there have been other complaints of sexual misconduct, inappropriate touching,

continued on page 18 >>



# KBN CONGRATULATES NURSES LICE

*The Board wishes to congratulate the following  
continue to hold an*

Alford, Judith F	Louisville	St. Anthony Hospital School of Nursing	11/22/57	Downs, Helen	Bardstown	Nazareth College	10/30/53
Allen, Florence Jean	Louisville	Oakdale Practical Nursing School	03/03/54	Dunn, Arnetta	Owensboro	St. Elizabeth School of Nursing	10/30/53
Allen, Sue Ann	Louisville	St. Anthony Hospital School of Nursing	12/08/58	Durham, Amye Cleona	Owensboro	Murray State College	02/14/58
Allen, Doris	Bardstown	St. Anthony Hospital School of Nursing	12/08/59	Enlow, Constance	Lexington	Mercy Hospital School of Nursing	02/27/59
Amato, Mary	Lexington	St. Joseph Hospital School of Nursing	02/13/48	Fee, Jean	McKee	Calgary General Hospital School of Nursing	01/23/59
Arnold, Hazel	Louisville	Indianapolis City Hospital School of Nursing	03/13/57	Fields, Mary Ann	Louisville	Oakdale Practical Nursing School	12/15/59
Ashworth, Helen	Ashland	Johns Hopkins Hospital School of Nursing	10/20/48	Francis, M. Patricia	Lancaster	St. Joseph Hospital School of Nursing	05/05/59
Atkisson, Bobbie	Lexington	Louisville General Hospital School of Nursing	04/20/55	Frankie, Dorothy Jean	Bardstown	St. Joseph Infirmary Hospital School of Nursing	11/17/55
Bachman, Jo Ann	Madisonville	Owensboro Daviess County Hospital School of Nursing	01/27/59	Frazer, Patricia	Sturgis	Louisville General Hospital School of Nursing	11/17/55
Baker, Frances	Burkesville	Glasgow School of Practical Nursing	10/31/58	Frenke, Sr. A. Miriam	Louisville	Sts. Mary and Elizabeth Hospital School of Nursing	05/29/59
Baker, Carolyn	East Berlin	St. Elizabeth School of Nursing	01/27/59	Garrett, Ann Louise	Louisville	Glasgow School of Practical Nursing	05/14/58
Baker, M. Jeanette	Danville	St. Joseph Hospital School of Nursing	10/30/53	Giles, Patricia	Versailles	Good Samaritan Hospital School of Nursing	11/07/56
Balcom, Rose Marie	Lexington	St. Elizabeth School of Nursing	12/08/58	Gividen, Sarah	Middletown	Kentucky Baptist Hospital School of Nursing	12/08/59
Barlow, Mary	Owensboro	St. Elizabeth School of Nursing	02/18/57	Goatley, Vivian	Mayfield	St. Joseph Infirmary Hospital School of Nursing	11/17/55
Becker, Elizabeth	Southgate	St. Elizabeth School of Nursing	03/20/53	Gordon, Barbara	Valley Station	Norton Hospital School of Nursing	02/05/53
Bowman, Jo Ann	Walton	Good Samaritan Hospital School of Nursing	12/08/58	Graves, Carol	Alvaton	Georgia Baptist Hospital School of Nursing	02/04/59
Bradford, Margie	Bardstown	St. Joseph Hospital School of Nursing	11/22/57	Gregory, Kathleen	Louisville	Kentucky Baptist Hospital School of Nursing	10/29/54
Braun, Mary	Louisville	Sts. Mary and Elizabeth Hospital School of Nursing	10/29/54	Griffin, Sydna	Bowling Green	Mercy Hospital School of Nursing	10/27/41
Brinkley, Betty	Harrodsburg	St. Joseph Hospital School of Nursing	11/16/55	Grimes, Helen	Crestwood	Norton Hospital School of Nursing	11/17/55
Britt, Molly	Lexington	St. Elizabeth School of Nursing	02/18/57	Gutgsell, Janet	Louisville	St. Joseph Infirmary Hospital School of Nursing	11/22/57
Brown, Viola	Lexington	St. Joseph Hospital School of Nursing	07/22/59	Gutierrez, Olene	Lexington	Louisville General Hospital School of Nursing	11/07/56
Brumagen, Janice	Morehead	Good Samaritan Hospital School of Nursing	12/08/59	Hartley, Lillian	Lexington	Good Samaritan Hospital School of Nursing	12/08/59
Cameron, Marie	Paris	Mercy Hospital School of Nursing	10/14/59	Haynes, Opal	Fern Creek	Appalachian School of Practical Nursing	08/13/59
Campbell, Patricia	Louisville	Louisville General Hospital School of Nursing	12/08/58	Hendricks, Alberta	Louisville	Central High School of Practical Nursing	12/20/55
Cantrall, Janice	Florence	Norton Hospital School of Nursing	12/08/59	Herrick, Dorothy	Lexington	Owensboro Daviess County Hospital School of Nursing	12/08/59
Cassidy, Sarah R.	Jeffersontown	St. Anthony Hospital School of Nursing	11/02/55	Heuser, Edna	Taylorsville	Sts. Mary and Elizabeth Hospital School of Nursing	12/08/58
Chesnut, Patricia	Hopkinsville	Worcester Memorial Hospital School of Nursing	10/14/59	Hibbs, Judith	Henderson	Norton Hospital School of Nursing	11/22/57
Chumley, B. Alyce	Lexington	St. Joseph Hospital School of Nursing	12/08/58	Hill, Mary	Louisville	St. Joseph Infirmary Hospital School of Nursing	11/22/57
Clark, Virginia	Louisville	Louisville General Hospital School of Nursing	10/29/54	Hines, Barbara	Louisville	Oakdale Practical Nursing School	10/31/56
Clark, Sally	Lancaster	Berea College	11/02/55	Howard, Patricia	Louisville	St. Joseph Infirmary Hospital School of Nursing	12/08/58
Claycomb, Virgie	Columbia	Berea College	12/08/58	Hurt, Ida	Lancaster	St. Joseph Infirmary Hospital School of Nursing	11/16/55
Coleman, Shirley	Pikeville	Norton Hospital School of Nursing	12/08/58	Jackson, Glenys	Ashland	St. Mary's Hospital School of Nursing	07/13/55
Combs, Betty	Hazard	Good Samaritan Hospital School of Nursing	11/07/56	Jackson, Dolores	Bowling Green	Louisville General Hospital School of Nursing	11/17/55
Conner, Lizzie	Lexington	Louisville General Hospital School of Nursing	12/08/59	Jackson, Thelma	Louisville	St. Joseph Infirmary Hospital School of Nursing	11/07/56
Cork, Barbara	Louisville	St. Joseph Infirmary Hospital School of Nursing	12/08/58	Jenkins, Virginia	Richmond	Good Samaritan Hospital School of Nursing	12/08/59
Cothran, Shirley A.	Grand Rivers	Owensboro Daviess County Hospital School of Nursing	12/08/59	Johnson, Elizabeth	Goshen	Sts. Mary and Elizabeth Hospital School of Nursing	12/08/59
Cowherd, Betty	Frankfort	Good Samaritan Hospital School of Nursing	11/16/55	Karem, Ann Lenore	Louisville	Nazareth College	11/22/57
Cozzens, Elizabeth	Louisville	St. Joseph Infirmary Hospital School of Nursing	10/29/54	Kelly, Edith	Lexington	St. Elizabeth School of Nursing	02/18/57
Crawford, Anna	Somerset	Good Samaritan Hospital School of Nursing	08/08/51	Kelly, Jane	Frankfort	Murray State College	11/08/54
Culbert, Barbara	Kirksey	Northwestern Hospital School of Nursing	09/16/59	Kemner, Margaret	Walker	Worcester Memorial Hospital School of Nursing	11/15/55
Cummins, Jeanette	Flemingsburg	Mercy Hospital School of Nursing	04/20/55	Kemp, Effie	Murray	Murray State College	02/18/57
Cummins, Lettie J.	Science Hill	St. Joseph Hospital School of Nursing	05/08/56	Kincaid, Janice	Lexington	St. Joseph Hospital School of Nursing	12/08/58
Curnutte, Della	Greensburg	St. Joseph Hospital School of Nursing	11/07/56	Kines, Thelma	Lexington	Good Samaritan Hospital School of Nursing	10/30/53
Curry, Gardenia	Louisville	Glasgow School of Practical Nursing	05/14/58	Kuhl, Lois	Louisville	Norton Hospital School of Nursing	12/08/58
Curtis, Martha	Louisville	Norton Hospital School of Nursing	11/22/57	Lamb, Martha	Danville	Model High School	05/28/52
Davis, Barbara	Louisville	Bishop Clarkson Memorial Hospital School of Nursing	10/06/49	Landherr, Mary	Jeffersontown	St. Joseph Infirmary Hospital School of Nursing	12/08/58
Demoss, Dolores	Nicholasville	St. Joseph Hospital School of Nursing	11/16/55	Lanham, Mary Michael	Shelbyville	St. Joseph Infirmary Hospital School of Nursing	11/07/56
Dixon, Rose Marie	Jeffersonville	St. Joseph Infirmary Hospital School of Nursing	11/22/57	Leverson, Faye	Lexington	Good Samaritan Hospital School of Nursing	12/08/58
Dolack, Patricia	Louisville	Kentucky Baptist Hospital School of Nursing	12/08/58	Lillis, Margaret	Ft. Thomas	St. Elizabeth School of Nursing	12/08/58
Dowdy, Gene Paul	Paducah	St. Joseph Infirmary Hospital School of Nursing	05/08/58	Long, Glenda	Owensboro	St. Elizabeth School of Nursing	02/14/58
Downs, Margaret	Louisville	St. Joseph Infirmary Hospital School of Nursing	11/07/56	Lovan, Verna Mae	Bowling Green	St. Elizabeth School of Nursing	01/27/59

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*nurses who were licensed 50 or more years ago and active Kentucky license:*

Lusher, Constance	Louisville	St. Joseph Infirmary Hospital School of Nursing	10/30/53	Sergent, Mary	Lexington	St. Joseph Hospital School of Nursing	11/22/57
Lynn, Mayola	Danville	Danville School of Practical Nursing	10/31/58	Sexton, Madge	Jackhorn	Appalachian School of Practical Nursing	05/12/59
Maloney, Charlotte	Jeffersontown	Norton Hospital School of Nursing	03/12/52	Sheets, Gracie	Lawrenceburg	Appalachian School of Practical Nursing	05/14/58
Maloney, Mary	Louisville	St. Anthony Hospital School of Nursing	04/04/47	Shipp, June	Smithfield	St. Joseph Hospital School of Nursing	12/08/59
Marshall, Wilma R.	Louisville	St. Elizabeth School of Nursing	11/17/55	Shirley, Jenny	Georgetown	St. Joseph Hospital School of Nursing	10/30/53
Mason-Stikes, Norma	Louisville	Northeast Hospital School of Nursing	03/10/53	Sierra, Gloria	Benton	Norton Hospital School of Nursing	11/17/55
Massey, Georgia	Burnside	Kentucky Baptist Hospital School of Nursing	11/17/55	Smith, Willie Sue	Stanford	Danville School of Practical Nursing	05/28/02
Mathews, Barbara	Lexington	Good Samaritan Hospital School of Nursing	11/07/56	Snedegar, Patricia	Lexington	St. Joseph Hospital School of Nursing	12/08/59
Mattingly, June	Louisville	Norton Hospital School of Nursing	12/08/58	South, Mary Jo	Edmonton	TJ Sampson Community Hospital School of Nursing	05/28/52
Mayer, Carol	Lexington	Mercy Hospital School of Nursing	03/25/59	Spears, Eula	Nicholasville	Good Samaritan Hospital School of Nursing	12/08/59
McClure, Mary Jo	Lexington	Kentucky Baptist Hospital School of Nursing	12/08/59	Stafford, Mary	Owenton	Kentucky Baptist Hospital School of Nursing	11/07/56
McFadden, Peggy	Lexington	St. Joseph Hospital School of Nursing	12/08/58	Stamper, Sue K	Frankfort	Kentucky Baptist Hospital School of Nursing	10/30/53
McGrew, Joyce	Vine Grove	Norton Hospital School of Nursing	12/08/58	Stateler, Marianne	Owensboro	Northeast Hospital School of Nursing	06/10/55
McGuire, Mary	Louisville	Sts. Mary and Elizabeth Hospital School of Nursing	10/29/54	Stell, Sarah	Glasgow	Glasgow School of Practical Nursing	05/14/58
McKenzie, Billie	Bowling Green	Murray State College	02/11/59	Stipp, Patricia	Lexington	St. Joseph Hospital School of Nursing	11/07/56
McKinstry, Florence	Louisville	St. Anthony Hospital School of Nursing	10/29/54	Taylor, Roerbertha	Anville	Berea Hospital School of Nursing	11/22/57
McWhorter, Barbara	Wurldand	Good Samaritan Hospital School of Nursing	11/07/56	Theis, Mary Jo	Covington	St. Elizabeth School of Nursing	12/08/58
Miller, Mildred	Lexington	St. Joseph Hospital School of Nursing	04/14/48	Thomas, Mary Neal	Louisville	Red Cross Hospital	02/25/54
Monroe, Natalie	Danville	Berea Hospital School of Nursing	12/08/58	Thompson, Barbara	Lexington	St. John's School of Nursing	07/03/57
Moore, Margaret	Lexington	Lewis-Gale Hospital School of Nursing	09/16/59	Thurston, Marlene	Louisville	Sts. Mary and Elizabeth Hospital School of Nursing	11/07/56
Moore, Annette	Crittenden	St. Elizabeth School of Nursing	11/07/56	Trigg, Betty	Lexington	Danville School of Practical Nursing	05/12/59
Morrison, Joyce Marie	Louisville	Sts. Mary and Elizabeth Hospital School of Nursing	12/08/58	Triplett, Dortha	Louisville	Norton Hospital School of Nursing	12/08/59
Muench, Alice	Louisville	Nazareth College	12/08/58	Turner, Dorothy	Louisville	St. Joseph Infirmary Hospital School of Nursing	02/19/48
Mullins, Suzanne	Louisville	St. Joseph Infirmary Hospital School of Nursing	10/30/53	Tuttle, Phyllis	Utica	Norton Hospital School of Nursing	11/17/55
Nienaber, Mary	Newport	St. Elizabeth School of Nursing	03/20/53	Uzzle, Ruby	Henderson	Murray State College	12/08/59
Overberg, Georgia	Louisville	St. Joseph Infirmary Hospital School of Nursing	10/29/54	Waizenhofer, Nina	Frankfort	St. Joseph Hospital School of Nursing	11/22/57
Parker, Polly	Prestonsburg	Radford Community Hospital School of Nursing	05/29/57	Walker, Wallis	Louisville	Oakdale Practical Nursing School	10/31/58
Parrish, Joyce	Russellville	Louisville General Hospital School of Nursing	12/08/58	Walker, Shirley Ann	Harrodsburg	Good Samaritan Hospital School of Nursing	10/28/58
Paynter, Joetta	Lexington	Kentucky Baptist Hospital School of Nursing	11/22/57	Walker, Mary	Georgetown	St. Joseph Hospital School of Nursing	08/22/51
Peers, Delores A.	Lexington	St. Joseph Hospital School of Nursing	11/16/55	Walters, Volinda	Frankfort	Norton Hospital School of Nursing	05/13/54
Pennington, Norma	Goshen	Good Samaritan Hospital School of Nursing	02/02/53	Walters, Justine	Louisville	Norton Hospital School of Nursing	03/12/52
Pennington, C.	Madisonville	St. Joseph Hospital School of Nursing	09/24/46	Ward, Norma	Owensboro	St. Elizabeth School of Nursing	02/14/58
Perraut, Mary Ann	Cynthiana	St. Elizabeth School of Nursing	12/08/58	Weatherholt, Lena	Rockport	St. Elizabeth School of Nursing	11/17/55
Pfeifer, Jane	Louisville	St. Anthony Hospital School of Nursing	10/29/54	Weaver, June	Louisville	Kentucky Baptist Hospital School of Nursing	10/30/53
Plumb, Freida Joyce	Louisville	Kentucky Baptist Hospital School of Nursing	05/10/55	Welling, Bettie	Crescent Spring	St. Elizabeth School of Nursing	12/08/59
Pohlman, Mary C.	Lawrenceburg	St. Joseph Infirmary Hospital School of Nursing	11/07/56	Wells, Geraldine	Danville	Good Samaritan Hospital School of Nursing	11/22/57
Ponder, Clarrissa	Louisville	Northeast Hospital School of Nursing	01/27/58	Wells, Ida Margaret	Walton	St. Joseph Hospital School of Nursing	05/07/56
Ponder, Flora	Louisville	Louisville General Hospital School of Nursing	02/18/57	Wernert, Theresa	Louisville	St. Joseph Infirmary Hospital School of Nursing	12/08/58
Pope, Mary J.	Wilmore	Appalachian School of Practical Nursing	08/13/59	West, Lillian	Louisville	Louisville General Hospital School of Nursing	05/08/58
Pottinger, Elizabeth L.	Louisville	St. Joseph Infirmary Hospital School of Nursing	03/12/51	Westerfield, Shirley	Owensboro	Murray State College	02/14/58
Powell, Doris	Bedford	Norton Hospital School of Nursing	11/22/57	Wetherby, Nancy	Middletown	Mercy Hospital School of Nursing	01/27/58
Proctor, Martha	Lexington	Highland Park General Hospital School of Nursing	05/19/55	Wilds, Peggy	Versailles	Good Samaritan Hospital School of Nursing	12/08/59
Receveur, Patricia	Louisville	St. Joseph Infirmary Hospital School of Nursing	02/14/58	Wilkerson, Juanita	Paris	Berea Hospital School of Nursing	11/02/55
Reed, Carol W.	Louisville	St. Joseph Hospital School of Nursing	12/08/58	Williams, Laveria P.	Louisville	Oakdale Practical Nursing School	05/12/55
Rightmyer, Judith	Calhoun	Norton Hospital School of Nursing	11/07/56	Willoughby, Betty	Louisville	Kentucky Baptist Hospital School of Nursing	11/16/55
Ritter, Lucy	Bowling Green	Murray State College	10/29/54	Wilwayco, Elizabeth	Franklin	Mercy Hospital School of Nursing	08/14/57
Roberts, Elizabeth	Lexington	St. Joseph Hospital School of Nursing	11/22/57	Wimmer, Bettie J.	Hawesville	Kentucky Baptist Hospital School of Nursing	02/18/57
Roehrig, Jane	Louisville	St. Joseph Infirmary Hospital School of Nursing	12/08/59	Wine, Mary T.	Louisville	Sts. Mary and Elizabeth Hospital School of Nursing	10/04/51
Rogers, Sue	Louisville	St. Joseph Hospital School of Nursing	12/08/58	Withers, Janice	Cynthiana	Kentucky Baptist Hospital School of Nursing	12/08/58
Rothrock, Mildred	Lexington	Danville School of Practical Nursing	04/17/57	Woods, Donna	Louisville	Oakdale Practical Nursing School	07/05/56
Saygers, Carol	Richmond	Mercy College of Northwest Ohio	09/04/58	Zopff, Glenda	Lawrenceburg	St. Joseph Hospital School of Nursing	12/08/59
Schianchi, Mary	Louisville	St. Joseph Infirmary Hospital School of Nursing	01/31/47				
Seaton, Betty	Louisville	Kentucky Baptist Hospital School of Nursing	05/08/56				
Seitz, Mary	Paducah	Sts. Mary and Elizabeth Hospital School of Nursing	11/07/56				

## Scope of LPN Practice in the Titration of Heparin and the Administration of Benadryl

In December 2008, based upon 201 KAR 20:490 the Board reaffirmed that titration is not within the scope of licensed practical nursing practice. Also, based upon 201 KAR 20:490, the Board reaffirmed that the administration of Benadryl by IV push is not within the scope of licensed practical nursing practice. The Board will not add an additional category of antihistamines to the list of medications permitted to be administered IV push or bolus by the licensed practical nurse.

## Scope of Registered Nursing Practice vs. Licensed Practical Nursing Practice in the Performance of Tumescant Anesthesia

In December 2008, it was the advisory opinion of the Board that it is not within the scope of registered nursing practice or licensed practical nursing practice to perform tumescant anesthesia. It is within the scope of advanced registered nursing practice, with appropriate education, designation and clinical competency, to perform tumescant anesthesia.

## Role of the ARNP in the Performance of Cardiac Stress Testing

In December 2008, it was the advisory opinion of the Board that it is within the scope of advanced registered nursing practice, for the ARNP who is educationally prepared and clinically competent, to supervise and perform cardiac stress testing.

The Board also recommends that Advanced Cardiac Life Support (ACLS) certification be included in the educational

preparation of the advanced registered nursing practitioner supervising/performing cardiac stress testing.

## Revision of Advisory Opinion Statement #32, Intravenous Administration of Medications for Sedation by Nurses

In January 2009, the Board approved revisions to AOS #32 to include the previously approved advisory opinion that the administration of Nitrous Oxide is within the scope of registered nursing practice for the registered nurse who is educationally prepared and clinically competent.

## Nursing Leadership Programs Scheduled for Apr., Jun., and Oct.

The Kentucky Board of Nursing wishes to express appreciation to the following host agencies for their sponsorship:

- **April 30, 2009**, Hourigan Community Center, Lebanon, KY (hosted by Spring View Hospital)
- **June 18, 2009**, Madison County Health Department, Richmond, KY (hosted by the Madison County Health Department)
- **October 23, 2009**, Western Kentucky Univ., Bowling Green (hosted by WKU)

Additional information may be found on the KBN website, [www.kbn.ky.gov](http://www.kbn.ky.gov).

The Kentucky Board of Nursing is still seeking additional hosts for programs for 2009 and 2010. Should you wish to host a program, receive additional information or have questions, please contact Sharon Eli Mercer, Nursing Practice Consultant, at 502-429-3307 or 1-800-305-2042.

## << HEALTHCARE SERIAL OFFENDERS from page 15

inappropriate sexual language, or inappropriate contact with patients or co-workers that may have been investigated by the supervisor/employer but without any identified significant findings.

The perpetrator selects patients who:

- Are unable to defend themselves from the sexual attack.
- Are unable to tell others.
- Are not believable or may not be heard or perceived as credible.
- Are under the influence of sedating medications.

## RED FLAGS COMMON TO SERIAL HEALTHCARE MURDERERS

- Prior employment records show questionable incidents.
- They often fail to provide full disclosure of prior employment history on application.
- A higher percentage of deaths occur while they are on duty.
- They are given nicknames by the staff before a concern is overtly identified or reported. Nicknames may include angel of death, angel of mercy, Dr. Kevorkian, magic syringe.
- They are uncommonly accurate in predicting patients' demise.

- Patient deaths are unexpected by staff or family, and they die alone.
- Witnesses report seeing them with the patient shortly before the patient unexpectedly died.
- Death is caused by substances readily available, not easily detectable and not routinely checked at autopsy, including insulin, digoxin, lidocaine, epinephrine and other respiratory paralysis agents. Syringes, IV lines and feeding tubes are likely portals of entry.
- If a code is called, ECG strips are often missing from the chart.
- They participate in and perform well during a code.
- The nurse insists patient(s) died of natural causes.
- The nurse fails to show remorse for victims and justifies his or her actions.
- Other patients or families complain about the nurse, but their comments often are ignored.

The responsibility to recognize intentional harm and speak up lies at all levels in healthcare organizations and in the profession. The following is a list of suggestions for coworkers, employers and boards of nursing:

- Supervisors should educate staff about the red flags of intentional harm and work to

create an atmosphere where staff can appropriately relay concerns and insights.

- Staff who identify an unusual trend in deaths or bad outcomes must bring the information to a supervisor. They must be prepared to report concerns to the appropriate law enforcement and regulatory agencies.
- Patients or families who complain that a healthcare employee or nurse intentionally caused harm must be heard. Regardless of the outcome of the complaint, these allegations should be tracked and easily referenced if future complaints are received.
- To prevent further harm, investigations of alleged wrongdoing must be conducted quickly and timely by individuals who have the expertise to conduct the investigation. Information that supports possible intentional harm to patients must be reported immediately to the appropriate legal authorities, including state licensing boards.
- Individuals should not be allowed to resign in lieu of an investigation into wrongdoing.
- Individuals whose resignation interferes with the employer's ability to fully understand if harm was done or intended must

continued on page 19 >>

## Spring View Hospital to Host Nursing Leadership Program

April 30, 2009, Hourigan Center, Lebanon, KY

The Nursing Leadership Program is a continuing education program (6.9 contact hours) which will include information on requirements such as the clinical internship for new graduates, annual license renewal for all nurses, and the interstate licensure compact.

The program is designed for administrators, managers, clinical staff and students. The program objectives are:

- Review the Kentucky Board of Nursing's role as a regulatory agency; its mission, programs and activities, including current legislation.
- Examine the responsibility and accountability of nurses, nursing supervisors and administrators in relation to the Kentucky Nursing Laws, nursing practice, and current practice opinions.
- Discuss the complaint and disciplinary processes including mandatory reporting, investigation and resolution of complaints with actual case scenarios.
- Describe the requirements of nurses on probation and your role as an employer/peer.
- Explain the Kentucky Alternative Recovery Effort (KARE) for Nurses Program and the incidence of chemical dependency in the nursing profession.
- Discuss the process of obtaining initial licensure by examination.

Additional information and registration can be found on the Kentucky Board of Nursing's website, [www.kbn.ky.gov](http://www.kbn.ky.gov).

### << HEALTHCARE SERIAL OFFENDERS from page 18

be reported to the state licensing board. State licensing boards exist to protect patients, and they have trained, skilled investigators who review the facts of each case and can compel information.

- Law enforcement agencies and state licensing boards must work together on investigations and work quickly to take the appropriate licensure action upon receipt of information that a licensee has intentionally attempted to or succeeded in harming a patient.
- Facilities should institute tracking and accountability for all potentially lethal drugs similar to the measures employed with controlled substances. Unexplained missing drugs should be investigated and accounted.

Although nursing supervisors, employers and boards of nursing have become skilled in recognizing and investigating inadvertent errors, to protect the safety of lives of patients, we must also become skilled in recognizing and taking appropriate action when there is a suspicion or evidence of intentional harm. To minimize the harm caused by intentional acts directed at patients, nurses and employers have a responsibility to patients and the public to understand and recognize the red flags, to take quick action, and to report to the appropriate authorities.

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## Disciplinary Case Review by Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of these nurses will not be revealed.

As a part of my employment with the Board, I am a participating member of the National Association of Drug Diversion Investigators (NADDI). This non-profit organization is comprised of individuals responsible for investigating and prosecuting pharmaceutical drug diversion cases. Members of the organization represent law enforcement agencies, health care professionals, regulatory boards, and pharmaceutical manufacturers involved in the investigation and prevention of prescription drug abuse and diversion. The case depicted below involves collaboration with another NADDI member, who is also a law enforcement officer and was involved with the investigation of Nurse M.

Nurse M applied for endorsement into Kentucky in the summer of 2001 as a Registered Nurse and Advanced Registered Nurse Practitioner, specialty Nurse Anesthetist. Temporary authorization to practice as both was granted once the application process was completed in August 2001. Nurse M began employment at a hospital in northeastern Kentucky as a nurse anesthetist in December 2001. Almost immediately after gaining access to their automated dispensing system, discrepancies began to occur. At first, the hospital pharmacist attributed the discrepancies to Nurse M's lack of familiarity with their specific system. However, it quickly became apparent that the discrepancies always involved Nurse M and controlled substances, specifically Fentanyl,

Demerol, and Versed. These narcotics were being removed in large quantities for patients under the care of this nurse anesthetist as well as patients that Nurse M had no legitimate contact with. Audits revealed that controlled substances were being withdrawn on discharged patients, patients who already delivered their babies, and patients on non-surgical units not under the care of Nurse M. Nurse M was confronted, denied any wrong doing, and claimed that someone must have accessed the password specifically assigned to Nurse M. Nurse M submitted to a "for cause" drug screen but it was not observed. The specimen was rejected because the temperature reading was too low.

At this point, the hospital terminated Nurse M and a complaint was filed with the Board in January 2001. Nurse M was ordered by the Board to have a chemical dependency evaluation. The Board received additional information that Nurse M was being investigated for drug diversion from hospitals in surrounding states. Due to the seriousness of the complaint, our Board voided Nurse M's temporary work permits to practice in this state as a Registered Nurse and Nurse Anesthetist. Our Board was in contact with a law enforcement officer from one of the other states, who was also a member of NADDI, which allowed for sharing of pertinent information across jurisdictional lines. Once Kentucky voided the work permits of Nurse M, other states took action on Nurse M's license and registration in their states. Due to collaboration with the investigator from the

other state, it was revealed that Nurse M had a criminal conviction that was not reported to our Board. An administrative complaint was issued against Nurse M for the unreported conviction. A hearing was scheduled and Nurse M failed to appear, resulting in a default order. Ultimately, Nurse M was found guilty of KRS 314.091 (1) - (b), (d), (g), (h), (i), (j) and (k). Nurse M was denied licensure as a Registered Nurse by endorsement and registration as an Advanced Registered Nurse Practitioner for a period of at least ten (10) years. Additional requirements for licensure include a hearing to consider licensure, a civil penalty of ten thousand dollars (\$10,000) to be paid prior to the hearing, verification of completion of a Board-approved refresher course prior to the hearing, at least twelve (12) random urine drug screens, a current chemical dependency evaluation with verification of compliance with recommendations, and verification of attendance at support group meetings.

This is just one case example where our Board worked closely with other health-care professionals, regulatory agencies, and law enforcement officers to uphold the Board's mission of protecting public health and welfare by enforcement of state laws that govern the safe practice of nursing. Remember, you worked hard for your license, working smarter will protect it. For a copy of the Kentucky Nursing Laws, you can go online to [www.kbn.ky.gov](http://www.kbn.ky.gov) or stop by the Board office, where a hard copy can be purchased for \$2.

## Advanced Registered Nurse Practitioners (ARNPs) and National Certification

ARNPs are required by state statute to "maintain current certification by the appropriate national organization or agency recognized by the Kentucky Board of Nursing (KBN)." Refer to Kentucky Revised Statute (KRS) 314.042(4). Current certification is required to practice as an ARNP in Kentucky and is also a condition for renewal of the ARNP registration. See KBN administrative regulation 201 KAR 20:056, Section 5(2)(d). Recognized national certifying organizations are the American Nurses Credentialing Center, American Academy of Nurse Practitioners, AANA/Council on Certification/Recertification of Nurse Anesthetists, American College of Nurse Midwives, National Certification Corporation, Oncology Nursing Certification Corporation, Pediatric Nursing Certification Board and American Association of Critical Care Nurses Certification Association. When the ARNP signs and submits the renewal application, he or she acknowledges the holding of current national certification.

When first registered, an ARNP reports their national certification and its expiration date to KBN. Since these certifications are generally issued for several years and expire on different dates, the Board is required to monitor them. Prior to the expiration date of the certification, the Board sends the ARNP notification requesting a copy of the new certification. It is the responsibility of the ARNP to submit a copy of a current certification, which is a condition of practicing as an ARNP. An ARNP who practices without current national certification may be subject to disciplinary action by the Board.

If the ARNP does not respond to the Board's letter of request for a copy of the renewed certification, the matter is referred to the Board's Investigation and Discipline Section for possible disciplinary action. This action may include acting in a manner inconsistent with the practice of nursing, fraud or deceit in procuring a license, and/or violating any provisions of KRS Chapter 314 or Board administrative regulations.

It is the responsibility of each ARNP to maintain current national certification and to provide a copy of it to the Board upon request. For more information on national certification, contact Ruby King at (502) 429-3329.

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by **Mary Stewart**, *Continuing Competency Program Coordinator*

## **Audit**

**Q:** I was selected for the CE audit last year. I have friends that have been in nursing for many years but have never been selected. Why did I receive an audit letter, and they did not?

**A:** Nurses receiving CE audit letters are chosen by random selection. The number of years one has been in nursing has nothing to do with the selection process.

**Q:** What will happen if I am audited, and I do not have the required contact hours?

**A:** You will be asked to earn the required hours and submit copies of the CE certificates to KBN along with a letter of explanation as to why these hours were earned late. Once this documentation is received and accepted by KBN, you will be allowed to enter into a Consent Decree Agreement with KBN and pay the required fine. If you refuse to earn the late hours and/or pay the fine, your records and audit response will be forwarded to the Investigation and Discipline Section of the Consumer Protection Branch for initiation of disciplinary action.

## **General CE/Competency**

**Q:** I understand there have been changes to the CE regulations and I will now be required to renew my license for one year rather than two. I am confused as to the earning period. What is the present earning period for Kentucky nurses?

**A:** Nurses are required to earn 14 contact hours or the equivalent within the yearly earning period of November 1 through October 31. You may wish to view the CE Brochure available on the KBN website at [www.kbn.ky.gov](http://www.kbn.ky.gov) for additional earning

information.

**Q:** This is my first renewal of my Kentucky nursing license. Am I required to earn CE hours for this renewal?

**A:** All nurses are exempt from earning CE hours for their first Kentucky renewal. This is true for nurses licensed by examination or by endorsement from another state. If the nurse fails to renew the original license, the exemption is lost and all CE requirements must be met before the license can be reinstated.

**Q:** Is it true that I can use an employment evaluation for part of my CE hours?

**A:** Yes. A satisfactory employment evaluation or competency validation for your position as a nurse can be used for seven contact hours. You must earn the other seven hours. Other acceptable ways to earn your CE hours can be found on the KBN CE Web page at [www.kbn.ky.gov/ce/](http://www.kbn.ky.gov/ce/) under "Licensure Renewal Requirements."

**Q:** Do college courses count as CE hours?

**A:** Academic courses in Nursing and Health Care, or Social or Physical Sciences, will count toward your CE requirement. One semester credit hour equals 15 contact hours. One quarter credit hour equals 12 contact hours. These courses count as CE for the earning period in which the course was completed.

**Q:** I have attended a CE course that is not offered by an approved CE provider. How can I get credit for these hours?

**A:** You may wish to submit an "Individual Request for Review of CE Activities" (available on the KBN CE Web page at [www.kbn.ky.gov/ce/](http://www.kbn.ky.gov/ce/) under "CE Forms and Publications") to KBN requesting contact

hours for this course. There is a non-refundable charge of \$10 for the review. You can also request an application form by contacting the KBN office at 800-305-2042, ext. 237. Once submitted, your application will be reviewed and, if approved, the appropriate number of contact hours will be awarded. Applications must be submitted no later than November 30 of the licensure year.

**Q:** Are CE hours earned on the Internet acceptable for licensure in Kentucky? If so, how many of the required 14 hours can be earned on the Internet?

**A:** Internet CE courses are acceptable if offered by an approved CE provider. All 14 hours or any combination of the hours may be from Internet providers.

**Q:** I understand that I can use my nursing certification for the required 14 contact hours of CE. Is this correct?

**A:** If you have a national nursing certification or recertification related to your practice role, and in effect the whole earning period or earned initially this period, it will count for the required 14 contact hours for Kentucky licensure.

**NOTE:** In addition to the national nursing certification, ARNPs are required to earn 5 approved contact hours in pharmacology each earning period. SANE credentialed nurses must earn 5 contact hours of approved sexual assault CE.

**Q:** Will ACLS and PALS courses count toward my CE requirement?

**A:** If an approved provider offers the ACLS or PALS courses, the hours earned will be accepted by KBN. (See the attached list of national nursing organizations recognized by KBN for continuing education offerings or visit the KBN website at [www.kbn.ky.gov](http://www.kbn.ky.gov)).

**Q:** Can a nurse substitute CME credits for nursing contact hours?

**A:** CME credits do not automatically transfer to contact hours. If you wish to earn contact hours for a course that awarded CME credit, you will need to submit an "Individual Request for Review of CE Activities" (copy available on the KBN CE Web page at [www.kbn.ky.gov/ce/](http://www.kbn.ky.gov/ce/) under "CE Forms under "CE Forms and Publications").

**Q:** I have earned more CE hours this earning period than I need. Can these hours be used for my next renewal?

**A:** No. CE hours cannot be carried over to the next earning period. All 14 hours must be earned within the specified earning period.

## **National Nursing Organizations Recognized by KBN for Approval of CE Offerings**

- American Academy of Nurse Practitioners (AANP) 512-442-4262
- American Association of Critical Care Nurses (AACN) 800-899-2226
- American Association of Nurse Anesthetists (AANA) 847-692-7050
- American College of Nurse-Midwives (ACNM) 240-485-1800
- American Nurses Credentialing Center (ANCC) 800-284-2378
- American Nurses Association (ANA) 800-274-4262
- Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN) 800-673-8499
- National Association of Nursing Practitioners in Women's Health (NPWH) 202-543-9693
- National Association of Pediatric Nurse Practitioners (NAPNAP) 856-857-9700
- National Association of Practical Nurses Education & Service (NAPNES) 301-588-2491
- National Federation of Licensed Practical Nurses (NFLPN) 800-292-2273
- National League for Nursing (NLN) 800-669-1653
- Other State Boards of Nursing

HIV/AIDS CE approved through the Cabinet for Health and Family Services (CHFS) is also accepted.

## Providers

**Q:** Where can I find a list of approved CE providers?

**A:** You can print a copy of the KBN approver provider list from the KBN CE Web page at [www.kbn.ky.gov/ce/](http://www.kbn.ky.gov/ce/) under "CE Forms and Publications" or you may request a copy of the list by contacting the KBN office at 800-305-2042, ext. 237. In addition, a list of National Nursing Organizations recognized by KBN for continuing education is also provided on the KBN website and in the table accompanying this article. If a provider approved by one of these organizations offers a course you wish to take, that course will be accepted by KBN for the same number of contact hours.

## HIV/AIDS

**Q:** I understand there have been some changes in the HIV/AIDS CE requirements. How many HIV/AIDS contact hours must I earn, and what is the earning period?

**A:** All nurses are required to earn two contact hours of approved HIV/AIDS CE within the appropriate ten-year period. For LPNs, that period is 11/01/2001 through 10/31/2011. For RNs, that period is 11/01/2002 through 10/31/2012. The course must be offered by an approved CE provider or approved by the Kentucky Cabinet for Health and Family Services in Frankfort, KY.

## Pharmacology CE for ARNPs

**Q:** I am an advanced registered nurse practitioner (ARNP) in Kentucky. Are there requirements that I earn any specific CE hours in addition to the required 14 contact hours for RN license renewal?

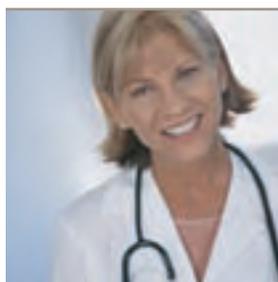
**A:** All ARNPs are required to earn five contact hours of approved CE in pharmacology. These hours must be earned each year within the earning period of November 1st through October 31st of the renewal year. A national nursing certification can be used in place of the 14 contact hours required for RN renewal. **NOTE:** The five hours in pharmacology are required in addition to the national nursing certification each year.

## Sexual Assault CE for SANE

### Credentialed Nurses

**Q:** Are SANE-credentialed nurses required to earn specific CE hours in addition to the required 14 contact hours for RN renewal?

**A:** SANE-credentialed nurses are required to earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the required 14 hours for RN renewal.



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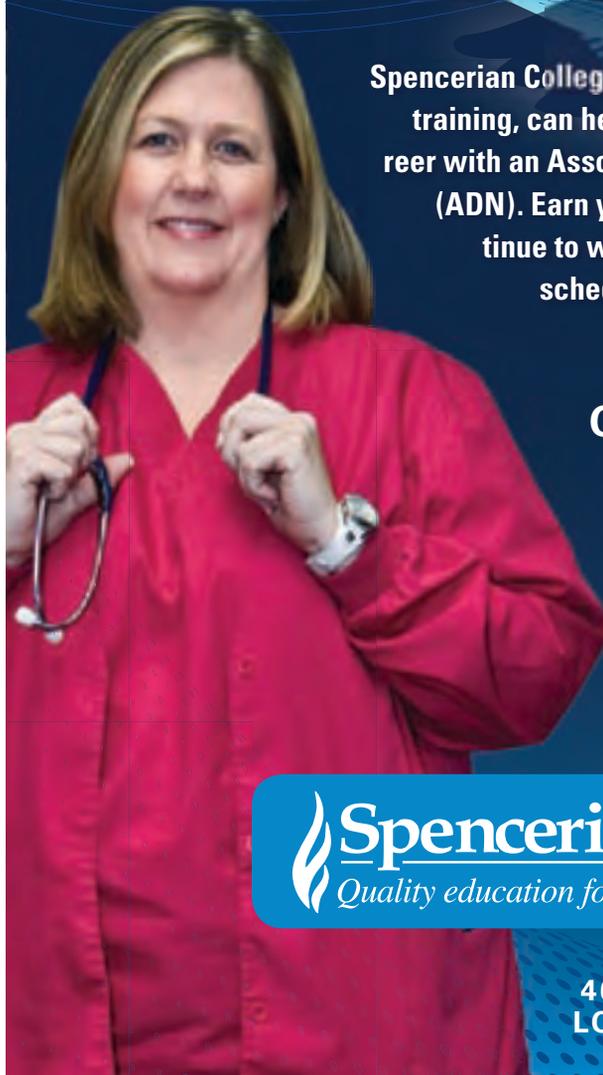
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# THE POWER OF OCCUPATIONAL HEALTH NURSING: Occupational Health Planning During Emergency Power Restoration

by **Barbara Hawkins, MSN, RN, C, CDMS**, Manager, Corporate Health and Safety, E.ON U.S.



On January 27-28, 2009, a winter storm with ice and snow passed through Kentucky causing widespread electrical outages. For E.ON U.S., the parent company of Kentucky Utilities and LG&E that serves 937,000 customers in more than 90 of Kentucky's 120 counties, more than 400,000 customers were left without power. The storm downed more than 20,000 wires, and damaged nearly 1,200 distribution poles, 161 transmission poles, and three steel transmission towers. It was the largest restoration effort in company history. More than 5,500 personnel — LG&E and KU employees, as well as contractors and mutual assistance workers from other utilities — worked in the field on this restoration effort. These workers were away from their own families — many of them without power — for days or weeks. Long-term employees, some with 30-40 years of experience, described the damage as the worst they had ever seen. Tree trimming contractors removed and cleaned up ice-laden trees and limbs clogging roads and right of ways, and contract utility construction teams rebuilt overhead electric systems and lines downed by ice. The Governor declared a state of emergency and the entire Kentucky National Guard was activated.

Mobilizing a workforce that size in an emergency is a logistical challenge that utilities like E.ON U.S. are well-prepared to handle. Utilities participate in a Mutual Assistance Program that shares skilled workers, trucks and equipment to assist each other in major electrical outages. Working with electricity can be hazardous to begin with, but the combination of icy, freezing outdoor working conditions, working long hours over an

extended period of time, and the stress of being away from home and family can increase the potential for work-related injuries and personal health issues. For occupational health nurses that provide and deliver health and safety programs and services to utility workers, this also poses challenges. In just a few days, the worker population at E.ON U.S. doubled.

## OCCUPATIONAL HEALTH SERVICE DELIVERY DURING RESTORATION

Occupational health nursing practice focuses on promotion and restoration of health, prevention of illness and injury and protection from work-related and environmental hazards. Occupational and environmental health nurses (OHNs) have a combined knowledge of health and business that they blend with health-care expertise to balance the requirement for a safe and healthful work envi-



ronment with a “healthy” bottom line.

E.ON U.S.'s occupational health services are organized and administered by the Manager of Corporate Health and Safety, a registered nurse, using a combination of contracted occupational medicine services across the state and mobile health services to conduct regulatory required exams and testing. On-site clinics are not a practical service delivery model due to the geographic disparity of the service territory and employee population. Local providers are used for injury/illness treatment with follow-up care coordinated with the employee's personal physician or referred specialist. In addition, the Case Manager with our Workers Compensation Administrator works with any treating providers and our management to facilitate return to work as soon as medically feasible.

As out-of-state utility crews were organizing their trip to Kentucky, planning for their health care needs was already taking place. Local occupational medicine providers were alerted and engaged in providing treatment for any potential restoration worker injuries. Processes were established to facilitate referral and treatment, identify the closest locations for those crews unfamiliar with the region, and even a “hotline” to facilitate access to care. Information on hospitals and major treatment facilities in the area was shared with supervisors and safety personnel traveling with crews. Collaboration with E.ON U.S. operational safety professionals was key to ensuring medical issues were addressed quickly and efficiently.

Workers don't leave their personal health problems at home, however. Planning must include dealing with non-occupational illnesses, getting appropriate medical treatment, refilling prescriptions (tough for a line technician to do when working on the road for 2 weeks), and even referral for specialty care. For example, a gout flare-up had to be addressed to keep an essential worker functioning, an eye problem required a quick specialty care referral, and a seizure disorder required evaluation. Local occupational health services can be a critical link to assuring quality care to those working in unfamiliar territory.

## BRINGING CARE FROM HOME

One of E.ON U.S.'s mutual assistance partners, Georgia Power, has a mobile occupational health clinic. The Mobile Clinic normally travels to Georgia Power operation centers throughout their service territory, bringing their registered nurses directly to employees to provide health services. This occupational health delivery model is another option for businesses with multiple locations. This helps to ensure compliance with required testing, provides services “where the workers are,” and promotes productivity by eliminating worker travel requirements. The mobile clinic also travels with their Mobile Command Center during restoration work.

Georgia Power contacted E.ON U.S.'s

Corporate Health and Safety division asking for help. They wanted to assure that their 4 registered nurses, all licensed in Georgia and some surrounding states and planning to travel to Kentucky with their almost 400 restoration workers, would be able to practice within the full scope of their occupational nursing practice, and not just provide first aid. Georgia is not a member of the Nurse Licensure Compact. Through collaboration with the Kentucky Board of Nursing and the Kentucky Department of Public Health, licensure verification was made and the existing statute addressing their provision of nursing services was identified:

**314.101 Excepted activities and practices -- Work permits -- Withdrawal of temporary work permits.**

(1) This chapter does not prohibit the following:

(a) The practice of any currently licensed nurse of another state practicing in this state during an emergency occurring in this state or any other state declared by



*Barbara Hawkins is the Manager of Corporate Health and Safety for E.ON U.S. She has worked in occupational health nursing for 23 years.*



the President of the United States or the Governor of Kentucky. The duration and conditions of the practice shall be determined by the board;

Georgia Power's Occupational Health Nurses arrived in Louisville and set up their mobile clinic at their crews' staging area at Papa John's Stadium. Their normal work schedule had 2 nurses working in the clinic while 2 nurses traveled with crews to their work sites. The nurses collaborated with the Manager of Corporate Health & Safety on their contingency planning for employee health issues. The obvious rapport the occupational health nurses demonstrated with work crews indicated their positive working relationship. Having a familiar, caring resource can be a strong support both physically and emotionally during an emergency situation.

**THE POWER OF OCCUPATIONAL HEALTH NURSING SERVICES**

Worker health and safety is a priority of E.ON U.S.'s operations and a critical component of emergency restoration planning. Ensuring that all workers go home in the same condition they arrived for work is our ultimate goal and communicated by our operational management throughout the restoration process. Maintaining worker health helps ensure their continued ability to work in a safe, productive manner and avoid injury. The planning and collaboration of occupational health nurses with state and local emergency management, area providers, and Board of Nursing resources throughout this emergency resulted in the successful delivery of worker health services.

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## Executive Director's Report

- Approved the revision to the following Administrative Regulation: 201 KAR 20:225. Reinstatement of License.

## Education Committee

### Spalding University, Louisville, Baccalaureate Degree Program

- Agreed the new location for the existing Baccalaureate Program of Nursing at Spalding University, Louisville meets all requirements set forth in 201 KAR 20:360 "Educational facilities and resources for pre-licensure registered nurse and practical nurse programs.

### National College, Pikeville, Associate Degree Program

- Accepted the Focus visit prior to admission of the first class for the program to ensure the program is ready for the students.
- Approved the following requirements to be met:
  - Remove the statement provided in the Admission Guidelines, #6, that stipulates KBN involvement in the admission of students to the program of nursing.
  - Submit a copy of the visit report from ACICS to be conducted in 2009 and any subsequent follow-up required.
  - Submit required faculty/instructor documents to the Board office within thirty (30) days of appointment.
  - Continue to develop and refine the systematic assessment plan for the program with submission of the plan with the annual KBN report.
- Accepted the report of the site visit of November 20, 2008 to the National College Associate Degree Nursing Program, Pikeville.
- Directed that the program submit a progress report at the conclusion of the first semester/term documenting the implementation of the program and any revisions/modifications needed; this report shall include completion of requirements 1 and 3 (Deadline: June 1, 2009).
- Directed that the program notify the Education Consultant at the beginning of the last term for the first graduating class to schedule a visit date post graduation.
- Directed that the approval status of the program be changed from Developmental to Initial.

### Beckfield College, Florence, Practical Nursing Program

- Accepted the Focus visit prior to admission of the first class for the program to ensure that the program is ready for the students.
- Accepted the report of the site visit of November 13, 2008 to the Beckfield College Practical Nursing Program, Florence.
- Directed that the program submit a progress report at the conclusion of the first semester/term documenting the implementation of the program and any revisions/modifications needed (Deadline: June 1, 2009).
- Directed that the program notify the Education Consultant at the beginning of the last term for the first graduating class to schedule a visit date post graduation.
- That the approval status of the program be changed from Developmental to Initial.

### Brown Mackie College, Louisville, Practical Nursing Program

- Accepted the Focus visit prior to admission of the first class for the program to ensure that the program is ready for the students.
- Approved the following requirements to be met:
  - Provide a document that identifies clinical agencies by course for the upcoming academic year.
  - Obtain a copy of the Asset test results for documentation in the student file housed in the nursing department.
  - Submit a copy of the criminal background policy.
  - Identify space/classroom allocation for the next academic year for the nursing classes.
  - Provide a list by faculty member delineating workload for the upcoming academic year.
  - Include the TEAS testing information in the admission materials.
  - Submit documents to the Board of Nursing within thirty (30) days of appointment for faculty and clinical instructors.
- Accepted the report of the site visit of November 13, 2008 to the Brown Mackie College-Louisville Practical Nursing Program, Louisville.
- Directed that the documents listed in the section "Requirements to be Met" be submitted to the Education Consultant no later than June 1, 2009.
- Directed that the program submit a progress report at the conclusion

of the first semester/term documenting the implementation of the program as compared to the proposal and any revisions. (Due: June 1, 2009)

- Directed that the program notify the Education Consultant at the beginning of the last term for the first graduating class to schedule a visit date post graduation.
- Directed that the approval status of the program be changed from Developmental to Initial.

### Hazard Community & Technical College, Hazard, Associate Degree Nursing Program

- Directed to have available during the February site visit all documents referenced within the response.
- Accepted the initial report from the Associate Degree Program of Hazard Community & Technical College, Hazard.
- Directed that the final report providing evidence of the resolution of each recommendation be submitted by June 1, 2009.

### Maysville Community & Technical College-Licking Valley, Associate Degree Nursing Program

- Accepted the November 21, 2008 report from the Associate Degree Program of Maysville Community & Technical College-Licking Valley, Cynthia as evidence of the completion of all requirements as noted in the site visit report of August 10, 2008.
- Accepted that all evidence has been supplied as requested, no further follow-up is required at this time.
- Directed that the program submit a progress report at the conclusion of the first semester/term documenting the implementation of the program as compared to the proposal and any revisions. (Due Date: June 1, 2009)
- Directed that the program notify the Education Consultant at the beginning of the last term for the first graduating class to schedule a visit date post graduation.
- Directed that the approval status of the Associate Degree Program of Maysville Community & Technical College-Licking Valley, Cynthia be moved from Developmental to Initial. The approval status of the program is subject to change should the program not adhere to established reporting deadlines or there is evidence that the program has not adhered to Kentucky regulations to the satisfaction of the Board.

### Maysville Community & Technical College-Licking Valley, Practical Nursing Program

- Accepted the December 15, 2008 report from the Practical Nursing Program of Maysville Community & Technical College-Licking Valley, Cynthia as evidence of the completion of all requirements as noted in the site visit report of April 10, 2008.
- Accepted all evidence has been supplied as requested, no further follow-up is required at this time.
- Directed that the approval status of the Practical Nursing Program of Maysville Community & Technical College-Licking Valley, Cynthia, be moved from Initial to Full. The approval status of the program is subject to change should the program not adhere to established reporting deadlines or there is evidence that the program has not adhered to Kentucky regulations to the satisfaction of the Board.

### Somerset Community College-Clinton Center, Practical Nursing Program

- Accept the December 15, 2008 report from Practical Nursing Program of Somerset Community College-Clinton Center, Albany as evidence of the completion of all requirements as noted in the site visit report of April 8, 2008.
- Directed that the July 14, 2008 and December 15, 2008 reports submitted by the Practical Nursing Program of Somerset Community College-Clinton Center, Albany provide evidence of the satisfactory completion of all requirements as noted in the site visit report of April 8, 2008.
- Directed that as Somerset Community College-Clinton Center, Albany has supplied all requested information and the requirements have been met, no further follow-up is required at this time.

### Lindsey Wilson College, Columbia, Baccalaureate Degree Program

- Accepted the proposal for the development of an entry level baccalaureate nursing program from Lindsey Wilson College, Columbia.

*continued on page 29>>>*

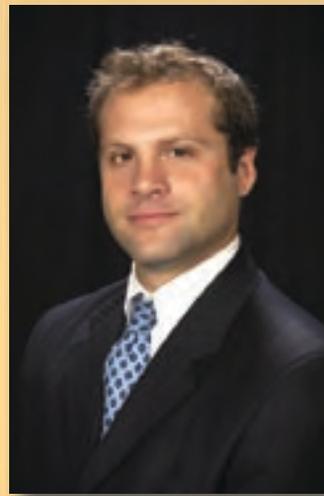
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# DISCIPLINARY Actions

Since the publication of the winter edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

## IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL OR PRIVILEGE TO PRACTICE

Calhoun, Margaret Michelle Ward	RN License #1106308	Calvert City, KY	Eff. 12/17/2008
Clark, Bradley Wayne	RN License #1105608	Elsmere, KY	Eff. 03/20/2009
Fetty, David Stuart	RN License #1114584	Booneville, KY	Eff. 03/10/2009
Branham, Kellie Ann	RN License #1097835	Lendre, WV	Eff. 02/05/2009
Heatwole, Angie M.	TN RN License #110311	Jellico, TN	Eff. 02/05/2009
Lancaster, Sharon Lynn Barney	RN License #1094444	Ashland, KY	Eff. 03/23/2009
Larue-Swaggerty, Cher	TN RN License #149829	Hazard, KY	Eff. 12/09/2008
Maxwell, Melanie Lynn Eibeck	RN License #1083463	Louisville, KY	Eff. 12/15/2008
Merk, Kathleen Mary Mulvey	RN License #1093653	Corydon, IN	Eff. 01/09/2009
Moore, Rachel	RN License #1111991; LPN License #2039423	Carrollton, KY	Eff. 12/15/2008
Pitts, Shmeka D.	RN License #1108851	San Antonio, TX	Eff. 02/12/2009
Preston, Edna Sue Newsome	LPN License #2036836	Williamsport, KY	Eff. 02/25/2009
Prater, Stephanie K. Bumgardner	RN License #1054159	Kimper, KY	Eff. 12/09/2008
Smith, Marcia Lee	LPN License #2014323	Dixon, KY	Eff. 02/25/2009
Spaulding, Sammie Shenenne Mc Kinney	RN License #1090616	Elizabethtown, KY	Eff. 03/10/2009
Strode, Heather Michelle Hopkins	LPN License #2033263	Tompkinsville, KY	Eff. 03/23/2009
Travis, Harold Edward, Jr.	RN License #1110924	Paducah, KY	Eff. 02/17/2009

## LICENSE/CREDENTIAL DENIED

Hacker, Cindy Sue McQuire	RN Applicant/Endorsement	Ironton, OH	Eff. 12/12/2008
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## LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

Brindley, Shari Gwyn Westrick	RN License #1037558; ARNP #3684-P	Louisville, KY	Eff. 12/10/2008
Casey, Michael Robert	RN License #1114508	Cincinnati, OH	Eff. 12/23/2008
Gossett, Dewayne L.	RN License #1108242	Lexington, KY	Eff. 03/23/2009
Grubb, Lisa Rane	RN License #1090654	Manchester, KY	Eff. 02/11/2009
Johnson, Jill Olivia Elliott	RN License #1085852	Owensboro, KY	Eff. 02/18/2009
Hayes, James Trevor	RN License #1094750	London, KY	Eff. 03/19/2009
McDaniel, Rockie	RN License #1069626; ARNP #2331-P	Campbellsville, KY	Eff. 02/18/2009
Meese, Gwendolyn Marie Linton	LPN License #2035548	Latonia, KY	Eff. 01/06/2009
Nicholson, Laura Diane Minton	RN License #1098701	Henderson, KY	Eff. 02/09/2009
Oakley, Kelly Jean Reed	RN License #1093966	Benton, KY	Eff. 12/11/2008
Page, Alexandra Staniewicz	LPN License #2039370	Princeton, KY	Eff. 12/09/2008
Pearson, Regina S. Pierce	RN License #1068323	Paducah, KY	Eff. 01/06/2009
Schmidt, Peggy Sue	RN License #1044403	Bardstown, KY	Eff. 12/10/2008
Shelton-Charles, Margaret	RN License #1113468	Frankfort, KY	Eff. 01/13/2009
Stone, Brenda Sue Townsend	RN License #1033990	Louisville, KY	Eff. 12/23/2008
Terrell, Christa Dawn Miller	RN License #1102831	Nicholasville, KY	Eff. 03/19/2009
Turner, Angela L. Duncan	RN License #1100312	Madison, TN	Eff. 12/23/2008

## LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Barber, Lincoln Lee	LPN License #2041244	Somerset, KY	Eff. 02/26/2009
Beaty, Kimberly Ann	LPN License #2036511	Bardstown, KY	Eff. 12/12/2008
Lee, Danielle Rae	RN License #1101591	Leitchfield, KY	Eff. 12/12/2008
Shannon, Barbara Ann Hope	RN License #1081325	Mt. Washington, KY	Eff. 12/12/2008
Smith, Loretta A.	RN License #1076093	Debord, KY	Eff. 12/12/2008
Tackett, Tracy Rae	LPN License #2038810	Ashland, KY	Eff. 12/12/2008

## LICENSE/CREDENTIAL DENIED REINSTATEMENT

Bowman, Rosa Lee Marshall	LPN License #2025648	Berea, KY	Eff. 12/12/2008
Harrell, Phyllis A. Stewart	RN License #1062481	Middlesboro, KY	Eff. 12/12/2008
Henson, Kristy Lynn Miller	RN License #1103057	Vine Grove, KY	Eff. 12/12/2008
Jackson, Victoria L. Kirk	LPN License #2030602	Elizabethtown, KY	Eff. 12/12/2008
Reynolds, Cindy Jo Earleywine	RN License #1042928	Lexington, KY	Eff. 12/12/2008
Sweeney, Jamona Schauburger	RN License #1029779	Palmyra, IN	Eff. 12/12/2008
Williamson, Edwin C.	RN License #1065951	Lexington, KY	Eff. 12/12/2008

**LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED**

Dreisbach, Marie Reardon	RN License #1018022	Jeffersontown, KY	Eff. 12/11/2008
Hopper, Debbie Lou Falin	LPN License #2023016	Mount Vernon, KY	Eff. 02/26/2009
Lim, Heather Renee	RN License #1090389	Louisville, KY	Eff. 01/14/2009
Seaton, Holly Louise Frazey	LPN License #2042129	Columbus, KY	Eff. 02/26/2009

**LICENSE/CREDENTIAL TO BE REINSTATED LIMITED/PROBATED**

Caudill, Tammy Jo Riley	RN License #1095069	Flatwoods, KY	Eff. 12/12/2008
Hall, Paula Kay Davis	RN License #1080364	Olive Hill, KY	Eff. 12/12/2008
Harris, Lisa A. Beverly	RN License #1060520	LaGrange, KY	Eff. 02/26/2009
McBrayer, Felicia Jane Bear	RN License #1080339	Greenup, KY	Eff. 01/14/2009
Partin, Lori	RN License #1101396	Flatlick, KY	Eff. 03/11/2009
Powers, Melody J. Alcazar	LPN License #2027845	S. Charleston, WV	Eff. 01/14/2009

**ADMIT TO EXAM/LIMITED/PROBATED**

Hatchell, Adrena Phillips	LPN Applicant/Examination	Louisville, KY	Eff. 01/14/2009
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**LICENSE/CREDENTIAL LIMITED/PROBATED**

Haralson, Sarah B. Lacefield	LPN License #2037288	Campbellsville, KY	Eff. 03/11/2009
Hatton, Amanda Brooke	RN License #1111674	Lawrenceburg, KY	Eff. 02/12/2009
Risnear, Kimberly Annette Meinert	RN License #1088932	Hopkinsville, KY	Eff. 12/11/2008
Wyrick, Jennifer Barker	RN License #1111467	Hazard, KY	Eff. 03/11/2009

**LICENSE/CREDENTIAL REPRIMANDED**

Bryant, Connie S. Oldham	RN License #1039838	Clay, KY	Eff. 02/26/2009
Edelen, James Cornelius	LPN License #2040995	Louisville, KY	Eff. 12/11/2008
Hensley, Shauna M.	LPN License #2039913	Bee Spring, KY	Eff. 03/11/2009
Russell, Tracy A. Hudson	LPN License #2040411	Smith's Grove, KY	Eff. 12/11/2008
Sylvester, Corinne Lee	LPN License #2040976	Danville, KY	Eff. 02/04/2009

**CONSENT DECREES ENTERED FISCAL YEAR TO DATE**

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration .....	18
Imposition of civil penalty for failure to meet mandatory continuing education requirement .....	31
Imposition of civil penalty for a positive drug screen .....	8

**LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE**..... 11

**KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES FISCAL YEAR TO DATE** ..... 80

<< **HIGHLIGHTS OF BOARD ACTIONS** from page 26

- Directed the Board withhold action on the proposal until the following information is received to the satisfaction of the Committee:
  - Valid outcome competencies for graduates be established.
  - That the program administrator be available consistent with 201 KAR 20:280. Standards for initial approval of prelicensure registered nurse and practical nurse programs. "Upon approval of the letter of intent by the Board, the governing institution shall be notified in writing that it may move to the proposal phase. During the proposal phase, the governing institution shall appoint a qualified program administrator and provide appropriate resources, consultants, and faculty to develop the proposed program plan."
  - More specific details with plans for the utilization of space designated for the program.
  - Detail of workload(s) of faculty and administrator.

**NCLEX Results 2008**

NCLEX results for 2008 (Attachments 5 and 6) were reviewed and accepted.

Directed that pursuant to 201 KAR 20:360, Section 1, subsection 4, the following programs of nursing with a pass rate of less than 85 percent for one year shall be issued a letter of concern and the nurse administrator shall be requested to submit an analysis of the cause(s) of the high failure rate on the licensure examination and plans to correct the deficiencies in the future.

**Associate Programs:**

- Campbellsville University (Campbellsville)
- Henderson Community College (Henderson)
- Maysville C&TC (Maysville)
- Southeast Kentucky C&TC (Pineville)

**Practical Nursing Programs:**

- Elizabethtown C&T/C (Elizabethtown)
- West Kentucky C&TC (Paducah)

- West Kentucky C&TC (Murray)

Directed that pursuant to 201 KAR 20:360, Section 1, subsection 5, the following programs with a pass rate of less than 85 percent for two (2) consecutive years, shall be issued a letter of warning, the nurse administrator shall appear before the Board and give a report of the implementation of the plans submitted to the Board the previous year and to present any further analysis and plans to correct the deficiencies as defined. The program will be surveyed by a representative of the Board.

**Baccalaureate Programs:**

- Berea College (Berea)
- Kentucky Christian University (Grayson)
- Thomas More University (Crestview Hills)

**Associate Programs:**

- Beckfield College (Florence)
- Galen College (Louisville)

Directed that the following nursing programs be moved from full approval status to conditional approval pending further communication with the Board:

**Baccalaureate Programs:**

- Berea College (Berea)
- Kentucky Christian University (Grayson)
- Thomas More College (Crestview Hills)

**Associate Programs:**

- Galen College of Nursing (Louisville)

**Practical Nursing Programs:**

- Elizabethtown C&TC (Elizabethtown)

Directed that the following nursing programs be retained on Conditional Approval pending further communication with the Board:

**Baccalaureate Programs:**

- Northern KY University (Highland Hgts.)

*continued on page 30 >>>*

**Associate Programs:**

- Beckfield College (Florence)
- Gateway C&TC (Edgewood)
- Hazard C&TC (Hazard)
- Hazard C&TC (Jackson)
- Spencerian College (Louisville)

Directed that the following nursing programs be moved from Initial Approval to Conditional Approval pending future communication with the Board:

**Associate Programs:**

- Campbellsville University (Campbellsville)

Directed that the following nursing programs be moved from Initial approval to Full approval pending future communication with the Board:

**Practical Nursing Programs:**

- Henderson C&TC (Henderson)
- Maysville C&TC-Licking Valley (Cynthiana)

Directed that the following nursing programs be moved from Developmental Approval to Initial Approval:

**Practical Nursing Programs:**

- Bowling Green Technical College (Bowling Green)
- Beckfield College (Florence)
- Maysville C&TC-Montgomery (Mt. Sterling)
- Brown Mackie College (Louisville)

**Associate Programs:**

- National College (Pikeville)
- Maysville C&TC-Licking Valley (Cynthiana)

Directed that the following nursing programs remain on Initial approval status pending graduation of first class:

tion of first class:

**Baccalaureate Programs:**

- Western KY University (Glasgow)

**Associate Programs:**

- Bluegrass C&TC (Lawrenceburg)
- Bowling Green Technical College (Glasgow)
- Morehead State University (Mt. Sterling)

**Practical Nursing Programs:**

- ATA (Louisville)
- Bowling Green Technical College (Bowling Green)

Directed that the following nursing program remain on Initial approval status pending future communication with the Board:

**Associate Programs:**

- Bluegrass C&TC (Danville)

Directed that the following nursing programs be moved from Conditional approval to Full approval:

**Associate Programs:**

- Ashland C&TC (Ashland)
- Kentucky State University (Frankfort)
- Southeast Kentucky C&TC (Cumberland)

**Practical Nursing Programs:**

- Owensboro C&TC (Owensboro)
- Somerset C/C-Clinton Center (Albany)

Directed that the following nursing programs be retained on Full approval status:

**Baccalaureate Programs:**

- Bellarmine University (Louisville)
- Eastern Kentucky University (Richmond)
- Morehead State University (Morehead)
- Murray State University (Murray)
- Spalding University (Louisville)
- University of Kentucky (Lexington)
- University of Louisville (Louisville)
- Western KY University (Bowling Green)

**Associate Programs:**

- Big Sandy C&TC (Prestonsburg)
- Bluegrass C&TC-Cooper Drive (Lexington)
- Eastern Kentucky University (Richmond)
- Elizabethtown C&TC (Elizabethtown)
- Henderson Community College (Henderson)
- Hopkinsville Community College (Hopkinsville)
- Jefferson C&TC (Louisville)
- Lincoln Memorial University (Corbin)
- Madisonville Community College (Madisonville)
- Maysville C&TC (Maysville)
- Midway College (Midway)
- Morehead State University (Morehead)
- Northern Kentucky University (Highland Heights)

- Owensboro C&TC (Owensboro)
- Pikeville College (Pikeville)
- Somerset Community College (Somerset)
- Southeast KY C&TC (Pineville)
- St. Catharine College (St. Catharine)
- West Kentucky C&TC (Paducah)
- Western Kentucky University (Bowling Green)
- Western KY University (Glasgow)

**Practical Nursing Programs:**

- Ashland C&TC (Ashland)
- Big Sandy C&TC-Mayo (Paintsville)
- Big Sandy C&TC (Prestonsburg)
- Bluegrass C&TC-Leestown (Lexington)
- Bluegrass C&TC-Danville (Danville)
- Bowling Green Technical College (Glasgow)
- Brown Mackie College-No. KY (Ft. Mitchell)
- Galen College of Nursing (Louisville)
- Gateway C&TC (Edgewood)
- Hazard C&TC (Hazard)
- Hopkinsville Community College (Hopkinsville)
- Jefferson C&TC (Louisville)
- Jefferson C&TC (Shelbyville)
- Jefferson C&TC (Carrollton)
- Madisonville Community College (Madisonville)
- Maysville C&TC (Maysville)
- Maysville C&TC-Rowan (Morehead)
- Somerset Community College (Somerset)
- Somerset C/C-Laurel (London)
- Southeast KY C&TC (Cumberland)
- Southeast KY C&TC (Pineville)
- Spencerian College (Louisville)
- West KY C&TC (Paducah)
- West KY C&TC (Murray)

*NOTE: Patricia Birchfield, ARNP Board Member; Susan Mudd, RN Board Member; Sonia Rudolph ARNP Board Member; and Gail Wise, RN Board Member, recused themselves from the discussion/vote.*

- Approved the revision with noted change to the following Administrative Regulation: 201 KAR 20:270. Program of nursing site visits.
- Approved the revision to the following Administrative Regulation: 201 KAR 20:290. Standards for prelicensure registered nurse and practical nurse secondary or distance learning sites.
- Approved the revision with recommended changes to the following Administrative Regulation: 201 KAR 20:360. Evaluation of prelicensure registered nurse and practical nurse programs.
- Agreed to defer action on the following Administrative Regulation until after a meeting with Presidents of the Kentucky Technical Colleges and Technical Schools (KTCTS): 201 KAR 20:260. Organization and administration standards for prelicensure program of nursing.

**Practice Committee**

- Approved the revision to the following Advisory Opinion Statement: AOS #32, Intravenous Administration of Medications for Sedation by Nurses.

**Dialysis Technician Advisory Council**

Approved the recommendation of Rachel Marie Baker to the Dialysis Technician Advisory Council.

**Disciplinary Action**

Approved zero (0) Proposed Decisions, as written, and received reports on the approval of nine (9) Agreed Orders, ten (10) Consent Decrees, and two (2) Removal of Licenses from Probation.



**RICHMOND PLACE REHAB & HEALTH**

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**Duties include** but are not limited to: supervising staff, direct patient care, managing admissions/transfers, as well as resident/family relations. **We offer** very competitive pay and a great working environment!

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