

West Virginia

RN Nursing News

Volume 1 Number 5

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses



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Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses

West Virginia Board of Examiners
for Registered Professional Nurses

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Edition 5

Reach every Registered Professional
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WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

MISSION

The West Virginia Board of Examiners for Registered Professional Nurses established to promote and protect public health, safety, and welfare through the regulation of registered professional nurses and dialysis technicians

GOALS AND OBJECTIVES

In accordance with WV Code §30-7-1 et seq., the Board will:

1. Function according to the Code of Conduct.
2. Be accessible to the public.
3. Assure the quality of the basic education process for registered professional nurses.
4. Assure the quality of the basic education process for the dialysis technician.
5. Assure initial and continuing competence of the registered professional nurse.
6. Assure initial and continuing competence of the dialysis technician.
7. Define the scope of practice for registered professional nursing and advanced practice nurses.
8. Define the scope of practice for the dialysis technician.
9. Provide a disciplinary process.
10. Review issues related to the nursing shortage.
11. Support the mission of the West Virginia Center for Nursing.

STATUTORY HISTORY

The Board of Nursing is mandated under Chapter 30 of the West Virginia Code to:

PERFORMANCE MEASURES

1. Review and evaluate National Council of State Boards of Nursing registered nurse licensure examination scores of each program in relation to the standard.
2. Conduct on-site visits to at least two nursing education programs annually.
3. Issue licenses to qualified persons in a timely fashion.
4. Provide educational information to registered nurses, dialysis technicians, and the public related to:
 - a. Discipline
 - b. Orientation to the Board
 - c. Advanced Practice
 - d. Licensure
 - e. Practice Issues
5. Process complaints from health care professionals and the public in a timely fashion.
6. Expeditiously respond to requests related to:
 - a. Verification of licenses and certification
 - b. Discipline cases
 - c. The function of the Board
 - d. Patients' rights information
7. Continue the review and evaluation of multi-state regulation.
8. Provide and evaluate the effectiveness of the impaired nurse treatment program.
9. Provide multiple modes of communication opportunities with the Board.
10. Implement the rules relative to the regulation of dialysis technicians.

Continue updating computer equipment and database program. Evaluate and provide personnel, equipment, and database programs.

Reviewed and revised by the Board 6/14/1999; 6/13/2000; 6/13/2001; 6/12/2002; Reaffirmed 6/12/2003; Reviewed and revised by the Board 6/15/2004; 6/15/2005; 6/14/2006; 6/13/2007.

RECOMMENDED IMPROVEMENTS





From the President

It is hard to believe 2008 is already here and underway. Seems like yesterday we were planning for the new century to begin and wondering what the future would hold. Each year we should look forward to the New Year, making plans, setting goals, and preparing for the future.

I believe as the years go by we become complacent, just letting the world, and our careers, develop without much thought. I, too, am guilty of this and many times do not look past tomorrow. It is time we reflect on the past and plan for the future, whether it is a new job, returning to school, planning a family, or retirement. Each deserves our full attention.

As we plan our personal future, we must also look toward the future of nursing. We are in a global nursing shortage. In the beginning of this shortage many of us who have been around awhile believed it was part of a cycle. Many said we have been here before and this too shall pass. However, this shortage is unlike any we have experienced. No longer is it just a nursing shortage, it is a nursing crisis.

Recruitment of new nurses needs to be the goal for the future. Without new nurses healthcare will suffer, as will those of us still in the nursing profession. Not only do we need nurses at the bedside, but we also need faculty to teach. I challenge each one reading this newsletter to make it a goal for 2008 to recruit one new person to the nursing profession.

As you reflect on the New Year and the goals you set, be sure to include your profession. Reflect on the reason you entered nursing, share this with others and recruit one person to the wonderful profession of nursing.

Pamela Alderman, MSN, RN
Board President



From the Executive Director

Laura Skidmore Rhodes, MSN, RN, *Executive Director*



As this note is written, it is the beginning of a New Year and fresh snow is on the ground. It is a time for new beginnings and change. One change coming your way is the license expiration date. Please take time to look over the article in this newsletter about the new expiration date of October 31, 2008. Another change involves a law change that seeks to protect the title “nurse”. Already, “registered professional nurse” and “R.N.”, and “licensed practical nurse” and “L.P.N.” are protected titles for those legally licensed as either one in West Virginia, but the title “nurse” is not. Nurses work long hard hours to complete a rigorous education program and pass a licensing exam to meet licensure qualifications. This may seem shocking to some, but there are unlicensed persons working in health care settings who identify themselves as “nurses” when they are not. This can be very misleading to the public.

The West Virginia Board of Examiners for Registered Professional Nurses (WV RN Board) wants to assure that the public is aware of the qualifications of their nursing care provider by requiring that the title “nurse” only be used by those appropriately licensed to practice nursing. The WV RN Board, the West Virginia State Board of Examiners for Licensed Practical Nurses (WV LPN Board) and the West Virginia Nurses Association are joining forces to accomplish this goal. The West Virginia Legislature is in session now. Please take time to contact your legislator and ask them to support the bill that protects the title “nurse.”





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 - * Allows nurses to have a voice in the nursing practice



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Above: The first graduate nurses of the CAMC/West Virginia State Community and Technical College nursing class celebrated their achievements at a pinning ceremony Dec. 15, 2007.

Filling the ranks: *CAMC takes lead on innovative nursing program*

Charleston Area Medical Center isn't taking the impending nursing shortage lying down. Working with higher education, CAMC is hoping to fill a predicted gap between nurses needed to care for patients and those actually employed.

National projections show a nursing shortage of more than 300,000 by the year 2020. Locally, hospitals face a particularly difficult challenge due to the aging population and retirement of older nurses.

A lack of nurses would mean much more than a low watermark for the national and local economy though. Without nurses, hospitals couldn't care for patients.

"Nurses are critical to the care and well-being of hospitalized patients," said Patricia Johnston, chief nursing officer at CAMC. "They are the caregiver that is at the bedside 24-hours a day, communicating with the physician, assessing the patient's response to treatment and intervening as changes occur."

CAMC draws newly trained nurses from several state

universities and colleges, including: University of Charleston; Institute of Technology WVU; West Virginia University; Marshall University; Mountain State University; Wheeling Jesuit School of Nursing; St. Mary's; Southern West Virginia Community & Technical College and West Virginia State Community and Technical College. However, CAMC joined with WVSCTC to start a new program to supplement recruitment.

CAMC, in collaboration with West Virginia State Community and Technical College, launched the Nursing Education Opportunity in 2006. Since then, a total of 112 students have been admitted to the CAMC/WVSCTC nursing program and the first class graduated in December.

"The interest in our nursing educational opportunity has been overwhelming," said Janna Inghram, workforce development director. "We expect more than 100 nurse graduates between 2007 and 2009. We are currently in the process of identifying folks for the January 2009 nursing program and have been quite pleased with the response."



This program is helping to head off the problem of an aging local workforce.

“Similar to the rest of the country, West Virginia's nurses are aging,” Johnston said. “We must have a steady influx of nurses as we enter a period where many nurses will be moving toward retirement or reduced working hours. The CAMC/WVSCTC collaborative is one way we assure CAMC and the community will have the nurses that will be needed in the future.”

Students participating in this program will work at CAMC hospitals in exchange for their educational costs being paid for by the medical center.

While nursing programs traditionally graduate students in the spring, CAMC/WVSCTC program will graduate students each December. This helps increase the number of graduate nurses available at the beginning of each year, as opposed to only have a new group nurses each spring. This also increases the amount of nurses available to work during the winter viral season when there is typically a rise in a patient census.

“In the past we would have a large group of new nurses in the spring,” said Dave Ramsey, CAMC CEO and president. “We had this big void for the rest of the year and found ourselves short of nursing talent in the winter months. We decided it was worth the expense and worked with West Virginia State Community and Technical College to design a program that addressed our need.”

Ramsey has perspective on the evolution of the program in terms of the region's economic condition.

“Nurses are **critical** to the **care** and **well-being** of hospitalized patients. They are the **caregiver** that is at the bedside 24-hours a day, **communicating** with the physician, **assessing** the patient's response to treatment and **intervening** as changes occur.”

- Patricia Johnston, *Chief nursing officer at CAMC*



Charleston Area Medical Center

“When Union Carbide was in the community, people were coming from outside of Charleston with health care experience,” Ramsey said. “Since Dow bought Carbide, we don't see that influx of health care professionals. And even that was never enough. We just don't have population growth and our ability to recruit outside of Charleston is difficult. We wouldn't be able to meet the health care needs of the local community and region without having a focus on education. Programs like this are producing the type of folks we need to take care of the community.”

The mid-year nursing program also increases the opportunity for more students to be accepted into a nursing program. In the past, students who missed application deadlines would have to wait an entire year for a new class to begin. The program also provides some flexibility by offering two summer sessions. Students can take general education courses and carry fewer hours while taking nursing classes during regular semesters.

West Virginia State Community and Technical College's first graduating class has a National Council Licensure Examination passing rate of 94 percent. The Nursing Educational Opportunity was also recognized by the Southern Growth Policies Board for its industry-education partnership.

Besides nursing, CAMC/WVSCTC coordinates education and training for a variety of health care fields, including health unit coordinators and certified registered nurse anesthetists.

“Any given day we have about 500 students walking the halls,” Ramsey said. “We hope that many of them will choose to start their careers and stay here. And if they decide to move, they realize if they can work here, they can be very comfortable working any place in the United States.”

Charleston Area Medical Center

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Overview of the Continuing Education and Competence Regulations

Requirements

Beginning January 1, 2008, The West Virginia Legislative Rule 19CSR11 (Continuing Education and Competence) for Registered Professional Nurses (RN) requires the completion of twelve (12) contact hours of continuing education (CE) each year prior to licensure renewal. A two (2) contact hour "End of life care including pain management" requirement is for those persons renewing their license for the first time after receiving a license, whether by exam, endorsement or reinstatement (and has not completed this CE before) process. This is a one-time requirement for all registered professional nurses and will count as two (2) of the twelve (12) contact hours required for the reporting period when it is completed.

Completion of twelve (12) contact hours of CE may be accomplished by:

1. Completing twelve (12) contact hours of CE from an approved CE provider; or
2. Completing six (6) contact hours of CE from an approved CE provider, two (2) contact hours of self-study and one of the following completed during the reporting period:
 - A. National certification initially earned or in effect the entire reporting period;
 - B. Completion of a nursing research project as principal investigator, co-investigator or project director;



- C. Published a nursing related article in a national nursing or health-care journal;
- D. Developed and presented a professional nursing education presentation;
- E. Participated as a clinical preceptor for at least one (1) student or one (1) new employee undergoing orientation and have one hundred-twenty (120) hours of one-on-one relationship as a clinical preceptor during the reporting period;
- F. Evidence of satisfactory evaluation of employment that covers at least six (6) months of the reporting period; or
- G. Completion of an approved nursing refresher or re-entry course.

Contact Hour

A contact hour is the unit of measurement recognized by this Board for purposes of continuing education credits. One (1) contact hour is equivalent to fifty (50) minutes of instruction.

You may complete CE, which provides credit by awarding continuing education units (CEU's). A CEU equals ten (10) contact hours or five hundred (500) minutes of instruction. Therefore, you may calculate contact hours from CEU's to determine the amount completed.

Approved Providers

If you have completed courses provided by an accredited institution of higher learning for which academic credit is awarded, you may use these courses to satisfy the CE requirements for licensure providing they are relevant to your nursing practice. The Board has approved all courses that are required to complete a BSN degree for RN's continuing their education. The following formula is used to calculate contact hours from credit hours:

One (1) quarter hour is equivalent to ten (10) contact hours; and

One (1) semester hour is equivalent to fifteen (15) contact hours.

The American Nurses Credentialing Center (ANCC), associations such as the West Virginia Nurses Association (WVNA), United States (US) and US Territory boards of nursing approving CE providers are recognized providers by this Board for purposes of meeting the CE requirements for licensure. If you attend a CE activity targeted for health care professionals other than nursing, the CE may be acceptable if it meets the minimum provider standards in 19CSR11. If audited, you will need to provide a statement regarding

how the activity is relevant to your nursing practice.

Exemptions

You may be eligible for exemption from the CE requirement:

1. If you have obtained a license for the first time in West Virginia during the reporting period, you are exempt from the CE requirement except for the two (2) contact hour one time requirement in the area of "end of life including pain management";
2. If you are a governmental employee assigned to duty outside the US or serving on active duty in the military for more than three (3) months of any reporting year; or
3. You have requested and been granted a CE waiver by this Board for disability or illness during a reporting period.

There will be no CE requirements if you place your license on the non-practicing (inactive or retired) list, prior to the expiration date of a current license, or if your license becomes lapsed (not renewing your license).

Record Keeping

It is important to keep track of your CE and maintain record of the CE you use for licensure because you may be audited by the Board. An audit is an official review by the Board of the CE completed for licensure. Each year, a random sampling of licensees will

be audited to verify completion of the required CE. You must retain record of your CE for two (2) years after the date it is reported to the Board (on your renewal).

Web site to review 19CSR11

Please visit our Web site at www.wvrnboard.com. From the homepage, click on "Law/Scope." From this page, click on "Code of Legislative Rules" which will take you to the West Virginia Secretary of State Web page for Title 19: Legislative Rules for Registered Professional Nurses. Click on "19-11" and you may view and print this rule in Word or WordPerfect formats. If you have questions, please contact this office at rnboard@state.wv.us.



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Moving can be a stressful experience. There are the obvious difficulties to overcome, such as packing, aching backs, and looking through boxes to find your socks, and toothbrush. When your address changes, there are also many people you must notify. When considering whom you need to contact, do not forget to add the West Virginia RN Board to your "notify list." It is imperative that the

information available at the office of the West Virginia RN Board).

Write a letter stating your name, new address, county, social security number, license number and primary state of residence along with your signature to the Board. This information can be mailed, faxed, or delivered to our office.

Emailing your name, new address, county, social security number, license number, and primary state of residence to rnboard@state.wv.us.

Renewal notices are mailed each year. Though receiving your renewal notice in the mail is a good reminder that it is time to renew your license, failing to receive this notice does not excuse the requirement for keeping an active license. The consequences of late renewal can be costly; these can include both fees and possible disciplinary action for practicing without a license. Having the incorrect address could cause you to miss other important correspondence from the Board as well.

Changing your address at the post office does not automatically change your address at the Board. You must have a written request to make the change. Additional documentation is required if you are just changing your address. However, if you are changing your name, a certified copy of your marriage license or court action must be included to make the change. If you would like a new card with your new name, you should also enclose a \$10 fee.

Where to send your address/name change information:

BY MAIL: West Virginia RN Board

101 Dee Dr., Suite 102

Charleston, WV 25311

BY FAX: 304-558-3666

BY EMAIL: rnboard@state.wv.us



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ERROR-PRONE CONDITIONS THAT LEAD TO STUDENT NURSE-RELATED ERRORS

If your organization provides a site for clinical rotations of student nurses, you are probably aware that students can be involved in medication errors despite close supervision by their clinical instructors. When analyzing errors involving student nurses reported to the USPISMP*. Medication Errors Reporting Program and the PA Patient Safety Reporting System, it appears that many of the errors arise from a distinct set of error-prone conditions or medications.

Some student-related errors are similar in origin to those that seasoned licensed healthcare professionals make, such as misinterpreting an abbreviation, misidentifying drugs due to look-alike labels and packages, misprogramming a pump due to a pump design flaw, or simply making a mental slip when distracted. Other errors stem from system problems and practice issues that are rather unique to environments where students and hospital staff are caring together for patients.

The duality of patient assignments is a prime example. Patients who are assigned to student nurses are also assigned to staff nurses. While dual assignments are necessary, communication breakdowns regarding who will administer the prescribed medications to patients, what medications have been administered, and which medications should be held, have resulted in dose omissions and the administration of extra doses. Thus, the communication between students, nursing instructors, and staff needs to be planned carefully

to ensure a model that considers the safety issues associated with dual assignments.

Data from the reporting programs also show that insulin is among the most frequent drugs involved in student nurse-related errors, particularly with omitting prescribed doses, selecting the wrong type of insulin, administering the wrong sliding-scale insulin coverage, and administering insulin to the wrong patient. Student nurses may not make proportionately more errors with insulin than staff nurses. However, like staff nurses, students and nursing instructors must treat insulin as a high-alert medication and observe the robust safeguards in place to prevent errors. This should include an independent double-check of all insulin doses by a staff nurse before administration. Additionally, organizations should share their list of high-alert drugs and associated error-reduction strategies with nursing instructors to ensure the same level of attention to safe systems and practices occurs when students administer these drugs.

In Table 1, we have listed additional error-prone conditions identified through analysis of student nurse-related errors. The list is not intended to be critical of student nurses or their instructors, nor is it intended to discourage organizations from providing a clinical rotation site for students. Indeed, student nurses often enrich the patient's experience during hospitalization, and they should be welcomed as part of the patient care team. Rather, the information in

TABLE 1. CONDITIONS THAT PROMOTE STUDENT NURSE-RELATED MEDICATION ERRORS

Error-Prone Conditions	Examples of Errors
<p>Nonstandard Times Medications scheduled for administration during nonstandard or less commonly used times, including early in the morning, are prone to student dose omissions.</p>	<ul style="list-style-type: none"> • A student omitted an antibiotic ordered as a one-time dose at 1100. • A patient did not receive his morning dose of insulin because the student assigned to the patient had not arrived on the unit in time to administer the drug.
<p>Documentation Issues With both staff nurses and students administering medications to the same patients, dose omissions or extra doses have been administered because students or staff nurses have not properly documented drug administration or reviewed prior documentation of drug administration.</p>	<ul style="list-style-type: none"> • A student documented that he gave the patient his morning medications at 0830; these medications were still in the patient's drawer at 1700. • A student administered heparin to a patient and left the unit for a conference before documenting it; a staff nurse gave the patient another dose. • A student gave a dose of Lopressor to a post-op patient who had already received the medication in the PACU, which was documented on the PACU record.
<p>MARs Unavailable or not Referenced Students may not consistently use the patient's MAR to guide the preparation of medications, and may not bring the patient's MAR consistently to the bedside for reference when administering medications.</p>	<ul style="list-style-type: none"> • A staff nurse had given a patient a dose of methadone at 0730; although this was documented, the student also gave the patient a dose at 0830. The student was using a worksheet she had created, not the MAR. • A student gave the wrong patient a dose of digoxin and warfarin; the student did not bring the MAR into the room to assist with patient verification.
<p>Partial Drug Administration Students may not be administering all of the prescribed medications to assigned patients, particularly IV medications that they may not be permitted to administer.</p>	<ul style="list-style-type: none"> • A patient did not receive an IV antibiotic for 3 days; staff nurses were unaware that the students assigned to this patient were not allowed to give IV medications. • A student nurse did not administer a respiratory medication to her patient; she thought a respiratory therapist would administer it.

* USPISMP is the United States Pharmacopeia Institute for Safe Medication Practices



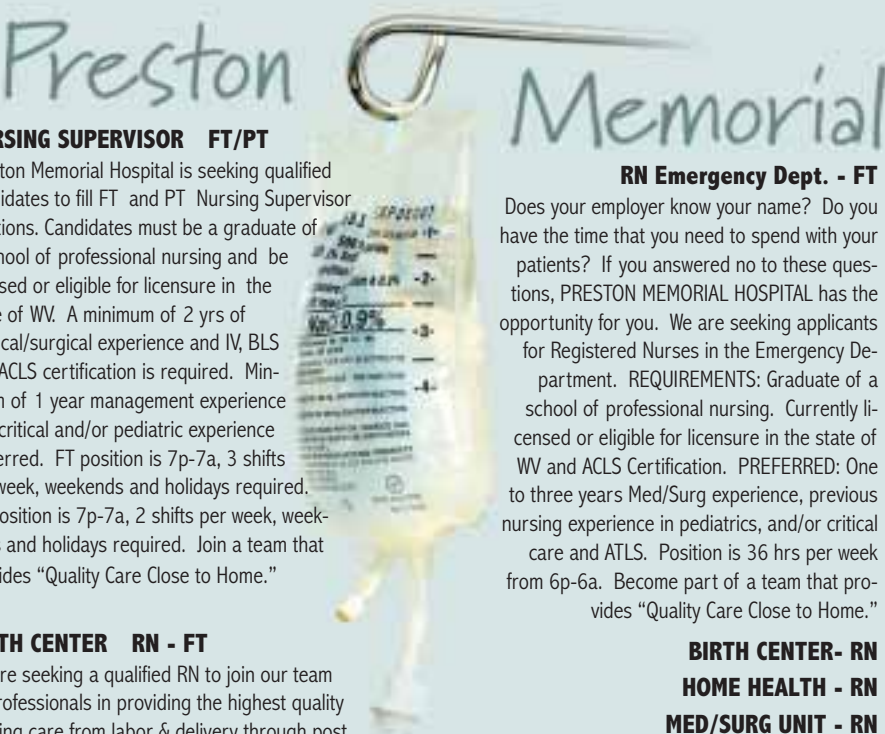
Error-Prone Conditions	Examples of Errors
<p>Held or Discontinued Medications Students have not known or understood the organization's processes for holding and discontinuing medications and have administered drugs that have been placed on hold or discontinued.</p>	<ul style="list-style-type: none"> • A student gave a dose of Lovenox that was noted to be held on the MAR. • A student did not know the meaning of a yellowed-out section on the MAR and gave the patient an IV dose of potassium chloride that had been discontinued.
<p>Monitoring Issues Students may not be aware that vital signs and/or lab values should be checked before administering certain medications.</p>	<ul style="list-style-type: none"> • A student gave a patient with an INR of 2.33 a dose of Lovenox, which was noted to be discontinued on the MAR when the INR reached 2 (patient was also on warfarin). • A student administered a dose of Epogen to a patient with a hemoglobin of 15.5; the dose was listed on the MAR to be held if the patient's hemoglobin exceeded 12.
<p>Non-Specific Doses Dispensed Student nurses have administered excessive doses when they expected the drug to be provided in a patient-specific dose, but pharmacy had dispensed a larger dose or quantity.</p>	<ul style="list-style-type: none"> • A student gave the patient a 4 mg tablet of dexamethasone as dispensed, but 2 mg (1/2 tablet) had been prescribed. • A student administered the full amount of Dilantin suspension dispensed in a bottle intended to be used for several doses.
<p>Oral Liquids in Parenteral Syringes Preparation of oral or enteral solutions in parenteral syringes has led to students accidentally administering these products by the IV route.</p>	<ul style="list-style-type: none"> • A student gave the patient an oral liquid dose of vancomycin by the IV route. • A student prepared an oral liquid narcotic in a parenteral syringe; while the instructor's back was to the patient, the student began to administer the drug via an IV saline lock. • A student gave a patient an oral liquid dose of furosemide IV, which was intended for gastric tube administration.
<p>Preparing Drugs for Multiple Patients Student nurses have given medications to the wrong patient, particularly when they prepared more than one patient's medications at a time and brought medications for two or more patients into a room.</p>	<ul style="list-style-type: none"> • A student gave the patient in bed A his medications along with a dose of warfarin 5 mg intended for the patient in bed B. • An instructor put medications intended for the patient in bed B on a table while observing a student administer medications to the patient in bed A; the student picked up the wrong medications and gave them to the patient.

Table 1 should be used to stimulate system improvements to reduce the risk of medication errors.

Each practice site that hosts student nurses should meet with the clinical instructors who will be supervising students. The organization's medication administration procedures and specific error-prone conditions that may exist during clinical rotations should be reviewed, along with system-level safety nets that have been designed to reduce these risks, and safety practices that students and faculty should adopt to further enhance patient safety. In addition to the examples in Table 1, nursing instructors may be able to describe other error-prone conditions that they have observed, which can then be addressed. Nursing instructors should also be invited to attend any orientation programs that cover the organization's safety goals so they can reinforce related safe practices during clinical rotations.

This article is reprinted with permission from the October 18, 2007 Institute for Safe Medication Practices (ISMP) Medication Safety Alert! (Acute Care) newsletter.

RECOMMENDATIONS CONTINUED ON FOLLOWING PAGE



NURSING SUPERVISOR FT/PT
Preston Memorial Hospital is seeking qualified candidates to fill FT and PT Nursing Supervisor positions. Candidates must be a graduate of a school of professional nursing and be licensed or eligible for licensure in the state of WV. A minimum of 2 yrs of medical/surgical experience and IV, BLS and ACLS certification is required. Minimum of 1 year management experience and critical and/or pediatric experience preferred. FT position is 7p-7a, 3 shifts per week, weekends and holidays required. PT position is 7p-7a, 2 shifts per week, weekends and holidays required. Join a team that provides "Quality Care Close to Home."

BIRTH CENTER RN - FT
We are seeking a qualified RN to join our team of professionals in providing the highest quality nursing care from labor & delivery through post partum and newborn care. Full time shift would be from 6p - 6a. Graduate of a school of professional nursing and licensure in state of WV. Comprehensive benefits packages.

RN Emergency Dept. - FT
Does your employer know your name? Do you have the time that you need to spend with your patients? If you answered no to these questions, PRESTON MEMORIAL HOSPITAL has the opportunity for you. We are seeking applicants for Registered Nurses in the Emergency Department. REQUIREMENTS: Graduate of a school of professional nursing. Currently licensed or eligible for licensure in the state of WV and ACLS Certification. PREFERRED: One to three years Med/Surg experience, previous nursing experience in pediatrics, and/or critical care and ATLS. Position is 36 hrs per week from 6p-6a. Become part of a team that provides "Quality Care Close to Home."

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Recommendations

- Staff nurses should develop a proactive plan with students that clarifies the details and responsibility for administration of each ordered medication and how new medication orders received during the shift will be handled.
 - Staff nurses and nursing instructors should monitor patient's MARs and review potential omissions with students.
- Students and staff nurses should be using the same MAR.
 - Students and staff nurses should bring the patient's MAR to the bedside and document drug administration immediately after the patient has taken the medications.
 - Encourage students to review all sources of documented drug administration, particularly when patients are transferred from a different level of care or unit.
 - When possible, include students in verbal reports about their patients (e.g., PACU report upon transfer to the unit).
- MARs should be available to students when preparing and administering medications; worksheets should not be used.
 - Students should prepare medications using only the original MAR and should bring the MAR to the patient's bedside for verification before administering drugs.
 - Teach students the organization's process to identify patients using two unique identifiers before drug administration.
- Nursing instructors should provide a daily report to each unit that hosts students regarding the types of medications that the students will and will not be administering.
 - Encourage students to confirm this information with the staff nurse assigned to their patient, and to report drugs that are not given when due.
- The organization should review its procedures for holding medications and make any necessary revisions to ensure that the procedure is clear and reliable.
 - Share the organization's procedures for holding and discontinuing medications with nursing instructors and students.
- Be sure students and nursing instructors know how to access the most recent lab results and are able to obtain them.
 - Work with students to help them identify vital signs and lab data that may alter medication therapy.
- Pharmacy should dispense medications in ready-to-use, patient-specific doses whenever possible; otherwise provide further instructions on the MAR and the dose itself, if possible.
 - On MARs, list the patient-specific dose first (before the available dosage strength dispensed, if applicable), as in the following example: "Lopressor 25 mg," followed by "25 mg = 1/2 of a 50 mg tab."
- Pharmacists should dispense all oral liquid products in oral syringes.
 - Medication areas should be stocked with oral syringes.
 - Students should be advised that oral syringes must be used when preparing oral solutions and apprised of the dangers of not doing so.
 - Discontinue IV routes as soon as possible, if appropriate.
- Teach students by example to prepare one patient's medications at a time and administer those medications before preparing another patient's medications. Stress the risks associated with handling more than one patient's medications at a time.
 - Teach students the organization's process to identify patients using two unique identifiers before drug administration.



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Emailing the Board?

Add us to your address book or "safe list" first

Before you email the Board, be sure you add us to your address book or "safe list" and/or give your email provider permission to receive messages from email addresses ending with @state.wv.us. Our intent is to respond promptly to every email inquiry, but often, our responses are rejected. They are returned as "undeliverable" or they are mistaken for spam. We've also been asked to sign in and provide a password to an email screening service, which is against Board policy. So, if you're wondering why the Board doesn't answer your emails, check to see if you are screening us out. We want to hear from you and we want you to hear from us.

DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is the Nurse Practice Act. You may also want to refer to the Board's Scope of Practice and Delegation Models as well. You will find these documents online at www.wvrnboard.com then click on Law/Scope and follow the links. If after reading these you still have a question contact the Board office at 304-558-3596. If it is an issue that needs further research, you may request a formal response from the Board. Once the Board has completed their research and reviewed the information during a Board meeting they will provide a response.

THE STRENGTH TO HEAL
*without compromising my principles
or my practice.*

1st Lt. Catherine Jennings, RN, BSN, Med-Surg Nurse, Brooke Army Medical Center, Texas, is a Medical-Surgical nurse in the U.S. Army. Here, she has the opportunity to work in a collaborative practice with some of the finest professionals in the world, and she can also focus on advancing her nursing skills and caring for our Soldiers. There's strong. Then there's Army Strong. Talk to a member of the U.S. Army or the U.S. Army Reserve Health Care Team today; call Frederick Ramie at 888-251-6425 or visit healthcare.goarmy.com/nurseinfo.

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Wanted: NCLEX Item Writers And Reviewers

The NCLEX depends on you

Development of the NCLEX-RN and NCLEX-PN licensing examinations uses contributions from hundreds of nurse educators, clinicians, and managers who work with entry-level nurses. Volunteers are selected for three types of panels:

- **Item Writing** — Item writers create the items that are used for the NCLEX examination
- **Item Review** — Item reviewers examine the items that are created by item writers
- **Panel of Judges** — The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors

Benefits of Participation

- Earn continuing education contact hours
- Contribute to continued excellence in the nursing profession
- Have an opportunity to network on a national level
- Build new skills that are useful at work as well as for professional growth

It is Easy to Participate

Choose one of these methods to apply:

1. Access the online application.
2. Call your state board of nursing for an application.

3. Call the NCSBN Item Development hotline at 312.525.3775; leave your name and address, and an application will be sent to you.

Reminder: LPN/VNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

If you would like to participate in the review or development of items for the national nursing licensure exam, you can learn more by going to the National Council's website at www.ncsbn.org, and clicking on *NCLEX Examinations*, then *Exam Development Opportunities*. If you don't have web access, call 312-525-3775.

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Use Our Website to Verify Active Licenses or Certificates

Employers—when you're verifying that someone has an active license or certificate, the Board encourages you to use our web-site verification system. It's quick, convenient, and it's updated within one business day of renewal or initial issuance. You can also call the Board for verification at 304-558-3596. Both methods ensure you have the most up-to-date information about the license or certificate status of your employees and potential employees.



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Part-time positions do not include benefits. Interested individuals should contact Jennifer Donnellan, Staffing Coordinator at:

William R. Sharpe, Jr. Hospital
936 Sharpe Hospital Rd. • Weston, WV 26452
Phone: 304-269-1210 ext. 275 • Sh691a@WVDHHR.org

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River Park Hospital, a leader in behavioral healthcare, located in Huntington, WV, is currently accepting applications for the following positions:

A **Nurse Practitioner** to provide direct patient care as prescribed by the physician. The Nurse Practitioner will also be responsible for but not limited to directing the implementation of behavior management programs; performing physical exams on new admissions or authenticate previous medical history as necessary; evaluating, diagnosing, and treating illness and injuries occurring in patients within scope of practice; treatment and discharge planning; limited on-call responsibilities. Interested candidates must have a minimum of one year experience in a clinical setting and preferably one year of psychiatric experience with adults and/or geriatrics. Candidates must also be licensed in the State of West Virginia.

Registered Nurse positions are available on several units to serve as a charge nurse. Responsibilities include, but are not limited to, providing safe, effective care based on nursing process in the assessment, planning, implementing and evaluating of patient care with corresponding documentation. The RN is also responsible for coordinating all components of psychiatric care to include patient safety, medication administration, and all other areas of psychiatric nursing. Supervises all staff and provides leadership and direction to the unit/staff. Interested candidates must have a minimum of one year experience with six months in a mental health setting preferred. Candidates must also have a valid West Virginia RN License. Psychiatric Certification preferred.

Interested candidates may submit their resumes by email at
hr@riverparkhospital.net
or fax to 304-526-9140.

River Park Hospital, 1230 6th Avenue,
Huntington, WV 25701



CONSENT AGREEMENTS, REPRIMANDS, SUSPENSIONS, REINSTATEMENTS

FY '08 • NOVEMBER '07 - DECEMBER '07

The information on this Web site may change before the update has reached the Web page. Prior to taking any actions related to the information on this page, contact this office for more information. You may contact the Board by phone at (304) 558-3596, by mail at 101 Dee Drive, Suite 102, Charleston, WV 25313-1620, or by e-mail at rnboard@state.wv.us. Requests for copies of documents must be made in writing. Clearly state your request and provide a name and address where the information may be mailed. The fee for documents is \$3.00 for the first page and 0.25 cents for each additional page. You will be invoiced for this amount.

A **Consent Agreement** is a settlement agreement between the Board and the licensee. The agreement is the result of an informal settlement of a complaint filed against a licensee. Consent Agreements with a **Probation** requirement generally include certain restrictions in the practice of a registered professional nurse. Time is counted toward the required probationary period only while the individual nurse is working as a registered professional nurse. If an individual does not work for a period of time, this time

is not counted toward the probation requirement. Therefore, some individuals may have a probation license longer than the dates may suggest.

A **reprimand** is the least restrictive disciplinary action the Board takes against a license. A licensee can practice if a reprimand has been issued against the license.

A **suspension** is generally the result of a violation of a contract between the licensee and the Board. A suspension can also be the resulting action taken by the Board in relation to discipline. A licensee **cannot practice** nursing while the license is suspended.

A **Summary Suspension** is an action taken by the Board when a licensee is considered an immediate threat to public safety. A licensee receiving a Summary Suspension **cannot work as a nurse or represent themselves as such**.

A **Reinstatement** occurs when a licensee has completed the discipline requirements. Reinstatement may return the license to the full unencumbered status or return a suspended license to a Probation status, or any other action the Board deems appropriate.

NOVEMBER '07

Boothe, Anita	48219	Fairdale, WV	Reinstatement Denied	11/27/2007
Roberts, Derrick	70020	Morgantown, WV	Suspension	11/06/2007
Wilson, Berton Kent	44673	Hernshaw, WV	Full Reinstatement	11/29/2007

DECEMBER '07

Miller, Lisa	38715	Mount Gay, WV	Probation 3 years	12/20/2007
Shrewsberry, Alice	34283	Mullens, WV	Probation 1 year	12/12/2007
Shrewsberry, William	35607	Mullens, WV	Probation 1 year	12/12/2007
Worrels, Yvette	56362	Moundsville, WV	Suspension	12/20/2007

**100th Nursing Gala
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Molley Page, Alex
Russell and Chris-
tian Feldhaus.
Harpist - Harriett
Peters**



RENEWAL DATE CHANGE

As with each New Year, we find ourselves thinking of the ways to help the coming year be better. These thoughts generally span all aspects of our lives, and we begin making a mental list of what we want to do or change. The Board will be implementing a change this year that is quite monumental... the expiration date of the RN license changed from December 31 of each year to October 31 of each year. This change is helpful to everyone involved. First, the public will be served as we hope this new date, outside of the winter holiday season, will result in fewer

nurses forgetting to renew. Second, registered nurses will have the opportunity to renew during a less hectic time of the year. Third, employers can be more relaxed during the holiday season as the license verification will have occurred several months earlier. Fourth, the Board office staff can enjoy a more relaxing winter holiday season! So mark your calendar now to Renew your RN license by October 31, 2008. There's just nothing like a "win win" situation to make 2008 a better year!

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