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DAKOTA NURSE

C O N N E C T I O N

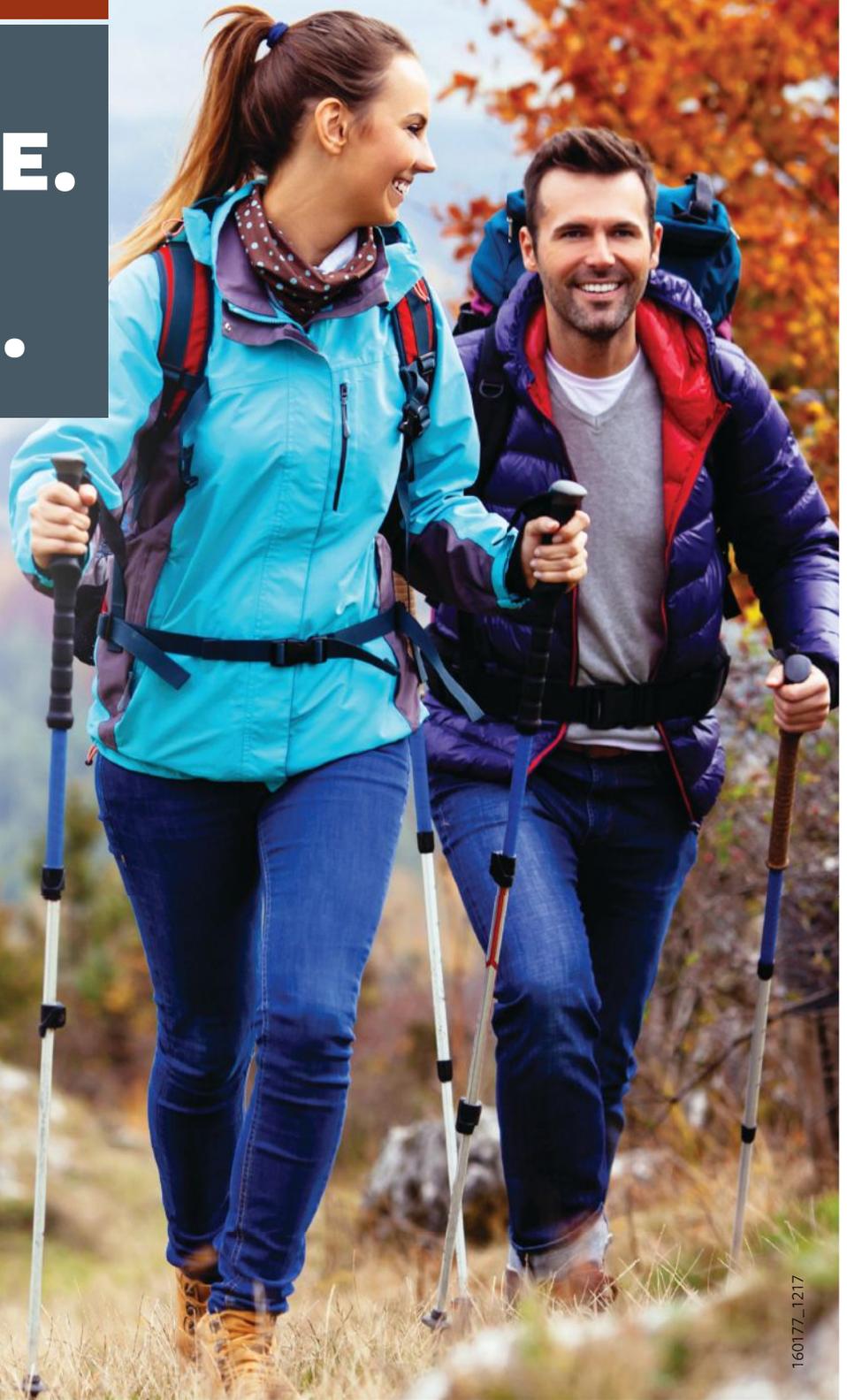
**NCSBN Award Ceremony Honors
Outstanding Nurse
Regulators**

**Governor's Nursing
Shortage Taskforce Report**

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DAKOTA NURSE C O N N E C T I O N

FALL 2018
EDITION 64

12 Governor's Nursing Shortage Taskforce Report

15 Opioid Updates

21 NCSBN Award Ceremony Honors Outstanding Nurse Regulators

24 White Paper: A Nurse's Guide to the Use of Social Media



SOUTH DAKOTA HIGHLIGHTS

- 4** Message from the Executive Director
- 19** South Dakota Board Highlights
- 22** Registered Nurse Scholarship Recipients Announced
- 23** Be Counted

NORTH DAKOTA HIGHLIGHTS

- 5** Message from the Executive Director
- 7** North Dakota Board Highlights
- 10** ND Board of Nursing Celebrates Julie Schwan's 35 Years of Service
- 16** 2018 ANA Hill Day and Membership Assembly

Dakota Nurse Connection circulation includes over 28,000 licensed nurses, hospital executives and nursing school administrators in North and South Dakota.



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A message from the Executive Director

Gloria Damgaard, RN, MS, FRE
South Dakota Board of Nursing

Autumn Greetings to all of our Readers of the Dakota Nurse Connection

As I write this message, the tree outside my office window is ablaze with color. Other trees in the distance have shed their leaves entirely and many of you have already experienced the first snowfall of the year. I am reminded of the lyrics to the Pete Seeger song (based on Ecclesiastes), "To everything, turn, turn, turn; there is a season, turn, turn, turn." It is amazing to bear witness to the changing of the seasons in South Dakota.

As the Board of Nursing turns its attention to 2019, a review of the past year is always a good starting point. We are pleased to announce that as of September 2018, the Board of Nursing meetings are being livestreamed. You can now listen live to the board meetings at www.sd.net on the day of the meeting. Check our web-site and the Dakota Nurse Connection for the Board of Nursing meeting dates. The dates are set at the November meeting for the upcoming year. The livestreams will be archived and may be accessed at the State of South Dakota's Open Government web-site. We have installed a DDN unit at our office which enables us to participate in the livestreaming of our meetings and offers greater access to the Board from remote locations.

Licensure enforcement and discipline is one of the major functions of the Board of Nursing in offering the public assurance that only qualified practitioners are allowed to practice. South Dakota does not have a mandatory reporting law so all complaints that we receive are voluntarily reported. During fiscal year (FY) 2018, the Board received one hundred forty (140) disciplinary complaints. This resulted in one hundred and three (103) cases that were opened and investigated. The Board held seventeen (17) formal hearings related to these cases and took final, reportable action on twenty-nine (29) licenses. Non disciplinary actions totaled thirty seven (37). All disciplinary actions are posted on the Board of Nursing web-site www.nursing.sd.gov, and reported to NPDB and Nursys. ®

Another major function of the Board of Nursing relates to licensing of RNs, LPNs, and APRNs. In FY 2018, two thousand two hundred and sixty (2,260) new licenses were issued for a total of twenty two thousand seven hundred and ninety two (22,792) licensees. Licensure renewal happens every two years for licensees. In FY 18, ten thousand one hundred and eight (10,108) licenses were renewed. Additionally, we maintain registries for unlicensed assistive personnel. This includes the Certified Nurse Aides (CNAs), Unlicensed Medication Aides (UMAs) and Unlicensed Diabetes Aides (UDAs). The CNA registry has a total of ten thousand two hundred thirty one (10,231) registrants. The UMA registry has five thousand nine hundred and sixty (5,960) registrants and the UDA registry is at one hundred and six (106). These individuals have completed training and testing in order to be registered. The numbers

emphasize the importance of both our licensed and unlicensed personnel in meeting the health care needs of our citizens. All licenses and registrations can be verified on the Board of Nursing's web-site listed above.

The Board of Nursing is the decision making body for the implementation of our practice acts, SDCL 36-9 and 36-9A. The listing of current board members and their terms of service is found in this publication. Deborah Letcher, RN; Sharon Neuharth, LPN; Robin Peterson-Lund, APRN; and Rebekah Cradduck, Public Member were reappointed to the Board by Governor Dennis Daugaard. Board members are eligible to serve three, three year terms.

On July 30, 2018, amendments became effective for nursing's administrative rules, Articles 20:48 and 20:62. A new fee structure will be implemented on November 1, 2018, for the renewal of licenses. Licensees will pay an additional \$25 every two years to renew a license. The new renewal fee is a total of \$95 dollars plus \$20 for the Nursing Education Scholarship Fund and the Center for Nursing Workforce for a total of \$115.

Updates to ARSD 20:48:07, Approval of Schools were also implemented. New rules were added for the approval of APRN programs and for the use of simulation as a substitute for traditional clinical experiences. A program may provide up to 50% of the clinical experiences using this technology as part of the curriculum plan. Mandatory probation for a nursing education program that falls below the 75% pass rate requirement for first time writers of the NCLEX® was removed. New language was added that requires the submission of an action plan for pass rates below 75%. The rationale for this change is based on the fact that the intended purpose of the NCLEX® is not to measure nursing education program quality. Programs will still be required to maintain the pass rate of 75% but it will not be the sole determinant of probationary status.

The Board of Nursing staff and members are grateful for the opportunity to serve the citizens of South Dakota through the regulation of nursing practice, education and discipline in 2018. We look forward to this service again in 2019. We wish you all the best in the coming months as we turn our attention to the holidays. The lyrics to Pete Seeger's song ends with a plea for peace: "A time for peace, I swear it's not too late." May we all make the world a more peaceful place. I will be in touch with you again in 2019!

Sincerely,

Gloria Damgaard



A message from the Executive Director

Stacey Pfenning, DNP, APRN, FNP, FAANP
North Dakota Board of Nursing

Greetings and welcome to the Fall edition of the *Dakota Nurse Connection*, the official publication of the North Dakota Board of Nursing (NDBON).

NDBON Update

In June, the NDBON welcomed Chris Becker as new staff in the position of Accounting/Licensure Specialist. This edition includes an introduction to Becker, as a new staff member. The NDBON also celebrated the retirement of Julie Schwan. Schwan served the NDBON for 35 years in the position of Administrative Service Coordinator.

At the July NDBON meeting, members voted to transition out of the third-party position of test administrator for National Nurse Aide Assessment Program (NNAAP©) testing with Pearson Vue. The NDBON contract with Pearson Vue will end as of December 31, 2018.

Nurse Licensure Compact

North Dakota is one of three states with the APRN Licensure Compact enacted into state law. The compact takes effect once the 10th state enacts into law. During the June Executive Officer Summit, much discussion occurred on the APRN Licensure Compact, including concerns expressed by states that require a transition to practice requirement for new graduate APRNs. The National Council of State Boards of Nursing (NCSBN) is currently considering the concerns to determine how to best move the compact forward for APRNs. At the NCSBN Board of Directors meeting in September, an APRN Licensure Compact Taskforce was created to identify legal and policy considerations for the adoption and implementation of the APRN Licensure Compact and proposed solutions for necessary change to the compact.

In August, the eNLC Commission adopted the second tier of rules focused on clarification of uniform data set and levels of access; dispute resolution among party states; and compliance and enforcement of the eNLC. The newly adopted rules will be effective January 1, 2019. The eNLC Rules Committee is



NCSBN 40th Annual Meeting



Melissa Hanson elected NCSBN LSC



NCSBN 40th Anniversary Celebrations: Christianson, Johnston, Buchholz, Pfenning, Spilovoy

currently considering a third tier of rules. To review newly adopted rules and follow the rule making process, visit <https://www.ncsbn.org/enlcrules.htm>.

Committees and Meetings

The NDBON continues to participate on Governor Burgum's ND Nursing Workforce Shortage Taskforce. In August, the NDBON presented on the completed action item aimed to provide a comparison to illustrate required clinical practice hours and continuing education contact hours for ND licensure in comparison with other states. The report included obtaining, maintaining, and reactivating a nurse license. Please refer to the article in this issue of the *Dakota Nurse Connection* for the report.

In August, NDBON members and staff participated in the 40th Anniversary Celebration of NCSBN at the Annual Meeting. Melissa Hanson, Associate Director for Compliance, was re-elected to the Leadership Succession Committee. Stacey Pfenning was elected

president-elect for the Executive Officer Leadership Council.

In June, Tammy Buchholz attended the 2018 American Nurses Association Hill Day in Washington, DC. Please refer to the article in this issue of the *Dakota Nurse Connection* for the highlights of the assembly. Stacey Pfenning and Jane Christianson attended the ND Nurse Practitioner Association Annual meeting and conference in Fargo, ND in September. Pfenning provided a NDBON report and presentation on regulation and policy pertaining to Nurse Practitioners in ND.

The NDBON will continue to post news on licensure, education, practice, and pertinent legislative activities on the website. Watch for the Winter edition of the *Dakota Nurse Connection* as the Board and staff continue to provide regulatory updates and publications.

Sincerely,
Dr. Stacey Pfenning DNP APRN FNP FAANP



North Dakota Board of Nursing Officers and Members

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Jane Christianson, RN, Bismarck

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Dr. Kevin Buettner, APRN, Grand Forks

MISSION

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

NDBON Contact Information

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Fax: 701-328-9785
Email: contactus@ndbon.org

NORTH DAKOTA BOARD OF NURSING 2018-2019 BOARD MEETING DATES

- July 18th, 2018 Board Retreat
- July 19, 2018 Annual Meeting
- October 25, 2018
- January 17, 2019
- April 25th, 2019
- July 18, 2019 Annual Meeting

Please note:

All meetings will be held in the Board office conference room, 919 South Seventh Street, Suite 504, Bismarck, ND and are open to the public. Observers are welcome to attend.

Agendas will be listed on the Board website, www.ndbon.org, and will include the time. The agenda will be available 5 business days prior to each meeting.

As a service to the citizens of North Dakota, the Board provides a PUBLIC FORUM during each Board meeting (refer to agenda of each meeting for time). This is a time when anyone may address the Board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the meeting.

ND Board of Nursing Office Security Announcement

The NDBON implemented new office security including entrance control. If you plan to visit the Board office, please consider the following:

1. A visit to a Director requires an appointment. To schedule an appointment, call 701-328-9777
2. If you do plan to visit the Board office, you will need to push the buzzer at the door, state your name and the reason for the visit prior to admittance.
3. If you have any questions, please call 701-328-9777

NORTH DAKOTA BOARD OF NURSING

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 - License by Endorsement
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- www.ndbon.org

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NURSES *Have you moved recently?*

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Web site: www.ndbon.org
Choose **Demographic Updates** under **Nurse Licensure**

LICENSURE VERIFICATION

North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website – go to www.ndbon.org
Choose "Verify"
- Nursys® QuickConfirm at www.nursys.com
 - Look up a license from any QuickConfirm participating board of nursing and print/download a report with the licensure and discipline status information for that nurse.
- Nursys® E-Notify at www.nursys.com
 - **Institutions:** Enroll your entire nurse list and e-Notify will send regular updates of changes to licenses from e-Notify participating boards of nursing.
 - **Nurses:** Sign up to receive license expiration reminders and status updates via email or SMS for all your licenses from e-Notify participating boards of nursing.

NORTH DAKOTA BOARD HIGHLIGHTS

July 2018

- The board held their annual retreat on Wednesday, July 18, 2018 at the board office conference room. As part of the retreat, the board discussed options for improving the board meetings. It was decided that the Board office will accept agenda items up to 10 business days prior to meetings and the final agenda will be posted 5 business days before meetings, any additions to the final agenda will be formally added and approved at the beginning of each meeting, as needed. It was also decided to use a voice vote rather than roll call vote for Board motions beginning with this meeting.
 - Dr. Amanda Braaten, anesthesiologist with CHI/St Alexius, was present to discuss issues related to the board's Practice Guidance "Role of the Nurse in Sedation/Analgesia" in their practice with use of ketamine in non-sedative situations. Dr. Braaten shared a document which provides recommended dosage amounts for Ketamine for pain control.
 - Approved the January 2018 through June 30, 2018 strategic plan progress report.
 - Ratified the 2018-2019 fee schedule.
 - Found Rasmussen College baccalaureate degree nursing program in substantial compliance with the NDAC 54-03.2; and granted continued initial approval of the program until July 2019; and required an onsite survey May 2019; and required program administrator to submit a progress report to the board December 21, 2018 demonstrating continued alignment of NDBON approved program implementation plans including programs updates related to four NDAC standards found to be met progressing during the May 2018 survey.
 - Found Sitting Bull College associate degree practical nursing program compliance report addressing issue of partial compliance partially met the standard; and found the program in substantial compliance with NDAC 54-03.2; and continued full approval of the program until November 2020 as granted November 19, 2015 and required onsite survey Fall 2020. Also, required program administrator submit a compliance report by July 10, 2019 to address issue of partial compliance with NDAC 54-03.2-02-06.
 - Found Minnesota State Community and Technical College, LPN Intravenous Therapy course in full compliance with the requirements according to NDBON guidelines for LPN IV courses; and granted initial full approval until July 2022; and required a paper survey in May 2022 for continued approval.
 - Approved the Nursing Education Committee revisions to the Nursing Education Loan Program Policies for applicant/recipients to provide guidance and clarity of process.
 - Approved the Nursing Education Committee recommendation to award a total of \$99,010 in accordance to NDAC 54-04.1 Nursing Education Loans.
 - Declined the ND Department of Health (NDDoH) proposal to 1) return the nurse aides, home health aids and medication assistant I and II registries; and 2) contract with the NDBON to operate the CMS certified nurse aid registry. Guests for the discussion included Dr. Darlene Bartz, Bruce Pritschet, Brenda Weisz, and Dirk Wilkie from the NDDoH and Shelly Peterson, Executive Director of the ND Long Term Care Association (NDLTCA). The NDDoH approached the board regarding return of the registries for Nurse Aides, Home Health Aides and Medication Assistant I & II to the Board of Nursing. They also proposed contracting with the NDBON to operate the CMS Certified Nurse Aide Registry. History reviewed that from 1989 to 1992 NDDoH contracted with the ND Board of Nursing for the CNA Registry. In October 1992 the registry was moved to the NDDoH to comply with federal regulations. The NDBON developed registries for Unlicensed Assistive Persons (UAP) and Medication Assistants (MA) who were under the direction of a nurse. In 2011, those registries were moved to the NDDoH due to the public's confusion between the CNA and UAP Registries. The number of Nurse Aides, Home Health Aides, Medication Assistant I & II and CNAs currently registered was reviewed. It was noted that federal law does not allow charging CNA registrants to be on a registry. The NDDoH obtains federal dollars for managing the CNA registry. NDDoH indicated that since the board has authority to conduct background checks it would provide a level of safety that does not currently exist. The NDDoH request the board consider the following:
 - Legislation to transfer the State Nurse Aide registry of nurse aides, home health aides, and medication assistant I & II back to NDBON.
 - Work towards development of a contract with NDBON to operate the CNA registry, consistent with federal requirements
 - Work with Mainstreet Workforce Development Initiative to seek supplemental funding for nurse aid registry.
- Shelly Peterson polled members of NDLTCA and addressed her organization's opposition to housing the registries with two different entities again and stated a preference for registries remaining with NDDoH as they do not feel a change is warranted. She also expressed concern about the increase in cost that would need to occur should the registrants need to have an FBI and state

continued on page 8

continued from page 7

criminal history record check that is currently required by the board. Peterson indicated long term care facilities do their own extensive background check. The board discussed the request and noted that the numbers of registrants being discussed for transfer would double the current number of licensees/registrants managed by the board. Additional staff and office space would be needed to add that number of registrants to current workload. The board office is currently experiencing workload issues with the current staffing levels and does not have funding for additional staff. The board is reviewing all programs in relation to their mission to streamline operations. The doubling of the number of licensee/registrations would require an increase in licensure fees to nurses to subsidize the CNA Registry.

- Terminated the Pearson Vue NNAAP testing contract effective December 31, 2018. At the April 2018 Finance Committee, the NNAAP Testing contract with Pearson Vue was discussed as it relates to workload, budget, and board mission. The finance committee directed staff to extend the contract for one year and research test administration options beyond June 2019. The staff provided the research summary to the board which included overview, history, workload analysis, and budgetary line items related to NNAAP testing contract. The board discussed termination of the current contract effective December 31, 2018 instead of July 2019 due to research summary and consideration of projects not directly related to the board's mission.
- Cora Rabenberg, Family Planning Coordinator with the ND Dept of Health, addressed the board regarding Family Practice Clinics and Title X facilities and dispensing of oral contraceptives. Sarah Scott

with the ND Dept of Health and Courtney Koebele, ND Medical Association were also present for this agenda item. Ms. Rabenberg shared draft language of a proposed bill for the upcoming legislative session to allow dispensing of oral contraceptives by a registered nurse. Board of Pharmacy was involved in the discussions. The rationale for the proposed legislation is to allow Title X Family Planning clinics to utilize telemedicine for a provider-patient encounter and provider order for the oral contraceptives, followed by the registered nurse dispensing of the medication at the facility. The language would be included in the Board of Pharmacy section of the ND Century Code. During discussions, the Board of Pharmacy provided other possible options. The board directed staff to explore these options with Board of Pharmacy prior to the next meeting.

- Chris Becker has been hired as the Accounting/Licensure Specialist to replace Julie Schwan when she retires on October 1st. Pat Hill, Assistant Director for Practice and Compliance will be retiring during the current fiscal year and has agreed to assist after retirement on a contract basis. With the elimination of the NNAAP Testing, Sally Bohmbach, Administrative Assistant will work .5 FTE until her potential retirement in October 2019.
- Jane Christianson and Mary Beth Johnson have been reappointed as RN Board Members for four-year terms through June 30, 2022.
- Approved Jane Christianson, RN member, as president for a two-year term ending July 2020.
- Approved Michael Hammer, RN member, as vice-president for a two-year term ending July 2020.
- Approved proposed 2018-2019 committee charges.
- Approved the following appointments for external members to the nursing

education committee from September 2018-2020: Diane Kostzewski and Erica Evans.

- Approved the following committee appointments:

Executive Committee:

Chair:

President, Jane Christianson
Vice-President, Mike Hammer
Treasurer, Jamie Hammer

Nursing Education Committee:

Chair: Janelle Holth

Mary Beth Johnson
Dr. Tanya Spilovoy

Finance Committee:

Chair Treasurer Jamie Hammer

Dr. Kevin Buettner
Jane Christianson

Risk Management Committee:

Bonnie Mayer

Board Representatives For:

PDMP Committee:

Pfenning, Christianson

- Approved the Following Meeting Dates:

2018-2019 Board Meeting Dates

July 18, 2018 Board Retreat
July 19, 2018 Annual Meeting
October 25, 2018
January 17, 2019
April 25, 2019
July 18, 2019

2018-2019 Committee Meeting Dates

Nursing Education Committee & Nel:
July 11, 2018,
October 24, 2018,
April 24, 2019
& July 10, 2019

Finance Committee:

April 18, 2019

Executive Committee:

April 25, 2019 Following Board Meeting

*Other meetings may be added as needed.

- Approved the proposed revisions to the governance manual.

The North Dakota Board of Nursing Welcomes New Staff



Chris Becker

The office of the ND Board of Nursing and the Board members would like to introduce North Dakota nurses to Chris Becker, new staff member.

Position: Accounting / Licensure Specialist

Date of Hire: 6/11/2018

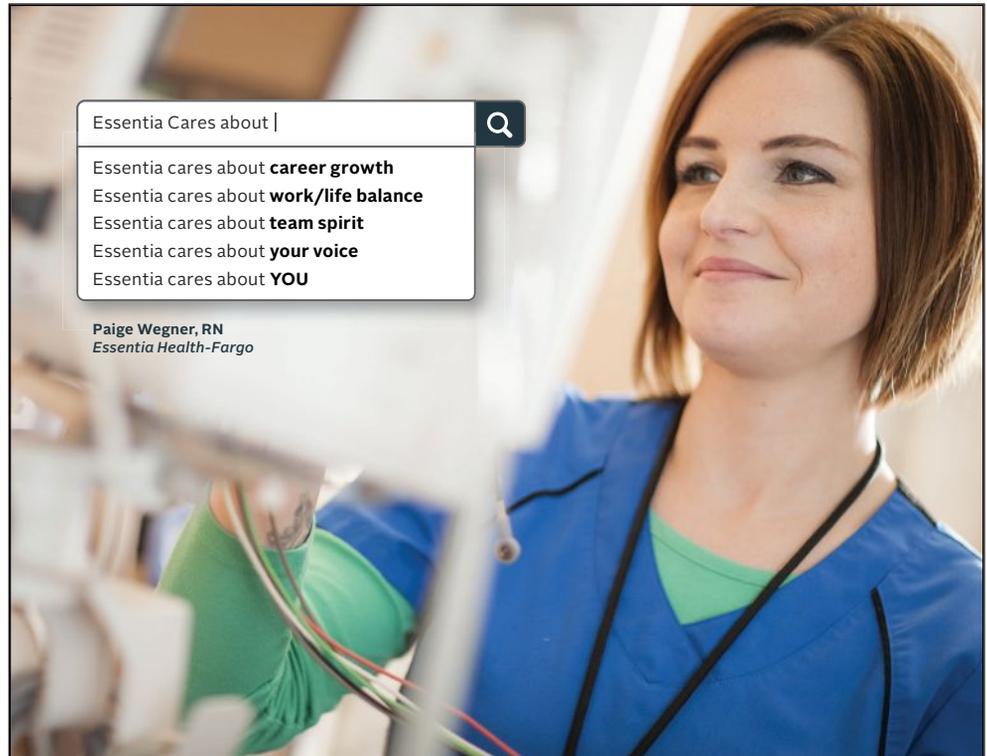
Prior education and work experience:

Chris has worked at Doosan/ Bobcat & Unisys Corporation within the corporate finance and operation departments over the past eighteen years. Her experience is enhanced by a Bachelor of Science degree in Business Administration with a minor in Accounting. Her professional career roles involved team lead achievements and goal oriented within finance shared services functions, project management, client relations, financial reporting, audit compliance and enhanced manual inefficiencies within various applications. As her experience has been in two companies that serve a different industry than nursing, Chris is excited to join the staff at ND Board of Nursing to learn a lot about the administrative rules and regulations of nursing. Chris has

reflected on the passion of nursing she has observed amongst her nieces and nephews working in this industry and the dedication they do to help others.

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North Dakota Board of Nursing Celebrates Julie Schwan's 35 Years of Service



Julie Schwan retired October 1, 2018 after serving in her role as Administrative Services Coordinator for the NDBON for 35 years. Julie began her career with the NDBON in 1983. A large portion of her position included finance and initial licensure. Her life's work has been spent

supporting the Board, collaborating and working with NDBON staff, and serving as a resource and advocate for thousands of nurses whose lives she touched.

The NDBON hosted an open house at the Board office to

celebrate Julie's retirement on Friday, August 24th. Please join us in congratulating Julie on her years of service and wishing her well as she begins her retirement adventures.



Sally Bohmbach, Pat Hill, Stacey Pfenning, Julie Schwan, Kathy Zahn, Tammy Buchholz, Gail Rossman, Melissa Hanson, Chris Becker



Pat Hill, Connie Kalanek, Karen MacDonald, Julie Schwan, Stacey Pfenning

Belcourt, N.D. Multiple RN Opportunities

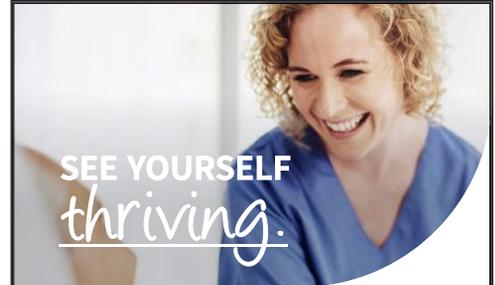
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Governor's Nursing Shortage Taskforce Report

North Dakota Board of Nursing

Nurse Licensure Report 2018

Prepared by Stacey Pfenning, Tammy Buchholz,
Melissa Hanson, Patricia Hill

National Comparison of Continued Nurse Competency Requirements

Nationally, 75% of nursing boards require routine validation of continued competency to practice for the professional licensed nurse. About 70% of nursing boards offer a combination of activities or various options to validate continued competency. The National Council of State Boards of Nursing (NCSBN) Board Member Profile 2017 included licensure and continued competency queries with responses from 56 state and territory nursing boards. The following responses addressed continued competency requirements across the nation:

- 1) 93% required continuing education (CE) contact hours
- 2) 42% required minimal paid clinical practice hours
- 3) 30% required minimal unpaid clinical practice hours
- 4) 40% required periodic refresher course completion
- 5) 16% required retake of the NCLEX examination (national nurse licensure exam)
- 6) 12% required continued competency assessment by the Board
- 7) 7% required a competency examination
- 8) 2% required peer reviews

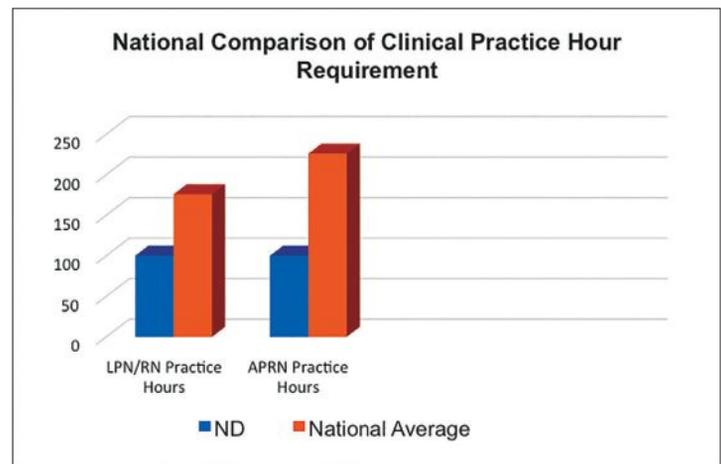
In ND, continued competency verification occurs at renewal (every 2 years) and application into ND from a non-compact state. In ND, continued competency is comprised of two requirements: 1) minimal clinical practice hours (paid or unpaid); and 2) CE contact hours. The ND Board of Nursing (NDBON) may also approve other continued competency on case-by-case basis.

Clinical Practice Hours Required in ND and National Comparison

North Dakota requires a minimum of 400 clinical practice hours within the prior 4 years as one of two requirements for continued competency for LPN, RN, and APRN.

- An August 2018 NCSBN survey found minimum practice hour requirements ranged from 0 to 1000 hours each renewal. Respondents averaged 176 clinical hours per year for continued competency for LPN/RN and 226 per year for APRN (figure 1).
- In many states, minimal practice hours were reported as one of 2-3 requirements or options to demonstrate continued competency.

Figure 1



CE Contact Hours Required in ND and National Comparison

In 2003, ND legislature mandated 12 CE contact hours every renewal (every 2 years) for LPN, RN, and APRN. The CE contact hours are not subject matter specific in ND. However, Prescriptive Authority for APRNs requires a total of 15 CE contact hours in pharmacotherapy every 2 years, which also meets the 12 CE contact hour requirement for the APRN licensure. According to the NCSBN Board Member Profile 2017, the following responses reflect the national CE contact hour requirements:

- 5% require less than 10 CE; 25% require 11-20 CE; 54% require 21-30 CE; 16% require more than 30 CE across LPN, RN, APRN licensures (figure 2)
- Overall, 4% of state nursing boards required **less** CE than ND (figure 3).
 - LPNs: 55% of states require more CE than ND, 2% of states require less CE
 - RNs: 62% of states require more CE than ND, 2% of states require less CE

- APRNs: 73% of states require more CE than ND, 9% of states require less CE
- 41% of states require subject matter CE for LPN/RN, such as pharmacology (42%), pain management (29%), area of practice (23%), law and rules (13%), child abuse (10%), domestic violence (10%), and end of life (6%).

Figure 2

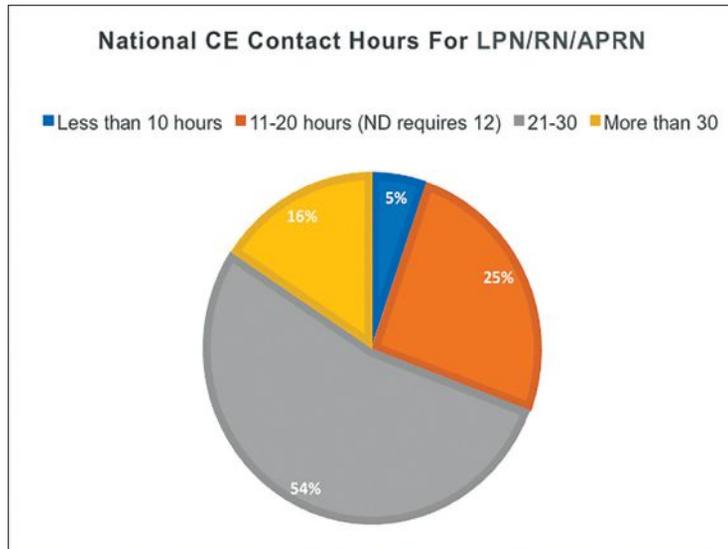
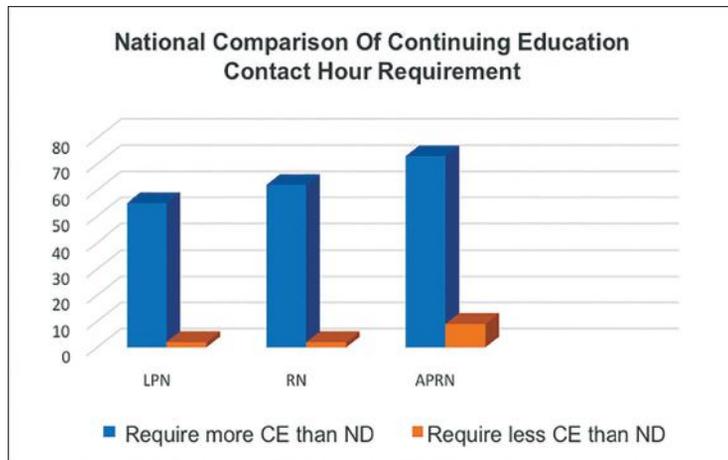


Figure 3



National Comparison of Licensure Processes

Nationally and in accordance to the Nurse Licensure Compact (NLC), the professional nurse must meet minimal uniform requirements to obtain, maintain, and reactivate licensure. The ND licensure process includes verification of state specific continued competency and the minimal uniform requirements for professional nursing practice. The NDBON enhances the licensure process through the following:

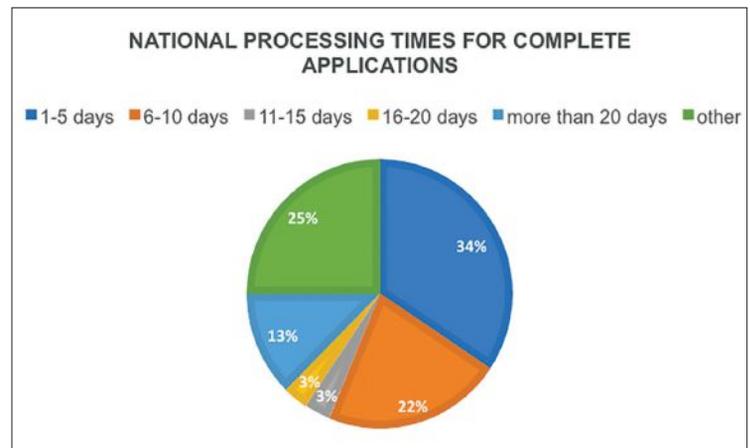
- Up to date website and database
- Online applications available on website
- 24/7 access to licensure verification on website and Nursys verification of licensure

- Tracking system that keeps applicants up to date on their application progress

The processing time for ND licensure (obtaining, maintaining, or reactivating) is 1-2 business days upon receipt of complete application. The ND Century Code (NDCC) and ND Administrative Code (NDAC) authorize issuance of a 90-day temporary permit to allow applicants to work while completing the application process. The Criminal Background Record Check (CHRC) typically takes 10-14 business days upon BCI receipt and is often the final piece needed to complete the application. In a recent NCSBN survey titled "Licensure Process Time" (June 2018), the following processing times were reported in business days by state nursing boards upon receipt of a complete application (figure 4):

- 34% within 1-5 business days (ND is 1-2 days)
- 22% 6-10 business days
- 3% 11-15 business days
- 3% 16-20 business days
- 13% more than 20 business days
- 25% reported "other" and comments included: Benchmark of 6 weeks; more than 20 days for permanent licensure; 3 days with all documents received; about 1-2 months.

Figure 4



NDBON Strategies to Facilitate Nurse Licensure Process and National Comparison

The NDCC and NDAC facilitate the nurse licensure process and serve to enhance accessibility and mobility of the nursing workforce. The following are strategies implemented in ND to limit barriers to licensure while promoting a safe nursing workforce in the state. National comparison per Board Member Profile 2017 is included when applicable.

- 1) ND issues a 90-day work authorization for student applicants. 47% of state nursing boards issue work authorizations/temporary permits for licensure by exam.
- 2) ND issues a 90-day temporary permit for applicants from other non-compact states as the licensure process is

continued on page 14

continued from page 13

being completed. 73% of state nursing boards issue temporary permits for licensure by endorsement.

3) ND has been a member of the Nurse Licensure Compact (NLC) since 2004. Currently, there are 31 compact states for LPN and RN licensure. The NLC allows nurses

to work in member states with a multistate license, supporting the mobility and accessibility of nurses in the workforce.

- 4) ND is one of 3 members of the APRN licensure compact. This new compact was introduced in 2016 and will be implemented once 10 states join.
- 5) NDAC rules allow temporary

permits to be issued to military spouses during application completion.

- 6) ND is one of 16 states with full practice authority for APRNs with no conditions on prescribing or scope of practice. The requirement for a collaborative agreement with a physician was repealed in 2012, removing a barrier to practice in a rural state.
- 7) ND is the only state that has enacted legislation which allows nursing faculty to teach while obtaining appropriate degrees required by state, regional, and national nursing education program accrediting agencies. The NDAC rule passed in 2011 has enabled rural nursing education programs to sustain their existence and increase student enrollment.

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In summary, the NDBON is focused on providing innovative, right-touch, and least restrictive regulation. In existence since 1915, the ND Board of Nursing was established to protect the public's health by overseeing and assuring the safe practice of nursing by setting minimal qualifications and competencies for safe entry-level practitioners. The NDBON strives to provide citizens with a safe and competent, yet mobile and readily accessible workforce. The Board is recognized nationally for promotion of public policy related to safe and effective nursing practice as well as for removing barriers to full scope of nursing practice in the state. The NDBON continuously monitors trends and changes in healthcare and responds by utilizing innovative law and rules to meet the needs of citizens. The mission of the North Dakota Board of Nursing is as relevant today as it was 103 years ago and continues to serve as an enduring assurance to North Dakota citizens that quality nursing care through the regulation of standards for nursing education, licensure and practice remain the primary focus of the Board.

References utilized for this report available upon request.

Opioid Updates

One in Five Drivers Uses a Prescription Drug That Can Impair Driving Despite Receiving Warnings

A new study that analyzes data from the National Roadside Survey of Alcohol and Drug Use, 2013-2014, found that one in five drivers has taken prescription drugs that could impair driving despite having been warned about the risks. The authors of the study, "Receipt of Warnings Regarding Potentially Impairing Prescription Medications and Associated Risk Perceptions in a National Sample of U.S. Drivers," indicate that of the 7,405 random drivers who completed the prescription drug portion of the survey, almost 20% reported recent use (within the past two days) of a potentially impairing prescription drug. Compared to people who were prescribed antidepressants (62.6%) and stimulants (57.7%), those who were prescribed sedatives (85.8%) and narcotics (85.1%) were most likely to report receiving warnings about the potential of these drugs to affect driving from their health care provider, pharmacy staff, or medication label. Several European countries have introduced color-coded categories (ie, no, minor, moderate, and major influence on driving) to drug labeling to increase patient safety. Beyond labeling, the authors of the study note it is important that health care providers consistently communicate with patients about their medications' driving-related risks. The study was published online in the *Journal of Studies on Alcohol and Drugs* on October 31, 2017, and can be found at <https://doi.org/10.15288/jsad.2017.78.805>. Published in the National Pharmacy Compliance News June 2018.

Latest NDTA Shows Opioids Pose Significant Impact to Public Health
Drug Enforcement Administration

(DEA) indicates a significant shift in the overall drug threat reported by law enforcement over the last 10 years with opioids (including controlled prescription drugs, fentanyl and other synthetic opioids, and heroin) reaching epidemic levels and impacting significant portions of the United States. According to the 2017 *National Drug Threat Assessment (NDTA)* report, every year since 2001, controlled prescription drugs, specifically opioid analgesics, have been linked to the largest number of overdose deaths of any illicit drug class, outpacing those for cocaine and heroin combined.

From 2007 to 2010, responses to the National Drug Threat Survey indicate cocaine was the greatest national drug threat, followed by a significant decline as the heroin

threat increased between 2010 and 2016, eventually becoming the greatest national drug threat in 2015.

Illicit fentanyl and other synthetic opioids, primarily sourced from China and Mexico and shipped directly to the US or trafficked overland via Mexico and Canada, are contributing factors in the current synthetic opioid overdose epidemic. Traffickers in the US usually mix fentanyl into heroin products and sometimes other illicit drugs or press it into counterfeit prescription pills, often without users' awareness, which leads to overdose incidents, notes the 2017 *NDTA*. To access the 2017 *NDTA*, visit www.dea.gov/divisions/hq/2017/hq102317.shtml. Published in the National Pharmacy Compliance News June 2018.

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EOE

2018 ANA Hill Day and Membership Assembly

Washington, DC

June 21-23, 2018

2018 Membership Assembly in Review: Experiences While Representing the NDNA

NDNA President Tessa Johnson and NDNA Membership Assembly Representative Tammy Buchholz attended the 2018 ANA Hill Day and Membership Assembly, June 21st – 23rd in Washington, DC.

Various speakers addressed the group including ANA President Pam Cipriano, Michelle Artz, ANA Director of Government Affairs; Samuel Hewitt, ANA Senior Associate Director, Federal Government Affairs; and Tim Casey, Policy Advisor, Polsinelli PC. The morning's keynote speaker was Representative Paul Tonko (D-NY-20) who shared his passion and commitment to pass legislation that addresses the nation's opioid crisis.

Participants were taken to Capitol Hill where over 300 nurses from 45 states and the District of Columbia, Guam and the Virgin Islands attended 277 meetings scheduled with state senators and representatives. In addition, ANA nurse members unable to attend Hill Day in person delivered over 700 messages to senators and representatives via Phone2Action and 5.7 million impressions via Twitter.

Our first meeting was with Senator John Hoeven and his Legislative Correspondent Ben Bergstrom who is from Devils Lake, ND. The next meeting was with Representative Cramer's Legislative Assistant, Bree Vculek who is from Oakes, ND. Last, we met with Senator Heitkamp and her Health Policy Advisors, Megan DesCamps and Legislative Counsel Santiago Gonzalez. While attending our meetings with senators, representatives and their staff we had an opportunity to share our state and national priority issues related to nursing and the health and well being of all.

We cannot express what an honor and



Johnson, Heitkamp, Buchholz



Buchholz, Hoeven, Johnson

privilege it was for us to represent North Dakota nurses in our nation's capitol while meeting with our state's senators and representative. We were treated with respect by our legislators and their staff who were all hospitable and provided us the opportunity to engage in meaningful and collaborative discussions. As we noted last year, we will once again include our experiences at the 2018 ANA Hill Day to our list of "most memorable nursing opportunities" during our nursing careers.

The 2018 ANA Membership Assembly was another historic event and provided us with an opportunity to join with our nurse colleagues around the nation to conduct the vital business of the Association. We are proud of the work accomplished during the Assembly and are grateful to have had the opportunity to be the voice of North Dakota nurses and to represent NDNA.

Tammy Buchholz, MSN, RN, CNE
NDNA Membership Assembly Representative

Tessa Johnson, MSN, RN
NDNA President



NCSBN Launches Global Regulatory Atlas

NCSBN has published the groundbreaking Global Regulatory Atlas that charts the nursing regulatory landscape and provides a comprehensive online compendium of nursing regulation worldwide.

NCSBN has published the groundbreaking Global Regulatory Atlas that charts the nursing regulatory landscape and provides a comprehensive online compendium of nursing regulation worldwide. The atlas was created with the assistance of health care regulators worldwide, and currently holds information from 178 jurisdictions representing almost 12 million nurses. Additional jurisdictions are being added on a monthly basis.

“This is an exciting development and one that provides an essential resource to all those involved in delivering high quality patient care, education and research,” comments NCSBN CEO David Benton, PhD, RGN FFNF, FRCN, FAAN. “We are delighted by the enthusiasm of regulators from around the world in contributing to this new tool that helps us all protect the public and learn from each other.”

Uniquely positioned to offer nurses, educators, researchers and health care administrators detailed information about regulatory bodies across the globe – including their nursing population statistics, licensure or registration requirements, levels of nursing, education and much more – the Global Regulatory Atlas is an invaluable and vital resource. Users can easily access in-depth information, explore global metrics, and compare and contrast jurisdictions. Reports can be saved and downloaded for future use.

This essential resource is offered free of charge and can be accessed at regulatoryatlas.com.

About NCSBN

NCSBN marks its 40th anniversary milestone in 2018 with the inspiring theme of “Regulatory Excellence Surging Toward the Future.” Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories – American Samoa, Guam, Northern Mariana

Islands and the Virgin Islands. There are also 30 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.8 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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Board Staff Directory

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Linda Young , MS, RN, FRE, Nursing Practice Specialist Concerning APRN Regulation and Practice, RN and LPN Practice, and Center for Nursing Workforce	Linda.Young@state.sd.us (605) 362-2772

The **MISSION** of the Board of Nursing is to protect the public through the regulation of nursing licensure, practice and education.

The **Vision** of the Board of Nursing is to inspire public confidence in the profession of nursing through regulatory excellence and honoring human dignity.

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RN Member, Brookings

South Dakota Board of Nursing Scheduled Meetings

Location: 4305 S. Louise Ave., Suite 201; Sioux Falls, SD
Time: 9:00AM

November 15, 2018

Agenda will be posted 3 business days prior to the meeting on Board's website.

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	License Number	June Board Action
Tousignant, Patrick	R045653	• Reinstatement with HPAP

Name	License Number	September Board Action
Cummings, Bailey	R047467	• Probation with Mandated HPAP
Egleston, Sharon	P010967	• Letter of Reprimand
Gluhm, Karmyn	R041875	• Reinstatement with Mandated HPAP
Kyle, Christopher	R042473	• Reinstatement with Mandated HPAP
Kraig, Heidi	R037604	• Probation with Mandated HPAP
Nelson, Kayla	P010875	• Suspension

Name	Registrant Number	September Board Action
Limke, Kathryn	M005140	• Accept Voluntary Surrender
Mackey, Sharon	UMA Applicant	• Deny Registration
Standing Bear, Sheila	M006314	• Accept Voluntary Surrender
	D000081	• Accept Voluntary Surrender
Underberg, Kimberly	M007351	• Accept Voluntary Surrender
Whitehead, Cole	M006824	• Accept Voluntary Surrender

Access

Licensure forms, update contact information, find advisory opinions, nurse practice act, and more online: www.nursing.sd.gov

Verify

Nurse Licensure and UAP Registration: <http://doh.sd.gov/boards/nursing/verificationlink.aspx>

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South Dakota Board of Nursing Meeting Highlights

September 2018

Board Meetings:

Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as necessary to transact its business. The South Dakota Board of Nursing generally meets five times a year. Meetings are open to the public; however, SDCL 1-25-2 allows a public body to close a meeting for discussing employee or legal matters. Individuals interested in attending should check the Board's website for more information and agendas. Information is posted 24 hours prior to the meeting at: <http://doh.sd.gov/boards/nursing/>. Minutes following a Board meeting are posted on the Board's website within 10 days of the meeting.

Legislative/Rules:

Changes to administrative rules became effective July 30, 2018 and include:

- **Chapter 20:48:01** Update the definition in this section to add certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), certified nurse practitioners (CNP) and certified nurse midwives (CNM) to the definition of school.
- **Chapter 20:48:06** Raise the biennial renewal fees for RNs, LPNs, CRNAs and CNSs from \$70 to \$95. This change will become effective for any nurse renewing as of November 1, 2018.
- **Chapter 20:48:07** Update the approval of nursing education programs and add requirements for approval of advanced practice nursing programs.
- **Chapter 20:48:15** Repeal these rules. These rules were no longer needed with the enactment of the enhanced Nurse Licensure Compact in the 2016 Legislature and implementation on January 18, 2018.

- **Article 20:62** Update nurse practitioners and nurse midwives rules in accordance with amendments made to SC DL 36-9A by the 2017 legislature. Specifically:

- Rules related to the joint regulation by the board of medicine and nursing were repealed.
- The requirement for a collaborative agreement with a physician for licensure was repealed for all licensees that have completed a minimum of 1040 practice hours.
- Biennial renewal fees were increased from \$70 to \$95, this change will become effective for renewals as of November 1, 2018.
- New rules are added for the management of patient records, prescribing, and out of hospital birth practice.

Nursing Education:

- The Board accepted Augustana University's notification that Margot L. Nelson, PhD, RN assumed the position of Interim Chair of the Nursing Department effective August 2018.
- The Board accepted Dakota Wesleyan University's notification that Stacy Eden, DNP, RN assumed the position of Administrative Chair of the nursing education program effective September 2018.
- The Board reinstated full approval status to the baccalaureate nursing program at Presentation College.
- The Board accepted the South Dakota Human Services Center's 2018 Clinical Enrichment Program

report and approved their 2019 request for continuing approval.

- The Board's policy on LPN licensure by equivalency for army military personnel trained as medics was retired. All applicants requesting licensure by equivalency are evaluated on an individual basis.

Nursing Practice:

- The Board approved the Certified Nurse Midwives (CNM) Out-of-Hospital (OOH) Birth Practice Agreement which outlines practice guidelines.
- The Board re-appointed Robin Arends, CNP and Esther Preszler, CNP to a third 3-year term and Kay Foland, CNS, CNP to a second 3-year term on the Board's Advanced Practice Registered Nurse Advisory Committee.

Licensure / Registration:

- **Verification of Employment:** RNs and LPNs are required to attest to the hours worked during a renewal period. The Board does conduct random audits of licensees, if you are selected you will be required to submit a completed employment verification form to the Board office.
- **Nurse License and UAP Registration Verification:** Licensure status for all licensees and registrants may be verified online at: www.nursing.sd.gov select Online Verification.
 - The Board's registry *only* provides assurance that individuals listed on the registry have met minimal criteria including the completion of required training and testing to

continued on page 20

continued from page 19

allow them to accept the delegated task of medication administration from a licensed RN or LPN while under nurse supervision.

Registry status does NOT imply that an individual has met moral, ethical, or legal standards and should not take the place of an employer's hiring screening process or background check.

• **Unlicensed Medication Aides:**

Licensed nurses in South Dakota may only delegate medication administration to Unlicensed Medication Aides (UMA), insulin administration tasks to Unlicensed Diabetes Aides (UDA), and dialysis tasks to Unlicensed Dialysis Technicians (UDT) who are listed on the South Dakota Board of Nursing's registry.

Registry status is valid for a two year time period; registry status may be verified on the Board's website: <https://www.sduap.org/verify/>. If the person is not listed on the registry a nurse may not delegate those tasks to that person.

- South Dakota is a member of the **Enhanced Nurse Licensure Compact (eNLC)**. LPNs and RNs who hold a multi-state compact license are able to provide care to patients in other eNLC states, without having to obtain additional licenses. An LPN or RN who holds a single-state license can only practice in the state that license was issued.
 - South Dakota does not belong to the APRN compact; therefore all South Dakota issued CNM, CNP, CRNA, and CNS licenses are single-state.

• **South Dakota's Active Workforce as of September 2018:**

Licensed Workforce	Number
Licensed Practical Nurses (LPN)	2,653
Registered Nurses (RN)	18,549
Certified Nurse Midwives (CNM)	33
Certified Nurse Practitioners (CNP)	1,049
Certified Registered Nurse Anesthetists (CRNA)	490
Registered/Unlicensed Assistive Personnel Workforce	Number
Certified Nurse Aides (CNA)	10,231
Unlicensed Diabetes Aides (UDA)	106
Unlicensed Dialysis Technicians (UDT)	64
Unlicensed Medication Aides (UMA)	5,960

Prevent a Lapsed License:

- A lapsed nursing license is a serious violation of the Nurse Practice Act. A nurse that has a lapsed license must pay an additional fee to reinstate the license and may also incur discipline. Nurses that practice on a lapsed license may also cause their employers to bear additional burdens. Facilities may lose reimbursement money, be cited for lack of compliance, or receive other sanctions by regulatory bodies.
- As a practicing nurse you are responsible and accountable to maintain an active license! The Board sends a renewal notice to an actively licensed nurse's *last known address* 90 days in advance. **Keep your address current!** You may conveniently change your address online at: <http://doh.sd.gov/boards/nursing/address.aspx>
- **Enroll in Nursys e-Notify.** This is a **free service** open to all licensed nurses. Once enrolled, e-Notify will automatically send license **expiration reminders** and status updates to licensees or employers. <https://www.nursys.com/EN/ENDefault.aspx>


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NCSBN Award Ceremony Honors Outstanding Nurse Regulators



The National Council of State Boards of Nursing Inc. (NCSBN) recognized and honored **Gloria Damgaard, MS, RN, FRE**, executive director, South Dakota Board of Nursing, with the prestigious R.

Louise McManus Award at its annual Awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, held in Minneapolis, Aug. 15-17, 2018. Individuals receiving this award made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

NCSBN also recognized **Deb Soholt, MS, RN, South Dakota State Senator** and former South Dakota Board of Nursing member with the Distinguished Achievement Award given to individuals whose contributions or accomplishments have impacted NCSBN's mission and vision.

NCSBN is an independent, not-for-profit organization through which boards of nursing act and counsel together on matters of common interest and concern affecting public



health, safety and welfare, including the development of nursing licensure examinations. Read more about NCSBN at: www.ncsbn.org.

Photo credit: Tricia Koning, NCSBN

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Registered Nurse Scholarship Recipients Announced

The South Dakota Board of Nursing offers a Nursing Education Scholarship Program (NESP) to RN and LPN nursing students who are residents of South Dakota and who have been accepted into a board approved nursing education program that leads to initial licensure or a nursing degree enhancement. Scholarship money distributed through

this program is generated through a \$10 fee charged to each nurse upon renewal of a South Dakota RN or LPN license.

Registered nurse scholarships are awarded in the spring and LPN scholarships are awarded in the fall of each year. The number and amount of each scholarship is determined annually by the South Dakota Board of Nursing

not to exceed \$1000 per academic year per student. Scholarship money may be used for direct education expenses such as tuition, books, and fees. To learn more about NESP go to <https://doh.sd.gov/boards/nursing/loan.aspx>.

Congratulations to the scholarship recipients who were approved by the Board of Nursing at the June 28, 2018 meeting. A total of \$72,550 was awarded.

Name	Degree Sought
Briar Cliff College	
Joy Roth	MSN/FNP
Capella University	
Melanie Ruz-Nuglo	DNP
Dakota Wesleyan University	
Tristin Bartels	BSN
April Burbach	BSN
Jimi Byrne	BSN
Amber Davenport	BSN
Radonda Davis	BSN
Kylie Farley	BSN
Brittany Frisch	BSN
Jerilyn Geist	BSN
Cierra Harkema	BSN
Amelia Honermann	BSN
Rachelle Mahoney	BSN
Rebekah Schelhaas	BSN
Tracy Sherman	BSN
Kimberly VanBockern	BSN
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Katie Magnison	BSN
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White Paper: A Nurse's Guide to the Use of Social Media

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information

and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to

safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting

video or photos of patients. Additional examples are included at the end of this document.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

Other Consequences

Improper use of social media by

nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient

privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.¹ The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

¹ One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). *Privacy and social networks* [Video file]. Retrieved from <http://www.youtube.com/watch?v=X7gWEgHeXcA>

- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

continued on page 26

continued from page 25

- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

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continued from page 27

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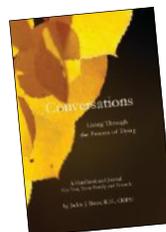
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