

| Volume 17 | Number 3 | Summer 2019 |

# DAKOTA NURSE

C O N N E C T I O N

Frequently Asked Questions  
Registered Nurse and Licensed  
Practical Nurse Practice

South Dakota's Nursing Workforce:  
Supply and Employment  
Characteristics

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## *A message from the Executive Director*

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

Dear Readers of the Dakota Nurse Connection,

Over the past seven years, I have had the honor and privilege to serve on the Board of Directors of the National Council of State Boards of Nursing (NCSBN). My service consisted of four years as a director at large and three years as the treasurer of the organization. My term is nearing its end and will conclude following the 2019 Annual Delegate Assembly in August. Service on this Board has been a leadership experience encompassing nursing regulation at the state, national and international level. I am most grateful to the membership of NCSBN for electing me to these positions and to the administration and board presidents that made this experience so positive. Serving on the NCSBN Board of Directors has been a pinnacle of my career in nursing regulation. I believe that I am a better nursing regulator and better person as a result of this experience. One of the highlights of my tenure on this board, was the opportunity to attend the 2019 Congress of the International Council of Nurses (ICN) held this June in Singapore. My message to you this quarter consists of a few highlights of the international meeting.

"Beyond Healthcare to Health" was the theme of the 2019 ICN Congress. Over five thousand nurses from 120 countries attended this meeting. Elizabeth Iro, Chief Nurse for the World Health Organization (WHO) addressed the congress. The WHO is collaborating with the ICN to produce the first ever "2020 State of the World's Nurses" report. This report will provide a global picture of the nursing workforce using validated data and provide guidance for countries that want to optimize their most valuable resource. Dr. Iro suggests that nursing is in a unique position because of the scale of the profession and the strong connection its members have with people and the local communities that they serve which gives them a great deal of influence. The nursing and midwifery healthcare workforce comprise 50% of the world's healthcare providers. Dr. Iro will be an invited guest and keynote speaker at the 2019 NCSBN Delegate Assembly in August. You can learn more about nursing around the world by visiting NCSBN's Global Regulatory Atlas at [www.regulatoryatlas.com](http://www.regulatoryatlas.com). The atlas is a global resource developed by the NCSBN.

Attendees at the ICN Congress were delighted by a surprise visit from the Director General of the WHO, Dr. Tedros Adhanom Ghebreyesus. At the suggestion of Dr. Tedros, the WHO has declared the year 2020, as "The International Year of the Nurse". 2020 also marks the 200th anniversary of Florence Nightingale. Watch for more information on global celebrations of nursing during this special year of recognition for nurses around the world.

Another joint venture by the ICN and WHO is the "Nursing Now" campaign. Nursing Now was officially launched in the

United Kingdom by the Duchess of Cambridge in 2019. This movement aims to improve health and healthcare globally by raising the status and profile of nursing. The triple aim of the campaign is to improve health, promote gender equality and support economic growth. Co-chairs of the "Nursing Now" campaign, Lord Nigel Crisp and Dr. Sheila Tlou announced a new initiative called the "Nightingale Challenge" at the ICN Congress. This challenge calls for all employers of nurses globally to provide leadership development and training for young nurses and midwives during 2020. The challenge aims to inspire at least one thousand employers worldwide to enable 20,000 young nurses and midwives to build their skills as advocates and influential leaders in healthcare. Nursing Now was launched in the United States in April 2019. Under the strategic direction of the University of North Carolina at Chapel Hill School of Nursing, University of Washington School of Nursing, American Nurses Association (ANA) and the U.S. Public Health Service Chief Nurse Officer, *Nursing Now USA* will address key issues in the nursing profession such as workplace violence, pay equity, staffing shortages, and barriers to practice.

Dr. Linda Aiken and Professor Matthew McHugh presented evidence in support of the scientific and policy justification for safe staffing ratios. The newest international evidence on the impact of safe nurse staffing ratios to patient outcomes and nurse retention was presented. Lessons learned from an independent evaluation of the outcomes of safe nurse staffing legislation implementation in Queensland, Australia was presented.

Nursing regulation was well represented by Dr. David Benton, CEO of NCSBN, who spoke on the future of nursing regulation. Dr. Benton outlined the key themes and challenges to the future of nursing regulation and the emerging issues facing regulation and the opportunities and challenges that those issues will bring. Dr. Benton recently published a document entitled "Acting in the Public Interest: Learnings and Commentary on Occupational Licensure Literature" in the July 2019 Issue of the Journal of Nursing Regulation.

There is so much more to write about the 2019 ICN Congress. It was a once in a lifetime experience for me, I hope my message serves to showcase some of the players and topics on the world stage. I never cease to be amazed at the breadth and depth of the nursing profession. Enjoy the rest of the summer and I will be in touch again this fall.

*Gloria Damgaard*

Sincerely,  
Gloria Damgaard, Executive Director





## *A message from the Executive Director*

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

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

### **NDBON Update**

The NDBON celebrated Board members Bonny Mayer and Michael Hammer for successful completion of volunteer terms of service to ND citizens. Both Bonny and Michael exhibited consistent dedication and commitment to safe nursing practice during their terms as Board members. The NDBON will be welcoming and providing orientation for new board members once appointments are made by the Governor. An orientation of new Board members includes time with staff, mentorship by other Board members, and attendance to Compliance Advisory Council meetings.

The NDBON will be welcoming a new staff member dedicated to the Compliance Division, as a Compliance Investigator. The new addition to staff will be introduced in the Fall edition of the *Dakota Nurse Connection*.

### **Committees and Meetings**

Melissa Hanson, Associate Director for Compliance, attended the National Council of State Board of Nursing (NCSBN) Discipline Case Management conference. Maureen Bentz, Associate Director for Practice, successfully completed Basic Board of Nursing Investigator Training through NCSBN. Tammy Buchholz attended the American Nurses Association Membership Assembly in Washington, DC. Staff also attended the national APRN Consensus Forum in April, which included vital conversation related to future considerations of the APRN Consensus Model originally published in 2008.

### **Legislative Update**

Upon the conclusion of the ND 66<sup>th</sup> Legislative Assembly, the NDBON reviewed the 2019 ND Century Code Title Summaries of legislation passed during the session. Title 43 enacted legislation related to Occupations and Professions included the following:

- HB 1099 added an exemption to the Nurse Practices Act for providing medication, other than by the parenteral route, to an employee of a qualified service provider agency who meets specified criteria. HB 1102 changed reference in exemption from “residential childcare facility” to “qualified residential treatment program”.
- SB 2155 provided an exemption from the regulation of the practice of pharmacy for a registered nurse to dispense oral contraceptives, transdermal contraceptive patches, and vaginal contraceptive rings pursuant to an order of an authorized prescriber in the course of working in a title X clinic.
- SB2306 revised the law regarding the licensure of military spouses, providing a board shall grant a provisional or temporary permit to a military spouse who is licensed by a foreign jurisdiction; and requires a board to inquire whether an applicant for licensure is a member of the military or a military spouse.

In addition, the Advanced Practice Registered Nurse was added to the following statutes: SB 2170 Clinical Laboratory Personnel exemption with supervision; SB 2231 Pharmacist and Pharmacies and collaborative agreements with APRNs; SB 2112 Foster Care and Adoption list of professionals who can diagnose; SB2138 Hunting list of medical professionals who may provide a statement supporting application for special permit.

The NDBON will continue to post news on licensure, education, practice, and pertinent legislative activities on the website. Watch for the Fall 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



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## 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

**ND Board of Nursing**  
**919 S 7th St**  
**Suite 504**

**Bismarck, ND 58504-5881**

**Phone: 701-328-9777**

**Fax: 701-328-9785**

**Email: [contactus@ndbon.org](mailto:contactus@ndbon.org)**

## NORTH DAKOTA BOARD OF NURSING 2018-2019 BOARD MEETING DATES

**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](http://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 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. Email items to [contactus@ndbon.org](mailto:contactus@ndbon.org) or fax to 701-328-9785.
3. 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.
4. If you have any questions, please call 701-328-9777

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ND Board of Nursing invites nursing and non-nursing public members to participate on the Advisory Panel. Visit [www.ndbon.org](http://www.ndbon.org) for information and application.

## NURSES *Have you moved recently?*

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### **Change of Address and Contact Information**

To ensure receipt of correspondences from the ND Board of Nursing, all licensees, registrants, and applicants are responsible for providing accurate, current address and other contact information may result in the inability to receive official notices or requests, which can lead to default or adverse action against the licensee or registrant. To change your address and other contact information visit [www.ndbon.org](http://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](http://www.ndbon.org) Choose "Verify"
- Nursys® QuickConfirm at [www.nursys.com](http://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](http://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

April 2019

- Compliance Division investigations and list of all disciplinary actions taken by the Board are published in the April 2019 Public Notice available at <https://www.ndbon.org/Publications/PublicNotice.asp>.
- Reviewed and motioned on two investigative case presentations. To view minutes related to the investigative case presentations, visit <https://www.ndbon.org/publications/minutes.asp>.
- Reviewed draft of 'Drug Screen Testing' Policy which contains the updates relevant to new third-party administrator of drug testing, FS Solutions. Approved the draft revisions to the 'Drug Screen Testing' Policy.
- Found the Dakota Nursing Program Consortium, Certificate Practical Nurse and Associate Degree Registered Nurse Education Programs in substantial compliance with ND Administrative Code 54-03.2. Standards for Nursing Education Programs; and granted full approval through April 2024; and required an onsite survey of the Dakota Nursing Program Consortium, Certificate Practical Nurse and Associate Degree Registered Nurse Education Programs Spring 2024.
- Approved the request of an enrollment increase from 0 to 24 students beginning Fall 2019 for the North Dakota State College of Science (NDSCS), Associate of Applied Science Registered Nurse Program as the program has full approval and the change complies with NDAC 54-03.2-06-02. Programmatic Changes.
- Approved the request for the deletion of course NURS298a for Dickinson State University (DSU), Department of Nursing, Associate of Applied Science Practical Nurse Program as the program has full approval and the change complies with NDAC 54-03.2-06-02. Programmatic changes.
- Approved the request for changes to End of Program Student Learning Outcomes (EPSLOS) for the Dickinson State University (DSU), Department of Nursing (DON), Baccalaureate (BSN) Program as the program has full approval and the changes comply with NDAC 54-03.2-06-02. Programmatic Changes.
- Approved the request for enrollment increases for the Adult Gerontological Primary Care Nurse Practitioner (AGPCNP) Program from 13 to 24 students; for the Family Nurse Practitioner (FNP) Program from 42 to 66 students; for the Psychiatric Mental Health Nurse Practitioner (PMHNP) Program from 32 to 48 students beginning Fall 2019 for the University Of North Dakota (UND) College of Nursing & Professional Disciplines, Master's Degree, Nurse Practitioner Programs as the programs have full approval and the changes comply with NDAC 54-03.2-06-02. Programmatic changes.
- Approved the request for a change to overall credit hours from 127 to 128 and for overall curriculum design revisions for University of Mary, School of Health Sciences, Division of Nursing, Baccalaureate Programs as the programs have full approval and the changes comply with NDAC 54-03.2-06-02. programmatic changes.
- Approved the request for licensure by endorsement applicant, Candace Johnson. And accepted the completion of Air Force BMTCP 4N051 (5 skill level) program as the equivalent of a certificate, practical nursing education program with intravenous therapy course completion to meet NDAC 54-02-06.1.4; NDCC 43-12.1-09, 2.b.
- Approved the application of Ms. Brittney Rodriguez to the Medication Assistant III registry in the state of ND.
- Approved the revisions of Continuing Education Renewal Requirements
- Policy and include clarification within the policy that time spent researching practice is not considered acceptable to meet NDBON CE requirements.
- The Board reviewed and discussed a letter received by the Compliance Division on April 24, 2019 addressing concerns about nursing practice related to aesthetics. The letter included a list of aesthetic clinics in ND where nursing practice concerns were directed. The letter expressed concern regarding a lack of provider/prescriber assessment and evaluation in medical aesthetic treatments being administered by RNs. The Board discussed recent efforts to provide clarification and education through a specific aesthetic interpretive statement approved January 2018, and a Regulatory Standard of Practice publication in the 2019 Winter Dakota Nurse Connection. Board discussion reflected recognition of the need to further educate aesthetic business's utilizing RNs in ND. Board acknowledged the need to develop an aesthetic related practice guidance to include a definition of non-client specific protocols and possible promulgation of rules as a potential strategy to address continued public concerns related to aesthetic practices in ND. The Board directed SAAG and NDBON staff to notify attorney general office on of the continued public concerns related to this specific topic. Staff to work with SAAG to explore next steps to inform the practice.
- Finance Committee recommended, and the Board approved to anticipate that a deficit budget amount for current FY 2018-19 to be documented and allocated from reserve funds as of June 30, 2019.
- Approved the minutes of the April 18, 2019 Finance Committee meeting as distributed.

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- Finance Committee recommended, and the Board approved increase of the on-site school survey for each program from \$500 to \$750 and interim paper/focused onsite survey from \$250 to \$375 effective July 1, 2019; and recommended NEC committee to review the NDBON survey process for
- efficiency and involvement from resources.
- ND Center for Nursing (ND CFN) representatives, Patricia Moulton and Tessa Johnson, presented the ND CFN and NDBON Brainstorming report which addressed research requested by the NDBON during January convened meeting. The ND CFN representatives presented a

proposal to the NDBON for funding contributions for FY 2019-2020 and future funding.

- Andrew Askew, NDBON SAAG, provided history, overview, and legal guidance related to project funding, specifically related to the ND CFN.
- Finance Committee recommended, and the Board approved the Albertson proposal to continue with online forms technology updates in FY 2019-2020 that will enhance and streamline process workflow.
- Finance Committee recommended, and the Board approved the implementation of a discipline module to be a centralized component within existing software which will require expenditure to be taken from FY 2019-2020 reserve funds for this one-time expenditure.
- Finance Committee recommended, and the Board approved NDBON staffing needs of 1 additional FTE starting FY 2019-2020.
- Finance Committee recommended, and the Board approved the FY 2019-2020 budget \$1,529,735 projected income \$1,529,890 projected expenses which includes \$87,000 designated for nursing education loan and a 2019-2020 annual contribution amount of \$180,000 will be issued in monthly payments of \$15,000.00 to ND Center for Nursing project.
- Reviewed terms and offices to be updated July 2019 Board meeting. Michael Hammer RN member first term expires June 30, 2019. Michael submitted for his second term with the Governor's Office. Bonny Mayer LPN member 2nd term expires June 30, 2019. Bonny served two consecutive 4-year terms. Deferred committee appointments and charges and conferences to July meeting.

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## The North Dakota Board of Nursing Welcomes New Staff Member



*Karen Hahn*

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

**Position:** Administrative / Licensure Specialist

**Date of Hire:** April 1, 2019

**Prior work experience:**

Karen comes from a very diverse business office background. Her 25 year professional career with Unisys, provided her the opportunity to experience many different roles and gain a wide variety of experience to include: process improvements, overseeing Travel Federal Audit and Regulations, team lead, various project lead roles, testing system enhancements, corporate accounting and

training team members both US and International. She is excited to join North Dakota Board of Nursing to assist with the licensure process, administrative duties and share her years of experience within our office. With a daughter who recently graduated as an RN she looks forward to helping others join the nursing workforce.

**Tell us a bit about yourself:**

I enjoy spending time with my family and friends, doing a wide variety of crafts, being outdoors either boating, fishing or just relaxing. Volunteering in the community and church.

## The ND Board of Nursing Honors Michael Hammer for Years of Leadership and Service as Vice President and RN Board Member



*Michael Hammer*

Michael Hammer of Velva, ND served as RN Board Member for the ND Board of Nursing from July 1, 2015-June 30, 2019. Michael brought expertise and insight related to working in long-term care facilities and rural ND, including critical access facilities. During Michael's first 4-year term with the ND Board of Nursing, he served as Vice President and attended national and local conferences to prepare him for leadership succession of his officer position. Michael also served on the Executive Committee and Risk Management Committee. As a well-respected member of the Board, Michael demonstrated consistent dedication; he never missed a meeting. Michael attended meetings with the National Council of State Boards of Nursing, which provided training and education related to nursing regulation at the national level. The ND Board of Nursing greatly appreciates Michael's volunteered time and shared expertise throughout his service to the citizens of ND.

## Frequently Asked Questions

## Registered Nurse and Licensed Practical Nurse Practice:

**Q. Is it within ND law/rules for the LPN or RN to: 1) determine prescribed therapeutic regimen; 2) prescribe a drug to a client; or 3) dispense a drug to a client?**

**A.** It is not within the LPN or RN scope of practice to: 1) plan or initiate a therapeutic regimen that involves ordering or prescribing drugs, devices, etc.; 2) prescribe drugs; or 3) dispense drugs. According to NPA 43-12.1-02 (6), prescriptive practice means assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist. Prescribing is included in the APRN standards with authority to prescribe (NDAC 54-05-03.1); however, is not included in the LPN or RN standards. The NDBON refers to the ND Board of Pharmacy statement titled, "Administrative Guidelines for Practitioner Dispensing in ND" and the ND Board of Pharmacy law 43-15-01 and 43-15-02 and NDAC 61-04-02-01. Available at visit <https://www.nodakpharmacy.com>

**Q. Is it within ND law/rules for the APRN with prescriptive authority to assign or delegate prescribing to an LPN or RN?**

**A.** According to NDAC 54-05-02-07, the nurse professional can assign to another only those nursing interventions that are included within that nurse's scope of practice, education, experience, and competence. Prescribing practice is **not** within the LPN or RN standards or scope. Additionally, NDAC 54-02-07-01.1 includes inappropriate or inconsistent assigning or delegating interventions as potential grounds for discipline.

**Q. Can I work on a nursing unit in a position other than as a licensed nurse?**

**A.** If a nurse holds licensure in ND and chooses to work in a position other than nursing, and the job

description does not include use of nursing knowledge, skills, and abilities, the individual is free to do so. However, the individual could not claim those hours for nursing practice hours for purposes of maintaining eligibility for licensure.

An individual who is applying for nurse licensure in ND or who is licensed as a nurse in another jurisdiction must be authorized to practice nursing, with a permit or work authorization, when hired to a position in a nursing unit, regardless of title, which may utilize nursing knowledge, unless the individual is licensed, registered or otherwise authorized to perform the work required in that position. For example, a nurse who is registered as a certified nursing assistant may serve in that role without having a license, permit or work authorization to practice nursing (October 25, 2018 motion).

**Q. Can I complete any orientation (including classroom instruction and reading policy and procedures) prior to receiving a nursing license, permit, or work authorization?**

**A.** No. The NDBON reaffirmed the position in 2018, as adopted and reaffirmed in 1987 and 1998, that orientation to a position that requires a nursing license, permit, or work authorization is considered nursing practice and therefore requires that the individual be properly licensed or authorized to practice for the position to which they are being oriented.

**Q. Is it within the scope of practice of the licensed nurse to fill medication boxes for their clients when they do not have face to face contact with the client?**

**A.** Pharmacists and pharmacy technicians dispense medication for clients while nurses administer medication to clients. The board of nursing supports the use of

the medication boxes (or similar name) when utilizing the six rights of medication administration. RNs and LPNs may fill medication boxes for use by clients receiving health service in the community. The nurses would be filling the medication boxes from properly labeled bottles for a specific client to which they are providing care. Unlicensed assistive personnel may not fill a medication planner. This is an intervention that would not be delegated to an Unlicensed Assistive Person.

**Q. Is it within the scope of practice of the licensed nurse to give out drug samples?**

**A.** Giving out drug samples is considered dispensing. The dispensing of medication is outside of the scope of practice of the licensed nurse.

It is within the scope of practice of the licensed nurse to hand a patient pre-packaged pharmaceutical samples with the original label and packaging intact or a medication that a physician or pharmacist has appropriately repackaged and labeled from a bulk container and following the guidelines provided:

1) Establish a policy and approved procedure to include the following points:

- An order must be written by the physician for the medication and if samples are going to be utilized the nurse may obtain the medications from the location in which they are stored. A procedure for signing out the sample must be in place in the organization.
- The physician or pharmacist should label the sample medication with the dose and instructions for administration.

- The instruction must be provided by physician/ pharmacist on how to take the medication.
- Once that is completed and with the necessary components to meet the requirements for the state and federal regulations for dispensing, the nurse may provide the medication to the patient. Which is termed delivery or distribute, not dispensing.

NDCC CHAPTER 43-15  
PHARMACISTS, Specifically,  
Subsection 43-15-01.  
Definitions.

6. "Deliver" or "delivery" means the actual, constructive, or attempted transfer of a drug or device from one person to another, whether or not for a consideration.
  8. "Dispense" or "dispensing" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner or a nurse licensed under chapter 43-12.1 who is authorized by the practitioner to orally transmit the order that has been reduced to writing in the patient's record, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.
  9. "Distribute" means the delivery of a drug other than by dispensing or administering.
- Lastly, it is incumbent, upon the nurse to be educated and competent regarding the medication to include but not limited to indications,

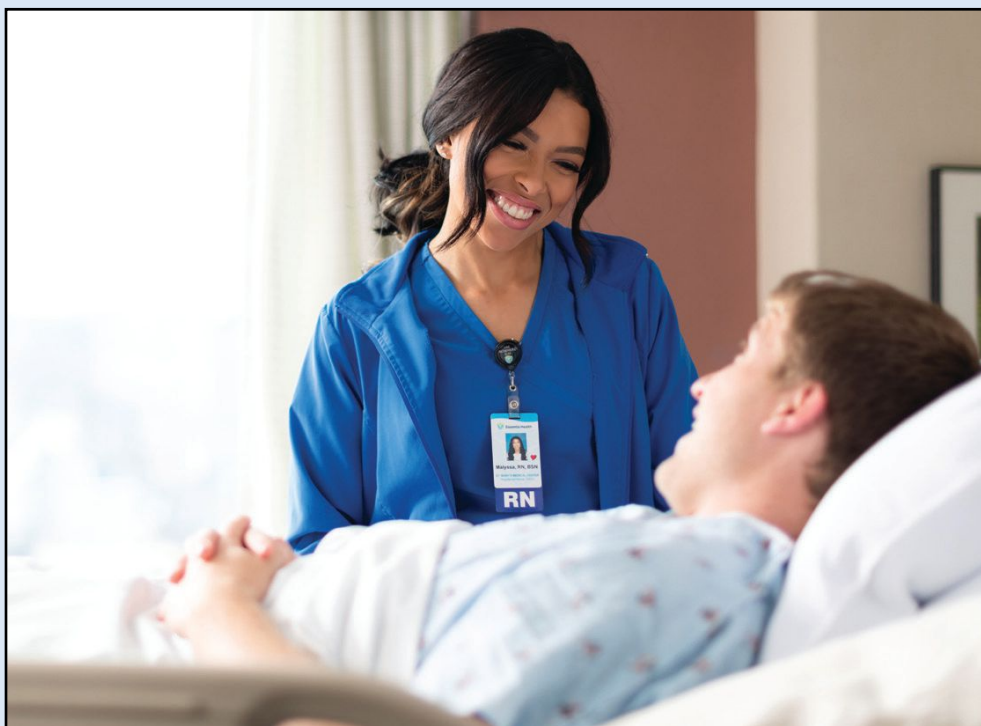
contraindications, and side effects, that is being delivered to the patient.

**Q. What is the role and responsibility of the licensed nurse for medication reconciliation?**

- A.** The process for reconciliation of medication is the responsibility of the prescriber. The prescriber may include a physician or an advanced

practice registered nurse with prescriptive authority. It is important to remember that a licensed nurse is not authorized or approved to sign orders that must be reconciled with patient medication. Medication reconciliation is a formal process for creating the most complete and accurate list possible of a patient's

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current medications and comparing the list to those in the patient record or medication orders. The purpose of reconciliation is to avoid errors that include but are not limited to transcription, omissions, duplication, dosing errors, or drug interactions.

Taking a medication history on admission has always been part of the nursing assessment, but the nurse is practicing beyond the scope of practice if she reconciles these medications without the prescriber's signature either in the computer or in the chart. There are many variations to this new practice and nurses need to be aware of what the medication reconciliation process is and what it is not, according to the regulatory requirement of their practice.

The suggested nursing procedure for admission medication reconciliation is the following:

1. Follow the policies and procedures relative to the electronic system utilized by the organization.
2. Collect and verify the patient's complete medication history.
3. Clarify that the medications and dosages taken by the patient are correct and enter the information into the patient's record.
4. Notify provider of updated list.
5. Licensed prescriber reviews the medications list and reconciles.

#### Reference:

JC Chapter: National Patient Safety Goals Standard: NPSG .03.06.01 Maintain & Communicate Accurate Patient Medication. Goal 3, Improve the Safety of Using Medications.

#### Q. Can nurses or other non-pharmacy personnel re-label or repackage medications?

- A. The re-labeling or re-packaging of medications is the sole purview of the pharmacy profession. The proper labeling, storage and cautionary information required, is the expertise of pharmacy. Registered Pharmacy Technicians can perform some of these duties, when the final product is checked by a pharmacist.

APRNs are allowed to dispense and label medications for dispensing, when serving their own patients, within their own practice. That practitioner is then solely responsible for what occurs in their office and with the dispensing to their patients. (Board of Pharmacy, July 2005).

Also refer to **Procedures for Residents/Patients Going on Pass from Long-Term-Care, including Basic Care and Assisted Living Facilities**

#### Q. Can licensed nurses renew/refill prescriptions if there are protocols?

- A. In ND, the RN (registered nurse) may renew/refill a prescription without consulting the prescriber by utilizing a protocol. Only the licensed health care practitioner (HCP) with prescriptive authority has the independent legal authority to prescribe medication. A protocol may be written maintenance prescriptions intended for continuation until their next scheduled visit. For example, the registered nurse receives a refill/renewal request from the pharmacist to the clinic. The registered nurse has no contact with the client but will consult the chart, assess the client's condition for stability and communicate the HCP's wish for the continuation prescription, effective through the next scheduled visit.

In ND, for the LPN (practical nurse), there must be an order written for a renewal, refill, or extension of a client prescription that allows the LPN to implement that client order.

#### Q. What is the scope of practice for the graduate nurse?

- A. The graduate nurse:
- Must practice under the supervision of a registered nurse while the "Work Authorization" to practice is valid.
  - Must practice utilizing standards of practice for registered nurses or practical nurses which includes appropriate assignment of components of the nursing care plan. Therefore, assignment by the

registered nurse to the graduate nurse of those skills acquired while in the nursing program is appropriate.

- Shall NOT be assigned to function in clinical leadership roles where on-unit supervision is not available.
- Shall NOT be employed in administrative positions that require licensed personnel according to the standards of the external regulating agency.

The *Guidelines for Employment of Graduate Nurses before Licensure* can be accessed in their entirety on the board's web site at [www.ndbon.org](http://www.ndbon.org) – choose Nurse Licensure/License by Exam.

#### Q. Who should I contact regarding practice issues when I am a multi-state licensed North Dakota nurse practicing in a participating Compact State? Whose jurisdiction am I under?

- A. When you are practicing nursing in another Compact State you must abide by the Nurse Practices Act and Rules and Regulations of that state. You are under the jurisdiction of the regulatory board in the state in which you practice nursing and should contact the appropriate state board.

#### Q. Can an employer require a licensed nurse to work longer than scheduled, or to work overtime? How many consecutive hours or shifts can a licensed nurse work?

- A. The North Dakota Board of Nursing has no jurisdiction over workplace issues, such as schedules or number of hours worked, either consecutively, in a given time period or "on call". These situations are examples of employer-employee or contract issues. The refusal by a nurse to work mandatory overtime does not constitute patient abandonment and is not a violation of the NPA or Rules.

The NPA and Administrative Rules do emphasize the licensed nurse's responsibility to the client in providing safe and effective nursing

care. In relation to overtime and or consecutive hours worked, each nurse must realistically evaluate his/her abilities to determine the number of hours in which he/she can safely provide nursing care. Only the individual nurse is aware of his/her physical, mental and or emotional fatigue and needs to communicate that condition to employer on a case by case basis. Nurses working too many hours may exhibit impaired judgment and inappropriate decision making.

**Q. How do nurse staffing requirements differ for Critical Access Hospitals (CAHs), compared to general acute care hospitals?**

**A.** CAHs have more flexibility regarding staffing levels for nurses. NDCC 33-07-01.1-16(2b) states "a registered nurse must provide or assign to other personnel the nursing care of each patient, including patients at a skilled nursing facility level of care in a swingbed. The care must be provided in accordance with the patient's needs and the specialized qualification and competence of the staff available. When a registered nurse is not on duty, the nurse executive or another registered nurse designated as the nurse executive's alternate must be on call and available within twenty minutes at all times. If there are no patients in the facility, staffing must include at least one licensed nurse with a RN on call and available within 20 minutes. As in any health care setting it is incumbent on the practitioner to function within their role and scope. NDAC Article 54-05 Standards of Practice outlines the role and scope for the RN & LPN and are available on the website at [www.ndbon.org](http://www.ndbon.org) then click on administrative rules and regulations.

**Q. Can an LPN or RN work in a position that is below the level of his/her licensure?**

**A.** There are no laws or ND Board of Nursing rules that prohibit a licensed nurse from working in a position that is below his/her licensure. For further

clarification please view the [Board Guidelines – Students and Licensed Nurse Practice Parameters](#).

**REGISTERED NURSE PRACTICE:**

**Q. Must an RN sign behind or "co-sign" nursing interventions performed by an LPN?**

**A.** In general, the Board does not recommend a nurse co-sign anything unless he/she has directly witnessed an act (such as narcotic wastage) or has gone behind another nurse and personally performed the same assessment with the same findings. Also, NDAC (Rules) do not require co-signatures. You must, however follow facility policy if it requires a co-signature. As discussed in the previous question, each licensed nurse is responsible for accepting assignments that are within the educational preparation, experience, knowledge, and ability of the individual nurse. Both LPNs and RNs are required to document the nursing care they render; each is held accountable for doing it accurately and completely.

The question of an RN co-signing after an LPN most often arises in situations when an attempt is made to expand the LPNs scope of practice by holding the RN responsible for expanded tasks performed by the LPN. The RN co-signing for something that is beyond the LPNs scope of practice does not legitimize the LPNs actions. A nurse never functions "under the license" of another nurse or licensed practitioner. Therefore, if a patient requires an initial comprehensive assessment performed by an RN, the assignment may not be given to an LPN. If such an assignment is inadvertently given to an LPN, he/she is responsible for notifying the nurse who made the assignment that it is beyond the scope of practice to perform the assigned task. Each nurse has a duty to maintain client safety that includes communication with appropriate personnel.

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**Fargo, ND  
ASSOCIATE DEAN OF NURSING**

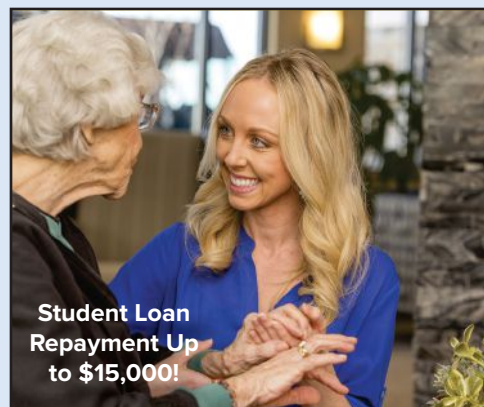
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continued from page 13

**Q. What is the role of the RN in management and/or administration of medications via epidural or intrathecal catheter routes?**

- A.** As with all areas of nursing practice, the RN must apply the Nurse Practices Act and administrative rules to the specific practice setting. RNs and facilities should consider evidence-based practice guidelines put forth by professional specialty organization(s):

The ND Board of Nursing endorses the Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) clinical position statement on "Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and Anesthesia by Catheter Techniques." (1/18/18)

The ND Board of Nursing endorses the American Association of Nurse Anesthetists (AANA) Position Statement titled "Care of Patients Receiving Analgesia by Catheter Techniques" and the American Society for Pain Management Nursing (ASPMN) Position Statement titled "Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques" for non-obstetrical patients. (1/18/18)

The two ND Board of Nursing Practice Statements "Role of the RN in the Management of Analgesia by Catheter Techniques for Obstetrical Patients" and "Role of the RN in the Management of Analgesia by Catheter Techniques for non-Obstetrical Clients" were retired by the Board. (1/18/18)

**LICENSED PRACTICAL NURSE PRACTICE:**

**Q. Is it within ND law/rules for the LPN to act in the role of nurse administrator of nursing services or units (ex. Director of Nursing, Nursing Supervisor)?**

- A.** In ND, the LPN is a dependent practitioner. It is within LPN standards and scope to assign interventions to other LPNs and to delegate to UAPs, which includes monitoring and evaluating cares assigned (54-05-01-09). However, it is **not** within the LPN standards to supervise the practice of nursing. Supervising and acting as nurse administrator of nursing services is included in the RN standards (NDAC 54-05-02-07), as well as the APRN standards (NDAC 54-05-03.1-03.2).

**Q. Can an LPN initiate/develop the nursing care plan?**

- A.** The Board recommends you review NDAC 54-05-01 Standards for Licensed Practical Nurses. NDAC 54-05-01-08 Standards of practice related to Licensed Practical Nurse scope of practice, the nursing process

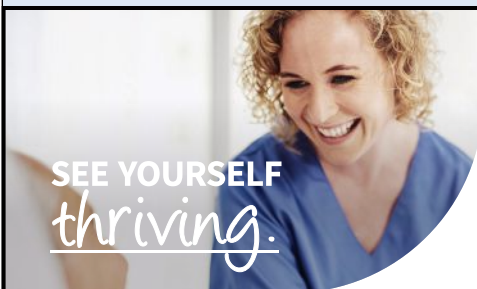
clarifies that the LPN participates in the development of the plan of care and modification to the ongoing nursing care plan. Only the RN may develop the initial nursing care plan and make a nursing diagnosis (NDAC Chapter 54-05-02 Standards of Practice for RNs). This difference between the LPN and RN scope of practice is based on differences in educational preparation of nurses licensed at each level as defined in the NDAC Chapter 54-03.2-06 Curriculum. The Nurse Practices Act and Administrative Rules and Regulations may be viewed in its **entirety** or printed from this website - [www.ndbon.org](http://www.ndbon.org).

**Q. Can a Licensed Practical Nurse supervise the practice of a Registered Nurse if the LPN has more years of experience in nursing?**

- A.** No. The Licensed Practical Nurse practices under the direction of the registered nurse, advanced practice registered nurse or licensed practitioner. The LPN may monitor or supervise another LPN or unlicensed assistive person and report to an RN, APRN or licensed practitioner. Registered nursing practice constitutes a higher level of education, knowledge and skill than does the licensed practical nursing practice.

**Q. Can LPNs participate in health teaching of clients and their families?**

- A.** Yes. The Board interprets NDAC 54-05-01-08(10): Health teaching of clients and their families may be implemented by the LPN utilizing an established teaching plan/protocol as assigned by the RN, APRN, or Licensed Practitioner. The LPN is participating in health teaching to promote, attain, and maintain the optimum health level of clients.



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## Voluntary Closure of the United Tribes Technical College, Department of Nursing, Associate Degree Practical Nurse Program, Bismarck, ND, Effective May 10, 2019

A public meeting of the North Dakota Board of Nursing (NDBON) was held on December 27, 2018, to consider the request from United Tribes Technical College (UTTC) for voluntary closure of the Associate of Applied Science in Practical Nursing Program.

After review and consideration of the summary detailing program background and status information, as well as verbal comments by representatives from UTTC, and other interested parties, the NDBON moved and approved:

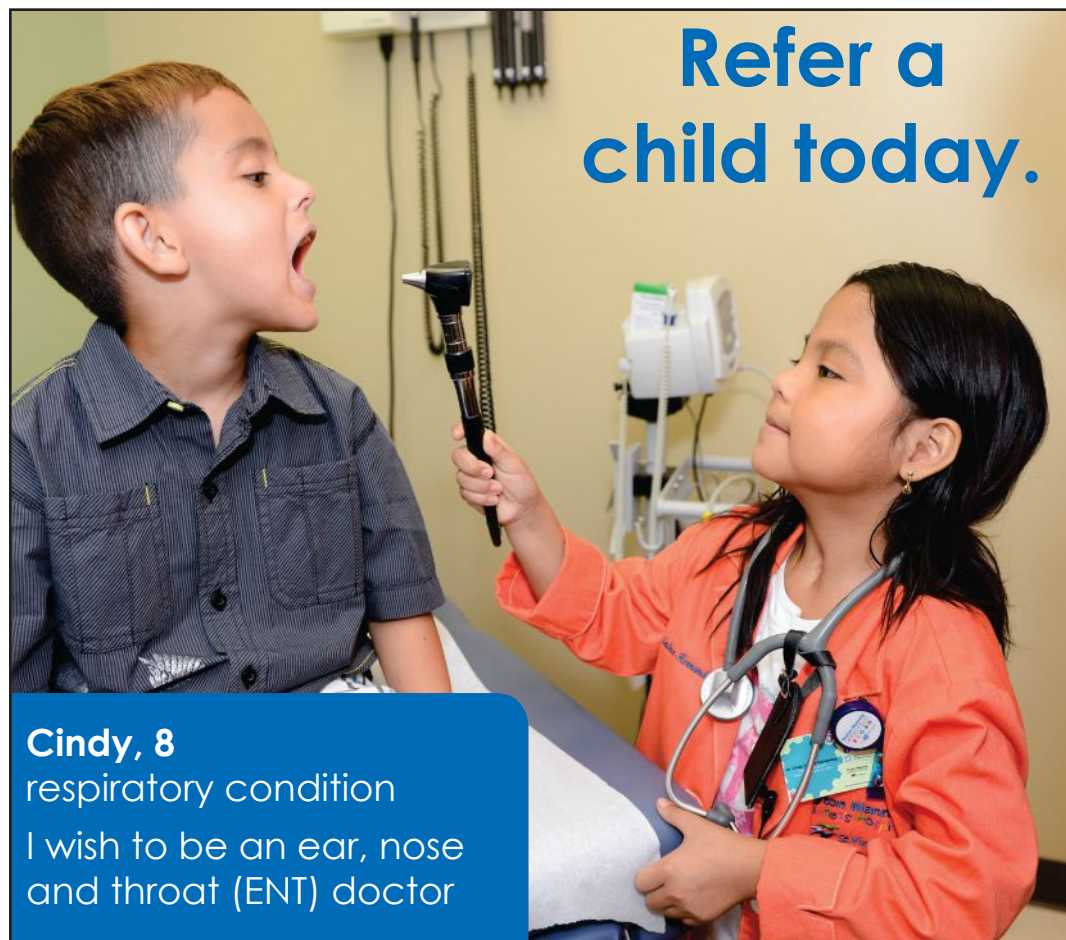
### **The notification and plan from United Tribes Technical College for Voluntary Closure of the Associate Degree Practical**

### **Nurse program according to NDAC 54-03.2-09-02. Voluntary Closing, effective May 10, 2019 upon graduation of the last class enrolled.**

The Board required the program to continue to meet the standards for nursing education programs until closed and required United Tribes Technical College to maintain all academic transcripts as required in NDAC 54-03.2-09-04. *Storage of Academic Records.* The program complied with all Board requirements and conditions during the teach-out phase of program closure beginning with the final spring semester, January 14, 2019 and ending with the

graduation of the eight current students May 10, 2019.

The program was granted initial approval by the NDBON as a certificate practical nurse program in September 1978 and granted approval for the associate degree practical nurse program in March 1989. The program maintained full approval by the NDBON and was last surveyed as required by NDAC in fall 2018. October 25, 2018 the NDBON granted the program continued full approval through fall 2023. The program maintained full approval by the NDBON throughout the teach-out phase of program closure and had no issues of partial or non-compliance through May 10, 2019.



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## North Dakota Board of Nursing Celebrates Bonny Mayer's 8 years of Service as LPN Board Member



*Bonny Mayer*

Bonny Mayer of Minot, ND completed two 4-year terms of service as the ND Board of Nursing LPN Board Member. Bonny started her first term with the Board on July 1, 2011. The ND Board of Nursing celebrated Bonny's 8 years of contribution to nursing regulation at the April 25, 2019 convened meeting. During her two consecutive terms as the LPN Board Member, Bonny served several committee terms including the Risk Management Committee, Nursing Practice Committee, Nursing Education Committee, and Program Monitoring Committee. Bonny demonstrated commitment to the profession and provided essential expertise in nursing regulation. The ND Board of Nursing greatly appreciates Bonny's volunteered time and shared expertise throughout her service to the citizens of ND.



*Michael Hammer, Kevin Buettner, Bonny Mayer, Janelle Holth, Wendi Johnston, Jane Christianson, Mary Beth Johnson*



*Bonny Mayer and Stacey Pfenning*



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<http://doh.sd.gov/boards/nursing/sdcenter.aspx>**Board Staff Directory**

<b>Gloria Damgaard</b> , MS, RN, FRE, Executive Director Concerning Administrative, Legislative, Rules and Regulations	Gloria.Damgaard@state.sd.us (605) 362-2765
<b>Abbey Bruner</b> , Senior Secretary Concerning RN and LPN Renewal, Reinstatement, and Reactivation	Abbey.Bruner@state.sd.us (605) 362-2760
<b>Glenna Burg</b> , MS, RN, CNE, Nursing Education Specialist Concerning Nursing Education Program Approval	Glenna.Burg@state.sd.us 605-362-2766
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<b>Francie Miller</b> , BSN, RN, MBA, Nursing Compliance Specialist Concerning Nursing Complaints and Compliance	Francie.Miller@state.sd.us (605) 362-3545
<b>Tessa Stob</b> , BSN, RN, Nursing Program Specialist Concerning Medication Aide Training Programs, Dialysis Tech Training Programs, Unlicensed Diabetes Aide Training and Nurse Aide Training Programs	Tessa.Stob@state.sd.us (605) 362-2770
<b>Jill Vanderbush</b> , Program Assistant Concerning RN and LPN Licensure by Endorsement and Criminal Background Checks	Jill.Vanderbush@state.sd.us (605) 362-2769
<b>Ashley Vis</b> , Program Assistant Concerning Registration of Unlicensed Personnel RN and LPN Initial Licensure and Examination	Ashley.Vis@state.sd.us (605) 362-3525
<b>Linda Young</b> , 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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**South Dakota Board of Nursing Scheduled Meetings**

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

**September 19-20, 2019****November 14-15, 2019**

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

**Access**

Licensure forms, update contact information, find advisory opinions, nurse practice act, and more online:  
[www.nursing.sd.gov](http://www.nursing.sd.gov)

**Verify**

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

**DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING**

<b>Name</b>	<b>License Number</b>	<b>March Board Action</b>
Bernhardt, Stephanie	IA RN 124966	• Voluntary Surrender of Privilege to Practice
DuBray, Michelle	P011986 & R050773	• Voluntary Surrender
Ford, Angela	R039610	• Voluntary Surrender
Garrido-Gibbs, Angelique	P012704	• Letter of Reprimand
Hills, Sarah	R044347	• Summary Suspension
Lindstrom, Johnna	R048588	• Voluntary Surrender
Martian, Robin	P009511	• Voluntary Surrender
Wetenkamp, Robert	NM RN R36798	• Summary Suspension of Privilege to Practice
Radke-Williams, Vicky	P009305	• Letter of Reprimand
Wulf, Kayla	P009434	• Letter of Reprimand

<b>Name</b>	<b>License Number</b>	<b>April Board Action</b>
Bailey, Ashley	P012101	• Letter of Reprimand
Gorecki, Jessica	R050924	• Suspension
Gluhm, Karmyn	R041875	• Suspension
Hall, Shelly	R043149	• Letter of Reprimand
Hills, Sarah	R044347	• Suspension
Jacobson, Ashley	P009659	• Suspension
Wetenkamp, Robert	NM RN R36798	• Voluntary Surrender of Privilege to Practice

*Disciplinary actions continued to the next page*

## South Dakota Board of Nursing Meeting Highlights

### April 2019

#### 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 72 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.

#### Scheduled 2019 Board Meetings: September 19-20; and November 14-15.

#### Nursing Education:


- The Board approved the application for a Clinical Enrichment Program at the Sioux Falls Specialty Hospital beginning the summer of 2019.
- The Board approved Western Dakota Tech's request for interim status for the LPN to Associate Degree RN program in Rapid City, SD.
- The Board approved National American University's voluntary program closure plan.
- The Board was provided notification of South Dakota State University's plan to offer a post-graduate Psychiatric Mental Health Nurse Practitioner track.

- The Board was provided notification of the resignation of Jessica Zephier, Director of the Oglala Lakota College Nursing Program.
- The 2018 Annual Report of Nursing Education programs was presented. The report included a description of each program's curriculum, students, faculty, and program changes for 2018. The full statistical report can be found at <https://doh.sd.gov/boards/nursing/Reports/2018SDBONAnnualEducReport.pdf>. Following the report, the Board granted a motion to accept:
  - The practical nursing program reports and granted continuing approval for: Lake Area Technical Institute, Mitchell Technical Institute, Sinte Gleska University, Sisseton Wahpeton

#### DISCIPLINARY ACTIONS CONTINUED

continued on page 20

Name	License Number	June Board Action
Barnes, Jana	R044336	• Letter of Reprimand
Black, Melba	R049514	• Voluntary Surrender
Blair, Sharon	P009962	• Letter of Reprimand
Bruce, Corey	R036214	• Voluntary Surrender
Currence, Carol	P004566	• Letter of Reprimand
Degen, William	CR000165 & R018477	• Stayed Suspension with Mandated HPAP
Henriksen, Elizabeth	R050195	• Voluntary Surrender
Hills, Sarah	R044347	• Reinstatement with Mandated HPAP
Jones, Anita	R033097	• Stayed Suspension with Mandated HPAP
Kilmer, Phyllis	P008051	• Letter of Reprimand
Kirsch, Trisha	R027759	• Letter of Reprimand
Klein, Courtney	R037251	• Reinstatement with Mandated HPAP
Manthey, Stacey	R041162	• Voluntary Surrender
Martynyuk, Nadezhda	R046555	• Voluntary Surrender
Powell, Ronald	R049237	• Letter of Reprimand with Remediation
Salway, Brenda	R037907	• Letter of Reprimand
Sarnat, Jeanne	ND RN R43595	• Summary Suspension of Privilege to Practice
Scheurenbrand, Stephanie	CR000702 & R030044	• Reinstatement with Mandated HPAP



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College, Southeast Technical Institute, and Western Dakota Technical Institute.

- The RN associate degree program reports and granted continuing approval for Lake Area Technical Institute, Oglala Lakota College, Southeast Technical Institute, and University of South Dakota.
- The RN baccalaureate degree program reports and granted continuing approval for: Augustana University, Dakota Wesleyan University, Mount Marty College, National American University, Presentation College, South Dakota State University, University of Sioux Falls, and University of South Dakota. -

#### Nursing Practice:

- Upon written request, the South Dakota Board of Nursing advised Rapid City Medical Center that the performance of intralesional injections may be within the scope of a RN or LPN. Nurses and employers are advised to use the South Dakota Board of Nursing's Scope of Nursing Practice Decision Making Framework to guide them in determining whether a licensed nurse may perform a procedure; available at: <https://doh.sd.gov/boards/nursing/documents/SOPframework.pdf>.

#### Center for Nursing Workforce (CNW):

- Over 100 nurses and stakeholders came together at the South Dakota Center for Nursing Workforce's Symposium on April 30, 2019. Keynote speaker Dr. Peter Buerhaus, Ph.D., RN, FAAN, a nationally known expert and economist on workforce, presented current research findings and employment trends on the nation's nursing workforce. The 2019 Biennial South Dakota Nursing Workforce Supply and Employment Characteristics report and the 2018 Annual Report of Nursing Education programs were also presented. The full reports are available at: <https://doh.sd.gov/boards/nursing/education.aspx>. In the afternoon attendees participated in a World Café focusing on what direction South Dakota needs to take to ensure we have a strong future for nursing. The café was facilitated by Jerry Nagel, PhD, co-founder of the Meadowlark Institute. World Cafés allow participants to hold organized conversations; each participant sharing their unique perspectives and wisdom while engaging in conversation with others at their table. This format allows individuals to come together to collectively find new ways of moving forward. Participants completed three rounds of questions, after each round key themes were reported from the tables. The South Dakota Board of Nursing will use the information harvested from the Café to develop strategies for the Center for Nursing

Workforce to meet the mission of ensuring South Dakota has a nursing workforce prepared to meet current and future consumer health needs.

- The Board approved funding for a third Nursing Leadership Program in Aberdeen, South Dakota. The program, coordinated by EmBe, is scheduled to begin in August 2019 and provides several learning sessions followed by a year-long mentorship experience.

#### Licensure and 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](http://www.nursing.sd.gov) select Online Verification.
  - The Board's unlicensed registry *only* provides assurance that individuals listed on the registry have met minimal criteria including the completion of required training and testing to 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

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EOE



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 Nurse Licensure Compact (NLC).** LPNs and RNs who hold a multi-state compact license are able to provide care to patients in other NLC 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. See <https://www.ncsbn.org/11070.htm> for more information.
  - 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 April 2019:**

Licensed Workforce	Number
Licensed Practical Nurses (LPN)	2,639
Registered Nurses (RN)	18,519
Certified Nurse Midwives (CNM)	33
Certified Nurse Practitioners (CNP)	1,134
Certified Registered Nurse Anesthetists (CRNA)	504
Clinical Nurse Specialists (CNS)	64
Registered/Unlicensed Assistive Personnel Workforce	Number
Certified Nurse Aides (CNA)	10,348
Unlicensed Diabetes Aides (UDA)	121
Unlicensed Dialysis Technicians (UDT)	73
Unlicensed Medication Aides (UMA)	6,271

#### **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>

#### **South Dakota Health Professionals Program:**

- The Board contracts with the South Dakota Health Professionals Assistance Program (HPAP) to offer an alternative program which supports health professionals with substance use or mental health disorders and their recovery efforts. Participating in HPAP enhances public safety by reducing risks associated with potentially impaired health conditions. Early intervention and referrals may, over time, decrease licensing board discipline.
- Entry in the program can be voluntary, and if so, confidentiality is maintained. The Board may also mandate nurses to participate in HPAP to protect the public.
- To be eligible to participate, a nurse must hold, or be eligible to hold licensure with the SD Board of Nursing. More information on HPAP is available at: <http://www.mwhms.com/hpap.html>.

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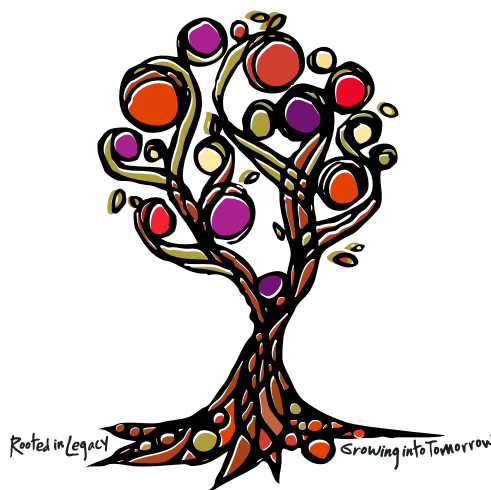
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- Upward mobility
- Stackable shift differentials
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**SOUTH DAKOTA**  
Center *for* Nursing Workforce

**Leadership  
program**

Presented by **EmBe**



## APPLY NOW!

The program, held in Aberdeen, is open to **all** nurses who are interested in expanding their leadership potential. Accepted participants must hold an active South Dakota nursing license, or multi-state compact license, and be practicing in the role of a nurse.

**Applications available at [www.embe.org/leadership](http://www.embe.org/leadership)**

Contact Erin Bosch, at EmBe, for more information at 605.728.9303 or [ebosch@embe.org](mailto:ebosch@embe.org)



## mission:

To facilitate the leadership development of nursing professionals by utilizing the experiences and skills of established community leaders; to extend a hand-up to those who will follow.

"Even though I was a very seasoned nurse, my participation in the CNW Leadership program was also a time when I encountered many new challenges. This led to deep self-reflection around discussions we had on authenticity, understanding our strengths, and finding balance. I discovered that genuine nursing leadership is as much about personal growth and resilience as it is about professional development. A true gift for me through these 18 months was my mentor, Mona. Her willingness to share openly about her experiences as a leader gave me courage to take risks and step out of my comfort zone to seek new experiences. Her advice, to find gratitude in everyday, resonated with me when day to day realities become challenging. I am grateful this program has been a part of my ongoing journey towards becoming a better leader and person."

— Deb Hickman, DNP, APRN-CNP, CPNP-PC  
Sanford Children's Specialty Clinic and 2018 Program Graduate

"The Board of Nursing, as the lead agency for the South Dakota Center for Nursing Workforce, is pleased to partner with EmBe to provide leadership development for nurses. As the CEOs of our own lives, leadership development is important whether you are at the bedside, in the boardroom or preparing yourself to take advantage of the next opportunity that knocks on your door. This program is specifically tailored for nurses, with opportunities to learn from leaders in the nursing profession and from leaders in other professions. This program offers the opportunity to learn and collaborate with nursing peers while developing as a leader; it is an invaluable experience that I recommend to all nurses."

— Gloria Damgaard, RN, MS  
Executive Director, South Dakota Board of Nursing

## PROGRAM COMPONENTS AND TIMELINE

### Retreat

Friday, September 20, 9:00 am - 4:00 pm

Meet the other participants, learn details of the program expectations and explore your Myers-Briggs results. Starting at the retreat and building throughout the sessions, you will be accountable for developing a Personal Development Plan.

### Identify Your Leadership Style & Leading Authentically

Saturday, September 21, 9:00 am - 4:00 pm

Understand and explore your leadership style, learn how to develop a flexible style of leading. Identify ways to manage conflict, improve your listening skills and understand emotional intelligence. Identify ways to lead with authenticity, what prevents us from being authentic and ways to overcome them.

### Creating Diversity and Inclusiveness in Leadership

Thursday, October 3, 5:00 pm - 8:30 pm

Using natural leadership characteristics to recognize and build differences in leadership.

### Facts, Figures and Finances & Putting It All In Place

Saturday, October 19, 9:00 am - 5:00 pm

Better understand key business functions, your relationship with money and how to negotiate successfully. Integrate the best of who you are at home, work and in the community.

### Your Community Connection

Tuesday, October 29, 5:00 pm - 8:30 pm

Learn how to position yourself in the community, get active in public policy. A power-networking event will cap off the evening.

### Presentation of Personal Development Plan & Mentor Match

Thursday, November 14, 5:30 pm - 7:30 pm

Present your Personal Development Plan to your mentor, followed by dinner.

### 12-Month Mentorship

November 2019 - November 2020

### Graduation

November 2020

This program is modeled after the EmBe Women's Leadership Program but is open to **men and women** who are licensed nurses in the state of South Dakota. Designed by leaders in the community, EmBe Women's Leadership Program has helped empower over 250 women to reach their greatest potential. This unique program is the first of its kind in the area, and features:

- Developing leaders to have greater organizational and community impact
- Personal and professional development
- Facilitated learning opportunities and discussions led by experienced community leaders
- Guided creation of a Personal Development Plan
- 12-Month Mentorship to support plan implementation
- Ongoing networking opportunities and community event participation.

Just as EmBe led the effort to recognize the contributions of women in the Sioux Falls area with the annual Tribute to Women event, we continue to empower emerging nursing leaders through this inspiring program. As EmBe continues to celebrate over almost 100 years of serving women in Sioux Falls, we are excited to offer this program in the Aberdeen area and renew our support of leadership and strengthen our communities.

Nurses in any field can benefit from this intensive course, which combines a strong personal development focus along with valuable professional development experiences. Participants will also gain the opportunity to create important personal and professional relationships with other future leaders, mentors and facilitators for lifetime support.

- Within the first seven years of the EmBe Women's Leadership Program, over 600 applications were received for 250 participant spots, including 50 Center for Nursing Workforce graduates in the Sioux Falls and Rapid City area.
- 100% of program participants said this program allowed them to expand their nursing leadership potential and improved their lives.

### Mentorship:

You will be assigned a mentor, if you don't already have one, to support and guide you through the first 12 months of the implementation of your Personal Success Plan.

### Details:

Application Deadline:

Thursday, August 8 at 5:00 pm

Register online at [www.embe.org/leadership](http://www.embe.org/leadership)

There is a \$25 non-refundable application fee. Please include check or billing information with application.

Class size: 25 participants

Cost: \$175 plus any applicable tax

The Center for Nursing Workforce has subsidized the cost of the program. The actual cost is over \$900 (actual value exceeds \$2,000.)

The program is open to all nurses, men and women, who are interested in expanding their leadership potential. Accepted participants must hold an active South Dakota nursing license, or multi-state compact license, and be practicing in the role of a nurse in the state of South Dakota. The program fee is payable at the time of acceptance and is non-refundable.

## Commitment: Participants are expected to attend the retreat and all sessions.

### Mentors Needed:

If you have a passion for the development of others, and want to extend a hand to up-and-coming leaders, we invite you to apply to become a mentor in the Leadership Program. This is a once-a-month minimum commitment for a 12-month period running November 2019 to November 2020.

Applications available at [www.embe.org/leadership](http://www.embe.org/leadership).

For more information, contact Erin Bosch at EmBe, 605.728.9303 or [ebosch@embe.org](mailto:ebosch@embe.org).

EmBe

620 W 18th St | Sioux Falls, South Dakota 57104  
[www.embe.org/leadership](http://www.embe.org/leadership)

**SOUTH DAKOTA**  
Center for Nursing Workforce

4305 S. Louise Ave. | Suite 201  
Sioux Falls, SD 57106  
[www.doh.sd.gov/boards/nursing](http://www.doh.sd.gov/boards/nursing)



# SOUTH DAKOTA

## Center *for* Nursing Workforce

### South Dakota's Nursing Workforce: Supply and Employment Characteristics

By Linda Young, MS, RN, FRE

Program Director, SD Center for Nursing Workforce

Nursing Program Specialist, SD Board of Nursing

The 2019 *South Dakota Center for Nursing Workforce Supply and Employment Characteristics* report is now available at <http://doh.sd.gov/Boards/Nursing/sdcenter.aspx>. The report provides valuable information on the status of South Dakota's nursing workforce and is intended to be a resource for individuals in planning, shaping and developing South Dakota's future nursing workforce. The report focuses on South Dakota's nursing workforce supply and characteristics for licensed practical nurses (LPN), registered nurses (RN), certified nurse midwives (CNM), certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS).

The full report provides an analysis of all actively licensed nurses in South Dakota and the employment data collected by the South Dakota Board of Nursing from each applicant upon renewal, reactivation or reinstatement. A 100.0%

response rate was obtained during the data collection period from January 1, 2017 to December 28, 2018 and included 16,383 RNs, 2,227 LPNs; 29 CNMs, 868 CNPs, 437 CRNAs, and 61 CNSs. Aggregate licensure data in the report was compiled, analyzed, and trended over time.

#### Licensure Data

As of December 28, 2018, South Dakota's total nursing workforce increased by 5.4% from 2016. Licensure data

revealed 18,479 actively licensed RNs, 2,635 actively licensed LPNs, 32 actively licensed CNMs, 1,111 actively licensed CNPs, 493 actively licensed CRNAs, and 64 actively licensed CNSs.

Supply data demonstrated growth in the total number of actively licensed nurses in every category except for CNMs and CNSs (Table 1). South Dakota had an increase 786 RNs from January 1, 2017 to December 28, 2018; licensure data revealed that 2,947 new RNs

**Table 1: Actively licensed nurses in South Dakota.**

Actively Licensed Nurses	2018	*% Change	2016	*% Change	2014
LPNs	2,635	+3.4%	2,549	+2.7%	2,483
RNs	18, 479	+4.4%	17,693	+10.0%	16,084
CNMs	32	-15.8%	38	+18.8%	32
CNPs	1,111	+31.0%	848	+30.3%	651
CRNAs	493	+8.6%	454	+3.2%	440
CNSs	64	-5.9%	68	-4.2%	71
<b>TOTAL</b>	<b>22,814</b>	<b>+5.4%</b>	<b>21,650</b>	<b>+9.6%</b>	<b>19,761</b>

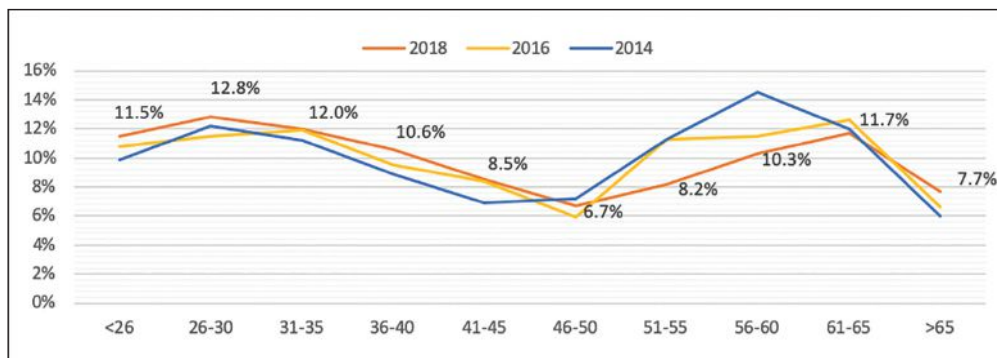
\*Percent change reflects a comparison from the indicated year to the previous year.

were licensed during this time period: 1,133 were added as new graduates, those who sat for exam, and 1,814 were added by endorsement from another state. Actively licensed LPNs also reflected a gain in numbers. The state had a total of 569 new LPNs added to the active supply, 406 were new graduates and 163 were added by endorsement. The net increase of actively licensed LPNs as of December 31, 2018 however reflected an increase of only 86 LPNs. Reasons for the loss of nurses were due to retirement, leaving profession, moving out of South Dakota, or inactivation of licenses.

#### Demographic Data

Data continued to reflect most

**Figure 1: LPN Age Distribution**

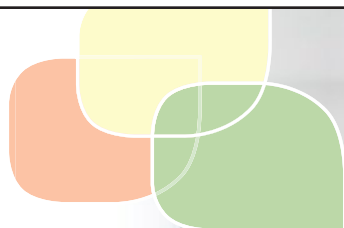


nurses in South Dakota were female and white/Caucasian; only 9.0% of RNs were male, up from 8.6% in 2016; and only 4.7% of LPNs were male. Also consistent with previous reports the majority of CRNAs, 57.9%, were male.

The percentage of LPNs 51 years or older comprised 38.0% of supply a decrease of 4% from 2015 (Figure 1). Their average age

was 44.1 years old, slightly younger than the average of 44.8 in 2017. RN data revealed that those who were 51 years or older comprised 36.6% of supply and those 35 years or younger comprised 31.7% (Figure 2). The average age of an

continued on page 26



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continued from page 25

RN was 44.8, slightly older than 44.6 in 2017. The percentage of RNs 51 years or older however decreased to 36.6% in 2019 from 37.9% in 2017. Nearly 14% of RNs and 12.4% of LPNs indicated on their surveys they intend "to leave or retire from nursing within the next five years".

Data on CNMs, CNPs, CRNAs, and CNSs, the group of Advanced Practice Registered Nurses (APRN), revealed the average age of a CNM was 50.1 years, and CNS was 58.0 years. A large percentage of CNMs, 37.5%, were 56 years or older and a very large percentage of CNSs, 76.6%, were 56 years or older; of the CNSs, 37.7% indicated they intend to retire in the next five years. CNPs and CRNAs were younger, CNPs average age was 44.4 and CRNAs was 48.1 (Figure 3).

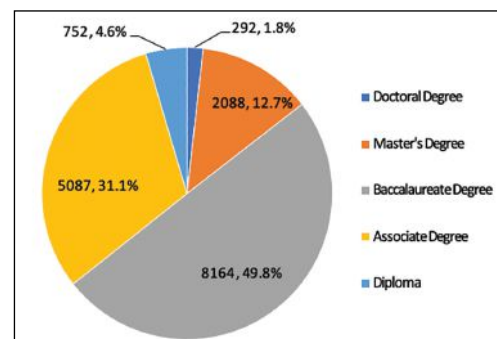
### Highest Level of Education

Overall, 64.3% of RN respondents held a baccalaureate or higher degree (Figure 4). RNs who indicated they were "currently enrolled in education classes leading to an advanced nursing degree" comprised 7.7% of respondents. The majority of LPNs were prepared with a diploma or certificate (Figure 5) and 13.1% reported they were enrolled in a program leading to an advanced nursing degree. APRNs' highest educational preparation revealed the majority holding graduate degrees as their highest level of education: 90.6% of CNMs, 97.7% of CNPs, 83.5% of CRNAs, and 100% of CNSs.

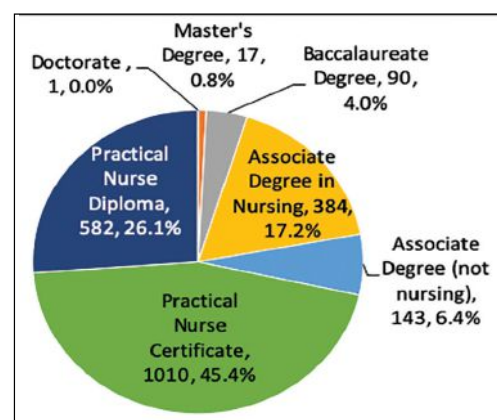
### Employment Data

The majority of LPNs and RNs reported their primary place of employment and practice in the state of South Dakota with only one employer. Consistent with previous reports a significant percentage of LPNs, 89.8%, and RNs, 93.3%, reported employment in the nursing profession as full-time, part-time, or on a per diem basis. Most LPNs, 28.1%, held primary employment in

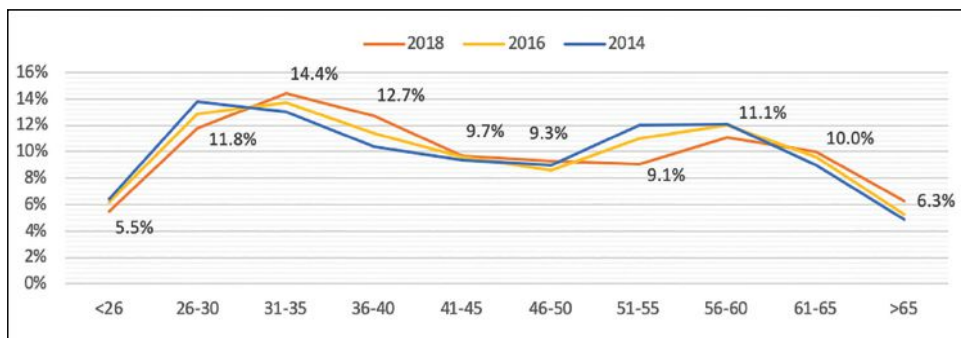
**Figure 4: Highest Academic Achievement of RNs**



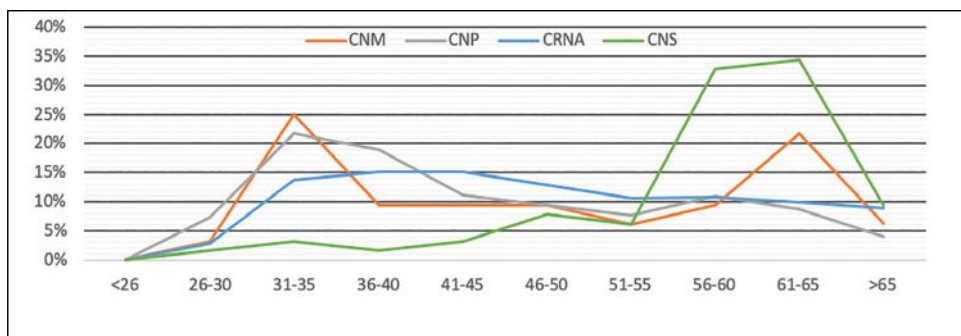
**Figure 5: Highest Academic Achievement of LPNs**



**Figure 2: RN Age Distribution**



**Figure 3: APRN Age Distribution**

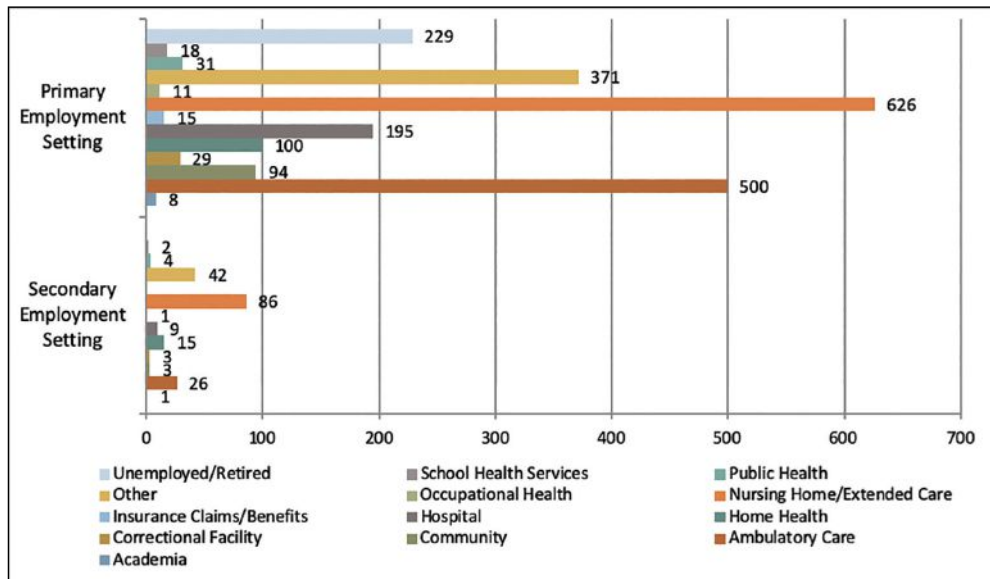


nursing home/extended care facilities, ambulatory care settings, 22.5%, and hospitals, 8.7% (Figure 6). Most RNs, 39.6%, held primary employment in hospitals, ambulatory care settings, 11.4%, and nursing home/extended care facilities, 7.7% (Figure 7).

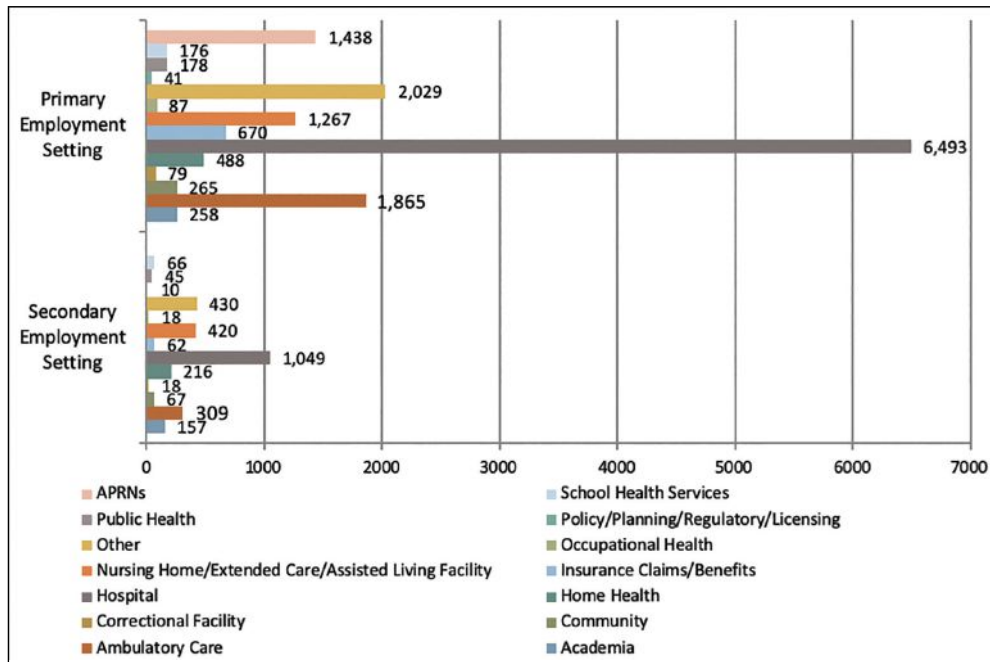
An important aspect of measuring nursing supply is assessing how many nurses are available to the workforce. Most LPNs, 72.3%, reported working in a nursing position 32 or more hours per week and 16.8% reported working 31 hours or less. Most RN respondents, 68.9% reported working in a nursing position 32 or more hours per week and 15.6% worked 31 hours or less per week.

LPNs who reported they were unemployed or retired accounted for 10.3% of respondents. RNs who reported they were unemployed accounted for only 2.7% of respondents and 47.3% of them indicated they were not seeking work as a nurse. The most common

**Figure 6: LPN Employment Settings**



**Figure 7: RN Employment Settings**



reason selected by LPNs and RNs for unemployment was taking care of home and family. For APRN employment characteristics and workforce availability see the full report at <http://doh.sd.gov/Boards/Nursing/sdcenter.aspx>.

### **Distribution of Nurses**

Appropriate distribution of the nursing workforce is a key component to ensuring employers and consumers have access to nursing services within a community. South Dakota has an uneven distribution of nurses between counties and regions. The most

populated counties of Minnehaha, Lincoln, and Pennington have the highest percentages of nurses. More nurses per population may be needed in these three counties as individuals from other counties or neighboring states may be accessing health care services in these counties. Smaller populated counties however, with far fewer nurses than their overall population, may be experiencing nursing shortages. Additional information on distribution of nurses by age and county is included in the full report, <http://doh.sd.gov/boards/nursing/RandP.aspx>.

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- Provide an overview of the Nurse Licensure Compact.
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**August 16, 2019**  
**September 15, 2019**  
**October 15, 2019**  
**November 15, 2019**

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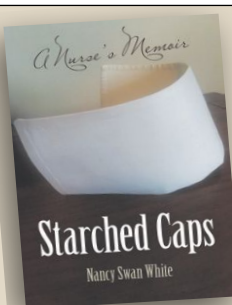
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