

| Volume 18 | Number 2 | Summer 2020 |

DAKOTA NURSE

C O N N E C T I O N

North Dakota Board of Nursing
Rule Promulgation
Effective July 1, 2020

South Dakota 2019
Annual Report of Nursing
Education Programs

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DAKOTA NURSE

C O N N E C T I O N

SUMMER 2020
EDITION 71

9 North Dakota Board of Nursing Recognizes
Staff Service Awards

16 ND Board of Nursing Rule Promulgation
Effective July 1, 2020

22 Gloria Damgaard:
Honoring her Legacy and Service

23 South Dakota 2019 Annual Report of Nursing
Education Programs



SOUTH DAKOTA HIGHLIGHTS

- 4** Message from the Executive Director
- 19** South Dakota Board Highlights
- 21** South Dakota Board of Nursing
Welcomes New Summer Intern
- 26** 2,000 Babies Were Safely Delivered
Thanks to This One Nurse-Midwife
(Nope, Not A Doc!)

NORTH DAKOTA HIGHLIGHTS

- 5** Message from the Executive Director
- 7** North Dakota Board Highlights
- 10** Frequently Asked Questions
Registered Nurse and Licensed Practical
Nurse Practice
- 17** Frequently Asked Questions
Related to Complaints, Investigations, and
Disciplinary Actions

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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David Brown, President • 1-800-561-4686 ext. 103
dbrown@pcipublishing.com
For Advertising info contact
Victor Horne • 1-800-561-4686
vhorne@pcipublishing.com

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Direct *Dakota Nurse Connection* questions or comments to:

South Dakota Board of Nursing,
4305 S. Louise Ave., Suite 201, Sioux Falls, South Dakota 57106-3115 • 605-362-2760

North Dakota Board of Nursing,
919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504-5881 • 701-328-9777

A message from the Executive Director

Linda Young, MS, RN, FRE
South Dakota Board of Nursing



Hello South Dakota Nurses!

I am excited to be writing my first Dakota Nurse Connection message. I joined the South Dakota Board of Nursing in 2004, seems like yesterday. As I began my career with the Board, I was very fortunate to have the opportunity to work side-by-side with Gloria Damgaard. She certainly impacted my career, she was a wonderful boss and colleague; I enjoyed working with her on many, many projects over the years. As the Board's Executive Director, she left an amazing legacy. Please take a moment to read Governor Noem's Executive Proclamation, printed in this edition, which honored May 8, 2020 as *Gloria Damgaard Day*, her official last day with the Board.

As I begin my journey as the new Executive Director for the Board, I reflect on what an amazing year 2020 has been so far. No one could have predicted that we would be dealing with a pandemic to the magnitude of COVID-19. Our world has witnessed the tremendous value and contribution nurses bring to healthcare. It is a fitting year for the World Health Organization (WHO) to designate as the "*International Year of the Nurse and Midwife*", honoring Florence Nightingale's 200th birthday!

Reflecting on the pandemic, it has certainly created unique challenges and stresses! Educators faced cancellation of in-person classes, loss of clinical placements for students, and the need to quickly find ways to educate students using different delivery models. Healthcare facilities had to find ways to keep patients and staff safe, locate PPE, and prepare staff for quick mobilization to meet the needs of a surge of patients, while at the same time cancelling elective procedures – leaving some employees and nurses furloughed due to low census numbers. But like other crises, this pandemic has also brought the opportunity to be creative, to inspire new ways of doing things. Hospitals and clinics tried new models of care involving increased use of telehealth care by nurses

and practitioners. Education programs expanded use of simulation and virtual learning technologies. Many of these creative solutions may endure, transforming nursing education and patient care for the better.

The SDBON also witnessed change and challenges as a result of COVID 19. Board members held their meetings via teleconference in April and June; and we are hoping to be able to hold the September meeting in person. The Board staff worked from home in March, April, and May, returning to the office in early June. Fortunately, the Board office was prepared for the unexpected office closure since most of the Board's licensure services are offered online. Nurse licensure applications are processed with little need to come to the Board's office location; however, if you do need to stop by, please keep social distancing guidelines in mind and if you want to meet face-to-face with Board staff, please call ahead to make an appointment and be screened.

As I look forward to the future and my continuing journey with the Board as the new Executive Director, I am truly thankful for the time Gloria and I shared working together and feel very honored to continue to work with an exceptional group of Board members and staff. I feel confident that together we will ensure the Board's mandate to protect the public is fulfilled through the regulation of nursing licensure, practice and education, in accordance with the South Dakota Nurse Practice Act.

Thank you all, have a safe and healthy summer.

Linda Young, MS, RN, FRE



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).

Rule Promulgation Update

The NDBON provided testimony on the 2019-2020 rule promulgation to the Administrative Rules Committee on June 9, 2020. To learn more about the rules promulgated, please refer to the article in this edition titled, "ND Board of Nursing Rule Promulgation Effective July 1, 2020".

COVID 19 Update

North Dakota remains under the state of emergency Executive Order issued by Governor Burgum in March 2020 to address the COVID 19 pandemic. In addition, Executive Order 2020-05 remains in effect, which authorizes a nurse licensed in good standing in another jurisdiction and granted a ND emergency license to practice in ND. Executive Order 2020-20 remains in effect and addresses the nationwide criminal history record check requirement, allowing grace until such times as law enforcement agencies in ND can safely conduct fingerprinting. The NDBON has noted an increase in operating fingerprint sites and continues to receive fingerprint cards to meet this licensure requirement. The NDBON continues to adhere to its state of emergency policies and procedures to ensure safe and adaptable licensing, including the 90-day Emergency Limited Nurse License and State of Emergency Licensure Exceptions, until the Governor discontinues the state of emergency and respective executive orders.

During the COVID 19 pandemic, the NDBON worked closely with the National Council of State Boards of Nursing (NCSBN), ND Pearson Vue Testing Centers, and the Governor's office to ensure timely seat availability for graduate nurses to sit for the NCLEX which is required for ND nurse licensure. Graduate nurses are granted a 90-day nurse graduate

work authorization per ND law and rules, which allows the graduate nurse applicant to enter the workforce while waiting to successfully complete the examination.

Nurse Licensure Compact Update

To date, 34 states/jurisdictions have enacted the Nurse Licensure Compact. On July 1, 2020, Indiana became the 33rd state to implement the Nurse Licensure Compact. New Jersey is planning to set an implementation date and will be the 34th state to implement. There are 10 states/jurisdictions with current legislation pending, including Alaska, California, Guam, Illinois, Massachusetts, Michigan, Minnesota, Pennsylvania, Rhode Island, and Vermont.

The APRN Licensure Compact has 3 enacted states (Idaho, North Dakota, Wyoming) and no additional states have joined since 2017. The APRN Licensure Compact currently requires 10 enacted states to implement. Therefore, the compact has not been initiated as adopted in 2015. Over the past 1-2 years, NCSBN worked on potential revisions of the APRN Licensure Compact to allow additional states to join in the hopes of moving to an implementation. The revised APRN License Compact will be considered at the August 2020 NCSBN delegate assembly.

The NDBON will continue to post updates related to the COVID 19 state of emergency and other news pertaining to licensure, education, practice, and pertinent legislative and administrative rule 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.

Stay safe and healthy and please feel free to reach out with your questions or concerns to contactus@ndbon.org

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

NORTH DAKOTA BOARD OF NURSING 2020 BOARD MEETING DATES

July 16, 2020 Annual Meeting

Please note:

For the July 16, 2020 meeting, remote attendance will be available (refer to agenda for conference call information). If public attend meeting in person, please consider social distancing and face masks.

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 Board office is currently closed to the public during the Governor's declared state of emergency. Once in-office hours return to normal, the following information will apply:

1. A visit to a Director requires an appointment. To schedule an appointment, call 701-328-9777
2. Email items to 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

NORTH DAKOTA BOARD OF NURSING

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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. 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

April 2020

Compliance Division investigations and list of all disciplinary actions taken by the Board are published in the April 2020 Public Notice available at <https://www.ndbon.org/Publications/PublicNotice.asp>

The Board:

- Approved the minutes of the March 23, 2020 Special Meeting as distributed.
- Held an Executive Session to consider the following according to the NDCC 44-04-18.1 confidential personal health information: Agenda item 5.1.1 Dawn Tweten; Agenda item 5.1.2 Jeanna Degelder; Agenda Item 5.1.3 Amber Teal
- Approved the request for an increase in enrollment for the Dakota Nursing Program Consortium, Dakota College at Bottineau, PN program, Minot ND site, from 24 to 40 students beginning Fall 2020, as the program has full approval and the change complies with NDAC 54-03.2-06-02. Programmatic Changes.
- Approved the request for overall curriculum design revisions for the North Dakota State College of Science, LPN to RN ASN program, as the program has full approval and the change complies with NDAC 54-03.2-06-02. Programmatic Changes.
- Found the TrainND North East of Lake Region State College, LPN Intravenous Therapy Course in full compliance with requirements for the LPN Intravenous Therapy Course according to NDBON Guidelines for Licensed Practical Nurse Intravenous Therapy Course, NDAC 54-05-01. Standards of Practice for Licensed Practical Nurses and NDAC 54-03.2 Standards for Nursing Education Programs; and granted continued full approval of the TrainND North East of Lake Region State College, LPN Intravenous Therapy Course until April 2024; and required a paper survey report be submitted in February 2024 for continued approval.
- Approved the NDBON staff request for an extension of approval for the Minnesota State Community & Technical College, Moorhead, MN, RN Refresher Course through July 2020 and the LPN Refresher Course through October 2020 to accommodate the change to quarterly Board meetings as the courses have full approval and are in compliance with Board Guideline Requirements for Nurse Refresher Courses as set forth by ND Administrative Code Title 54, Article 54-02 Nurse Licensure, Chapter 54-02-05 Relicensure, Section 54-02-05-05 Non-practicing Nurses.
- Accepted the 2018-2019 fiscal year NDBON Nursing Education Annual Report.
- Approved the NDBON staff request for an extension of continued initial approval through October 2020 and change to the onsite survey date for the Rasmussen College, School of Nursing, Baccalaureate Degree Program due to state emergency restrictions in place related to the COVID-19 pandemic as the program has continued initial approval and is in substantial compliance with ND Administrative Code 54-03.2. Standards for Nursing Education Programs.
- Directed board staff to draft a letter to NSCBN and Pearson VUE jointly, along with other necessary parties as needed, to voice concern over the recent NCLEX testing center closures in ND and inquire regarding status of situation and possibility of additional testing sites independent of Pearson VUE to overcome delays in testing and barrier to licensure for nurse graduates.
- Ratified the following COVID 19 policies and procedures: 1) State of Emergency Licensure Exceptions and 2) State of Emergency Limited License and Limited Registration for License/Registration for RN, LPN, UAP.

continued on page 8

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continued from page 7

- Accepted the 120 hours of Emergency Limited License supervised clinical practice, verified by the employer, as meeting 54-02-05-05 (3,d) "other evidence the licensee wishes to submit which would provide proof of nursing competence" allowing the nonpracticing nurse to apply for reactivation.
- Endorsed the NCSBN Policy Brief titled Evaluating Board of Nursing Discipline During COVID 19 Pandemic.
- Approve a planned budget surplus over the next 3 years to replenish reserve/earned revenue funds to \$275,000.
- NDBON Finance Committee approved the April 20, 2020 minutes as distributed.
- Approved an increase of 5% for the salary and benefit line items for FY 2020-2021.
- Approved the Albertson proposal to continue with online forms and technology updates in FY 2020-2021 that will enhance and streamline process workflow.
- Approved a funding allocation of \$0 for the ND Center for Nursing per the FY 2020-2021 budget review.
- Included the Nursing Education Loan (NEL) proposal of \$82,280 for FY 2020-2021 which would be dispersed FY 2021-2022. In addition, to address the NEL amount budgeted and collected for FY 2019-2020, disperse \$20,000 of the amount collected and retain the remainder in the NEL account.
- Approved the FY 2020-2021 Budget with \$1,693,760 projected income, and \$1,388,210 projected expenses, which includes \$82,280 designated for Nursing Education Loans and \$0 designated for ND Center for Nursing. The budgeted overage of \$ 305,550 to be placed in the reserve funds.
- Ratified the appointment of Nicholas Simonson as general counsel/alternate SAAG for the NDBON.

Full minutes available at <https://www.ndbon.org/publications/minutes.asp>

A critical illness can be life-changing.

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Katie
wish granted, 1994

"I've wanted to be a nurse since I was little—the nurses who took care of me were like super heroes to me."



Katie,
NICU Nurse, 2019

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North Dakota Board of Nursing Recognizes Staff Service Awards:

Buchholz and Hanson Celebrate 5 years of Service



Tammy Buchholz

Tammy Buchholz, RN, MSN, started her position as the ND Board of Nursing Associate Director for Education in June 2015 and is celebrating 5 years of service. During her employment with the ND Board of Nursing, Tammy completed a Doctor of Nursing Practice degree in Educational Leadership. Tammy was recently awarded the status of Fellow of the Institute of Regulatory Excellence by NCSBN for her completed research work related to faculty development.

Buchholz stated, "I have had the privilege throughout my nursing career to work with some amazing people. But I could never have imagined that my role as the Associate Director for Education with the NDBON would allow me to collaborate with colleagues in our community and across the state, region, country, and world. I am truly blessed to have found a role that fits my experience, skillset, and passion for nursing. I am thankful to have an incredible team by my side, doing the work of nursing regulation in ND. "

Buchholz shared a quote from Andrew Carnegie:

"Teamwork is the ability to work together toward a common vision. ... It is the fuel that allows common people to attain uncommon results."

Buchholz shared that, "the work of the NDBON staff and Board members is accomplished through strong relationships and collaboration with individuals across our great state. I find that the best results come when working with others who challenge you and are committed to serving the

common good. It is an honor for me to work closely with nurse educators in ND who give unselfishly of their time and talent to provide exceptional nursing education to ND citizens."



Melissa Hanson

Melissa Hanson, RN, MSN, started her position as the ND Board of Nursing Associate Director for Compliance in June 2015 and is celebrating 5 years of services. Hanson has been active in the National Council State Board of Nursing Leadership Succession Committee and the Nurse Licensure Compact Compliance Committee.

Hanson directed the redesign of the ND Board of Nursing Compliance Division, to promote evidence-based investigations. Hanson assisted with moving the complaint process and drug screening to online systems for consistent, timely, and efficient operations.

Hanson shared the quote: "Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do." Steve Jobs

Hanson stated, "I love what I do and how this work allows me to contribute to protection of the public! I have had the privilege of working with nurses, employers, and citizens across the state and to collaborate with individuals across the nation that have the same goal of public protection. Working at the Board of Nursing has provided me with tremendous opportunities to grow and learn"



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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 AND 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?

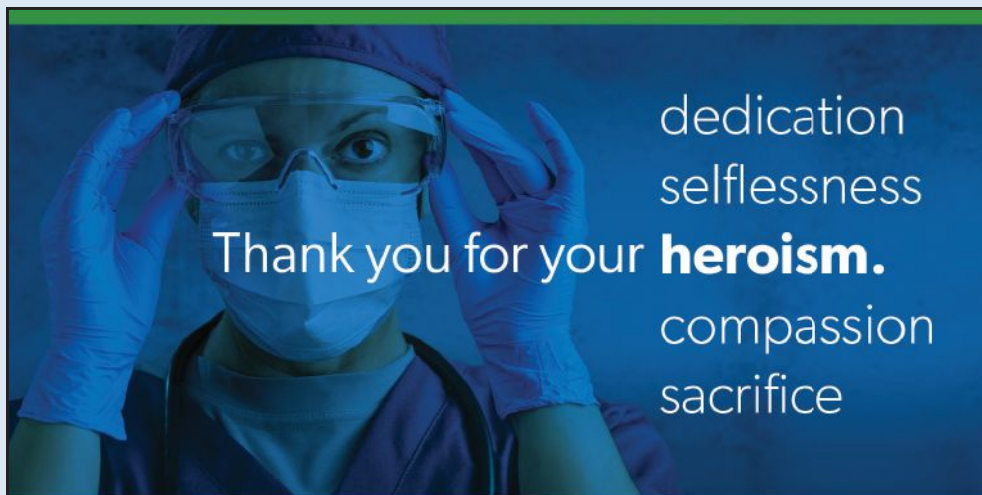
A The process for reconciliation of medication is the responsibility of the prescriber. The prescriber may include a physician or an advanced practice registered nurse with prescriptive authority. It is important to remember that a licensed nurse

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 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

continued on page 12



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We are truly in awe of how our nurses have collectively risen above fear in this time of great need, working tirelessly to do what is right for our patients and for one another to demonstrate our caring spirit. Their dedication is a beautiful reflection of our mission and values in action.

We hope you'll consider joining our team of nursing heroes in advocating for the future of healthcare! To learn more, please visit bit.ly/dakotanurse72020 or contact:

Kate Christmas, RN | 303-272-0805 | kate.christmas@sclhealth.org



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continued from page 11

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.

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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 – 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 work-place 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

continued on page 14



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continued from page 13

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 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.

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, or Nurse Manager)?

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). LPNs can assign and delegate to other LPNs and UAPs; they cannot organize, manage, or supervise the practice of nursing.

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.

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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RN - Transitional Care Unit
RN - Heart & Lung Clinic
LPN - Urgent Care Clinic

CHI St. Alexis Health, Williston, ND
RN - OB
RN - Specialty Clinic
RN - Medical Surgical
RN - ED
LPN - Primary Care

CHI Mercy Health, Valley City, ND
VP - Patient Care

CHI Lisbon Health, Lisbon, ND
RN - Acute Care

CHI St. Alexis Health Dickinson, ND
RN - Educator Diabetes
LPN - Clinic

CHI St. Alexis Health Devils Lake, ND
RN - Medical Surgical

CHI LakeWood Health Baudette, MN
RN - Acute Care
LPN - Long Term Care
VP - Patient Care

CHI St. Francis Health Breckenridge, MN
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ND BOARD OF NURSING RULE PROMULGATION

EFFECTIVE JULY 1, 2020 • HIGHLIGHTS

- **Addition of ND Administrative Code 54-05-02-08 Dispensing in Title X Clinic** – Created a rule based on Senate Bill 2155 enacted during the 66th Legislative Assembly providing exemption from the practice of pharmacy for registered nurses. The rule provides that a registered nurse may dispense oral contraceptive pills, 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. No fiscal impact.
- **Repeal of ND Administrative Code 54-02-05-04 Late Renewal Fee**– Repealed a section that is superseded by licensure reactivation as mandated in N.D.C.C. 43-12.1-10 Renewal of license and registration-Reactivation and duplicative to 54-02-07-09 Practice without a license or registration. No fiscal impact.
- **Title 54 Licensure/registration fee adjustments: 54-02-01-06 Examination fees; 54-02-05-03 Renewal fees; 54-02-05-06 Reactivating a license; 54-02-06-01 Application and fee (Endorsement); 54-05-03.1-04 Initial requirements for advanced practice registered nurse licensure; 54-05-03.1-06 Requirements for advanced practice registered nurse licensure renewal; 54-05-03.1-06.1 Reactivation of a license; 54-05-03.1-09 Requirements for prescriptive authority; 54-05-03.1-11 Prescriptive authority renewal; 54-05-03.2-04 Initial requirements for specialty practice registered nurse licensure; 54-05-03.2-05 Requirements for specialty practice registered nurse licensure renewal; 54-05-03.2-05.1 Reactivation of a license; 54-07-02-01 Application and fees for unlicensed assistive person registration; 54-07-02-01-1 Renewal of registration.** Increased select licensure/registration fees to maintain operational functions required for the Board to meet the statutory duties mandated in N.D.C.C. 43-12.1. Many fees have been in effect since either 1992, 2003, 2008, or 2012. Fiscal Impact on regulated community was in excess of \$50,000.

In accordance to ND Administrative Rules Manual and ND Century Code Chapter 28-32, the ND Board of Nursing promulgated the following rules. The required public notice included publication in all county newspapers, stakeholder meetings, and a public hearing which occurred on October 24, 2019. The ND Board of Nursing received no public comment on the rules during the promulgation and public hearing. The Attorney General approved the rules as to their legality. The Administrative Rules Committee heard testimony on the rules on June 9, 2020. July 1, 2020 is the effective day of implementation for the below rules. To access a full copy of the ND Administrative rules, visit www.ndbon.org Law-Rules.



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Frequently Asked Questions

Related to Complaints, Investigations, and Disciplinary Actions

Who can file a complaint against a nurse?

Anyone, including a public citizen, patient, family member, co-worker, employer, facility, other regulatory agencies, and even the Board, may file a complaint against a licensed nurse for alleged violations of the Nurse Practices Act. Any person who has knowledge of conduct by a licensed nurse that may have violated a nursing law or rule in North Dakota may report the alleged violation to the North Dakota Board of Nursing.

However, as stated in the Nurse Practices Act (NDCC 43-12.1-11), the law mandates licensees to report to the Board any knowledge of the performance by others those acts or omissions that are violations of the Nurse Practices Act or grounds for disciplinary action set forth in NDCC 43-12.1-14.

How do I know what to include with my complaint?

Complete the online Potential Violation Report in the most complete manner possible and include a written synopsis of the nature of the complaint with detail.

What happens once a complaint is filed?

- When a request for investigation is received by the North Dakota Board of Nursing, the information is reviewed to determine whether jurisdiction exists and whether the alleged practice or behavior, if true, violates the law or regulations that govern the licensee's practice. Once these two conditions are met, an investigation is initiated.
- The nurse is notified of the complaint and asked to submit a written response to the board.
- The pending matter is investigated, interviews are conducted, records are obtained, and evidence is reviewed.
- The completed investigation is reviewed by the Compliance Advisory Council of the North Dakota Board of Nursing to determine if evidence exists to support a violation of the Nurse Practices Act.
 - Cases that are dismissed due to lack of evidence to support a violation of the Nurse Practices Act are resolved at this level.

- If the evidence obtained during the investigation supports the allegations of a violation of the Nurse Practices Act, a disciplinary settlement may be discussed with the licensee, outlining the facts of the violations and the appropriate sanctions.
- All disciplinary actions must be reviewed by the full-convened Board of Nursing for final action.

What disciplinary sanctions can the Board of Nursing impose against a licensee?

The Board can impose various disciplinary sanctions against a nurse for violations of the Nurse Practices Act, including, reprimand, probation, suspension, revocation, surrender, cease and desist, and emergency suspension. Additionally, penalty fees for each separate violation may be imposed against the licensee following any disciplinary action. Costs and disbursements, including witness fees, sheriff's service, and reimbursement of the board's expenses in any administrative hearing or other proceeding, may be recovered from the licensee following any disciplinary action.

How long will it take to resolve a complaint?

Depending on the complexity and nature of the case, availability of information, coordination and cooperation of witnesses and the licensee, the disciplinary process, including the investigation, proceeding, and disposition of a case, can take anywhere from a few weeks to several months to a year or more. Each case is unique and needs to be considered on its own merits. On average, cases are resolved within 45-60 days from the date they are received in the board office until the date the investigation is completed and the matter is resolved.

Can a nurse continue to practice nursing while there is a pending investigation against them?

The ability to continue nursing practice during an investigation is permissible as long as the nurse who is under investigation maintains a current nursing license and there is no evidence of immediate threat to patient safety.

Is there a timeframe requirement to file a complaint?

The North Dakota Board of Nursing does not have a time limit to file a complaint. However, complaints that are not submitted in a timely manner may be more difficult to investigate.

Will the nurse know who submitted the complaint?

The person named in the allegation may be given a copy of the Potential Violation Report in order for the Respondent to submit a written response to the allegations. Such document may be an open or public record under NDCC 44-04-18. However, if disclosure of the identity of the complainant poses a risk to the person making the complaint, the complainant's identifying information may be redacted.

What may happen to the nurse?

The mission of the North Dakota Board of Nursing is to protect the public and aims to accurately and efficiently investigate every complaint in a fair and appropriate manner. If the Board determines that the nurse who has engaged in activities with the potential for endangering the health, safety, and welfare of the public needs to be monitored or separated from nursing practice, a variety of actions may be initiated, taking into consideration the potential risk of harm to patients as well as mitigating and aggravating circumstances in the nursing care delivery system. Most cases are resolved with an informal stipulated settlement. This type of settlement agreement between the nurse and the Board eliminates the need for an administrative hearing. However, if the nurse contests the charges, a formal complaint is filed and an administrative hearing is scheduled before an administrative law judge. Following the hearing, the administrative hearing officer makes a recommendation to the Board with the final decision made by the Board of Nursing.

Who do I contact with complaint questions?

Email - compliance@ndbon.org
Telephone - 701-328-9775
Reviewed/Revised 6/20



SOUTH DAKOTA
Center for Nursing Workforce
Find workforce data and trends, future leadership training and submit information online:
<http://doh.sd.gov/boards/nursing/sdcenter.aspx>

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.

South Dakota Board of Nursing Officers and Members

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South Dakota Board of Nursing Scheduled Meetings

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

2020 Meeting Schedule
September 24-25
November 19-20

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:
doh.sd.gov/boards/nursing

Verify

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

Board Staff Directory

Linda Young, MS, RN, FRE, Executive Director Concerning APRN Regulation and Practice, RN and LPN Practice, and Center for Nursing Workforce	Linda.Young@state.sd.us (605) 362-2772
Abbey Bruner, Senior Secretary Concerning RN and LPN Renewal, Reinstatement, and Reactivation	Abbey.Bruner@state.sd.us (605) 362-2760
Glenna Burg, MS, RN, CNE, Nursing Education Specialist Concerning Nursing Education Program Approval	Glenna.Burg@state.sd.us 605-362-2766
Erin Matthies, Operations Manager Concerning APRN Initial Licensure	Erin.Matthies@state.sd.us (605) 362-3546
Francie Miller, BSN, RN, MBA, Compliance Director Concerning Nursing Complaints and Compliance	Francie.Miller@state.sd.us (605) 362-3545
Tessa Stob, 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
Jill Vanderbush, Program Assistant Concerning RN and LPN Licensure by Endorsement and Criminal Background Checks	jill.Vanderbush@state.sd.us (605) 362-2769
Ashley Vis, Program Assistant Concerning Registration of Unlicensed Personnel RN and LPN Initial Licensure and Examination	Ashley.Vis@state.sd.us (605) 362-3525

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	License Number	March Board Action
Carmody, Christy	R032567	• Suspension
Name	License Number	April Board Action
Bicknese, Carol	R041920	• Letter of Reprimand
Brinkley, Patricia	R029638	• Letter of Reprimand
Cummings, Bailey	R047467	• Probation Completion
Ditmar, Tina	R035883	• Voluntary Surrender
Iverson, Jenna	P011217	• Letter of Reprimand
Nicolai, Stacy	R042152	• Voluntary Surrender
Pray, Natalie	R031294	• Voluntary Surrender
Solomon, Nichole	R033973	• Probation
Voorhees, Alissa	R046511	• Voluntary Surrender

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	Registrant Number	April Board Action
Royer, Patricia	M003112 & D000049	• Voluntary Surrender

South Dakota Board of Nursing Meeting Highlights

April and June 2020

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/calendar>. Minutes following a Board meeting are posted on the Board's website within 10 days of the meeting.

Scheduled 2020 Board Meetings **September 24-25, 2020,** **November 19-20, 2020**

Practice:

LPN, RN, and APRN practice laws, Board position statements, advisory opinions and other practice related resources are located on the Board's website at: https://doh.sd.gov/boards/nursing/APRN_Practice.aspx and https://doh.sd.gov/boards/nursing/APRN_Practice.aspx.

Nursing Education:

April 16, 2020

- The Board granted full approval status to the practical nursing program at Mitchell Technical Institute.
- The Board granted prerequisite status for an LPN to RN program at Mitchell Technical Institute.
- The Board reviewed and approved plans from nursing education programs for didactic and clinical delivery changes related to the COVID-19 pandemic.
- The Board approved a request from SDSU to replace 80 hours of direct care clinical with 80 hours of simulation for their RN and LPN Refresher Courses in response to the COVID-19 pandemic.
- The Board approved a request from the Yankton Medical Clinic for a Clinical Enrichment Program.

June 11, 2020

- The Board granted approval to disburse RN Nurse Education Assistance Scholarship funds.
- The Board heard two requests to increase simulation above the 50% replacement of direct clinical care allowed by ARSD 20:48:07:50. The Board granted approval of SDSU's request to increase the percentage of simulation to 56% for the Sioux Falls Standard cohort graduating in August. Rather than approving WDT's request to increase simulation for PN and RN students during the Fall 2020 and Spring 2021 in the event students were not able to complete direct care clinical, the Board will allow Board staff to have the flexibility to individually consider a nursing program's emergency request so a reasonable plan can be developed and approved by Board staff in a timely manner.
- The 2019 Annual Report of Nursing Education programs was presented. The report included a description of each program's curriculum, students, faculty, and program changes for 2019. The full statistical report can be found at: <https://doh.sd.gov/documents/2019SDBONAnnualEducationReport.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 College, Southeast Technical Institute, and Western Dakota Technical Institute.
 - The RN associate degree program reports and granted continuing approval for Lake Area Technical Institute, Mitchell Technical Institute, Oglala Lakota College, Southeast Technical Institute, and Western Dakota Technical Institute.
 - The RN baccalaureate degree program reports and granted continuing approval for: Augustana University, Dakota Wesleyan University, Mount Marty College, Presentation College, South Dakota

State University, University of Sioux Falls, and University of South Dakota.

- The APRN program reports and granted continuing approval for: Mount Marty College (Nurse Practitioner and Nurse Anesthesia), Presentation College, and South Dakota State University.

Center for Nursing Workforce (CNW):

Visit the CNW's website, <https://doh.sd.gov/boards/nursing/sdcenter.aspx>, for information on nursing supply, education, and links to nursing healthcare resources.

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 [http://www.doh.sd.gov/boards/nursing>Select "License Verification."](http://www.doh.sd.gov/boards/nursing>Select%20License%20Verification)
 - 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

continued on page 20

continued from page 19

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.

- **Nurse Licensure Compact (NLC):** South Dakota is a member of the NLC. LPNs and RNs who hold a multi-state compact license can 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/compacts.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 June 2020:**

Licensed Workforce	Number
Licensed Practical Nurses (LPN)	2,582
Registered Nurses (RN)	18,519
Certified Nurse Midwives (CNM)	38
Certified Nurse Practitioners (CNP)	1,276
Certified Registered Nurse Anesthetists (CRNA)	509
Clinical Nurse Specialists (CNS)	59
Registered/Unlicensed Assistive Personnel Workforce	Number
Certified Nurse Aides (CNA)	10,214
Unlicensed Diabetes Aides (UDA)	183
Unlicensed Dialysis Technicians (UDT)	79
Unlicensed Medication Aides (UMA)	5,598

Prevent a Lapsed License:

- A lapsed nursing license is a serious violation of the Nurse Practice Act. A nurse who has a lapsed license must

pay an additional fee to reinstate the license and may also incur discipline. Nurses who 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 courtesy 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.ncebn.com/e-notify>

South Dakota Health Professionals Program:

- The Board contracts with Midwest Health Management Services to offer the South Dakota Health Professionals Assistance Program (HPAP), 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>



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Leah Glovich, Student Intern

South Dakota Board of Nursing Welcomes New Summer Intern

Leah Glovich joined the South Dakota Board of Nursing as an intern for Summer 2020. She completed her third semester of nursing school at The University of South Dakota (USD) with anticipated graduation in December 2020. Leah's responsibilities include assisting board staff in processing applications, responding to applicants' questions and assisting in special projects. Leah

is excited for the opportunity to learn about nursing regulation, "It was interesting to see how much work goes into each application to ensure protection of the public through nursing regulation". Leah is interested in medical/surgical nursing and working as a travel nurse upon graduation. Leah is from Sioux Falls, SD and is a graduate of Washington High School.



NCSBN

National Council of State Boards of Nursing

NCSBN Offers a Free Series of COVID-19 Courses for Health Care Professionals

CHICAGO – NCSBN's International Center for Regulatory Scholarship (ICRS) is offering an invaluable series of free online COVID-19 courses for health care professionals. Three of the four courses offer continuing education credit upon completion.

Offered in a self-paced and concise format, the courses were designed to provide new, established and returning nurses with training and resources during the COVID-19 pandemic. The courses include: "COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE," "COVID-19: Nursing Care," "COVID-19: Basic Law and Ethics for Nurses during COVID-19" and "COVID-19: Credible Information, Hoaxes and the Media."

Maryann Alexander, PhD, RN, FAAN, chief officer, NCSBN Nursing Regulation, comments, "In addition to being essential resources for nurses who may be called upon to treat patients with COVID-19, these courses contain valuable information for anyone wishing to increase their knowledge of the COVID-19 pandemic."

Nurses and other health care workers are invited to self-enroll through the ICRS Connections Catalog at <https://catalog.icrscnbn.org/>. Enrollment questions should be directed to icrs@ncsbn.org.

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 NRBs 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 three exam user members.

There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

The statements and opinions expressed are those of NCSBN and not individual members.

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About NCSBN

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 nursing regulatory bodies (NRBs)

Gloria Damgaard: Honoring her Legacy and Service

Executive Proclamation

*State of South Dakota
Office of the Governor*

Whereas, Gloria Damgaard has given 29 years of dedicated service to the state of South Dakota and the South Dakota Board of Nursing since April 28, 1991; serving in the role of Nursing Education Specialist before her promotion to Executive Director in 2002; and

Whereas, Gloria obtained an associate degree in nursing from Presentation College in 1975, a bachelor's degree in nursing from Moorhead State University in 1978, a Master of Science degree in nursing from South Dakota State University in 1988; and was inducted as a Fellow of the National Council of State

Boards of Nursing's (NCSBN) Institute of Regulatory Excellence in 2007; and

Whereas, Gloria has mentored and educated many nurses, including the nursing students she taught at Sioux Valley Hospital School of Nursing, Presentation College, University of South Dakota, and Augustana College for 13 years before joining the Board of Nursing; and

Whereas, Gloria was instrumental in developing the South Dakota Board of Nursing's Theory-Based Regulatory Decisioning Model, an innovative model based on the humanbecoming theory postulates and concepts of community change that guide the Board's work; and

Whereas, Gloria positively impacted public policy and public safety in South Dakota by contributing to the development of the Health Professional Assistance Program to allow nurses impaired by mental health and substance use related illnesses to safely return to practice; she obtained legislative authority to implement criminal background checks in 2006; from 2010 to 2013 she conducted research and developed the Virtual Nursing Care for Children with Diabetes in the school setting to link trained unlicensed personnel with registered nurses using telehealth technology to safely administer insulin; she led legislation in 2016 for the adoption of the enhanced nurse licensure compact, South Dakota was the first state in the union to join; she was influential in amending South Dakota's Nurse Practice Act in 2017 and 2020 to allow nurse practitioners, nurse midwives, and nurse anesthetists to practice to the full extent of their education and licensure; and

Whereas, Gloria positively impacted regulation nationwide and established South Dakota as a national leader in state regulation. She served on numerous national committees including the



Gloria Damgaard

Compact Administrators Executive Committee to advance the national nurse licensure compact. Gloria was elected to serve as Director at Large and Treasurer on NCSBN's Board of Directors for 8 years. She was the recipient of NCSBN's Meritorious Service Award in 2014 and the most prestigious R. Louise McManus Award in 2018 for significant state and national contributions; and

Whereas, Gloria is known for her generosity, integrity, and respect for others; and on May 8, 2020, Gloria will retire from a distinguished career with the South Dakota Board of Nursing and will soon enjoy spending more time with her husband, Roger, children, and grandchildren:

Now, Therefore, I, Kristi Noem, Governor of the state of South Dakota, do hereby proclaim May 8, 2020, as

Gloria Damgaard DAY

in South Dakota, and I join her colleagues, friends, and family in wishing her a fulfilling and enjoyable retirement.

In Witness Whereof, I have hereunto set my hand and caused to be affixed the Great Seal of the state of South Dakota, in Pierre, the Capital City, this Twenty-seventh Day of May in the Year of Our Lord, Two Thousand and Fourteen.

Kristi Noem, Governor

Attest:

Steve Barnett, Secretary of State



The South Dakota Department of Health - Correctional Health is looking for RNs, LPNs and Patient Care Technicians in the following locations:

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South Dakota 2019 Annual Report of Nursing Education Programs

Nursing education programs located in South Dakota are required to submit information on their enrolled nursing students, graduates, curriculum, and faculty to the South Dakota Board of Nursing on an annual basis pursuant to ARSD 20:48:07. The information collected is analyzed and compiled into an annual report, *2019 South Dakota Annual Report of Nursing Education Programs*. Following review of the report at the June 2020 Board meeting, the Board members unanimously approved ongoing approval status of South Dakota's nursing education programs. Current information on a program's approval status is located on the Board of Nursing website: <https://doh.sd.gov/boards/nursing/education.aspx>.

The *2019 South Dakota Annual Report of Nursing Education Programs* full report includes comprehensive data and analysis, nursing program information, and historical actions adopted over the years. This article presents highlights of the report. The full report is available on the South Dakota Board of Nursing website under Nursing Education Programs: <https://doh.sd.gov/documents/2019SDBONAnnualEducationReport.pdf>.

More information on South Dakota's (SD) requirements for nursing education programs is located on the Board's website, <http://doh.sd.gov/boards/nursing>.

Enrollment

The total number of LPN and RN prelicensure students who were enrolled in a nursing program is shown in Figure 1. Total practical nurse program enrollment in 2019 was 432 students, a decrease of 38 students from the previous academic year. Associate RN student enrollment decreased by 11 students from the previous academic year and baccalaureate RN students decreased by 235 students. The total associate

Figure 1. Prelicensure Student Enrollment

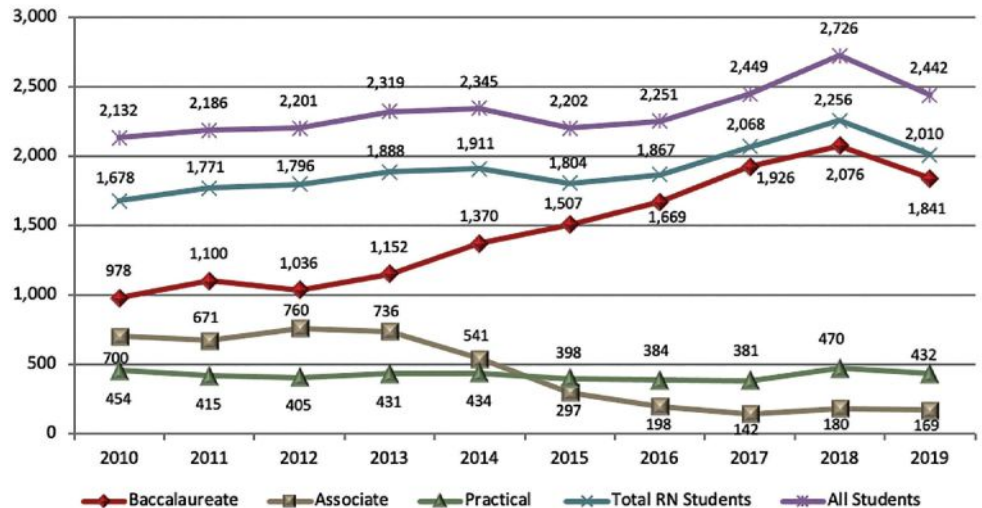
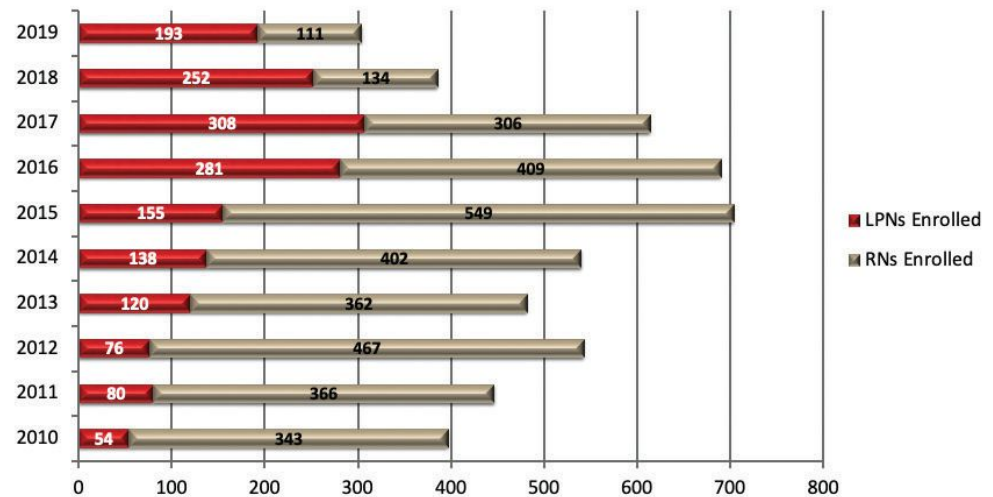


Figure 2. LPNs and RNs Enrolled in RN Upward Mobility Programs



and baccalaureate RN program enrollment in 2019 was 2,010 students, a 10.9% decrease from the previous academic year.

Enrollment in RN Upward Mobility Programs

Enrollment in South Dakota's LPN and RN upward mobility nursing programs totaled 304 students in 2019, a decrease of 82 students since 2018

(Figure 2). Of the 193 LPN students who were enrolled in upward mobility programs, 125 students were enrolled in LPN to AD RN programs and 68 students were enrolled in LPN to BSN programs. There were 111 RN students enrolled in baccalaureate completion programs.

continued on page 24

continued from page 23

Table 1. Graduates of Practical Nurse Programs

Practical Nurse Program	2019		2018	2018-2019	
	Graduates Produced	%	Number	Difference	% Change
Lake Area Technical Institute	57	28.1%	66	-9	-13.6%
Mitchell Technical Institute	21	10.3%	15	6	40.0%
Sinte Gleska University	4	2.0%	3	1	33.3%
Sisseton Wahpeton College	5	2.5%	1	4	400.0%
Southeast Technical Institute	70	34.5%	84	-14	-16.7%
Western Dakota Technical Institute	46	22.7%	33	13	39.4%
Total:	203	100.0%	202	1	0.50%

Table 2. Graduates of Prelicensure RN Programs

Prelicensure RN Graduates	LPN to AD RN	AD RN	BSN	Accelerated BSN	LPN to BSN	Total RNs	% Total RNs Produced
Associate RN Programs							
Lake Area Technical Institute	23	--	--	--	--	23	2.8%
Oglala Lakota College	--	10	--	--	--	10	1.2%
Southeast Technical Institute	51	--	--	--	--	51	6.3%
University of South Dakota	27	--	--	--	--	27	3.3%
Western Dakota Tech	0	--	--	--	--	0	0.0%
Total:	101	10	--	--	--	111	13.7%
Baccalaureate RN Programs							
Augustana University	--	--	44	20	0	64	7.9%
Dakota Wesleyan University	--	--	21	0	20	41	5.1%
Mount Marty College	--	--	22	0	1	23	2.8%
National American University	--	--	10	0	0	10	1.2%
Presentation College	--	--	15	0	67	82	10.1%
South Dakota State University	--	--	212	66	0	278	34.3%
University of Sioux Falls	--	--	22	37	0	59	7.3%
University of South Dakota	--	--	143	0	0	143	17.6%
Total:	--	--	489	123	88	700	86.3%
Associate and Baccalaureate Total:	101	10	489	123	88	811	100%

Graduates

A total of 203 students graduated from practical nursing programs in 2019 (Table 1), 1 more than in 2018 and a total of 811 students graduated from prelicensure RN programs (Table 2); 115 more than in 2018. The greatest percentage of RN graduates (prelicensure and RN to BSN), 87.9%, was produced by baccalaureate degree RN programs.

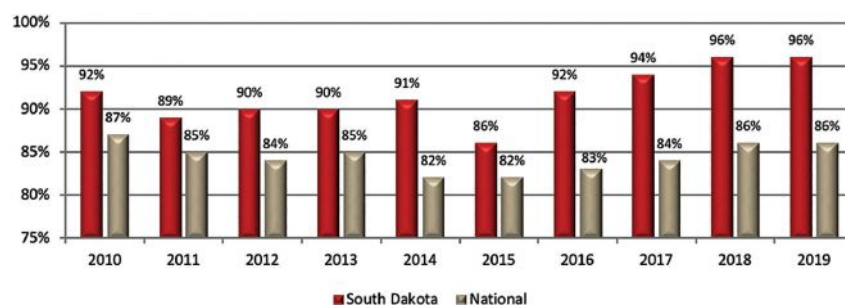
Figure 3. NCLEX-PN® Pass Rates

Figure 4. NCLEX-RN® Pass Rates

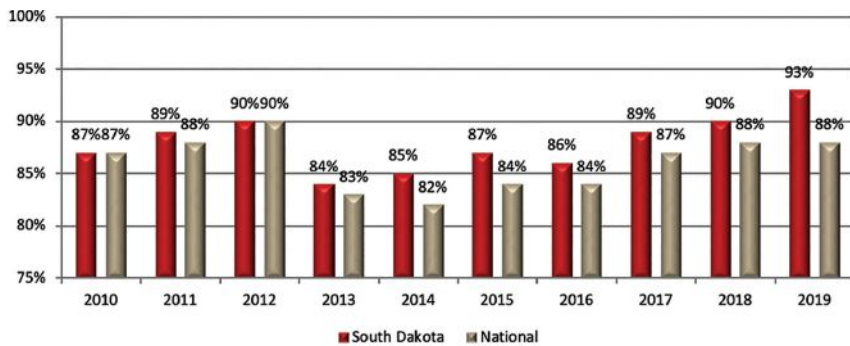


Figure 5. PN Graduates Licensed in South Dakota

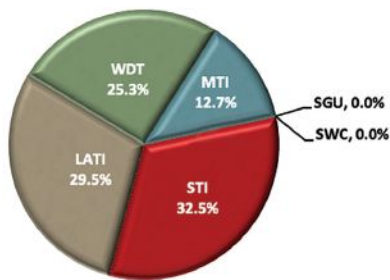
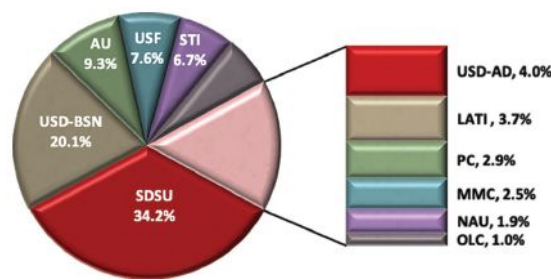


Figure 6. RN Graduates Licensed in South Dakota



NCLEX Examination Results

NCLEX pass rates for South Dakota's nursing program graduates remained above the national percentage in 2019. The pass rate for first-time LPN test writers was 96.35%; the national pass rate was 85.63% (Figure 3). The pass rate for first-time RN test writers was 92.87%; the national pass rate was 88.18% (Figure 4). The pass rates from 2010 to 2019 are shown for historical comparison.

Graduates Licensed in South Dakota

Approximately two thirds of the graduates produced in South Dakota were licensed in South Dakota state. Of the 203 practical nurse graduates, 166 (81.8%) were issued a South Dakota LPN license. Of the 912 RN graduates, 593 (65.0%) were issued a South Dakota RN license. Figures 5 and 6 show the percentage of licensees licensed by each SD prelicensure program.

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2,000 Babies Were Safely Delivered Thanks to This One Nurse-Midwife (Nope, Not A Doc!)

Moms know all too well: Giving birth rarely goes exactly to plan. But imagine being a mom-to-be who lives counties away from the closest OB-GYN. How much harder would it be to take time off work, including travel time, for regular appointments? How much harder would it be to get labor timing right on the big day when a long drive stands in the way?

This is the reality for over 10 million women. That's the number of women who live in counties without a single OB-GYN to provide women's wellness, maternal, and prenatal care — more than half of the counties in the United States. Half of women who live in rural areas need to drive more than 30 minutes to reach perinatal care; more than 10% drive 100 miles or more.

This shortage of doctors impacts more than childbirth, of course.

OB-GYNs provide services to women of all ages, including prenatal care, cancer screenings, birth control prescriptions, reproductive consultations, and hormone replacement therapies. For millions of women, long drives create barriers that separate them from essential care — requiring them to request unpaid time off from work, get transportation, and arrange child care. These barriers mean that some women who need care can't receive it.

A solution offers hope — and help — to women across the country. As the number of physicians declines in rural and low-income areas, the number of women's health nurse practitioners and certified nurse-midwives in those areas is increasing. In 24 states and the District of Columbia, legislation allows these skilled providers, known as advanced

practice registered nurses (APRNs), to practice without barriers requiring them to enter into a contract with a doctor. APRNs are registered nurses who obtain master's degrees or doctorate degrees in nursing, and they include certified nurse-midwives who specialize in childbirth and women's reproductive health. They perform pap smears, prescribe birth control, deliver babies, and more.

Yet in 26 states — many of which are affected by OB-GYN shortages — these APRNs face laws that restrict their practices. Now four of those states (Florida, Kansas, Kentucky, and Mississippi) have proposed legislation that, if passed, will allow APRNs to practice without unnecessary barriers, giving patients more choices for safe and quality care closer to home.

Jen McGivney

Why Supporting Nurse-Midwives is So Vital

Sue Rooks knows better than anyone the challenges facing moms-to-be who lack care, as well as exactly how to help them. Rooks delivered about 2,000 babies during her 41-year career as a certified nurse-midwife. Before her retirement in 2018, she worked in South Dakota in rural and underserved areas, in small towns and on reservations. South Dakota needs clinicians like Rooks: almost two-thirds of its counties don't have a hospital with a single OB-GYN.





*Sue Rooks, CNM, MPH,
Capt. USPHS (ret.)*

"A lot of services an OB-GYN provides can be provided by nurse-midwives. I estimate that we can perform about 70-80% of OB-GYN services," Rooks says. "We put in IUDs, do colposcopies after abnormal pap smears, things like that."

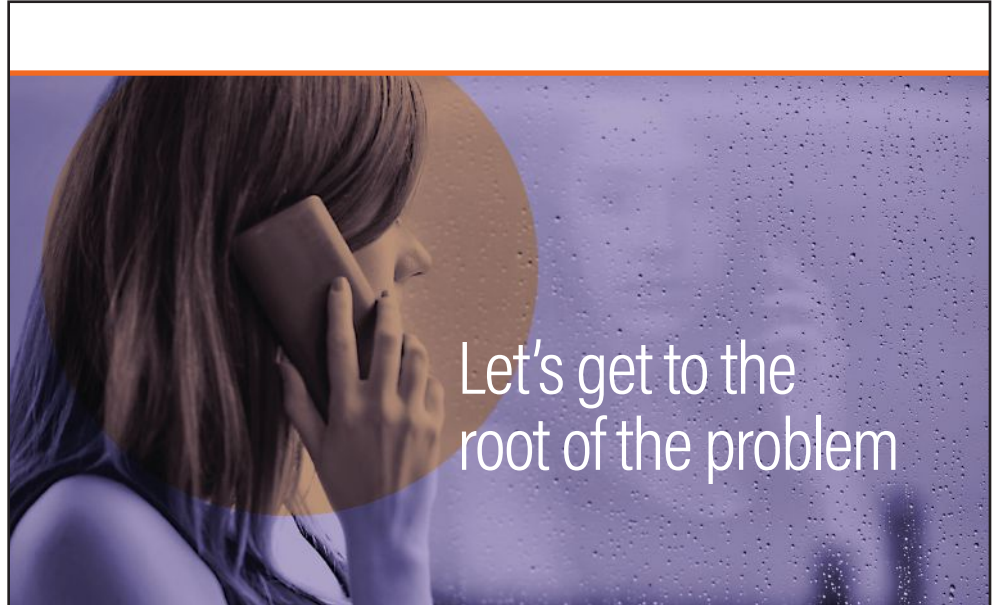
Until 2017, South Dakota required APRNs to maintain collaborating agreements with physicians in order to treat patients. These agreements seemed to Rooks to be merely bureaucratic formalities, until one day, a clerical mistake at Rooks' clinic showed how restrictive the agreements can be. This error resulted in a lapse on her collaborating physician's license. Rooks was among three advanced practice clinicians (two APRNs and a physician's assistant) who, because of these restrictive laws, couldn't practice either. The clinicians had licenses in good standing, but the collaboration agreement tied their ability to work to their collaborating doctor.

"None of us could practice for two days until another physician could sign a collaboration agreement with us," Rooks says. "In the meantime, we couldn't do any patient care." For two days, patients in rural South Dakota were down three capable providers to provide vital services.

This experience shows how vulnerable APRNs practice and patient access to care can be when states require such agreements. Rooks went on to lobby state lawmakers to change South Dakota's law. In 2017, just a year before her retirement, her efforts succeeded.

South Dakota joined the states that allow APRNs like Rooks to practice without a doctor's oversight, known as Full Practice Authority.

continued on page 28



As providers, we know that substance misuse and addiction are often just symptoms of more complex problems. For treatment to be effective, the whole person—their basic needs, mental health, physical conditions, and overall safety must be addressed.

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continued from page 27

More Options for Women's Healthcare

Now, with Florida, Kansas, Kentucky and Mississippi state legislatures introducing bills that, if passed, would grant APRNs full practice authority (FPA), moms-to-be and women in general in these states could finally get the access to care they need and deserve.

These are critical areas, with urban and rural areas in the states affected by lack of care. Of the top ten metropolitan areas that are most likely to experience an OB-GYN shortage, two are in Florida: Orlando and Miami. Of the 105 counties in Kansas, 77 lack a single OB-GYN. In Kentucky, 76 of its 120 counties lack an OB-GYN. Mississippi is already ranked as the worst state for health and physician availability.

Lifting these unnecessary restrictions will not mean ending collaboration between nurses and

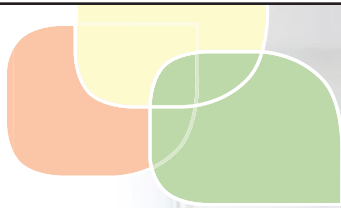


doctors. Even in FPA states, certified nurse-midwives handle healthy pregnancies and consult with physicians as needed for patient care, sometimes co-managing or transferring complicated pregnancies to OB-GYNs.

"It was always a team effort when I worked with physicians," Rooks says. "That's how collaboration works. You

just don't need a piece of paper to delineate it."

To learn how to support APRNs delivering babies and caring for the health of women in your state, go to https://nursingamerica.org/?utm_medium=link&utm_source=triplelift&utm_campaign=america&utm_content=spm_here2_lt



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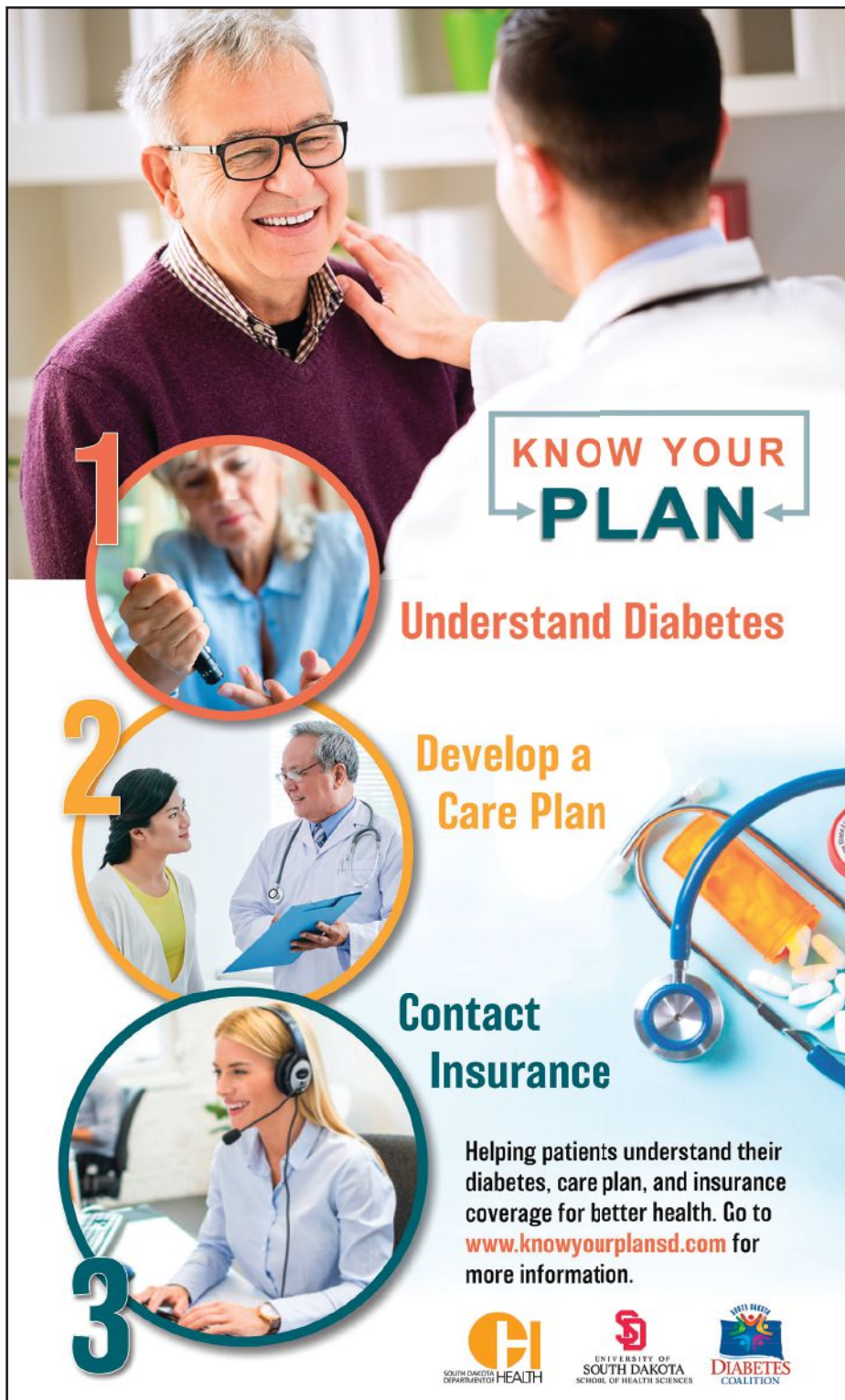
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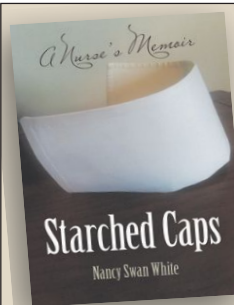
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