

| Volume 19 | Number 1 | Winter 2021 |

DAKOTA NURSE

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12

The North Dakota Board of Nursing Approves a Practice Guidance to Delineate Scope of Practice for the Licensed Registered Nurse and the License Practical Nurse

16

NDBON, NDNA and NDCFN: What's the Difference?



22

Vaccination by Student Nurses

23

Licensed Practical Nurse Scholarship Recipients Announced

SOUTH DAKOTA HIGHLIGHTS

4 Message from the Executive Director

19 South Dakota Board Highlights

Welcome to New Board of Nursing

21 Members Denise Buchholz, RN and Jenna VandenBos, LPN

24 The COVID-19 Pandemic: Change and Challenge

NORTH DAKOTA HIGHLIGHTS

5 Message from the Executive Director

7 North Dakota Board Highlights

9 Mobility on Deck for Advanced Practice Registered Nurses

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A message from the Executive Director

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



Hello and happy new year!

While 2020 was a challenging year, it was inspiring. Nurses faced unexpected demands and adapted quickly to the COVID pandemic to help in extraordinary ways. 2020 was truly the year of the nurse, Florence Nightingale would be proud!

Speaking of COVID, please refer to the Board of Nursing's website, <https://doh.sd.gov/boards/nursing/>, for helpful links to resources, including Governor Noem's Executive Orders and vaccination information, as well as the Department of Health's website, <https://doh.sd.gov/news/Coronavirus.aspx>.

Nursing has historically ranked number one as the most honest and ethical profession (Reinhart, R., 2020) and the public holds nurses in the highest regard. In 2020, the COVID crisis offered nurses many opportunities to be in the media spotlight, a wonderful way to promote the nursing profession and offer health information. It is important to remember that when sharing information with the media, or via social media, that the information is accurate, appropriate, and consistent with the standard of care. Before posting, ask, "would I be comfortable reading my post or saying my comments directly to a patient? to an employer? or in front of Board members?" Be mindful that the information is accurate, follows appropriate professional standards, meets any organizational guidelines, and adheres to HIPAA privacy policies.

On another important topic, *be on the alert for spear phishing scammers*. According to the National Council of State Board of Nursing (NCSBN), scammers are targeting nurses by sending official looking letters that appear to be sent from a state board of nursing. The letters may threaten to suspend or revoke your license unless you deposit funds to reverse the sanction. Remember these basics:

1. If you receive a phone call, never give out your personal information during the call. Hang up and then only call a number back that you have determined is legitimate through your research.
2. Never reply to a text message asking for you to call the number provided in the text to discuss your imminent "suspension or revocation of your license."
3. Never reply to an email asking for personal information.
4. Never call a number provided to you in a suspect letter or email.
5. Use your own verified numbers for contacting the Board of Nursing office.
6. Be vigilant! Do not discard or ignore such communication from scammers, but rather call and/or connect with the board office to report the scam.

As most of you know, South and North Dakota have shared this publication for many years; while this arrangement has worked well for the most part it has also created confusion at times. I am therefore happy to report that we are moving forward to create a new South Dakota specific publication. Watch for the new *South Dakota Board of Nursing News* coming in Summer 2021.

Best wishes in 2021,

Linda Young
Executive Director
South Dakota Board of Nursing

Resources:

- Reinhart, R.J. (2020). Nurses Continue to Rate Highest in Honesty, Ethics. Accessed: <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>
- Be on High Alert for Spear Phishing Scams. <https://www.ncsbn.org/NCSBNAAlert-SpearPhishing-final.pdf>.



A message from the Executive Director

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

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

COVID 19 Update

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. These policies and procedures will be active until the Governors repeal of the ND state of emergency and respective executive orders. To learn more about these policies and procedures visit www.ndbon.org/News.

The NDBON staff continue to work at full capacity with both in-office and remote hours to ensure safety of staff and timeliness of licensing and public service. Hours of operation continue to be 8am-5pm Monday through Thursday and 8am-3pm Fridays. The physical office is open to the public from 9am-noon Monday through Friday and additional hours, as needed, by appointments. The NDBON office continues to experience high volumes of correspondences. The recommended, and most efficient, means of communication with NDBON staff includes emailing inquiries and concerns to www.contactus.org or selection on one of the specific email addresses available at <https://www.ndbon.org/Contact%20Us/Info.asp>. All inquiries to the NDBON office are important and staff work diligently to prioritize and respond in a timely manner.

During the State of Emergency, the NDBON convened meetings are offered virtually, which is recommended. However, there is the option to attend in-person with social distancing and masks required. The virtual NDBON meeting links are available on the regular meeting agendas or may be requested at www.contactus.org.

Advanced Practice Registered Nurse Licensure Compact Legislation

At the October 2020 convened NDBON meeting, the revised APRN Licensure Compact bill was approved for prefilming for the upcoming legislative session. The original APRN Licensure Compact was enacted in 2017; however, the compact stalled with three states (10 states required to implement). The revised legislation being submitted during the 67th session includes the language changes as approved by a majority of the states at the August 2020 National Council of State Boards of Nursing Delegate Assembly. The newly adopted compact language addressed issues that were identified as roadblocks among states that desired to join. The revised APRN Licensure Compact provides additional consistency with the Nurse Licensure Compact by adding uniform licensure requirements from the APRN Consensus Model. Also, the language incorporated a practice experience requirement for the multistate license, as a practical solution to the prevalence of transition to practice requirement among several states. It is important to note that the practice experience requirement does not impact the ND single state license that APRNs obtain upon graduation.

The NDBON provided two open forums for stakeholders in December and presentations were given at the annual meetings for both the ND Nurses Association and the ND Nurse Practitioner Association which included overview of the language changes to the APRN Licensure Compact.

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 activities on the website. Watch for the Spring 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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NORTH DAKOTA BOARD OF NURSING 2020 BOARD MEETING DATES

January 21, 2021

April 22, 2021

July 22, 2021

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. During the COVID 19 State of Emergency, virtual attendance is recommended. Observers attending in person will be asked to adhere to mask and social distancing requirements. The virtual meeting links will be included on regular board meeting agendas and available upon request at contactus@ndbon.org for other meetings.

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.

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

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ND BOARD OF NURSING OFFICE SECURITY AND OPERATIONS

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 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

During the ND State of Emergency, state agencies, including the NDBON, are taking precautions to prevent the spread of COVID 19 within the workplace. Precautions include virtual interactions and emails when feasible and visits to the office by appointment. The office is currently operating at full capacity with a combination of in office and remote staff.

NORTH DAKOTA BOARD OF NURSING

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Visit <https://www.ndbon.org/Practice/AdvisoryPanel/ParticipationIndex.asp> for information and application.

NURSES

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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

October 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 July 16, 2020 meeting as distributed.
- Approved the January 1 through June 30, 2020 Strategic Plan Progress Report.
- Held an Executive Session to consider the following according to the NDCC 44-04-18.1: Agenda items 5.1.1 Stephanie Fox, 5.1.2 Brian Leier, 5.1.3 Tera Emter, 5.1.4 Shari Lawrence, 5.1.5 Crystal Overbeck. To discuss closed, confidential, or exempt records.
- Found the Rasmussen College Baccalaureate Degree Nursing Education Program in substantial compliance with ND Administrative Code 54-03.2. Standards for Nursing Education Programs; and granted full approval of the Rasmussen College Baccalaureate Degree Nursing Education Program until October 2025; and required an onsite survey of the Rasmussen College Baccalaureate Degree Nursing Education Program in August 2025.
- Found the Minnesota State Community and Technical College, Workforce Development Solutions, LPN Refresher Course in full compliance with Board Guideline Requirements for Nurse Refresher Courses as set forth by ND Administrative Code 54-02-05-05 Non-practicing Nurses; and granted continued full approval of the Minnesota State Community and Technical College, Workforce Development Solutions, LPN Refresher Course until October 2024; and required a paper survey review in August 2024 for continued approval.
- Approved use of the NDBON logo for approved contact hour completion certificates and brochures.
- Discussed virtual format for onsite nursing education program surveys (see full minutes for details).
- Discussed CE Broker implementation updates (see full minutes for details).
- Approved accepting the CNAT exam to meet licensure requirements for ND single-state license for Texas applicant, Kerri Ortega, RN.
- Discussed ND Commerce Workforce Development Committee: Occupational Licensure Panel and Listening sessions (see full minutes for details).
- Approved the draft bill for the APRN Licensure Compact, as approved at the 2020 National Council of State Boards of Nursing Delegate Assembly, to pre-file with legislative council for the 2021 legislative session.
- SAAG Simonson presented legal memo pertaining to NDBON Executive Director and Officers testifying on legislative bills at committees.
- Adopted the revised draft version "RN and LPN Scope of Practice: Components of Nursing Comparison Chart".
- Directed the Board staff to further explore the request for dialysis practice scope expansion and include an advisory panel for input.
- Accepted the Impact Management Solutions Proposal for Group Facilitation with John Trombley for the NDBON and NDCFN Joint Executive Committee meeting to explore future support of ND workforce center; and pay half the service fee.
- Approved the following appointment for external member to the Nursing Education Committee from October 2020 through October 2022: Deborah Cave, DNP, RN, CNE.
- Ratified the postponement of the 2020-2021 Annual Retreat to due to COVID 19 pandemic to (a later date prior to end of fiscal year / next fiscal year).
- Appointed Jane Christianson as representative and Wendi Johnston as the alternate representative for the NDCFN.

continued on page 8



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continued from page 7

- Accepted the South Dakota Board of Nursing request to separate the quarterly Dakota Nurse Connection into ND and SD publications effective at the end of the 2021 contract; and to move forward with a contract as a separate state publication with PCI publishing;

and to title the publication: "North Dakota Nurse Connection".

- Approved staff request for addition of 1 FTE effective February 2020 with the following rationale: 1) to align with the 2020 fee increase justification to legislative council; 2)

to ensure adequate and timely succession planning of upcoming retirements of one Technology Specialist and one Compliance and Licensing Specialist, and 3) to assist with increased workload demands for duties related to licensing and information technology.

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

November 5, 2020

Joint ND Center for Nursing and ND Board of Nursing Executive Committees (Facilitated)

- Both entities recommended: 1) Follow-up meeting with both executive committees; 2) Take updates to respective full boards; 3) NDBON executive committee agreed to review a potential standalone bill for CFN (not amending or impacting NDCC Nurse Practices Act or nurse licensure fees).

November 30, 2020

Joint ND Center for Nursing and ND Board of Nursing Executive Committees

- Both entities approved November 5, 2020 minutes for the facilitated joint meeting.
- NDBON Executive Committee directed NDBON staff to schedule a full board meeting to review potential NDCFN standalone legislation.
- NDCFN Executive Committee directed NDCFN staff to contact legislators and draft standalone bill.

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Mobility on Deck for Advanced Practice Registered Nurses

Nicole Livanos, JD, MPP

On August 12, 2020, the National Council of State Boards of Nursing (NCSBN) convened a virtual Delegate Assembly. The agenda included the adoption of a new interstate licensure compact for advanced practice registered nurses (APRNs). The proposal received support from the majority of NCSBN delegates, and the journey toward licensure mobility for

APRNs can begin once again (NCSBN, 2020a).

A previous rendition of the APRN Compact, approved in 2015, failed to gain traction. Among the roadblocks were the varied state laws governing APRN practice and regulation. The variation exists in states with restrictive practice for APRNs as well as in many states that worked tirelessly to remove the restrictions but were forced to make political concessions,

which resulted in patchwork statutes and regulations across states (American Nurses Association, 2020). Uniformity is pivotal in achieving mobility in an interstate compact. The newly adopted APRN Compact act provides uniformity that enables APRNs to obtain a multistate license and practice under the compact; it also makes various additional changes to aid multistate licensure in becoming a reality sooner.

What Changed?

Codifying the APRN Consensus Model

Since its adoption in 2008, states have worked toward adopting the various elements of the APRN Consensus Model, including the national standards for safe APRN practice and regulation. Drafters of the new APRN Compact incorporated those elements into the uniform licensure

requirements needed to obtain and maintain a multistate license, as well as into provisions governing practice by multistate licensees (NCSBN, 2020b).

The APRN Consensus Model elements included in the uniform licensure requirements are as follows:

- The applicant must hold an active, unencumbered license as a registered nurse.
- The applicant must graduate from an accredited program or approved foreign APRN education program in a recognized role and population focus.
- The applicant must obtain and maintain national certification in a role and population focus.

continued on page 10



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continued from page 9

Uniformity With the Nurse Licensure Compact

Many uniform licensure requirements mirror the Nurse Licensure Compact (NLC), the interstate licensure compact for registered nurses and licensed practical nurses. For instance, applicants for multistate licenses must meet the licensure requirements in their home states, submit to a criminal background check, and have no felony conviction or misdemeanors related to the practice of nursing. Furthermore, those APRNs actively participating in an alternative-to-discipline program are ineligible for a multistate license until they have completed their program (NCSBN, 2020b). The consistency between the two compacts makes sense, as two-thirds of the states have adopted the NLC and APRNs must hold licensure or a privilege to practice as a registered nurse in those states that join the APRN Compact.

Practice Hour Requirement

Under the newly adopted compact, applicants must have at least 2,080 hours of practice as a licensed APRN in the role and population focus congruent with their education and certification before they can receive a multistate license (NCSBN, 2020). The practice hour requirement was included in the compact language owing to the prevalence of transitions to practice in state law. Since 1995, the majority of states that have passed laws allowing APRNs full practice authority have included what is often referred to as a “transition-to-practice” period (American Nurses Association, 2020). This transition to practice is predominately negotiated during the legislative process as a way to appease physician groups opposing a full practice bill. For example, nurse practitioners are required to have 4,000 practice hours under a collaborative agreement with a physician before they can practice independently. These transitions to practice presented a unique challenge to the implementation of the compact. For the compact to operate as

efficiently as possible, the transitions to practice needed to be addressed while maintaining uniformity and operating without the need for any physician collaboration or supervision.

It's important to note that the 2,080-hour practice requirement under the APRN Compact is distinctly different from a transition-to-practice period; the language reads that in order to qualify for a multistate license, the APRN must have “practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training” (NCSBN, 2020b). Supervision or collaborative practice is not required. The 2,080 hours of practice are completed by the applicant in the state where he or she hold a single-state license and is thus subject to the practice laws of that state. Inclusion of the 2,080-hour practice requirement is a practical compromise that will increase the likelihood that more states can join the APRN Compact.

The Path to Seven

The newly adopted compact will become effective once seven jurisdictions enact the legislation. Having a threshold number of states for the compact to become effective is common among interstate licensure compacts. For example, the APRN Compact shares the same trigger number as the Psychology Interjurisdictional Compact (PSYPACT), which reached its seven-state threshold in April 2019 (PSYPACT, 2019). Similar to other interstate licensure compacts, the legislative trigger spurs the formation of the commission, a quasi-governmental agency. The composition of the commission is one member from each party state, and that member is the head of the state licensing board or their designee (NCSBN, 2020b). Upon adoption of rules governing implementation and operations of the APRN compact, it will be fully operational and member states can begin processing applications for multistate licensure.

The Need for Mobility Now

Before COVID-19, the need for APRNs to have licensure mobility was great. Once the pandemic changed the healthcare landscape, the need ballooned. During the pandemic, the majority of states authorized practice by out-of-state licensees through either a full waiver or temporary licensure or permit (Hentze, 2020). The goal of the provisions is to permit healthcare practitioners the flexibility to assist with the pandemic relief wherever an acute need surfaced—for example, the northeastern United States in the early months and the southern and western states in Summer 2020 (Yeip, 2020). Some temporary permits authorized practice with pared down application requirements, whereas waivers generally authorized practice as long as the nurses held licensure *somewhere* (Hentze, 2020). The policies were introduced at different times, and each has its own specifications and expiration date, which can make navigating and understanding the processes confusing and difficult for facilities and practitioners alike (Costich & Scheer, 2020).

We can contrast the instability of state emergency actions to that of an interstate compact like the NLC. Registered nurses and licensed practical nurses across 33 states that are party to the NLC were able to be mobilized immediately in March as the first wave of the virus hit, without waiting for the complex and variant emergency policymaking. The 34th state, New Jersey, partially implemented their law to mobilize the existing multistate workforce (NCSBN, 2020c). However, APRNs who wanted to provide critical services in states other than where they held licensure were required to navigate complex and patchwork regulatory structures created by statutes, regulations, and the plethora of executive orders.

This pandemic has demonstrated just how vital the safe and free movement of healthcare professionals are for the health of the nation.

APRNs, like many other healthcare professions, should enjoy an interstate compact to facilitate their practice and increase access to care for patients. The newly adopted APRN Compact is just that, and state legislatures can make joining the compact a reality.

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Nicole Livanos, JD, MPP, is a Senior Associate, State Advocacy and Legislative Affairs, Nursing Regulation, NCSBN, Chicago, Illinois.

Conflicts of interest: None.

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THE NORTH DAKOTA BOARD OF NURSING APPROVES A PRACTICE GUIDANCE TO DELINEATE SCOPE OF PRACTICE FOR THE LICENSED REGISTERED NURSE AND THE LICENSE PRACTICAL NURSE

As the ND Board of Nursing (NDBON) continuously addressed public concerns related to misunderstandings of scope of practice and roles of the Registered Nurse (RN) and Licensed Practical Nurse (LPN), it became evident that guidance was necessary to assist ND licensees, facilities, and stakeholders. In addition, the NDBON Compliance Division received frequent potential violation reports regarding LPN's practicing in leadership roles, which requires investigation and may result in disciplinary action, as this is not within the scope of practice for the LPN.

Both RN's and LPN's care for patients but complete very different levels of education to prepare them for their role. The Nurse Practices Act (law) NDCC 43-12.1 and the Administrative Code (rules) NDAC Title 54 provide direction

for licensed nurses practicing in North Dakota. However, a practice guidance can provide additional direction to address common or recurring issues of concern. The NDBON RN/LPN Scope of Practice Guidance was created to help clarify roles by applying law and rules to the scope of practice for each role. It is important to note that this document does not reflect a change to law and rules, but rather clarifies existing law and rules. The guidance was drafted with the assistance of the NDBON legal counsel; presented to the NDBON members in July 2020; and open for public comment in August 2020. The October 22, 2020 convened NDBON meeting provided another opportunity for public comment before the RN/LPN Scope of Practice Guidance was approved for publication.

Article Prepared by ND Board of Nursing Practice and Compliance Divisions

NORTH DAKOTA BOARD OF NURSING PRACTICE GUIDANCE RN and LPN PRACTICE

Guidance regarding the interpretation and application of the Nurse Practices Act (NPA) may be adopted by the ND Board of Nursing (Board) as a means of providing direction to licensees and stakeholders who seek to ensure safe nursing practice and to address issues of concern relevant to public protection. (North Dakota Century Code (NDCC) 43-12.1-08(2)(p)).

Board approved practice guidance does not carry the force and effect of law or rules. Each licensed nurse (nurse) is responsible and accountable to practice according to the standards of practice prescribed by the board and the profession; and must accept responsibility for judgments, individual nursing actions, competence, decisions, and behavior in the course of nursing practice. (Standards of Practice, North Dakota Administrative Code (NDAC) 54-05-01-07 and 54-05-02-04). "Competence": means the application and integration of knowledge, skills, ability, and judgment necessary to meet standards. (NDAC 54-01-03-01(16)).

By law, the scopes of practice for the registered nurse (RN) and the license practical nurse (LPN) differ. The RN functions at an independent level while the LPN functions at a dependent level. This chart provides a snapshot comparison. For more information, please refer to the NDCC (Chapter 43-12.1), the NDAC (Title 54), and the NDBON's Practice FAQ available on the North Dakota Board of Nursing's website www.ndbon.com under FAQ – Practice FAQ.

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RN and LPN Scope of Practice: Components of Nursing Comparison Chart

Components of Nursing Practice	RN Scope of Practice <i>Independent role</i>	LPN Scope of Practice <i>Dependent role</i>
Accepting an Assignment	Accepts assignment based on variables in nursing practice setting and individual competency.	Accepts assignment based on practice setting variables including availability of RN supervision, & individual competency. The LPN practices nursing dependently under the direction of the RN, advanced practice RN (APRN), or licensed practitioner.
Assessment	Conducts a comprehensive nursing assessment based on the client's immediate condition or needs: <ul style="list-style-type: none"> • Collects, verifies, analyzes, and interprets data in relation to health status • Formulates nursing diagnoses • Determines extent and frequency of assessment needed 	Conducts a focused nursing assessment of the stable or predictable client : <ul style="list-style-type: none"> • Collects and communicates data • Recognizes relationship to health status & treatment • Demonstrates attentiveness and provides client surveillance and monitoring • Determines immediate need for intervention
Planning	Develops client plan of care based on nursing assessment and diagnoses that prescribe interventions to attain expected outcomes: <ul style="list-style-type: none"> • Identifies client's needs • Prioritizes nursing diagnoses • Determines nursing care goals • Determines interventions appropriate to client 	Participates with other licensed practitioner in planning: <ul style="list-style-type: none"> • Contributes to the evaluation of the plan of care by gathering, observing, recording, and communicating client responses to nursing interventions • Modifies the plan of care in collaboration with a RN, advanced practice RN (APRN), or licensed practitioner • Care of a client whose condition is stable or predictable
Implementation	Implements plan of care: <ul style="list-style-type: none"> • Applies nursing knowledge based on the integration of the biological, psychological, and social aspects of the client's condition • Utilizes decision-making, critical thinking, and clinical judgement to make independent nursing decisions and nursing diagnosis • Procures resources • Assigns, delegates, and supervises licensed and unlicensed personnel • Promotes a safe environment 	Implements nursing interventions and prescribed medical regimens in a timely and safe manner: <ul style="list-style-type: none"> • RN, APRN or licensed practitioner supervision required • Assigns nursing care to other LPNs and delegates to UAPs • Supervision by LPN limited to assuring that tasks assigned to an LPN or delegated to a UAP have been completed according to standards and agency policies and procedures • Promotes a safe environment

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continued from page 13

Components of Nursing Practice	RN Scope of Practice <i>Independent role</i>	LPN Scope of Practice <i>Dependent role</i>
Evaluation	Evaluates and determines effectiveness of nursing interventions and achievement of expected outcomes: <ul style="list-style-type: none"> Revises nursing interventions consistent with the overall healthcare plan Modifies plan of care 	Participates in evaluation: <ul style="list-style-type: none"> Identifies client's response to nursing intervention and suggests care plan revision to RN Monitors and evaluates the care assigned to an LPN or delegated to a UAP
Reporting and Recording	Reports and Records	Reports and Records
Collaborating	<ul style="list-style-type: none"> Communicates, collaborates, and consults with other health team members Initiates collaboration through coordinating, planning, and implementing nursing care of client within the multidisciplinary team Participates in multidisciplinary decision-making Seeks & utilizes appropriate resources 	Collaborate and communicate relevant and timely client information with clients and other health team members to ensure quality and continuity of care.
Teaching and Counseling	Provides comprehensive nurse and healthcare education: <ul style="list-style-type: none"> Assesses and analyzes client's learning needs Plans educational programs Implements and evaluates education plans Makes referrals to appropriate resources 	Participates in the health teaching as approved by the RN, APRN or licensed practitioner.
Administration and Management of the Practice of Nursing	Responsibility to organize, manage and supervise the practice of nursing: <ul style="list-style-type: none"> Supervises, monitors, and evaluates the care assigned to a licensed practical nurse Assesses the health status of groups of clients, analyzes data and identifies collective nursing care needs, priorities, and resources needed Assesses the learning needs of nurses and UAPs and establishes training and competencies for those individuals 	<p>Not within the LPN scope of practice NOTE: See limited supervisory role for the LPN in the Implementation Section above.</p> <p>It is not the setting or the position title that determines a nursing practice role but rather the application of nursing knowledge.</p>
Accepting Responsibility	Accepts responsibility for judgments, individual nursing actions, competence, decisions, and behavior in the course of nursing practice.	Accepts responsibility for judgments, individual nursing actions, competence, decisions, and behavior in the course of practical nursing practice.

References:

NDCC 43-12.1 Nurse Practices Act
 NDAC 54-05-02 Standards of Practice for Registered Nurses
 NDAC 54-05-01 Standards of Practice for Licensed Practical Nurses
 NDAC 54-03.2-06 Curriculum
 North Carolina Board of Nursing, RN and LPN Scope of Practice, 2018

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NDBON, NDNA and NDCFN: What's the Difference?

The North Dakota Board of Nursing (NDBON), the North Dakota Nurses Association (NDNA) and North Dakota Center for Nursing (NDCFN) collaborated to provide this comparison of the three nursing entities. Each of these entities has a unique mission and description, which makes them very different from one another. This comparison is updated and published annually and is available on the respective websites.

A COMPARISON OF THE THREE ORGANIZATIONS

North Dakota Board of Nursing (NDBON) 919 S 7TH Street, Suite 504 Bismarck, ND 58504-5881 Phone: (701) 328-9777 Fax: (701) 328-9785 Website: www.ndbon.org	North Dakota Nurses Association (NDNA) 1515 Burnt Boat Dr, Suite C #325 Bismarck, ND 58503 Phone: (701) 335-6376 E-mail: director@ndna.org Website: www.ndna.org	North Dakota Center for Nursing (NDCFN) Box 117 Northwood, ND 58267 Phone: (218) 791-1461 Website: www.ndcenterfornursing.org
Mission: <i>ND Board of Nursing assures North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure, and practice.</i>	Mission: <i>The Mission of NDNA is to advance the nursing profession by promoting professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace, and by advocating on health care issues affecting nurses and the public.</i>	Mission: <i>The mission of NDCFN is to through collaboration guide the ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy.</i>
Description: <ul style="list-style-type: none"> • Governmental regulatory body established by state law under the North Dakota Century Code 43-12.1 Nurse Practices Act to regulate the practice of nursing and protect the health and safety of the public • Regulates the practice of individuals licensed and registered by the Board • Establish standards of practice for RNs, LPNs, and APRNs • Establish standards and regulate nursing education programs • Discipline licensees and registrants in response to violations of the Nurse Practices Act 	Description: <ul style="list-style-type: none"> • 501(c)6 non-profit association • Professional association for all nurses. • Constituent member of the American Nurses Association (ANA) • Influences legislation on health care policies and health issues and the nurse's role in the health care delivery system • Promotes the continuing professional development of all North Dakota nurses • Advances the identity and integrity of the profession to enhance healthcare for all through practice, education, research, and development of public policy • Promotes the Scope and Standards of Nursing Practice and the Code of Ethics for nurses 	Description: <ul style="list-style-type: none"> • 501(c)3 non-profit organization • All nurses and over 40 nursing organizations, education programs, grant programs, state agencies and other stakeholders are members and are invited to volunteer on ND Center for Nursing Leadership Team. • Works to unify voice of nursing in North Dakota through connecting nursing organizations interested in policy issues. • Develops statewide programming to fulfill mission across multiple areas including nursing education faculty and resources, workplace planning, research and development and practice and policy. • Tracks supply, demand and education of nursing workforce.

<p>Board Members:</p> <p>Jane Christianson, RN member, Bismarck: <i>President</i></p> <p>Dr. Kevin Buettner, APRN member, Grand Forks: <i>Vice President</i></p> <p>Jamie Hammer, RN member, Minot: <i>Treasurer</i></p> <p>Michael Hammer, RN member, Velva</p> <p>Janelle Holth, RN member, Grand Forks</p> <p>Mary Beth Johnson, RN member, Bismarck</p> <p>Wendi Johnston, LPN member, Kathryn</p> <p>Julie Dragseth, LPN member, Watford City</p> <p>Cheryl Froehlich, Public member, Mandan</p>	<p>Board of Directors:</p> <p>President - Tessa Johnson, MSN, BSN, RN, CDP president@ndna.org</p> <p>Board of Directors listed at https://ndna.nursingnetwork.com/page/72991-board-of-directors</p>	<p>Board of Directors: 13 organizations represented. List available on website at:</p> <p>http://www.ndcenterfornursing.org/board-of-directors/</p>
<p>NDBON Staff:</p> <p>Stacey Pfenning, DNP, APRN, FNP FAANP-Executive Director- spfenning@ndbon.org</p> <p>Tammy Buchholz, MSN, RN-Associate Director for Education- tbuchholz@ndbon.org</p> <p>Melissa Hanson, MSN, RN-Associate Director of Compliance- mhanson@ndbon.org</p> <p>Maureen Bentz, MSN, RN, CNML Associate Director for Practice- mbentz@ndbon.org</p> <p>Corrie Lund, BSN, RN-Compliance Investigator- clund@ndbon.org</p> <p>Michael Frovarp, Accounting/Licensure Specialist- mfrovarp@ndbon.org</p> <p>Gail Rossman, Technology Specialist II- grossman@ndbon.org</p> <p>Kathy Zahn, Administrative Assistant III kzahn@ndbon.org</p> <p>Karen Hahn, Administrative Assistant/ Licensing Specialist khahn@ndbon.org</p>	<p>NDNA Independent Contractor:</p> <p>Sherri Miller, BS, BSN, RN Executive Director director@ndna.org</p>	<p>NDCFN Staff:</p> <p>Patricia Moulton Burwell, PhD Executive Director Patricia.moulton@ndcenterfornursing.org</p>

**SOUTH DAKOTA**
Center for Nursing WorkforceFind workforce data and trends, future leadership training and summit 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.

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CNP, APRN Member, KadokaLois Tschetter
RN Educator Member, BrookingsJenna VandenBos
LPN Member, Sioux Falls**South Dakota Board of Nursing Scheduled Meetings**February 10-11, 2021
May 12-13, 2021
August 11-12, 2021
November 9-10, 2021

Agenda, which will include time and location will be posted 3 business days prior to the meeting on Board's website.
<https://doh.sd.gov/boards/nursing/calendar.aspx>

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

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Abbey Bruner, Senior Secretary
Concerning Name Change; Licensure Requests: Renewal, Inactivation, Reactivation, Reinstatement

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Tessa Stob, BSN, RN, Nursing Program Specialist
Concerning Unlicensed Assistive Personnel Training Program Approval: Medication Aide (UMA), Dialysis Technician (UDT), Diabetes Aide (UDA), Certified Nurse Aide (CNA); Complaints and Investigations: Unlicensed Registrants (UMA, UDA, UDT)

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Ashley Vis, Program Assistant
Concerning Unlicensed Assistive Personnel Registration & Renewal: CNA, UDA, UDT, UMA; Proctor Agreements for UAP Testing; LPN, RN - Licensure by Examination

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(605) 362-3525**DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING**

Name	License Number	March Board Action
Jung-Stern, Holly	R035211	• Summary Suspension
Peterson, Krysta	R038845	• Letter of Reprimand
Spier, Sara	P012730	• Voluntary Surrender
Theisen, Brooke	R041308	• Letter of Reprimand

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	Registrant Number	April Board Action
Bartlett, Dianne	T000048	• Letter of Reprimand
Brown Eyes, Tanner	M009716	• Voluntary Surrender
Goldade, Chancy	T000046	• Letter of Reprimand
Larsen, Hillary	M006891	• Letter of Reprimand

South Dakota Board of Nursing Meeting Highlights November 2020

Board Meetings:

Pursuant to SDCL 36-9-17, the South Dakota Board of Nursing is required to meet annually and as often as necessary to transact its business. 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 state's website for specific information, <https://boardsandcommissions.sd.gov/Meetings.aspx?BoardID=68>, and to read the meeting minutes.

Scheduled 2021 Board Meetings

February 10-11, 2021

May 12-13, 2021

August 11-12, 2021

November 9-10, 2021

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/nursingpractice.aspx>

November 19, 2020

- Due to COVID, employers expressed concerns relating to recent new graduate nursing students being less prepared due to the inability to complete the same types of clinical experiences as pre-COVID students; leaving them less prepared to enter the workforce. The Board determined that dialog by a group of stakeholders to explore possible opportunities may be beneficial. The Board moved that the Center for Nursing Workforce (CNW) convene a round table discussion with the SD nursing leaders and stakeholders as soon as possible to discuss creative strategy supporting the transition of nursing graduates to practice.
- The Board moved to approve a pilot study to evaluate the safety and efficacy of nurses delegating to registered Unlicensed Dialysis Technicians (UDT) the initiation and discontinuation of dialysis treatment via central lines (CL) and changing aseptic CL dressings.

- New administrative rules in 20:48:04 relating to CRNA practice on prescribing and use of radiography were adopted by the Board on September 24, 2020 and approved by the SD Legislative Interim Rules Committee on November 10, 2020, then filed with the Secretary of State. These rules effective on December 21, 2020. More information mailed to South Dakota's actively licensed CRNAs and placed on the Board's APRN Practice website.
- In regard to a question posed to the Board regarding use of nursing students to assist with COVID-19 vaccine administration, the Board adopted the following statement, "Pursuant to SDCL 36-9-28 (2), the South Dakota Board of Nursing affirms that a student who is enrolled in a practical or registered nurse prelicensure program may administer vaccinations under the supervision of a licensed registered nurse who is available in the immediate area to supervise the student. South Dakota licensed institutions or

authorized agencies should validate that a student is enrolled in an approved nursing program, has received didactic and clinical education on the vaccinations to be administered, and is competent to administer the vaccinations".

Nursing Education:

November 19, 2020

- The Board approved disbursement of funds to LPN applicants who met the criteria for the Nurse Education Assistance Scholarship program.
- The Board granted interim status for a practical nursing program at Presentation College.
- The Board approved the 2020 reports and granted ongoing approved for 2021 for the following Clinical Enrichment Programs:
 - Avera McKennan – Sioux Falls, SD
 - Avera Sacred Heart Hospital – Yankton, SD
 - Avera St. Luke's Hospital – Aberdeen, SD

continued on page 20



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continued from page 19

- Avera St. Mary's Hospital – Pierre, SD
- Black Hills Surgical Hospital – Rapid City, SD
- Correctional Health Services – Pierre, SD
- Huron Regional Medical Center – Huron, SD
- Monument Health – Rapid City, SD
- Sanford Health Center for Learning – Sioux Falls, SD
- SD Human Services Center – Yankton, SD
- Sioux Falls Specialty Hospital – Sioux Falls, SD
- St. Michael's Hospital Avera – Tyndall, SD
- Yankton Medical Clinic, P.C. – Yankton, SD
- The Board approved a request from the Minnesota State Community and Technical College Workforce Development Solutions to offer an independent study refresher course for LPNs.
- The Board accepted the Oglala Lakota College site visit report with recommendations to develop a plan to come into compliance with Standards V and VII by January 11, 2021.
- The Board accepted the Western Dakota Technical College site visit report with recommendations to develop a plan to come into compliance with Standards I and III by January 11, 2021.
- The Board accepted Oglala Lakota College's notification of a simulation hour increase to 50% for Fall 2020 semester.
- The Board accepted Augustana University's notification to offer an Adult-Gerontology Acute Care NP/ CNS with a genomics focus.

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."
- 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 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.

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>

Welcome to New Board of Nursing Members Denise Buchholz, RN and Jenna VandenBos, LPN



Denise Buchholz has been appointed to the South Dakota Board of Nursing as a Registered Nurse member. Over the last 10 years, Denise has expanded her nursing career to encompass several bedside and leadership positions throughout a variety of nursing experiences. She originally practiced as an Acute Cardiac Care Nurse before embracing rural hospital nursing as an Emergency Room

and Medical Care Charge Nurse. Throughout these experiences, Denise has always carried a passion for learning, teaching and providing exceptional care. She has since developed experience as an Infection Preventionist and is currently the Long Term Care Director at the Philip Nursing Home. Denise graduated from South Dakota State University with a Baccalaureate degree in Nursing. She continues to share her love of nursing with her nursing home team members and her community.

Denise balances her nursing career with her love for her husband and five beautiful children.



Jenna VandenBos, newly appointed to the South Dakota Board of Nursing as a representative for Practical Nursing, began her health care career working as a Nurse Aide during her high school and college years. She earned her associates degree from Alexandria Technical and Community College. Her mother Deb, a retired Director of Nursing, was very influential in her path to nursing.

After graduating, Jenna began her nursing career with Sanford Health as a float nurse for internal medicine until a position opened to work with genetics where she continues her career today. With 6+ years of practical nursing experience, Jenna thoroughly enjoys her role with the program and unique challenges it presents.

In her free time, Jenna enjoys spending time with family, lake time, and going for walks.

A Kensington, MN native, she and her husband, Josh, reside in Sioux Falls with their daughter Kinley.

Introducing New Board Staff



Lindsay Olson, MSN, RN, CNP, FNP-BC joined the South Dakota Board of Nursing in October 2020 in the role of Nursing Practice Consultant and Center for Nursing Workforce

Director. She is responsible for advising the Board of Nursing on issues related to the practice and regulation of LPNs, RNs and APRNs and manages activities of the South Dakota Center for Nursing Workforce. She has 20 years of nursing experience and 14 years of experience as a Family Nurse Practitioner. Lindsay earned her Bachelor of Science and Master of Science in Nursing-Family Nurse Practitioner Specialty from South Dakota State University. She holds national board certification with the American Nurses Credentialing Center. Prior to joining the Board, Lindsay worked as a CNP in primary care and college health at South Dakota State University Student Health Clinic & Counseling Services. Her RN background is in critical care. Other areas of interest include spending time with family and friends, gardening and volunteering at a local humane society.



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Vaccination by Student Nurses

The South Dakota Board of Nursing is authorized by the state of South Dakota, pursuant to SDCL 36-9-1.1, to safeguard life, health and the public welfare; and to protect citizens from unauthorized, unqualified and improper application of nursing practices.

The South Dakota Board of Nursing issues opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. An opinion is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

The South Dakota Board of Nursing has received inquiries regarding the role of nursing students in mass vaccination clinics. The Board issued the following:

Approval Date: November 2020

Statement

"Pursuant to SDCL 36-9-28 (2), the South Dakota Board of Nursing affirms that a student who is enrolled in a practical or registered nurse prelicensure program may administer vaccinations under the supervision of a licensed registered nurse who is available in the immediate area to supervise the student.

South Dakota licensed institutions or authorized agencies should validate that a student is enrolled in an approved nursing program, has received didactic and clinical education on the vaccinations to be administered, and is competent to administer the vaccinations."

Applicable South Dakota Nursing Laws

1. 36-9-3. Practice of registered nurse
2. 36-9-4. Practice of licensed practical nurse
3. 36-9-28 Practices not prohibited by chapter



Licensed Practical Nurse Scholarship Recipients Announced

The South Dakota Board of Nursing offers a Nurse Education Assistance Scholarship Program to RN and LPN nursing students who are residents of South Dakota and who have been accepted into a board approved nursing education program that leads to initial licensure or a nursing degree enhancement. Scholarship money distributed through this program is generated through a \$10 fee charged to each nurse upon renewal of a South Dakota RN or LPN license.

Registered nurse scholarships are awarded in the spring and LPN scholarships are awarded in the fall of each year. The number and amount of each scholarship is determined annually by the South Dakota Board of Nursing and cannot exceed \$1000 per academic year per student. Scholarships may be used for direct education expenses such as tuition, books, and fees. To learn more about the scholarship program go to <https://doh.sd.gov/boards/nursing/loan.aspx>.

Congratulations to the LPN scholarship recipients who were approved on November 19, 2020 by the Board of Nursing. A total of \$11,500 was awarded.

Lake Area Technical College
Megan Bawek
Karol Dumdei
McKenzie Seidell
MaKena Vocu
Mariah Zutter
Mitchell Technical College
Abbie Bartscher
Jailey Baumiller

Tessa Bitterman Barahona
Alyssa Box
Mallory Earley
Alexis Gregerson
Jaynee Gregg
Marija Hay
Emily Houseman
Jaylyn Jeffords
Rebecca Mittleider

Megan Poyer
Shaylee Tobin
Paige Vilhauer
Nikkimarie Weber
Christopher Young
Southeastern Technical College
Stacy Emery
Western Dakota Technical College
Robyn Hoard



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The COVID-19 Pandemic: Change and Challenge

Kathy Hoebelheinrich MSN, APRN

Nursing Practice Consultant

Reprinted from the South Carolina Palmetto Nurse, Volume 9, Summer 2020.

Nursing as many of us know it may never be the same, or at a minimum, what we know as normal will be redefined. In the span of just a few weeks, the rules and processes for licensure changed rapidly and sometimes daily in response to Executive Orders intended to mobilize the nursing workforce as quickly as possible. Nursing education programs moved to virtual formats and adapted clinical practice requirements for students. Testing centers for NCLEX and graduate certification examinations that closed are now reopening with new social distancing guidelines. The most challenging circumstances, however, have been those encountered by nurses on the front lines of care for which they have no precedent or prior experience.

I am a new graduate with a provisional license while I wait to take the NCLEX examination. My manager desperately needs to fill a gap for night charge and insists that I am ready.

Can I refuse to care for a patient if my employer cannot provide personal protective equipment (PPE) that conforms to the recommended standard of care?

How do I tell my nursing staff that they will be required to enter the room alone in a newly implemented telemedicine visit for emergency department patients that just

a week ago included the provider and not uncommonly, other staff like lab personnel in a face-to-face encounter?

Our Director has implemented infection control policies and procedures that are totally disruptive to our elderly residents and make no sense to me. Can she do that?

I know I have to protect myself, but it doesn't feel right to stop and put on PPE when a patient urgently needs assistance. Those minutes will change their outcome.

We are reusing disposable masks for an entire shift! We have also altered PPE requirements for select interventions. How can a procedure suddenly require less protection for the nurse?

Our owner has announced that he will be reopening the clinic ahead of the date specified in the Directed Health Advisory (DHN) for our county. We do not provide essential health services. We also have not had a paycheck for a month now.

Moral Distress

In each of the preceding examples, nurses are confronted with change in their usual and customary ways of providing patient care in response to the pandemic unfolding around them in the workplace. They are articulating moral distress. Moral distress is the condition

of knowing the morally right thing to do, but institutional, procedural or social constraints make doing the right thing difficult, or what was the 'right thing' is now unknown or unattainable. Moral distress threatens the core values and integrity of the individual nurse.

In an impending crisis, nurses are continually asking themselves what course of action will keep patients safe. Fair does not feel fair. It feels wrong to reuse equipment, isolate already lonely residents or deny dying patients the comfort of their loved ones at the bedside, or ask nurses to take on more responsibilities. No one has access to the choices that they are accustomed to. No one wants confrontation and difficult conversations as their only options.

Nurses are also legitimately concerned with their own protection and well-being. They may be able to keep patients safe, but despite their best efforts, may not be able to protect themselves or their co-workers from the risk of exposure to infection and the inevitable ripple effect upon family and other close contacts in the community. Those concerns can be accelerated with rationing and the risk of potential shortages of supplies like PPE.

Standards Continuum

In a crisis, core standards of care may transition rapidly on a continuum from conventional to contingency to crisis orientation:

Conventional is typical care, or what nurses are accustomed to providing in the presence of adequate personnel and other resources. Typical care may require some short-term conservation and substitutions in supplies. Conventional care includes staffing changes, such as scheduling additional shifts or mobilizing on-call staff. In conventional care, nurses have access to what they need to maintain the usual standards of care for their patients.

Contingency care occurs when a surge is believed to be imminent. Strategies are implemented to conserve resources, enter a state of readiness, and protect both patients and health care workers. Contingency requires adaptation and reuse of supplies like PPE to prevent shortages in ways that have not been previously required. Equipment like ventilators may be stockpiled. Clinical areas may be repurposed and beds opened for the

greatest anticipated need e.g., critical care and isolation. Staff that are reassigned or mobilized from the community to other clinical areas will require orientation, education and support. Visitor restrictions and other infection control measures are implemented to protect vulnerable populations. Adaptations like telehealth enable the continuation of services to those who are otherwise well, like behavioral, prenatal and urgent care visits. Elective procedures and health maintenance assessments are postponed. Everyone is required to cooperate and work together to avert crisis.

Crisis care or surge capacity states present the most morally distressing and ethically challenging conditions. Nurses are required to move away from relationship-centered individual care to strategies focused on saving as many lives as possible. The health care environment enters a state of rapid and relatively chaotic change. Resources may be scarcely allocated. Optimally trained and competent staff may not be available. Decisions may be less about available evidence and more

about time and efficiency. If triage becomes necessary, patients may be denied care that is available to them under normal circumstances. Centralized command centers, communication and cooperation between all sectors of the health care community becomes essential for monitoring and the possible redistribution of resources to areas of greatest need.

Social Contact

As a helping profession, nurses have a contract with society and fundamental duty to provide care to the sick. Nurses possess unique expertise and skill sets. As direct caregivers, they are obligated to assume a proportionate share of the risks inherent in providing care to those in need. Refusal-to-work protections may only be valid when an employee is facing abnormally dangerous conditions, not those that can be expected or are an inherent part of the job. Is this pandemic and its yet unknown sequelae, abnormal or a new normal?

continued on page 26



YOU ARE THE CHAMPIONS



To our heroes on the frontlines of healthcare for what you are doing each and every day.



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continued from page 25

In a crisis state, legal structures for health care professionals may change under federal and state emergency powers, but no emergency changes the basic standards of practice, code of ethics, competence or values of the nursing profession. The Code of Ethics (ANA, 2015) identifies “the nurses’ primary commitment is to the patient” (Provision 2) and “the nurse owes the same duty to self as to others” (Provision 5). In a crisis, health care facilities have a reciprocal duty to protect and care for health care workers

who necessarily must take on risks when treating others. The employer’s duty is an ethical obligation that exists independently of compensation or incentives to encourage attendance.

Ethically Informed Decisions

Safety for self and others infers ethically informed decisions. Ethical decisions are those for which options must be weighed and reasonable people will likely disagree. Can I provide patients with the care that they deserve and remain honest, caring and compassionate? Is there evidence for what I am being asked to do? Does my

employer have policies and guidelines? What orientation and training do I need? Is there a federal waiver or executive order that has mandated a change in the usual course of action? Is there a reasonable option that we can negotiate and agree upon?

In a crisis like the current COVID-19 pandemic, there may be limited time for study and reflection regarding an individual’s personal moral framework, but all nurses can be expected to respectfully address their concerns within their employment chain of command. Nursing leaders and employers in turn, need to recognize that moral distress in the face of rapidly changing standards of care is inevitable amongst nursing staff and reach out. Individual nurses must be made accountable for just allocation of resources. Consistent application and fair implementation of ‘new rules’ is important. It is essential that nurse leaders communicate clearly, keep intentions transparent and remain accessible to staff for ongoing discussion and support. At a minimum, leaders should be able help nurses understand the plans for their institution.

Nurses, like all human resources, are the least dispensable in a crisis. Nurses need to take control of what they can do. They need to do their best even when it may not feel like it is good enough. They need to take care of themselves and have the courage to seek and accept support from others.

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The National Council of State Boards of Nursing (NCSBN®) is currently recruiting qualified nurses to serve on upcoming NCLEX and Next Generation NCLEX® (NGN) item development panels.

Opportunities are coming up to participate on item review and item writing panels for the RN and PN examinations. Please note that all opportunities are currently virtual.

The volunteers who participate on these panels are an integral part of the item development process, and we need your help in recruiting licensed registered nurses (RNs) and practical/vocational nurses (LPN/VNs) for this program. Please forward this information to qualified nurses with RN and LPN/VN licenses in your state.

The NCLEX is designed to test the knowledge, skills, and abilities essential to safe and effective nursing practice at the entry level. The process of developing exam items (questions) requires multiple steps and involves many qualified volunteers to write and review items.

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- Networking with colleagues across the U.S. and in some cases Canada
- Learning new skills for continued professional growth
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To serve on an Item Development Panel, you must:

1. Be currently licensed/

registered in the jurisdiction in which you practice and employed in a U.S. NCSBN member board jurisdiction/ Canada;

2. Be a registered nurse (RN) for the NCLEX-RN or a licensed practical/vocational nurse (LPN/VN) or RN for the NCLEX-PN;
3. Be knowledgeable of the current scope and practice of nursing, including entry-level practice;
4. Be employed as an RN or LPN/VN for at least two years; and
5. Have not participated in nursing licensure examination development activities, including the development of nursing licensure exam preparation guides and courses in the previous two years. We ask that subject matter experts (SMEs) with nursing licensure examination development experience not volunteer for NCLEX item development activities during this timeframe to minimize potential biases that these previous experiences may bring to the NCLEX development process.

In addition to the listed qualifications:

ITEM WRITERS: Item writers create the items (questions) that are administered on the NCLEX. You must be responsible for teaching basic/undergraduate students in the clinical area. NCLEX-RN item writers must have a master's degree or higher.

ITEM REVIEWERS: Item reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice and working directly with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity.

Individuals interested in volunteering may submit an online application via the NCSBN website @ <https://www.tfaforms.com/4725571>



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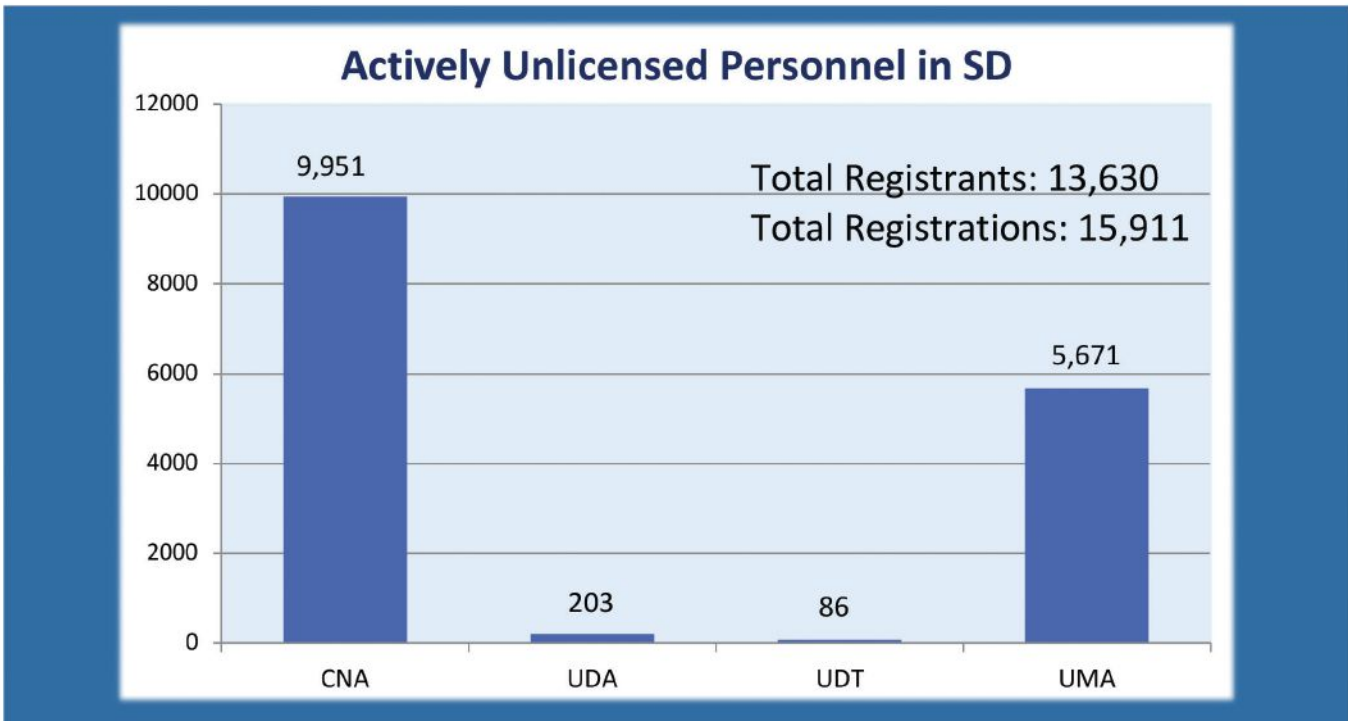
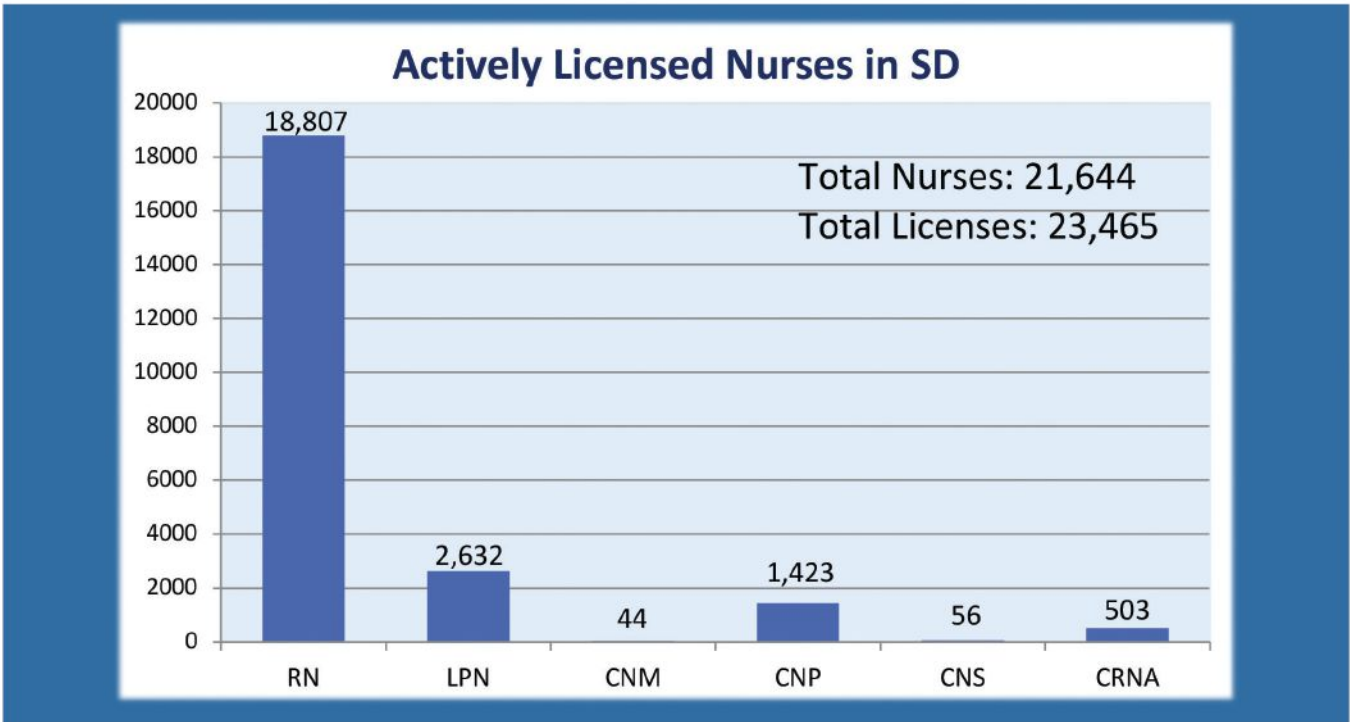
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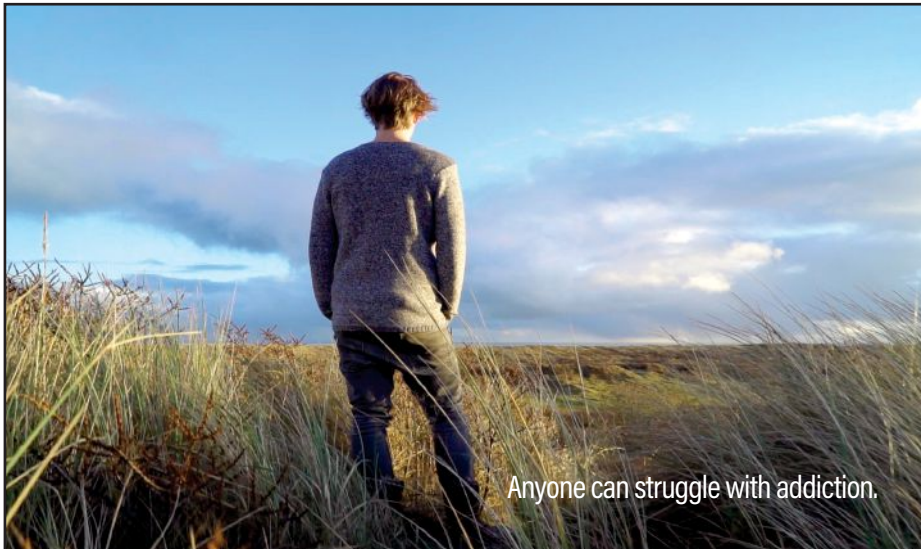
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Licensure at a Glance

South Dakota Board of Nursing
January 2021





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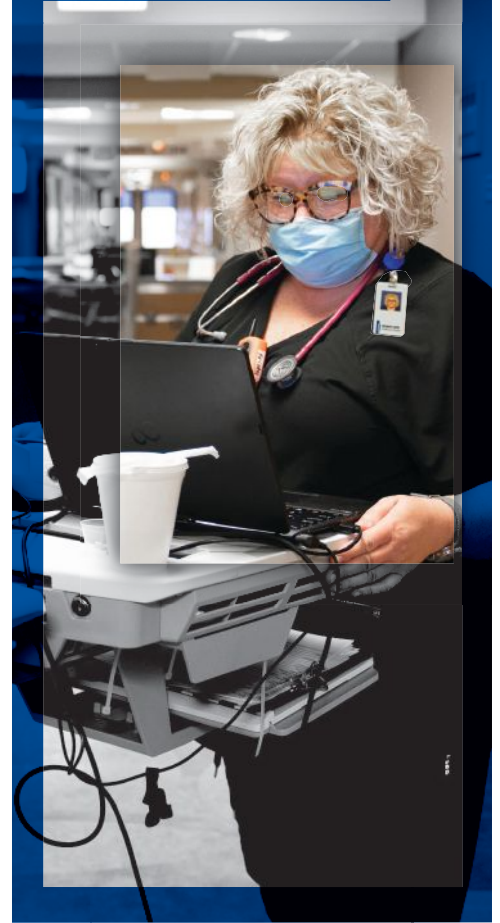
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