

| Volume 19 | Number 2 | Spring 2021 |

DAKOTA NURSE

C O N N E C T I O N

**Policy Brief:
COVID-19 Vaccine
Administration**

**The Red Flags
of Child Abuse**

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

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A message from the Executive Director

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



Greetings South Dakota Nurses,

I hope this finds you well. First, I wish to express my sincere appreciation and gratitude to all nurses for your dedication in caring for those in need during this state of emergency.

As I write this message, South Dakota's legislative session has just come to a close; and once again, legislators reviewed, analyzed, and voted on hundreds of bills. An important bill to the Board of Nursing was Senate Bill (SB) 4 regarding changes to the Health Professionals Assistance Program (HPAP). This initiative was in the form of an agency bill that the Board of Nursing carried forward.

HPAP is a program that has assisted with the recovery and safe return to practice for hundreds of SD's healthcare providers experiencing mental health or substance use issues. HPAP ensures appropriate monitoring and adherence to prescribed treatment plans to support successful outcomes. Providers left untreated or under-treated may leave patients at risk for significant harm due to errors caused by impaired practice. Nurses can enter HPAP voluntarily and confidentially or the board may mandate participation for nurses requiring management or practice limitations.

Initially enacted in 1996, HPAP was created as a jointly regulated program by South Dakota's health boards. However, as the program and boards evolved, it made sense to move away from this model and allow boards to operate programs that are responsive to a board's needs. SB 4 removed the requirements in South Dakota Codified Law, 36-2A, for health boards to jointly operate HPAP and it established minimum standards a board's HPAP must meet to ensure a quality program that supports public safety.

I am pleased to report that SB 4 passed uncontested and the new laws become effective July 1, 2021. Following enactment of SB 4 the Board will have the authority to promulgate rules in ARSD 20:48 to further define and implement the program. Please watch for more information on the proposal of HPAP rules coming later this fall.

I am very grateful for the opportunity to serve as an advocate for safe and effective nursing practice. I look forward to touching base with you again this Summer in the Board's new publication, *South Dakota Nursing News*.

My very best to you, sincerely,

Linda Young



A message from the Executive Director

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

Latest News

The NDBON provided an email informing licensee of recent scams aimed at ND nurses. This scam is occurring in multiple states across the U.S. The scammers spoof Board of Nursing phone numbers and identify themselves as Board of Nursing staff. As directed in the email sent to ND licensees in March, if you receive a suspicious call, please contact the NDBON at compliance@ndbon.org for further direction. In addition, this newsletter includes an article with more detail related to this scam. To learn more, visit Articles - ND Board of Nursing (ndbon.org.)

At its October meeting, the NDBON accepted the South Dakota Board of Nursing request to separate the quarterly Dakota Nurse Connection into ND and SD publications effective the Summer 2021 edition. Future publications of the newsletter will be titled, *North Dakota Nurse Connection*.

Legislative Update

The NDBON agency bill, HB 1044, was signed by the Governor on March 9, 2021, amending and reenacting section 43-12.5-01 of the North Dakota Century Code relating to the Advanced Practice Registered Nurse (APRN) Licensure Compact. The revised APRN Licensure Compact includes a practice experience requirement for the multistate license and adds uniform licensure requirements consistent with the APRN Consensus Model. The practice requirement for multistate license does not impact the ND single state license that APRNs obtain upon graduation. The APRN Licensure Compact will be implemented once a total of seven states/territories enact. To view the hearings and learn more about the HB 1044 legislative actions, visit North Dakota Bill Actions: HB 1044 (nd.gov.)

The NDBON participated in weekly legislative updates hosted by the ND Center for Nursing throughout the 67th Legislative session and provided testimony, as needed, for bills potentially impacting the Nurse Practices Act or



Dr. Stacey Pfenning, NDBON Executive Director. Testifying on the APRN Licensure Compact Senate Human Service Committee February 16, 2021.

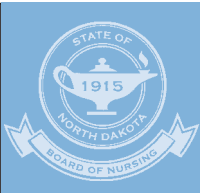
nurse licensure compacts. The NDBON collaborated with state nurse associations and stakeholders to monitor and provide education to legislators and committees on various issues arising that involved the nursing profession.

Nurse Licensure Compact

On March 5, 2021, Guam's Governor signed the Nurse Licensure Compact (NLC) into law making Guam the first U.S. territory to enact the NCL. With the addition of Guam, the NLC now includes 35 member states/territories. The current NLC map, which includes numerous states with pending NLC legislation, is available at Nurse Licensure Compact (NLC) | NCSBN. As of March 2021, the total number of multistate LPN/RN licensees was 1, 994, 798, and the total number of LPN/RN licensees in the 34 NLC states was 3, 516, 839 (Nursys.org.) According to the National Nursing Database in March 2021, the total number of LPN/RNs licenses in the U.S. was 5, 095, 473.

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 Summer edition of the North Dakota Nurse Connection as the Board and staff continue to provide regulatory updates and publications.

Sincerely,
Dr. Stacey Pfenning DNP APRN FNP FAANP



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NORTH DAKOTA BOARD OF NURSING 2020 BOARD MEETING DATES

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

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Bismarck, ND 58504-5881

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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

Have you moved recently?

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ND BOARD OF NURSING WEBSITE

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

January 4, 2021 Special Meeting

- Approved the minutes of the November 30, 2020 Joint NDBON/ NDCFN meeting as distributed.
- Adopted the National Council of State Boards of Nursing guidance titled, "Policy Brief: COVID-19 Vaccine Administration".
- Reviewed and discussed the November 4 and November 11, 2020 NDBON Executive Committee meeting minutes. Reviewed and discussed the November 5 and November 30 Joint NDBON/CFN EC minutes. SAAG Simonson summarized the November 24 letter issued to CFN requesting the cease and desist in the issuance of communications representing any decisions of the NDBON which may have not been approved by the NDBON. Recent unilateral representations by the CFN claiming to have the NDBON support created unneeded confusion. The letter requests future collaboration in communications related to the NDBON when referencing opinion, proposed actions, or status of topics to ensure veracity of the communications and prevent dissemination of misinformation.
- Directed staff and SAAGs to collaborate with stakeholders during legislative session and provided input and education related to the NPA and NDAC and other nursing related issues, as needed; and to call special meetings at the discretion of the Executive Director and SAAGs when necessary.
- APRN Licensure Compact pre-filed in November 2020. House Human Service committee hearing for HB 1044 scheduled for January 6 at 9:15am. Testimony submitted. Staff to present in person.
- Directed staff and SAAG to provide input and education as needed during the 2021 Legislative session related to the following legislation: "A Bill for an

Act to provide an appropriation to the department of commerce for a nursing workforce recruitment and retention grant program" to be introduced by Senator K. Roers.

January 21, 2021 Regular Meeting

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 October 22, 2020 Meeting.
- Approved the minutes of the January 4, 2021 Special Meeting as distributed.
- Accepted the FY2019-2020 audit report.
- Approved the 2019-2020 Annual Report with the following edits: Add APRN numbers by county to Appendix III starting FY 2019-2020.
- Amended the budget for the remainder of 2020-2021. FY 2020-2021 budget \$1,693,760 projected income \$1,420,420 projected expenses which includes addition for 1 FTE as approved by the Board October 2020.
- Held an Executive Session to consider the following agenda items according to NDCC Section 44-04-18.1: 5.1.1 George Abdilnour; 5.1.2 Eden Elendu; 5.1.3 Shawn Perez; 5.1.4 Dana Lemnus to discuss closed, confidential, or exempt records.
- Found the University of North Dakota Baccalaureate, Master's, and Doctorate Degree Nursing Education Programs in substantial compliance with ND Administrative Code 54-03.2. Standards for Nursing Education Programs; and granted full approval of the University of North Dakota Baccalaureate, Master's, and Doctorate Degree Nursing Education Programs until January 2026; and required a paper/

interim survey of the University of North Dakota Baccalaureate, Master's, and Doctorate Degree Nursing Education Programs in October 2025.

- Found the Sitting Bull College Associate Degree Practical Nursing Education Program in substantial compliance with ND Administrative Code 54-03.2. Standards for Nursing Education Programs; and granted full approval of the Sitting Bull College Associate Degree Practical Nursing Education Program until January 2026; and required an onsite survey of the Sitting Bull College, Associate Degree Practical Nursing Education Program in October 2025.
- Approved the Application for Innovative Educational Model/ Approach of a Nurse Apprenticeship Program for the Dakota Nursing Program Consortium, Lake Region State College, Practical Nursing Certificate and Associate of Applied Science in Nursing Programs through January 2022; and required the program to submit a progress report bi-annually to the NDBON for continued approval of the innovative approach providing evidence that desired outcomes are being met, and public protection was not compromised. Progress reports must conform to the criteria set forth in the evaluation plan for the Nurse Apprenticeship Program with the first report due July 1, 2021. If a progress report indicates that students were adversely impacted by the innovation, the program will provide documentation of corrective measures undertaken and their effectiveness.
- Approved the request for the addition of an Associate Degree Registered Nurse Program to the satellite site in Ashley, ND from the Dakota Nursing Program Consortium, Bismarck State College, as the program has full approval, and the change complies with NDAC 54-03.2-06-02. Programmatic Changes.

continued on page 8

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- Approved the request for enrollment increase from 24 to 40 students beginning Fall of 2021 for the Associate Degree Registered Nurse Program, Dakota Nursing Program Consortium, Williston State College, as the program has full approval, and the change complies with NDAC 54-03.2-06-02.

Programmatic Changes.

- Approved the request from the Minnesota State University Moorhead, MN, Minnesota Alliance for Nursing Education (MANE) BSN Program that allows the use of a baccalaureate-prepared registered nurse enrolled and making progress in a master's program for clinical practice instruction Spring

2021 semester if needed, as the program holds 2020-2021 NDBON Annual Recognition, complies with NDCC 43-12.1-17. Nursing Education Programs, Section 1. and the request aligns with NDAC 54-03.2-04-08 Employment of Academically Unqualified Faculty, Subsection 3. Other Circumstances as Approved by the Board.

- Reviewed licensee enrollment in CE Broker and the 2020 CE audit, which was launched January 11, 2021. The audit deadline is February 12, 2021.
- Ratified acceptance of the education and ANCC certification as Acute Care Nurse Practitioner to qualify for APRN licensure in North Dakota.
- Updated on NDBON agency bill (HB 1044) providing for amendment and reenactment of the Advanced Practice Registered Nurse Compact, originally enacted in 2017 in ND. Passed House Human Service and House Floor in early January, is now in Senate to be heard after crossover.

Discussed concerns from national associations, including the American Association of Nurse Practitioners (AANP). Staff and SAAG Simonson participated in deliberation with the AANP liaisons and ND stakeholders. Staff and SAAG collaborated with National Council of State Boards of Nursing legislative liaisons and NLC general counsel during the session and provided education and dialogue with ND stakeholders. The ND Nurse Practitioner Association, ND Nurses Association, ND Association of Nurse Anesthetists, ND Center for Nursing continue to support HB 1044.

- Updated on office staffing, remote work, and workload concerns. Introduced new hire, Arverd Lachowitz, NDBON Technology Assistant /Licensing Specialist starting February 1, 2021.

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

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Be on High Alert for Spear Phishing Scams

Scammers target specific individuals by connecting the dots of that individual's communication sphere and current circumstances. For example: we have seen that scammers pose themselves as a business function or management to communicate with other employees and/or business colleagues to disclose their personal information, login credentials or trade secrets.



Scammers are targeting nurses by sending them official looking letters from nursing regulatory bodies (NRBs) or other state/federal agencies. These scammers know the business of the NRBs and are connecting with the nurses using messaging like “Your license is suspended or will be revoked unless you connect back with us and transfer funds to fulfill the financial obligation related to this inquiry...”

These scammers also look for nurses who may be vulnerable, such as nurses on probation, sending them fraudulent suspension/revocation notices on forged letterheads (logos swiped on an internet search) and asking the nurse to deposit funds to reverse the sanction or call a phone number in the notice. Scammers are ready for such calls and do their best to get personal information or credit card information. These scammers are not only targeting hospital systems for thousands of dollars, they have also realized that there is a vulnerable population ripe for further exploitation.

ANYTHING received needs to be scrutinized — emails, phone calls, text messages — in short, anything regarding personal information or private financial information. An individual should pause and first confirm the legitimacy of the sender. **DO NOT** call the number from Caller ID. **DO NOT** reply to the email or text received. **DO NOT** call the number indicated in the notice. **DO** call the number of the organization or entity once you have researched for yourself and know it to be legitimate; only send email or text messages to an email that you know or to a number you are aware of or have determined is legitimate from your own research.

It is imperative to educate our nurse workforce to be vigilant regarding such scams and to let them know some 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 NRB.
6. Be vigilant! Do not discard or ignore such communication from scammers, but rather call and/or connect with the NRB to report the scam.

Resources

1. [Hawaii Department of Commerce and Consumer Affairs Warns of New Scam Targeting Licensees](#)
2. [U.S. Drug Enforcement Agency Warns Public of Extortion Scam by DEA Special Agent Impersonators](#)

Policy Brief: COVID-19 Vaccine Administration

Purpose

To provide guidance on the administration of the COVID-19 vaccines.

Context

As the U.S. prepares for the largest vaccine initiative in decades, boards of nursing (BONs) are ready to assist in this effort by providing recommendations regarding COVID-19 vaccine administration. It is essential that the public not only trust the vaccine, but also the care provider administering it. Safety of a vaccine extends beyond its pharmaceutical properties. The vaccine must be administered by individuals who are competent in all aspects of vaccine administration. This includes knowledge of the informed consent process, injection administration technique, vaccine reconstitution,

storage requirements, side effects, emergency management of adverse reactions, record-keeping, waste and disposal and all other aspects of vaccine administration outlined in *The COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook*.

The COVID-19 vaccine will be administered to millions of people in a short time frame to get control of the virus and save lives. Many rural areas of the country have a significant shortage of nurses, while highly populated areas may not have an adequate number of nurses necessary to accommodate the volume of vaccine recipients. For these reasons the following is proposed:

Proposal

- COVID-19 vaccines can be safely administered by licensed practical

nurses/vocational nurses (LPNs/VNs), registered nurses (RNs) and advanced practice registered nurses (APRNs), in addition to other licensed health care providers such as physicians, physician assistants and pharmacists.

- If needed, states should call upon retired nurses and those who have inactive licenses with no discipline on their records to assist in vaccine administration. States should work with their state BON to determine the most efficient method to reinstate those licenses.
- Partnerships with nursing education programs are encouraged. Student nurses who have been taught the principles of COVID-19 vaccine administration may do so under the supervision of faculty or other appropriate licensed practitioners.

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- Waivers by the governor or BON may be necessary to authorize an RN or LPN/VN to delegate vaccine administration to certified medical assistants, medication aides and emergency medical technicians/paramedics that have been trained in COVID-19 informed consent, vaccine administration, COVID-19 vaccine side effects, emergency management of adverse reactions and the principles of reconstitution and proper storage.

Benefits

The enormity of the need for highly competent, safe and accessible COVID-19 vaccine administration calls for an expanded workforce to provide this important service. These recommendations extend nursing services beyond the RN, LPN and APRN to acknowledge the ability of other health care professionals and nursing students to participate in this effort.

Recommendations

- All nurses volunteering for COVID-19 vaccine administration who are not affiliated with an institution providing the vaccine should have their license verified through Nursys.com.
- Retired and inactive nurse records can also be found in Nursys.com.
- Nurses should also be involved in educating the public about the importance and safety of the vaccine to ensure high participation from the public. This is essential to eliminating COVID-19 in the U.S.
- All individuals administering the vaccine must be competent in the informed consent process, COVID-19 vaccine administration, vaccine reconstitution, storage requirements, side effects, emergency management of adverse reactions, record-keeping, waste and disposal and all other aspects of vaccine administration outlined in *The COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook*.

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) 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.



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NDBON NURSING EDUCATION ANNUAL REPORT

Fiscal Year 2019-2020

Summary and Analysis

Tammy Buchholz, DNP, RN, CNE, FRE
Associate Director for Education

The following is a summary of the 2019-2020 fiscal year NDBON Nursing Education Annual Report submissions from all pre-licensure nursing education programs approved by the North Dakota Board of Nursing (NDBON). The full 2019-2020 Nursing Education Annual Report is available on the NDBON website at <https://www.ndbon.org/Publications/EdAnnualRpt.asp>.

Nursing Education Programs in North Dakota

In fiscal year (FY) 2019-2020, a total of thirteen North Dakota colleges and universities offered 22 prelicensure nursing

education programs approved by the NDBON. This number reflects inclusion of a consortium* comprised of four institutions, each offering a certificate practical nurse (PN) and associate degree registered nurse (RN) program for a total of eight of the 22 prelicensure programs in the state. Three universities in ND offered prelicensure graduate nursing education programs designed to educate for advanced practice registered nurse (APRN) licensure in the specialties of nurse anesthesia and nurse practitioner. There were seven approved baccalaureate degree nursing education programs and five associate degree nursing education programs designed to prepare individuals for RN licensure. Additionally, the state had three associate degree and four certificate programs providing educational preparation for PN licensure. Many of the

programs in the state were also offered at satellite locations in several urban and rural communities to enhance access. Concordia College located in Moorhead, Minnesota, has sought and been granted NDBON approval of their baccalaureate degree program utilizing the in-state survey process since 2005.

***Dakota Nursing Program Consortium (DNPC) partner institutions include Williston State College (WSC), Bismarck State College (BSC), Lake Region State College (LRSC) and Dakota College at Bottineau (DCB).**

Innovative Nursing Education Model/ Approach

The **NDAC Chapter 54-03.2-10 Innovation in Nursing Education** was enacted through legislation in April 2011 to encourage nurse educators to seek creative and innovative ways to enhance nursing education in ND. Since that time only one nursing education program has sought to apply to implement an innovative approach. Lake Region State College (LRSC), a DNPC partner, became the first program in the state to apply and receive approval from the NDBON for an Innovative Nursing Education Model/ Approach in March 2015. The program implemented the Paramedic to Certificate Practical Nurse Bridge Program to provide certified/licensed paramedics the option of completing the certificate practical nurse program preparing them for PN licensure. The program began accepting students into the first cohort May 1, 2015 and graduated the first practical nurses in May 2016. In January 2018, the NDBON approved the DNPC request to have the Paramedic to Certificate Practical Nurse Bridge Program become a permanent ongoing part of the LRSC nursing education program and a bridge to enter the associate degree RN program at any DNPC locations. To date there have been no other applications submitted to the NDBON utilizing the Innovative Nursing Education Model/Approach.

Board of Nursing Program Approval and Accreditation

All seven NDBON approved baccalaureate degree nursing education

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programs were nationally accredited. Five baccalaureate programs were accredited by the Commission on Collegiate Nursing Education (CCNE) and two were accredited by the Accreditation Commission for Education in Nursing (ACEN). Of the five associate degree registered nurse programs in ND, three were nationally accredited by ACEN. Additionally, two associate degree practical nurse programs held national accreditation through ACEN. A total of fifteen or 68% of prelicensure nursing education programs in North Dakota were nationally accredited. The percentage of ND programs seeking and being granted national accreditation has steadily risen and has increased 16% in the past five years.

Program Approvals

The NDBON conducted two onsite program surveys and one paper/interim program survey during FY 2019-2020. Three baccalaureate degree nursing education programs were examined. The Board took the following approval actions related to the programs surveyed:

1. Rasmussen College, BSN Program (onsite survey)

- July 2019, the NDBON granted continued initial approval until July 2020; and required an onsite survey in May 2020.

2. Concordia College, Moorhead, MN, BAN Program (onsite survey)

- January 2020 the NDBON extended approval through the end of the 2019-2020 academic year. The program will be transitioned from the in-state approval process to the out of state recognition process for student clinical practice placements in ND healthcare facilities beginning with academic year 2020-2021. The nurse administrator is required to provide evidence of progression with program compliance with 54-03.2-04-04. Baccalaureate or master's degree nurse education program faculty qualifications and 54-03.2-

04-08. Employment of academically unqualified faculty by July 1, 2020.

3. University of Jamestown (BSN) (paper/interim survey)

- January 2020, the NDBON granted continued full approval until January 2025; and required an onsite survey Fall 2024.

Other actions by the Board that related to nursing education program approvals:

The following extensions of approval were granted to the following institutions and programs to accommodate the change to quarterly Board meetings:

- Dickinson State University, AASPN & BSN Programs – Approved through January 2022.
- Minot State University, BSN Program – Approved through April 2021.
- Sitting Bull College, ASPN Program – Approved through January 2021.
- University of Jamestown, BSN Program – Approved through January 2020.
- University of North Dakota, BSN, MSN, & DNP Programs – Approved through January 2021.
- North Dakota State University, BSN, LPN to BSN, & DNP Programs – Approved through July 2022.

Rasmussen College, BSN Program (onsite survey)

- April 2020, the NDBON approved the staff request for an extension of continued initial approval thorough October 2020 and change to the onsite survey date due to state of emergency restrictions in place related to the COVID-19 pandemic.

Board of Nursing Approved Major Programmatic Change Requests

The NDBON approved several requests for programmatic changes throughout the fiscal year. For detailed information regarding approved programmatic changes for FY 2019-2020 please see the

full NDBON Nursing Education Annual Report at: <https://www.ndbon.org/Publications/EdAnnualRpt.asp>

Admissions

Nursing education programs had a total of 1,142 admissions during the 2019-2020 FY for all Practical Nurse and Registered Nurse programs. This reflects a five-year increase of 15% since FY 2014-2015 with 990 admissions.

Baccalaureate programs reported a total of 671 admissions, which is a five-year increase of 17% from the 576 reported in FY 2014-15. The five associate degree nursing (ADN) programs for RN licensure, which are structured via the ladder concept, reported admissions for FY 2019-2020 totaled 176, which reflects an increase of 44% (122 in 2014-2015) over the past five years.

The Associate in Science Practical Nursing (ASPN), Associate in Applied Science in Practical Nursing (AASPN) and Certificate Practical Nurse programs reported a total number of 295 applicants admitted which represents an increase of 32% since FY 2014-2015. However, this FY represents the first time in five years that the number of PN program admissions has decreased. These significant and steady increases in admissions is indicative of the commitment by ND institutions and nursing education programs to increase the number of nurses produced in the state.

Enrollment

Fiscal year 2019-2020 marked a collective total enrollment for all programs of 2,781 which is a increase of 502 or 22% over the past five years and is the fourth consecutive year this number has increased.

For FY 2019-2020 practical nurse (PN) program enrollment decreased by 21 students from the previous fiscal year. However, the five-year trend showed an increase of 8%, or 28 students. The nursing programs for RN licensure saw an enrollment increase of 43 students from the previous fiscal year. The five-year trend revealed a 15% increase in RN program enrollments. The enrollment numbers for pre-licensure graduate programs increased by 126 students as compared to the previous fiscal year.

The five-year data reflect a large increase of 69% in graduate student enrollments, growing from 303 students in FY 2014-2015 to 512 this fiscal year. These numbers reflect inclusion of both masters and Doctor of Nursing practice students enrolled in North Dakota programs. As of May 2014, the three prelicensure graduate programs in the state had all transitioned from offering a master's degree to offering the doctorate degree.

Like past fiscal years, non-minority females comprised most students enrolled in all types of nursing programs. There were 61 minority students reported in PN programs, thereby making up 15% of the students. There were 19 minority students enrolled in ADN programs, comprising 12% of the students. The 174 minority students in baccalaureate programs accounted for 10% of the enrollees, up slightly from last FY. The 104 minority students in graduate programs represented 20% of the student population, a significant increase over the past five years.

Male students (n=27) constituted 7% of the students enrolled in PN programs. The ADN programs had 17 males enrolled, which represented 11% of the students. Baccalaureate program enrollment of males (n=200) comprised 12% of the student population. Male student numbers (n = 80) in graduate-level programs reflected 15% of the total graduate program enrollment. These numbers have changed little in the past five years.

Graduates

Currently the only certificate PN programs in the state are offered through a consortium of four academic institutions, which graduated a collective total of 128, reflecting an increase of 32% over the past five years. Associate degree PN programs had a total of 76 graduates for the FY year.

In fiscal year 2019-2020 a total of 143 ADN students graduated, thus qualifying for RN license by examination. An additional 563 individuals graduated from baccalaureate programs, creating a combined 706 graduates from all programs preparing for RN licensure.

As in past years, the most prominent age group represented in all the undergraduate programs consisted of those aged 24 and below (56%). The basic baccalaureate programs provided the largest numbers of graduates in the age 24 and below group

in contrast to the age 41 and above group. Within the PN graduate group the 24 and below age group had the highest number and the 25-30 age group was next highest. Age trends are not reported for graduates of the master's or doctoral level programs.

Doctor of nursing practice and master's programs graduate data increased for the fourth year in a row, from 97 in FY 2014-2015 to 142 in FY 2019-2020 reflecting a significant five-year increase of 46%. The Doctor of Nursing practice and master's degree graduates were combined for each of the graduate programs in the state.

NCLEX® Examination Pass Rates for First-Time Candidates

The overall FY 2019-2020 North Dakota NCLEX-PN® (National Council Licensure Examination) pass rate average was 94.83%, which is a decrease of 2.07% from last fiscal year. The ND pass rate average was 21.49% higher than the national average. The overall FY 2019-2020 North Dakota NCLEX-RN® pass rate average was 93.06%, which is a decrease of 2.24% from last fiscal year. The ND pass rate average was 6.6%

higher than the national average. Since 2009 ND nursing education programs have consistently been at or well- above the national pass rate average on NCLEX-PN and NCLEX-RN examinations.

Faculty

In FY 2019-2020, the state's nursing education programs employed 149 full-time and 139 part-time faculty with a total calculated FTE of 187,995. These numbers have remained consistent since 2015-2016 when a dramatic decrease in overall FTE occurred. Of the FY 2019-2020 totals, the following figures represent the highest level of academic preparation:

- 21.945 FTE's are prepared at the bachelor in nursing level (33.69 FTE's five years ago)
- 106.91 FTE's are prepared at the master's in nursing level (113.64 FTE's five years ago)
- 2.2 FTE's are prepared at the non-nursing master's level (2.50 FTE's five years ago)

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RN to BSN | LPN to BSN | BSN | MSN



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- 38.31 FTE's are prepared at the doctorate in nursing level (39.58 FTE's five years ago)
- 18.63 FTE's are prepared at the non-nursing doctoral level (20.97 FTE's in five years ago)

Faculty position openings have decreased significantly since over the past five years. The total actively recruited faculty vacancies by programs for the FY were indicative of programs recruiting numbers very close to what was needed.

Faculty demographic data began being collected for FY 2010-11. The FY 2019-2020 data indicated 272 female and 16 male faculty serving the state's nursing education programs. Data on age range of faculty are also collected. In ND, there has been a slow but steady shift away from the **61 and above** age range comprising the highest percent of nursing faculty. For this FY that age range made up 20% of all faculty. This is encouraging for ND since the national trend has reflected the majority of nursing faculty are in that age group which is considered a major contributing factor for the current and future estimated nurse faculty shortage as aging faculty retire.

The **41-50** age range accounted for 25%; **31-40** accounted for 27%; **25-30** accounted for 5.6%, and the **24 and below** accounted for 1% of faculty. Nursing education programs reported the faculty in North Dakota as almost exclusively Caucasian (98%), with 1% faculty reported as Native American and 1% reported as Hispanic. Other ethnicities reported included Asian at 0.3%.

The Institute of Medicine, Robert Wood Johnson Foundation, Association of American Colleges and Universities, American Association of Colleges of Nursing, and National League for Nursing among others, have all noted the critical need for expanding diversity in the health care workforce. Diversity brings differences in perspectives which leads to institutional excellence. Nursing education must increase focus on leading diversity and inclusion efforts.

Faculty Developmental Program

Nursing education programs continue to be highly committed to the advancement of their faculty within their respective graduate programs, as evidenced by efforts to increase the percentage of academically qualified faculty. **NDAC 54-03.2-04-08.1. Faculty Developmental Program** rules were enacted through legislation in 2011, providing an avenue for nursing education programs to hire faculty who do not meet minimum academic requirements, if enrolled in a graduate program and making progress. The Faculty Developmental Program (FDP) rules also provide the NDBON with an ongoing mechanism for tracking the progress of academically unqualified faculty utilizing the rules. A total of ten nursing education programs utilized the FDP rules during FY 2019-2020. This accounts for nearly half of the programs in the state and is evidence of an ongoing statewide shortage of academically qualified faculty.

The total number of faculty and associated FTE's reported as filled by academically unqualified individuals for all programs in the state for each of the quarterly reporting periods during the 2019-2020 FY are detailed below:

- October 1, 2019 – 12.0 FTE
 - Number of participating faculty in the state: 47
- February 1, 2020 – 10.22 FTE
 - Number of participating faculty in the state: 42
- June 1, 2020 – 2.565 FTE
 - Number of participating faculty in the state: 7

Practice Sites for Student Clinical Experiences

The twenty-two pre-licensure programs in ND reported using a total of 233 practice sites for student clinical practice experiences. These sites included hospitals, long-term care facilities, public health and clinics as well as other unconventional sites such as schools, daycares and churches. Securing locations for student practice experiences has long been a challenge for nursing education programs. While practice sites are not abundant for all programs, creativity and innovation are being utilized to ensure diverse and extensive opportunities for students' clinical experiences in all ND nursing

education programs. Please refer to the full NDBON Nursing Education Annual Report for detailed information regarding clinical practices sites for FY 2019-2020.

Distance Nursing Education Program Recognition

The NDBON continues to collaborate with prelicensure distance nursing education programs seeking to place students in ND facilities for clinical practice experiences. In FY 2019-2020, the Board recognized 36 distance nursing education programs with a total of 1271 placements of students in clinical settings in ND throughout the academic year. The number of distance programs recognized increased by 12% from the previous FY year, but the number of student placements decreased by 23%. This represents a dramatic decrease in the number of students attending distance nursing programs who completed their clinical practice experiences in ND.

The distance nursing education students from PN programs represented 39% of student placements in practice sites. The ADN/ASN programs accounted for 39% of the student placements. In Fall 2019, there were 422 distance education student placements in ND facilities. In Spring 2020, there were 512 student placements in ND. In Summer 2020, there were 44 student placements in ND facilities. The ND facilities included various clinic, hospital, and long-term care settings in Bismarck, Fargo, Minot, Valley City, Harvey, Grand Forks, Langdon and many other rural areas.

Pandemic Response Information

In March 2020 when the Governor responded to the ongoing pandemic by closing businesses and schools to protect ND citizens, the nursing programs and nurse educators in the state responded by moving courses online, integrating more simulation in the clinical lab environment, and putting pandemic plans in place to ensure student academic progress was not interrupted and students, faculty, and staff were kept safe. Most ND facilities utilized for clinical practice experiences chose to halt allowing student placements at that time.

While programs were incredibly successful in making curricular adjustments and graduating students on time despite the challenges, concern began growing regarding the availability of NCLEX testing. Test centers were closed for two months, and reopened May 1, 2020 with physical distancing restrictions and limited capacities. The NDBON quickly became aware that even with the good news of centers reopening, the backlog created by the closures coupled with the additional spring nurse graduates were more than centers could accommodate creating a critical situation.

In response, NDBON staff worked with National Council of State Boards of Nursing (NCSBN) to set up a site visit at the Fargo, ND Pearson VUE test center to survey staff and observe how testing was being conducted. Information learned from the site visit on June 2, 2020 and through monitoring available testing dates confirmed something needed to be done quickly to ensure timely testing of

the growing number of graduate nurses ready to test. NDBON staff worked with NCSBN and the ND Governor's office and on June 16, 2020 sent a letter with a proposed solution for test centers in ND which included no restrictions on the number of individuals within test centers and approval of less than 6 feet of physical distancing due to the presence of partition barriers. On June 25, 2020, the NDBON was notified that ND test centers had been approved for to expand to full capacity as of July 15, 2020.

ND nursing education programs provided the NDBON with quarterly updates and continued to conduct more courses online and adjusted student clinical placements as needed within the facilities that were accepting students. Pandemic plans allowed for flexibility of students attending classes virtually if they became ill and needed to quarantine. The Board and staff continued to provide support and monitor the status of nursing education and testing in ND.

In closing, this past year represented many challenges for nursing education programs in ND. Nurse educators responded to the challenges with innovating thinking and creativity. The high quality of nursing education programs in ND are partly evidenced by the consistently above national average performance of ND graduates on the NCLEX-RN and NCLEX-PN. Nurse educators continue to be challenged to increase enrollment to impact the nursing workforce shortages and to increase the diversity in the student and faculty populations. ND nurse educators are committed to addressing these challenges while continuing to provide high quality nursing education that ensures preparation of nurses able to provide safe competent care. The NDBON is committed to assisting nursing education programs in their endeavors while assuring ND citizens quality nursing care through regulation of standards for nursing education.

GET TO KNOW NEW STAFF AT THE NDBON

The ND Board of Nursing Welcomes New Staff Member Arverd Lachowitzer, Technology Assistant/Licensing Specialist

Date of Hire: February 1, 2021

Prior education and work experience: I served 22 years in the Marine Corps in two different capacities. Eight years as a Deceptive Electronic Countermeasures Technician (DECM) utilizing the latest in electronic technology to keep our aircraft safe from ground and air attack and surveillance. Fourteen years as Aviation Logistical Tactical Information Specialist (ALTIS). The ALTIS Information Technology specialty was started to have Marines take over all IT related duties from the Civilian IT sector. After retiring from the Marine Corps, I farmed and ranched for 5 years and then went to work for Schwan's Home Services for 4 years as a Service Operation Specialist before joining NDBON.



Arverd Lachowitzer

Tell us a bit about yourself: I have been married to my beautiful wife, Lori for 35 years and the Lord blessed us with 5 wonderful children: Heather, Chance, Logan, Tyrel, and Katie. We decided early to home school, and the Lord again blessed us with bright, articulate, and fun-loving, successful young adults. While in the Marine Corps I was selected to teach for four years at the ALTIS school and I absolutely loved every minute of it. I am an avid outdoorsman and love hunting, fishing and enjoy participating in most sporting activities. I also enjoy leading Bible Studies at our local church.

**SOUTH DAKOTA**
Center for Nursing WorkforceFind 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.

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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**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>

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Concerning Name Change; Licensure Requests: Renewal, Inactivation, Reactivation, ReinstatementAbbey.Bruner@state.sd.us
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(605) 362-3545**Lindsay Olson, MSN, RN, CNP, Practice Consultant**
Program Director, SD Center for Nursing Workforce
Concerning Nursing Practice: LPN, RN, APRN; Nursing Workforce InformationLindsay.Olson@state.sd.us
(605) 362-2765**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)Tessa.Stob@state.sd.us
(605) 362-2770**Jill Vanderbush, Program Assistant**
Concerning LPN, RN Licensure by Endorsement; APRN Initial Licensure; LPN, RN Refresher Program, Limited LicensesJill.Vanderbush@state.sd.us
(605) 362-2769**Ashley Vis, Program Assistant**
Concerning Unlicensed Assistive Personnel Registration & Renewal: CNA, UDA, UDT, UMA; Proctor Agreements for UAP Testing; LPN, RN - Licensure by ExaminationAshley.Vis@state.sd.us
(605) 362-3525**DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING**

Name	License Number	March Board Action
Griffith, Lilly	R050549	Stayed Suspension with Mandated HPAP
Griffith, Lilly	R050549	Suspension
Jung-Stern, Holly	R035211	Summary Suspension
Jung-Stern, Holly	R035211	Stayed Suspension with Mandated HPAP
Miller, Christopher	CR000485 & R026440	Stayed Suspension with Mandated HPAP
Moody, Karen	R024861	Letter of Reprimand
Nannemann, Amy	WY RN34577	Summary Suspension
Nannemann, Amy	WY RN34577	Suspend Privilege to Practice
Peterson, Krysta	R038845	Letter of Reprimand
Sauvage, Amber	R037013	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 February 2021

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

May 12-13, 2021

August 11-12, 2021

November 9-10, 2021

Practice:

February 10, 2021

- The Board was provided the 2020 Report on Out-of-Hospital (OOH) Births by Certified Nurse Midwives (CNM). Eight South Dakota licensed CNMs signed the Board of Nursing's OOH Practice Guidelines allowing them to perform OOH births. Seven actively attended OOH Births in South Dakota. In 2020 a total of 78 women requested an OOH birth, 68 women delivered in an OOH setting, three were referred to another provider for a hospital birth, and seven were transported during labor to a hospital.

Nursing Education:

February 10, 2021

- The Board accepted Southeast Technical College's Site Visit Report and granted full status approval of PN program.
- The Board accepted Oglala Lakota College's documentation to meet Site Visit Report Standards V and VII deficiencies and granted full status approval of associate degree RN program.
- The Board granted Lake Area Technical College's request for full status for associate degree RN program.
- The Board accepted Western Dakota Technical College's (WDTCC) submitted documentation as meeting the October 1-2, 2020 Site Visit Report Standards I

deficiency; accepted the plan to correct the October 1-2, 2020 Site Visit Report Standards III deficiency; and requested WDTCC to submit a Standard III implementation report at the November 9, 2021 Board of Nursing Meeting,

- The Board was provided notification that the practical and associate degree registered nurse programs at Western Dakota Technical College have been approved for accreditation candidacy by the Accreditation Commission for Education in Nursing (ACEN).
- The Board accepted South Dakota State University's 2020 RN and LPN Refresher Program report and granted approval for 2021.
- The Board granted ongoing approval to the following undergraduate nursing education programs for 2021:
 - Augustana University – BSN (Full)
 - Dakota Wesleyan University – BSN (Full)

- Lake Area Technical College – AD RN (Interim Continuing)
- Lake Area Technical College – PN (Full)
- Mitchell Technical College – AD RN (Interim)
- Mitchell Technical College – PN (Full)
- Mount Marty University – BSN (Full)
- Oglala Lakota College – AD RN (Full)
- Presentation College – BSN (Full)
- Presentation College – PN (Interim)
- Sinte Gleska University – PN (Full)
- Sisseton Wahpeton College – PN (Full Voluntary Hold)
- South Dakota State University – BSN (Full)
- Southeast Technical College – AD RN (Full)
- Southeast Technical College – PN (Full)
- University of Sioux Falls – BSN (Full)
- University of South Dakota – BSN (Full)

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Equal Employment Opportunity

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

- Women's Prison – Pierre
- Mike Durfee State Prison – Springfield
- State Penitentiary – Sioux Falls

The State of South Dakota offers excellent benefits and is a member of the South Dakota Retirement System – one of the nation's leading systems.

Starting rates:

- RNs: \$26.27
- LPNs: \$21.04

Salary is based on experience, plus \$1.50 per hour night and \$1.50 per hour weekend differentials.

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continued from page 19

- Western Dakota Technical College – AD RN (Interim Continuing)
- Western Dakota Technical College – PN (Full)
- The Board granted ongoing approval to the following advanced practice registered nurse programs for 2021:
 - Mount Marty University – Nurse Practitioner (Full)
 - Mount Marty University – Nurse Anesthesia (Full)
 - Presentation College – Nurse Practitioner (Full)
 - South Dakota State University – Nurse Practitioner (Full)

Center for Nursing Workforce (CNW): February 10, 2021

- The South Dakota Center for Nursing Workforce hosted a virtual World Cafe' on December 15, 2020 which provided the opportunity for practice, education and regulation to partner together to discuss the theme *Preparing New Nurses for Today's Workplace*. Three rounds of table discussion were held and the following questions were explored: "What do nursing students most need now to be successful in today's health systems?", "What opportunities could be created to prepare nursing graduates for the workplace when past approaches are no longer practical or available?" and "What would it take to create these changes now?". A summary of the major themes was compiled and shared with the participants.
- The Board approved a sponsorship funding request to support the South Dakota Association of Healthcare Organizations (SDAHO) 2021 nurse leadership program.

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>

Dear South Dakota Readers,

The South Dakota Board of Nursing (SDBON) is pleased to announce that our next Summer 2021 issue will be the **South Dakota Nursing News** journal. While we enjoy working with the North Dakota Board of Nursing and have successfully published the *Dakota Nurse Connection* jointly since 2003, the timing seemed right to offer a journal specific to South Dakota's nursing news. The new **South Dakota Nursing News** publication will be the official publication of the South Dakota Board of Nursing. Nurses, students, and professionals from healthcare organizations can continue to turn to this publication for pertinent information on nursing practice, education, and regulatory matters relating to discipline and compliance.

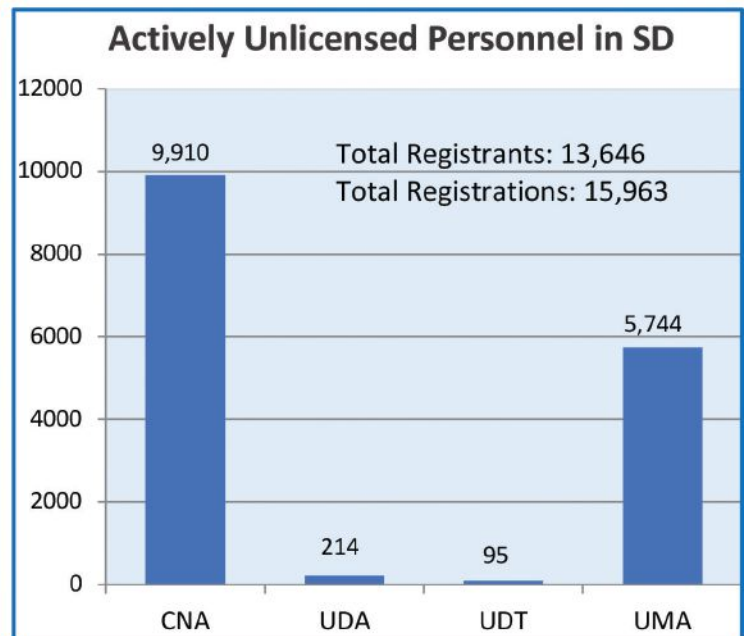
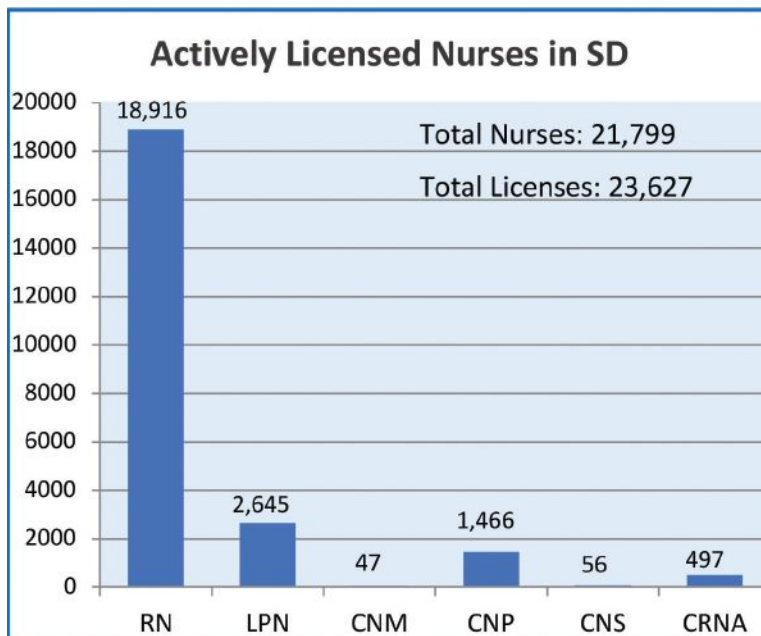
PCI Publishing will continue to publish the Board's new journal. They will continue to print the journal in full color and distribute it on a quarterly basis to all actively licensed South Dakota LPNs, RNs, and APRNs and to nurse employers and nurse educators, reaching over 24,000 individuals. Current and past issues of the **South Dakota Nursing News** and the *Dakota Nurse Connection* will be posted on the Board's website, <https://doh.sd.gov/boards/nursing/>.

We are excited about offering the new publication and hope you enjoy it as well.

Linda Young and Glenna Burg

South Dakota NURSING NEWS

Licensure at a Glance South Dakota Board of Nursing March 2021





THE RED FLAGS OF CHILD ABUSE

Many nurses will encounter children who are being abused. By identifying signs and symptoms-and reporting them-we can help prevent future occurrences.

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According to the CDC, in 2015, 683,000 children living in the United States were victims of abuse; 1,670 of them died as the result of abuse. Other CDC data show that one out of four children have experienced abuse in their lifetime. These numbers are unacceptable, demonstrating that we need to take action. Children who've been the victims of abuse may have mental health and social development difficulties lasting their entire lives. Additionally, these individuals have an increased incidence of risk-taking behaviors, such as smoking, drug use, and unsafe sexual practices that can persist throughout their lifetime.

This article provides information about child abuse, including types of abuse, risk factors, signs and symptoms, responses based on developmental level, complications, reporting, and your role in patient care.

Definitions

Perpetrated by a parent, caregiver, or someone in a custodial role, child abuse results in harm, potential harm, or the threat of harm to a child under age 18. In the United States, there are four recognized types of child abuse: physical, sexual, psychological/emotional, and neglect. Out of these four types, neglect is the most common, followed by physical

abuse. Depending on the state, substance abuse by parents or caregivers may be considered a form of abuse (see Substance Abuse). Although these types of abuse can occur separately, in most cases, two or more types will occur together. In general, younger children, specifically those age 1 or younger, have higher rates of fatal abuse and neglect than children in other age groups, according to the National Children's Alliance (NCA).

Physical abuse is the infliction of physical harm, such as hitting, whipping, pinching, biting, punching, pushing, shaking, burning, or poisoning. Although the individual harming the child may not have intended to do so, it's still considered to be abuse, regardless of the intent. Physical abuse may involve objects such as belts, cigarettes, wire hangers, and whips. Shaken baby syndrome is also considered physical abuse (see Shaken Baby Syndrome).

Sexual abuse is inducing or coercing a child to participate in sexual acts, such as fondling and penetration. Indecent exposure and exploitation through pornographic activities are also considered to be sexual abuse.

Emotional abuse is harming a child's self-worth and emotional well-being without physically harming them. Emotional abuse includes name calling, shaming, rejection, and withholding love. Children who've been emotionally abused will feel unloved or unwanted, which can damage the child's emotional development and lead to lifelong problems.

Neglect is failure to meet a child's basic needs, including physical and emotional needs, housing, food, clothing, education, and medical care. Failure to adequately supervise children can be considered neglect, especially in children younger than age 12. In many states, failure to seek medical care for a child due to religious beliefs isn't considered to be a form of child abuse.

Risk factors

Nurses who care for children need to be aware of factors that increase the risk of child abuse, in addition to protective factors that decrease the risk, as we outline areas to focus on when working to prevent child abuse.

Risk factors associated with child abuse include:

- lack of knowledge about child development
- lack of knowledge about how to care for children
- insufficient money/income to support the needs of a child
- substance abuse
- psychological problems
- unbalanced family relationships
- domestic violence
- single parenting.

The risk of child abuse is increased if a child's parents are young and immature, with unrealistic expectations. Parents who are young and immature may lack knowledge about child development and how to take care of children, as well as the cost of raising a child, leading to unrealistic expectations. These parents may become frustrated when their expectations aren't met.

Families with children who are premature, chronically ill, or who have

attention-deficit hyperactivity disorder or a mental health disorder are also at a higher risk for child abuse. These children will have more care requirements, potentially leading to burnout and increasing the risk of abuse.

Lastly, families in which there's a nonbiological father or maternal boyfriend have an increased risk of sexual abuse.

Protective factors that can decrease the risk of child abuse include:

- supportive family environments
- supportive social networks
- parental employment
- adequate housing
- access to healthcare.

Signs and symptoms

A variety of signs and symptoms are associated with child abuse, including physical signs and emotional symptoms, and certain family dynamics. Children who are abused may display physical or psychological symptoms, or a combination of both. These individuals may experience lifelong complications

as a result of the abuse. The signs and symptoms associated with child abuse often differ depending on the type of abuse, although overlap may occur.

The signs and symptoms that may be observed if a child is physically abused include:

- new and healing lacerations, abrasions, and bruises
- burns
- fractured bones
- dislocations
- welts
- submersion injuries, such as drowning or near drowning
- injuries that mirror the shape of an object
- acting out with aggressive behaviors
- fear of going home
- wariness of adults or caregivers.

A child who's sustained a traumatic brain injury as the result of physical abuse may have retinal hemorrhages and/or

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central nervous system injury.

Signs and symptoms of sexual abuse include:

- inappropriate interest in sexuality or knowledge of sexuality that's beyond the child's developmental level
- difficulty with peer relationships
- sudden changes in behavior
- changes in school performance
- recurrent urinary tract infections
- sexually transmitted infections
- enuresis
- redness and swelling of genitalia
- difficulty walking or sitting comfortably
- pregnancy or substance abuse in young adolescents
- running away from home
- suicide attempts.

The behavioral changes that may be seen in children who've been sexually abused include regression, acting out, and sexual behavior. Emotional abuse can lead to apathy, depression, hostility, and difficulty concentrating.

Signs and symptoms associated with neglect include:

- inappropriate clothing for the time of year
- poor hygiene
- hunger
- poor growth patterns
- developmental delays
- lack of supervision.

In addition to the signs and symptoms observed in children who are victims of abuse, there are also signs that you may observe in the parent or caregiver. The child's parent or caregiver may display unusual behaviors related to the child's injury, such as anger, indifference, an exaggerated emotional response, and/or denial that the injury occurred. When interacting with the child and the parent or caregiver, you may observe that the two rarely touch each other, rarely look at each other, make statements that they don't like each other, and/or the child displays anger toward the parent or caregiver.

Signs and symptoms of abuse can be noted by anyone who comes in contact

with a child, such as parents, teachers, and child care providers. That's why it's important to educate these individuals about the signs of abuse and what to do if abuse is suspected. It's also important to encourage parents to educate children about "good touch/bad touch".

Understanding developmental levels

Nurses who work with children should have a thorough understanding of growth and development because children have different needs based on their developmental level. In this section, responses to abuse are discussed according to a child's age and associated developmental level. Be aware that not all children will fit into these categories.

A thorough assessment can help you determine the child's developmental level. For example, some children are developmentally delayed and, as a result, their age and developmental level don't line up. If you're caring for a 14-year-old who's developmentally at the level of a 5-year-old, you need to recognize this and plan care based on the child's developmental level.

Infants to preschool-age children may respond to abuse with alterations in sleep patterns, aggressive behavior, impulsivity, separation anxiety, crying inconsolably, withdrawal, and/or regression.

School-age children may experience absenteeism from school, aggressive behaviors, nightmares, difficulties with peer relationships, and/or trouble concentrating.

Adolescents may respond with withdrawal, social isolation, substance abuse, attempts to run away from home, peer violence, absenteeism from school, depression, and anxiety.

Understand that adolescents are more likely to be sexually abused than children in the other developmental categories. Adolescents with developmental disabilities are at the highest risk for sexual abuse. If sexually abused, boys have a lower likelihood of reporting the abuse than girls. Due to this, you need to use excellent assessment skills to identify boys who may be victims of sexual abuse.

Associated complications

Early recognition and treatment are essential to minimize or prevent the

long-term complications associated with abuse. Children who've been abused may experience:

- depression
- poor self-image
- anxiety disorders
- eating disorders
- cognitive disorders
- criminal behavior
- substance abuse
- unsafe sexual practices
- difficulty with impulse control
- increased suicide rates
- poor physical health
- posttraumatic stress disorder
- flashbacks and/or nightmares
- difficulty sleeping.

Abuse can also lead to toxic stress, which can cause changes during early brain development and harm to the child's nervous and immune systems.

Research has shown that individuals who were abused as children have continuing problems with life opportunities, such as educational attainment, employment, and income. These individuals have an increased risk of violence, unhealthy relationships, and poor health and wellness. Abused children have a higher risk of becoming abusive parents, leading to a cycle of abuse.

Reporting

In the United States, nurses are mandatory reporters of child abuse. This means that we can't be held liable for reports of abuse but may incur legal consequences, such as nursing license loss, for failure to report suspected abuse. Reporting includes notifying child protective services (CPS) and/or law enforcement officials. If you suspect child abuse, you'll need to call CPS and/or law enforcement, and send them a written report. Within healthcare organizations, there should be a policy and procedure outlining appropriate steps and those within the organization who need to be notified. Whenever child abuse is suspected, it's important to act quickly to ensure the safety of the child. You may be hesitant to report suspected cases of abuse, but remember that reporting isn't an accusation; it's a request for an investigation and assessment.

In 2010, medical professionals as a

whole reported only 8.5% of suspected abuse cases. Failure to notice signs and symptoms of abuse can lead to far-reaching complications for the child and, in some instances, death. It's believed that failure to report suspected abuse can stem from the following:

- lack of training and knowledge about reporting requirements
- inability to distinguish discipline from abuse
- lack of knowledge about the signs and symptoms of abuse
- belief that someone else will report the abuse
- fear of legal consequences
- fear of the loss of a therapeutic relationship with the child's family
- belief that CPS won't be able to help the child and family.

Lack of reporting can also occur due to biases on the part of the nurse, such as being less likely to report families who are well dressed, have good healthcare insurance coverage, and appear to be friendly. On the other hand, nurses may be more likely to report individuals who are poor, members of a minority group, or those who are underinsured/uninsured.

A child reporting abuse should always be taken seriously and all suspected cases of child abuse need to be reported. If a report is made about suspected child abuse, you're responsible for explaining the reporting process to the family/caregiver. This includes information about what to expect during the process and where they can find additional information. Provide emotional support as needed. In general, it's best practice to be honest with the family/caregiver and notify them of your intent to report. In rare instances, it may be determined that notifying the family/caregiver places others in danger. In these cases, notification shouldn't occur.

Once a report is made, the child will be evaluated for both physical and emotional findings associated with abuse. A variety of healthcare providers can evaluate the child, including nurse clinicians. The assessment process for abuse may include a patient history, physical exam, mental health evaluation, and imaging studies.

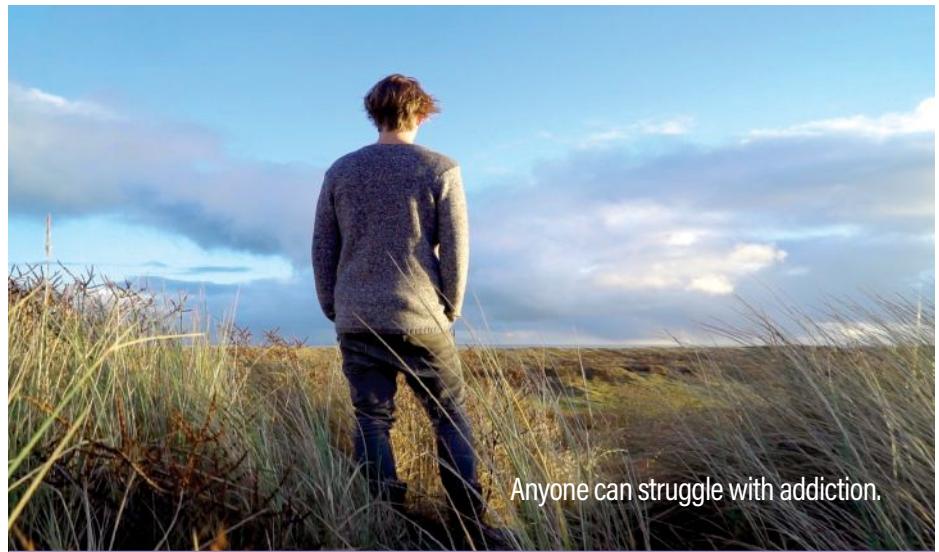
A report of child abuse may result in involvement of the court system. This

typically occurs when the child has been removed from the home or is at risk from being removed from the home. In many cases, children will be allowed to stay in the home if services can be provided to the child and family. Most cases of child abuse don't result in a child being removed from the home. When a child is removed from the home, a legal guardian may assume his or her care. A legal guardian is an adult who the court has appointed to take responsibility and authority for the child. The appointment of a legal guardian doesn't result in the

termination of parental rights; whenever possible, the goal is to reunite the child and family.

In some instances, death may occur as the result of child abuse. If this happens to a child for whom you're caring, it's essential to know your facility's policies and procedures, as well as state laws. Ensure that your documentation is complete, accurate, and objective. Remember that documentation of suspected abuse or abuse is essential in all circumstances, not only when death occurs. Lastly, practice

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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.

Talking with your patients is a great place to start—helping them find a support team is even better. The Resource Hotline can provide your patients with the services and support they need to fully recover including:

- Connecting to housing, transportation, employment, and food assistance
- Help accessing treatment and recovery services
- Identifying financial assistance opportunities
- Parenting education
- Follow up services with a personal guide for addiction recovery through the Care Coordination program

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good self-care to prevent burnout.

Patient care

Patient care for the child who's been abused varies depending on his or her age, injuries, and emotional state. To gain the child's trust before beginning your assessment, speak with him or her for a few minutes followed by conducting the assessment from the periphery in. For example, begin by assessing the child's fingers and toes before listening to his or her heart or examining the chest or back.

In addition to conducting a thorough assessment, address the child's physical and psychological needs. Treat pain, burns, lacerations, and fractures accordingly. When addressing psychological needs, provide emotional support, assist with coping strategies, and help the child feel safe.

Support programs

It's important to know the available social support programs for children and families. In many instances,

these programs help keep children and families together. For example, the NCA worked with the National Child Traumatic Stress Network to develop a training series made up of 10 modules focusing on the evaluation and management of mental health services for abused children and their families.

The National Children's Advocacy Center is another organization providing free support and information for children and families. Advocates, such as a caseworker, ensure that the child's voice is heard. If a child abuse case results in court proceedings, an advocate provides support before, during, and after the proceedings. Caseworkers also provide children and families with referrals to other resources, as needed. Individual and group therapeutic services are offered to help families rebuild. In many instances, these services are for children and nonoffending family members.

Looking ahead

Child abuse is a significant health problem that needs to be addressed by healthcare professionals. Problems associated with abuse can be long term; in some cases, spanning generations. Nurses can play an important role in health promotion, violence prevention, and the identification of warning signs and predisposing factors. With a focus on education and support, we can create long-lasting and positive changes for children.

Shaken baby syndrome

A form of physical abuse, shaken baby syndrome is caused by shaking an infant. The average age of children experiencing shaken baby syndrome is 3 to 8 months. A parent or caregiver may shake an infant out of frustration. In many instances, the frustration stems from the child crying. Shaken baby syndrome leads to traumatic brain injury and, in some cases, death. Traumatic brain injury can lead to permanent brain damage. Nurses can educate parents and caregivers about effective coping strategies, which can potentially decrease the incidence of shaken baby syndrome.

Substance abuse

In the following instances, substance abuse may be considered a form of child abuse:

- prenatal exposure to illegal drugs or other substances
- manufacturing methamphetamine with a child present
- selling, distributing, or giving drugs (prescription or illicit) and/or alcohol to children
- using controlled substances that impair the ability to care for children.

Consider this

You're working on a pediatric unit in a community hospital when a 3-year-old boy is transferred to your unit from the ED. The child is well-known at the hospital, having been seen in the ED for suspicious injuries on multiple occasions. The transferring nurse reports that the child was found wearing only a diaper in the middle of a busy intersection 1 mile from his home. Initial assessment revealed no life-threatening injuries. The ED nurse reports that she wasn't able to complete a more thorough assessment because the child's mother came to the ED in an impaired state. According to the nurse, the mother is a known opioid abuser and was belligerent in the ED. For the safety of the child, he was transferred to the pediatric unit for further assessment and care.

Your assessment of the child reveals abrasions on his feet, legs, and arms. You also observe bruises of various ages on the child's upper arms and back. A full body X-ray is ordered, which reveals no new fractures but three healed fractures. You notify the hospital's social services department and a nurse is sent to the unit. The social services nurse calls CPS and completes a child abuse report. Per CPS, the child is to have no contact with his mother; a foster family will be arranged to maintain the child's safety. The foster parents will visit the child throughout his stay at the hospital to gain trust and build a relationship.

On the web

American Psychological Association:
<http://www.apa.org/pi/families/resources/understanding-child-abuse.aspx>



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Human Trafficking Warning Signs



Warning Signs

- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys ; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual “partners”
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



How Hospitals Can Help



What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act



Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims



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Register now to participate in a small discussion group. The group sessions will offer you an opportunity to apply information learned about South Dakota's nursing workforce, share your experiences, and to co-create strategies to ensure South Dakota is prepared to meet our current and future workforce needs.

Activity Learning Outcomes

Participants will be able to:

1. Identify current South Dakota Trends in nursing workforce supply including characteristics of LPN, RN, and APRN populations.
2. Compare the differences between South Dakota's nursing education programs preparing LPNs, RNs, and APRNs.
3. Analyze nursing workforce data and formulate recommendations to strengthen South Dakota's nursing workforce.

Agenda

1:00 PM	Welcome <i>Linda Young, MS, RN, FRE; Executive Director, SDBON</i>
1:10 PM	South Dakota's Annual Report of Nursing Education Programs <i>Glenna Burg, MS, RN, CNE; Nursing Education Consultant, SDBON</i>
1:45 PM	South Dakota's 2021 Nursing Workforce Supply and Characteristics Report <i>Lindsay Olson, MSN, RN, CNP; Program Director, SD CNW; Practice Consultant, SDBON</i>
2:30 PM	Break
2:45 PM	Key Findings from December 15, 2020 World Cafe': <i>Preparing New Nurses for Today's Workplace</i>
3:00 PM	Small Group Sessions to Enhance: <ol style="list-style-type: none">1. Clinical Experiences that promote critical thinking and strengthen communication skills2. Collaborative Partnership Opportunities: Clinical Enrichment Programs, Internships, etc.3. Recruitment and Retention Strategies4. Diversity in the Workforce
4:00 PM	Small Group Reports and Next Steps
4:30 PM	Closing Remarks

Please register by May 11, 2021

*Agenda and registration information will be posted on the South Dakota Board of Nursing's website at <https://doh.sd.gov/boards/nursing/>

For more information: Email Katie Fritz, Sage Project Specialist, katie@sageprojectconsultants.com

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