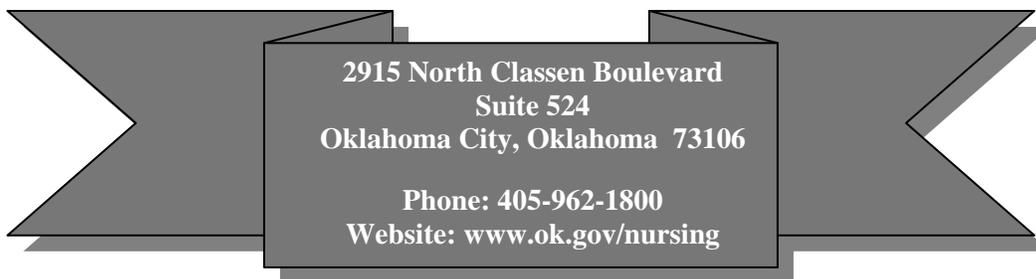


OKLAHOMA BOARD OF NURSING NEWSLETTER



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Innovations in Nursing Education in Oklahoma

Francene Weatherby, RN, PhD, CNE Board President

Protection of the Public

The practice of nursing requires a great deal of knowledge, skill and ability in the provision of health care. Unsafe or unethical practices can lead to harm to the public. The ultimate charge for the Oklahoma Board of Nursing is to protect the public from such harm. Regarding this duty to protect, the *Oklahoma Nurse Practice Act* gives the Board the authority to establish “rules to identify the essential elements of education and practice necessary to protect the public” (*Oklahoma Nurse Practice Act, 2003*). Within recent years, the conduct of nursing education has received particular attention. Focus has centered not only on what students are taught, but increasingly on **how** they are taught.

Nursing Shortage

In the mid 1990s, reports began surfacing about a looming nurse shortage. Analysts predict that by 2024 a shortage of 500,000 registered nurses (RNs) will occur with a 40% RN vacancy rate nationwide (Buerhaus, 2009). In Oklahoma, the

Department of Commerce estimates that by 2012, Oklahoma will have a shortage of 3,135 registered nurses (Department of Commerce, 2006). In the mid 90’s, enrollments in nursing programs around the state were modest with most potential students eventually being admitted to a nursing program. To increase the number of nurses, efforts were first directed toward increasing the number of people interested in nursing. Collaborating efforts of numerous stakeholders under the leadership of the Oklahoma Hospital Association resulted in an increase in applications for nursing programs. Nursing schools found themselves deluged with qualified applicants. Nursing faculty responded with a number of innovative, creative solutions. The result has been a significant increase in the number of sites offering nursing programs, the number of students admitted to nursing programs and the number of students graduating from these programs. (OBN, 2009).

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Comparison of Nursing Education Programs in Oklahoma for 2005 and 2009.			
	2005	2009	% change
Total number of nursing education program/campuses	58/91	64/103	10%/13%
Total number of graduates from BSN programs (Excludes RN-BSN)	636	930	46% increase
Total number of graduates from ADN programs	926	1,292	40% increase
Total number of graduates from PN programs	1,010	1,074	6% increase
Total number of graduates for nursing education programs	2,572	3,296	28% increase

Efforts by Nurse Educators to Stem the Shortage

It is often said that “Necessity is the Mother of Invention”, and that has certainly proven to be the case with Oklahoma’s nurse educators. In recent years the Board of Nursing has approved a number of creative and innovative efforts on the part of nursing faculty. Examples of these innovations have included the development of a unique curriculum for practical nursing based upon the culture and language of the Comanche Nation; a collaborative program between two community college-based associate degree programs and a university-based baccalaureate program; and a standardized, statewide curriculum for practical nursing. These are but a few of the most recent innovations reviewed and approved by the Board of Nursing.

Current Initiatives

Two issues regarding innovations in nursing education are currently being addressed by the Board. The first of these is a proposed change in the *Rules of the Board of Nursing* to provide greater direction for faculty in the submission of proposals for educational innovations. For some time the *Rules* of the Board have addressed the opportunity for innovation and experimentation in nursing programs (OBN Rules, 2009, Chapter 10). The Board is currently proposing a change in these *Rules*: 1) to define “innovative approach” and 2) to clearly describe what is needed in the application for experimental approaches. These two additions will help to ensure that the nursing education programs approved to implement innovative approaches will continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in Oklahoma statutes. (OBN, Proposed Rules change, 2009).

The second initiative deals with the use of simulations in education programs. With the proliferation of nursing programs and increasing student enrollment has come an overcrowding of clinical facilities. In an effort to provide sufficient clinical experience as well as to ensuring that a student is well prepared to care for a “live patient”, faculty have turned to simulations, particularly the high fidelity simulators, for a solution.

In the beginning days of nursing education there was essentially no “simulated” learning. Students learned to be a nurse at the bedside with the patient and practicing nurse as teachers. As time went on, the “practice lab” was established. Within the protected environment of the practice lab, the would-be nurse could practice that first injection on an orange, advancing to a “volunteer” classmate before venturing out into the actual patient setting. Today’s practice labs have advanced in amazing proportions. There are now mannequins which simulate a wide variety of physiological phenomena and respond in almost human-like ways. Actors are employed to act as patients in a variety of situations. Practice labs have now been constructed to simulate a variety of settings...emergency rooms, patients rooms, delivery rooms, operating rooms. Students can be provided with numerous scenarios that allow them to “provide care” to patients with conditions ranging from diabetic ketoacidosis to childbirth to cardiac arrest to pulmonary emboli... all without doing harm to a single live person. Additionally such scenarios can be practiced repeatedly with careful analysis of performance, much like pilots using flight simulators to hone their aviation skills, to help enhance skill and confidence in the mechanics of patient care.

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Given these multiple benefits, there is undoubtedly no one familiar with educational strategies who would not agree that simulations are a useful and effective teaching strategy. Likewise there is also agreement that total simulation with no actual patient contact during the nursing education program is not appropriate for a practice-based discipline like nursing. The question is how to balance simulated patient care experience and “live” clinical experience. To help address this question, the Oklahoma Board of Nursing has appointed a Simulations Task Force chaired by Ms. Wendy Hubbard, Nursing Education Consultant on the OBN staff. The charge to the Task Force is 1) to review current literature regarding the use of simulations; 2) compare *Rules* regarding simulation in other states; and 3) review positions statements regarding the use of simulations. Ultimately recommendations will be made to the Board regarding the use of simulation in nursing education. Any thoughts or suggestions on this issue could be forwarded to Ms. Hubbard for consideration by the Task Force. Your input is very valuable.

“Properly conceived and executed, regulation can both protect the public’s interest and support the ability of health care professionals and organizations

to innovate and change to meet the needs of their patients.” This quote from the IOM report, *Crossing the Quality Chasm* (2001) clearly sums up the current aim of the Oklahoma Board of Nursing regarding innovations in nursing education and the duty to protect the public.

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Former Board Member Dies

Dr. Jan Harris, 72, died August 13, 2009 in Colorado. Dr. Harris graduated from the University of Oklahoma in 1957. She later completed two master’s degrees: one in Guidance and Counseling at Central State University, and the second master’s degree in Nursing from the University of Oklahoma. She also completed a doctoral degree from Oklahoma State University in 1978.

Dr. Harris was employed by the Oklahoma Board of Nurse Registration and Nursing Education as Deputy Director from 1980-84. She later served on the Board as a Board member from 1988-92. In addition, Dr. Harris served on the Board’s Educa-

tional Standards Committee from 1973-77 and as a volunteer survey visitor from 1973-78.

Dr. Harris’ teaching career spanned more than 30 years, primarily in the role of Coordinator of the Practical Nursing Program at Central Technology Center. She later taught at the University Center in Tulsa.

The Oklahoma Board of Nursing would like to express its appreciation to Dr. Harris for her contributions to its mission of protection of the public through the regulation of nursing practice and education.

New Members Appointed to the Oklahoma Board of Nursing

Governor Brad Henry recently appointed two new members to the Oklahoma Board of Nursing. They are Lauri Ann Jones, RN, BSN; and Joni Jeter, MS, RN. The new Board members take the place of Louise Talley, RN, Ph.D, who completed her term of appointment to the Board; and Melinda Laird, MS, RN, who resigned to accept a nursing administration position in another state. The Board extends its appreciation to Dr. Talley and Ms. Laird for their service to the Board.

Lauri Ann Jones, RN, BSN, has 23 years of experience in health care. She earned her Associate of Applied Science Degree from El Reno Junior College (now called Redlands Community College) in 1981. She recently completed a Bachelor of Science in Nursing degree (BSN) from Southern Nazarene University. Ms. Jones has worked in medical-surgical nursing, critical care, and case management. The settings in which she has worked include a small rural hospital, a small metropolitan hospital, a community-based case management organization that served the western half of Oklahoma, and a large health system. Ms. Jones is currently a manager for two 27-bed medical-surgical units at Norman Regional Hospital. Ms. Jones says, "I am excited and appreciate the appointment to the Board of Nursing. I have a passion for nursing and the professional image of nursing. I bring experience from various sized hospitals that I feel will enhance my ability to be a responsible member of the Board. I

am looking forward to working with the other members".

Joni Jeter, MS, RN, graduated from Murray State College in 1982, obtaining her Associate Degree in Nursing. She then obtained her BSN from the University of Central Oklahoma in 1984, and her Master's of Science in Nursing from the University of Oklahoma in 1989.

She worked at Mercy Health Center in Oklahoma City from 1982-1984. In 1984 she began teaching at the Southern Oklahoma Technology Center in Ardmore where she began her career in nursing education instructing in the practical nursing program. In 1985 she began teaching in the RN program at Murray State College in Tishomingo, Oklahoma. She was a nursing faculty member for eight years and in 1993 began as the Nursing Program Director, serving in this capacity since that time. She has completed her 25th year in nursing education.

During her nursing career Ms. Jeter has been a member of the Oklahoma Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, and Sigma Theta Tau.

**We welcome these new
Board members!**

**PROTECT THE SECURITY OF YOUR ONLINE INFORMATION:
DO NOT SHARE YOUR PIN NUMBER WITH ANOTHER PERSON. ONLY YOU SHOULD
ACCESS AND ENTER YOUR RENEWAL OR UPDATE PERSONAL INFORMATION ON
THE BOARD'S WEBSITE.**

Can Registered Nurses First Assist in the Operating Room ?

Perioperative nursing practice historically has included the role of the registered professional nurse (RN) as assistant at surgery (*AORN Official Statement on RN First Assistants*, 2005). The Oklahoma Board of Nursing does recognize through a declaratory ruling the role of RN First Assistants (RNFA) **provided** the RN is in compliance with the *AORN Official Statement on RN First Assistants* as established by the Association of periOperative Registered Nurses, Inc (AORN). The role and scope of responsibilities of the RNFA shall meet the current *AORN Standards for RN First Assistant Education Programs*.

On July 21, 1999, the Oklahoma Board of Nursing issued a *Registered Nurse First Assistant Declaratory Ruling* pertaining to the performance by an RN of the duties of an RNFA. It should be noted that a *declaratory ruling* carries full impact of Law. The *RNFA Declaratory Ruling* supports the RNFA's compliance with the *AORN Official Statement on RN First Assistants* and the *AORN Standards for RN First Assistant Education Programs*.

The *AORN Official Statement on RN First Assistant* can be accessed at http://www.aorn.org/PracticeResources/AORNPositionStatements/Position_RNFA/. As is noted in the statement, the first assisting behaviors are based on an extensive body of scientific knowledge. RNFA behaviors may vary depending on patient populations, practice environments, services provided and state practice acts. Examples of RNFA behaviors in the perioperative area provided in the statement include:

- Preoperative patient management in collaboration with other health care providers, including but not limited to,
 - Performing preoperative evaluation/focused nursing assessment, and
 - Communicating/collaborating with other health care providers regarding the patient's plan of care.
- Intraoperative surgical first-assisting, including but not limited to,

- Using instruments/medical devices,
- Providing exposure,
- Handling and/or cutting tissue,
- Providing hemostasis, and
- Suturing
- Postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, including but not limited to,
 - Participating in postoperative rounds and
 - Assisting with discharge planning and identify appropriate community resources as needed.

Enhancing their ability to demonstrate accountability and responsibility for identifying and meeting the needs of perioperative patients, perioperative nurses who wish to practice as RNFAs must progress on a competency continuum from basic competency to excellence. **Minimal qualifications** to practice as an RNFA include:

- Certification in perioperative nursing (CNOR);
- Successful completion of an RNFA program that meets the *AORN Standards for First Assistant Education Programs* and is accepted by the Competency and Credentialing Institute (CCI); and
- Compliance with statutes, regulations and institutional policies relevant to RNFAs.

Acceptable Formal RNFA Programs are listed on the CCI Website at:

www.cc-institute.org/cert_crbf_oreo_rbfa.asox.

CRNFA® certification is defined by the CCI as documented validation of the professional achievement of identified standards of practice by an individual RNFA providing care for patients before, during and after surgery. Eligibility for CRNFA® certification includes:

- Must be currently licensed without provision

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or condition, as a registered nurse in the country where currently practicing surgical nursing;

- Must be a CNOR **or** an advanced nurse practitioner certified in their specialty at the time of application;
- Must have a bachelor's degree in any field;
- Must have completed at least 2000 documented hours of practice as an RNFA, including pre-, intra- and postoperative patient care; and
- Must have completed an acceptable formal RNFA program.

In May 2006, the Oklahoma Board of Nursing issued a *Second Amended Declaratory Ruling* in response to a petition on behalf of the Advanced Practice Advisory Committee, requesting a decision as to whether it is within the scope of practice of the Certified Nurse-Midwife (CNM) to perform first assistant duties in obstetrical and gynecological procedures, provided the CNM has been formally edu-

cated on the process and has demonstrated competence to perform the proper techniques for the procedures.

The Board concluded and declared it is within the current scope of practice of the CNM to perform first assistant duties if the CNM has completed the American College of Nurse-Midwives (ACNM) process for incorporating first assistant responsibilities for obstetrical and gynecological procedures into the scope of practice. The CNM who first assists is doing so under the provision of advanced practice certification and not as an RNFA, pursuant to individually expanding practice beyond the Core Competencies for basic midwifery practice and in compliance with the ACNM Position Statement: *The Certified Nurse-Midwife Certified as First Assistant at Surgery* and the *Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice*. No other advanced practice registered nurse may perform first assistant duties without completing the minimal qualifications to practice as an RNFA as cited above.

New Rules Approved by the Oklahoma Board of Nursing

At the January 27-29, 2009, Oklahoma Board of Nursing meeting, the Board approved proposed rule revisions for the *Rules of the Oklahoma Board of Nursing*. These rules went through an administrative rulemaking process and became effective May 11, 2009.

In Subchapter 1 of the revised rules, the definition of distance learning program was revised as follows: "Distance learning program means 50% or more of the theory components of the board-approved nursing education program are offered by correspondence, on-line, through video-conferencing, or via CD-ROM" [OAC 485: 10-1-2]. This assists nursing education programs to better define whether their incorporation of distance learning technologies into their programs require approval of the Board prior to implementation.

In Subchapter 16 of the rules, the definition of Category B continuing education for initial application for prescriptive authority recognition in OAC 485:10-16-1 was revised to allow advanced practice nurses to utilize online continuing education for ini-

tial prescriptive authority, with criteria set into place for evaluation of the continuing education offering. This definition was revised based on input from advanced practice nurses. Category B continuing education for purposes of initial application for prescriptive authority is defined as "Onsite Seminar or lecture or workshop or course approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education; or Online continuing education for initial applications must be approved through a recognized approver of continuing education, and includes a minimum of thirty hours obtained from a single provider that is faculty-directed, with processes for interaction of the participant with faculty, evaluating the participant's learning through successful completion of case studies or written assignments and a comprehensive examination using a mechanism to ensure security of the evaluation process".

The revised rules may be reviewed on the Board's website: www.ok.gov/nursing/rules09.pdf.

Can a Nurse Help How You Look? Nurses' Scope in Aesthetic Practice

With the exception of a *Declaratory Ruling on Laser Hair Removal Treatment* (found at: www.ok.gov/nursing/laserhair.pdf), the Oklahoma Board of Nursing has not issued specific guidelines on aesthetic or cosmetic procedures. The *Oklahoma Nurse Practice Act* does impact the ability of a nurse to participate in these procedures as is stated in the definition of nursing practice (59 O.S. §567.3a2): “This practice includes execution of the medical regime including the **administration of medications and treatments prescribed** by any person authorized by state law to so prescribe.”

Registered nurses (RN) cannot perform aesthetic procedures independently. Such procedures require an order by a physician. The Oklahoma State Board of Medical Licensure and Supervision has developed a policy for physicians who order medications and treatment that may be used for cosmetic purposes. According to their *Policy and Guidelines for Medical Spas and Aesthetic Procedures*, surgery is defined as “the ablation or alteration of any human tissue by any means including but not limited to the use of sharp surgery, heat, cold, abrasion, laser, chemicals, injection/placement of substances subcutaneous, or the use of FDA approved devices that can only be initially purchased by physicians.” The policy and guidelines describe the practice of medicine and surgery as being grounded upon the **doctor/patient relationship which at a minimum requires a face-to-face evaluation of the patient** by the physician or physician’s assistant under a physician’s supervision, **prior to** the treatment or procedure.

According to the *Policy and Guidelines for Medical Spas and Aesthetic Procedures*, if the physician is utilizing an Oklahoma licensed nurse, and **IF** the nurse is functioning within the scope of their practice act, the physician may delegate any of the defined medical services to that licensed nurse under physician supervision. In order for an RN to administer dermal filler injections, inject Botox, perform microdermabrasion, etc., a physician must prescribe via a physician’s order the medication/treatment to be administered, and this order must be documented.

Medical Micropigmentation is addressed in 63 O.S. §1-1450 of the Oklahoma Statutes. Medical micropigmentation is a form of permanent cosmetics and requires a medical procedure. This procedure may be performed only in a physician’s office by an individual who holds a current Oklahoma certificate issued by the State Commissioner of Health pursuant to the provisions of the Oklahoma Medical Micropigmentation Regulation Act. OAC 310:234-3-1(2) authorizes registered nurses who also hold the aforementioned certification to perform this procedure under the supervision of a physician. The level of supervision shall be determined by the physician in whose office the procedure is being performed. An Oklahoma Certified Micropigmentologist shall provide the Consumer Protection Division of the Oklahoma State Department of Health with the name, address, phone number, and licensure number of each of their supervising physicians who must be licensed by the Oklahoma State Board of Medical Licensure and Supervision, the State Board of Osteopathic Examiners and/or the Oklahoma State Board of Dentistry. In accordance with the Oklahoma Medical Micropigmentation Regulation Act, licensed practical nurses may not perform these procedures.

To assist licensed nurses in determining scope of practice, the Oklahoma Board of Nursing has the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines* available on the Board’s website: www.ok.gov/nursing/prac-decmak.pdf. In following the model, the performance of aesthetic procedures is not taught in basic nursing curricula; therefore, the nurse must obtain additional training with competency validation prior to performing the procedures. Policies and procedures, in compliance with any applicable federal and state regulations and licensure/accreditation requirements, allowing a nurse to perform these procedures must be in existence or developed prior to implementation by the nurse. Each nurse has a personal responsibility to evaluate and ensure personal ability to competently perform these activities/tasks.

Trends in Enrollments in Oklahoma Nursing Education

The number of Oklahoma nursing education programs increased by two in FY 2009, and the number of extended campuses increased by three, making a total of 64 nursing education programs operating on 103 campuses. The number of programs has increased over the past five years by 10% and the number of campuses has increased by 13%.

The main reason for the increase in baccalaureate and associate degree nursing education programs is the increase in number of applicants and projected need for nurses. In FY 2009, the number of applications to baccalaureate degree (BSN) programs reached a record high, up 16.6% from five years ago. The number of applications to associate degree nursing (ADN) programs increased 4.8% during the same time period. However, the applications to practical nursing (PN) programs have steadily decreased by 28% over the past five years.

As with applications, admissions to associate and baccalaureate degree nursing programs also showed significant increases (ADN 46%, BSN 5%, and PN 7%) through FY 2008. However, admissions to BSN programs dropped nearly 15% and ADN admissions dropped 1% in FY 2009. Admissions to PN programs rose 7% in 2009, despite the decrease in applications. Shortages of clinical space and qualified faculty continue to pose barriers to the expansion of nursing education in this state.

Total enrollments at all levels of nursing education continued to increase through FY 2008; however there was a slight decline in enrollment in associate degree and practical nursing education programs in FY 2009.

The number of nursing graduates from Oklahoma programs reached a record high in FY 2009, with increased numbers of graduates in baccalaureate and associate degree programs. BSN graduates rose 5.6% in 2009, with a total increase of 46.3% since 2005. ADN graduates rose 5.5% in 2009, and have risen 39.5% since 2005. The number of graduates from practical nursing programs decreased for the first time in five years, dropping 8.6% in 2009; however the number of PN graduates still show an overall increase of 6.3% over the past five years.

The data continues to support that the majority of students admitted to nursing education programs are successful in completing their programs. Completion rates dropped at all levels of education through FY 2008, but significantly increased in FY 2009, with an overall completion rate of 79.6%. Increased emphasis on remediation and retention efforts in nursing education programs are factors that may have impacted completion rates in nursing education programs. Improved retention of nursing students helps to ensure a higher number of graduates available for employment each year.

CHANGE OF ADDRESS FORM

Please Mail To: Oklahoma Board of Nursing
2915 N. Classen Blvd. Ste. 524
Oklahoma City, OK 73106

Yes, I need to report my change of address to the Oklahoma Board of Nursing.

*Address changes may also be made on the Board's website: www.ok.gov/nursing.

License Number _____ (Or) Social Security Number _____

Full Name _____ Signature (*required) _____

New Address _____

Old Address _____

**In accordance with OAC 485:10-7-9 & 485:10-9-9, it is the legal duty of a licensed nurse to notify the Oklahoma Board of Nursing of a change of address in writing within 30 days of the change.*

Citizenship Affidavit Required for all Licensed Nurses

In the February 2008 Oklahoma Board of Nursing newsletter, information was provided on House Bill 1804: the Oklahoma Taxpayer and Citizen Protection Act of 2007. This statute allows licensing agencies, including the Oklahoma Board of Nursing, to issue a license only to United States citizens, nationals and legal permanent resident aliens; and to applicants who present, in person, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the United States;
2. A pending or approved application for asylum in the United States;
3. Admission into the United States in refugee status;
4. A pending or approved application for temporary protected status in the United States;
5. Approved or deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional residence status.

Applicants in the above six categories are only eligible to receive a temporary license that is valid for the time period of their authorized stay in the United States, or if there is no date of end to the time period of their authorized stay, for one year. The license card will indicate that the license is temporary with expiration dates as discussed above. Applicants for licensure by examination or endorsement and for reinstatement or return to active status are required to submit a completed *Evidence of Status (EOS) Form* and supporting documentation with the application.

In August 2008, the Attorney General ruled that House Bill 1804 also requires each current licensee (licensed prior to November 1, 2007) to submit an *Affidavit of Citizenship Status* to the licensing board. The Oklahoma Board of Nursing has mailed affidavits to all current licensees. Each licensee who held

a license in an active status prior to November 1, 2007, must submit an *Affidavit of Citizenship Status* to the Board office in order to be eligible for renewal. Because 2009 is the scheduled renewal year for Licensed Practical Nurses (LPNs), letters of notification were first sent to LPNs. Sufficient time was allowed for each LPN to return the *Affidavit of Citizenship Status* and for Board staff to enter the status in the licensing database prior to marking the licensure file as ineligible for renewal. *Affidavits of Citizenship Status* were then mailed out to all Registered Nurses (RNs) and entry of status was completed prior to the beginning of the 2010 renewal period.

If you are an LPN or RN who was licensed in Oklahoma prior to November 1, 2007, you must complete an *Affidavit of Citizenship Status*, and return it to The Oklahoma Board of Nursing. Nurses who fail to complete this affidavit will not be able to renew their nursing licenses. If you are an LPN or RN, and did not receive an affidavit, please go to the Board's website: www.ok.gov/nursing. Click on the link for "Forms/Applications" to find the *Affidavit of Citizenship Status*. The completed affidavit must be notarized and mailed directly to the Board Office. **Faxed copies will not be accepted.**

If you are a qualified alien, you are not required to submit an *Affidavit of Citizenship Status*. During your renewal period, you must bring your original alien status documentation directly to the Board Office. This information must be presented **prior** to your license expiration date. If you do not present your documentation in person at this time, you will not be able to renew your nursing license.

Frequently asked questions on nursing practice may be accessed on the Board's website at: www.ok.gov/nursing/practicefaq.pdf.

Reporting Violations of the Oklahoma Nursing Practice Act

Question Is it a violation of the *Oklahoma Nursing Practice Act* (“ONPA”) if a nurse does not report through the proper channels the unsafe or illegal practice of any person who

Answer Yes

Two of the important functions of the Oklahoma Board of Nursing include: 1) investigating complaints of alleged violations of the ONPA and Rules of the Board; and 2) conducting hearings of the alleged violations, ordering discipline (which may include the denial, revocation, or suspension of a license/certification), and assessing administrative penalties for those charges calling for disciplinary action. The Oklahoma Board of Nursing currently employs a team of investigators that includes a Director of Investigations, Assistant Director of Investigations and three Nurse Investigators to investigate allegations of violations of the ONPA.

The investigative team investigates reports of alleged violations of the ONPA involving registered nurses (including advance practice nurses), licensed practical nurses and/or advanced unlicensed assistants (AUAs) who have been engaged in fraud, criminal offenses, failure to adequately care for patients or to conform to the minimum standards of acceptable nursing or AUA practice, alcohol/drug abuse, impairment, diversion, unprofessional conduct, etc.

Reports of violations of the ONPA to the Board must be submitted in writing. The following outlines the steps to report a violation to the Board:

1. To report an alleged violation of the ONPA, access the Oklahoma Board of Nursing’s website www.ok.gov/nursing to obtain the “Report of Nursing Practice Incident”.
2. After accessing the website, select the heading “Investigation/Discipline”. Under “Forms”, se-

- lect “Report of Nursing Practice Incident”.
3. Print and complete the form. The report cannot be filed with the Board on-line.
4. Attach copies of related documents, if lawfully available, to support the allegations, including but not limited to: employment applications, job description, counseling/disciplinary reports, termination reports, time/attendance records, dated and signed witness statements, narcotic records, automated medication dispensing system records, medication administration record, nurses’ notes, physician orders, treatment sheets, incident reports, drug screens (with quantitative level), criminal records, etc.

The *Guidelines for Reporting Violations of the Oklahoma Nursing Practice Act (Guidelines)* are also available on the website. The purpose of the Guidelines is to provide direction to those reporting nursing practice incidents. To obtain the Guidelines, after accessing the Board’s website, select the heading “Investigation/Discipline” and select “Guidelines”.

Nursing behavior which fails to conform to legal standards and/or acceptable standards of the nursing profession and which unnecessarily exposes a patient or other person to risk of harm and/or could reflect adversely on the health, safety and welfare of the public is to be reported to the Oklahoma Board of Nursing. *The Report of Nursing Practice Incident*, and the accompanying documents outlined above may be mailed or faxed to the Oklahoma Board of Nursing. The inclusion of the requested information with the *Report of Nursing Practice Incident* assists the Nurse Investigator with the investigation.

Websites Available for Medication Information

Dorothy Gourley, D.Ph., an Ardmore pharmacist who is a member of both the Board's Formulary Advisory Council and the CRNA Formulary Advisory Council, has shared information on websites that provide information on medications. These websites may provide additional resources for practicing Registered Nurses and Licensed Practical Nurses, and may supplement standard medication references.

The first website, called DailyMed, is provided by the National Institute of Health: www.dailymed.nlm.nih.gov/dailymed/about.cfm. According to the National Institute of Health, "DailyMed provides high quality information about marketed drugs. This information includes FDA approved labels (package inserts). This Web site provides health information providers and the public with a standard, comprehensive, up-to-date, look-up and download resource of medication content and labeling as found in medication package inserts." (Retrieved 9/18/09 from : www.dailymed.nlm.nih.gov/dailymed/about.cfm).

Another resource for information on drugs is the U.S. Food and Drug Administration (FDA): www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm. The FDA's website is called Drugs@FDA, and it allows the nurse to find official information about FDA-approved brand name and generic drugs and therapeutic biological products. According to the FDA, the main uses of Drugs@FDA are:

- finding labels for approved drug products
- finding generic drug products for a brand name drug product
- finding therapeutically equivalent drug products for a brand name or generic drug product
- finding consumer information for drugs approved from 1998 through the present
- finding all drugs with a specific active ingredient
- viewing the approval history of a drug.

(Retrieved 9/18/09 from : www.fda.gov/Drugs/InformationOnDrugs/ucm075234.htm#purpose). The FDA also provides other information about drugs on its website, including information on drug shortages, recalls and alerts, and new approvals.

Finally, MedLinePlus, a service provided by the U.S. National Library of Medicine and the National Institutes of Health, provides information on prescription and over-the-counter drugs at: www.nlm.nih.gov/medlineplus/medicines.html.

Our thanks to Ms. Gourley, and to other health professionals who volunteer their time and expertise to serve on the Board, Board committees, and Board task forces for the purpose of protection of the public!

Access the current *Oklahoma Nursing Practice Act and Rules* on the Board's website:

www.ok.gov/nursing. Links to the *Act and Rules* are on the home page.

Advisory Councils Recommend Revisions to Advanced Practice Formularies

Two advisory councils are established in the *Oklahoma Nursing Practice Act* to develop and annually review formularies for advanced practice nurses with prescriptive authority recognition in the State of Oklahoma.

The first advisory council is called the CRNA Formulary Advisory Council. This advisory council is charged with the responsibility of developing and submitting to the Board recommendations for an inclusionary formulary that lists drugs or categories of drugs that may be ordered, selected, obtained or administered by Certified Registered Nurse Anesthetists (CRNAs) authorized by the Board to order, select, obtain and administer drugs. The CRNA Formulary Advisory Council is also charged with developing and submitting to the Board recommendations for practice-specific standards for the CRNA ordering, selecting, obtaining and administering drugs. The CRNA Formulary Advisory Council is composed of five members, including two Certified Registered Nurse Anesthetists, two anesthesiologists, and a hospital-based pharmacist, all of whom are in active clinical practice at least fifty percent (50%) of the time within their defined area of specialty.

The CRNA Formulary Advisory Council met on April 27, 2009, to review the *CRNA Inclusionary Formulary*. Changes recommended to the *CRNA Inclusionary Formulary* included deletion of drugs that are no longer marketed, the addition of newly-available drugs, and recategorizing certain drugs to be consistent with categories used by the *American Hospital Formulary Service Drug Information Book* (2009). At its May 2009 meeting, the Oklahoma Board of Nursing reviewed and accepted the recommendations of the CRNA Formulary Advisory Council. A copy of the current *CRNA Inclusionary Formulary*

can be reviewed at www.ok.gov/nursing/prac-crnafrm.pdf.

The second advisory council is called the Formulary Advisory Council. The Formulary Advisory Council is charged with the responsibility of developing and submitting to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by advanced practice nurses (Advanced Registered Nurse Practitioners, Clinical Nurse Specialists, and Certified Nurse Midwives) recognized to prescribe by the Oklahoma Board of Nursing. The Formulary Advisory Council shall also develop and submit to the Board recommendations for practice-specific prescriptive standards for each category of advanced practice nurse recognized to prescribe by the Oklahoma Board of Nursing pursuant to the provisions of the *Oklahoma Nursing Practice Act*. Members of the Formulary Advisory Council include physicians, pharmacists, and advanced practice nurses in active clinical practice within their defined area of specialty.

The Formulary Advisory Council met on August 13, 2009, to review the *Exclusionary Formulary for Advanced Practice Nurses*. Changes recommended to the exclusionary formulary include deletion of drugs that are no longer marketed, clarification to language used, and recategorizing certain drugs to be consistent with categories used by the *American Hospital Formulary Service Drug Information Book* (2009). At the time this article was prepared, the Oklahoma Board of Nursing had not yet reviewed the recommendations of the Formulary Advisory Council. The current *Exclusionary Formulary for Advanced Practice Nurses* may be reviewed on the Board's website: www.ok.gov/nursing/prac-exclusfrm.pdf.



BOARD MEETING NOTICE



All Oklahoma Board of Nursing meetings are open to the public *except* those portions which may be in Executive Session. The first day of Board meetings begins at 5:30 p.m., with the second and third day beginning at 8:00 a.m. All actions of the Board are taken in open session. Nurses, members of other professional disciplines, students and the public are invited to attend. Groups who plan to attend should schedule their attendance in advance with the Board office to ensure seating is available. There is an Open Forum on the first day of each Board meeting. Anyone wishing to address the Board about a nursing issue should contact Kim Glazier, Executive Director, and request to be placed on the agenda for the Open Forum.

Committee meetings are also open to the public. Please call ahead if you plan to attend, as dates, times and locations may be changed. The committee meetings are cancelled and rescheduled if it is determined a quorum will not be present.

	<u>MEETING DATES</u>	<u>SITES</u>
Oklahoma Board of Nursing Generally begins 1st day-5:30p.m. 2nd & 3rd day-8:00 a.m. Please check agenda	Nov. 10, 11, & 12, 2009 Jan. 26, 27 & 28, 2010 Mar. 23, 24, & 25, 2010 May 25, 26 & 27, 2010 Aug. 3, 4 & 5, 2010	Wyndham Garden Hotel (formerly Holiday Inn) 2101 S. Meridian Oklahoma City, OK 405-685-4000
Advanced Practice Advisory Committee	Feb 9, 2010	Board Office
Nursing Education and Practice Advisory Committee	Feb. 8, 2010	Board Office
CRNA Formulary Advisory Council	April 26, 2010	Board Office
Advanced Unlicensed Assistive Committee	May 6, 2010	Board Office
Formulary Advisory Council	August 12, 2010	Board Office

**Disciplinary actions taken by the
Oklahoma Board of Nursing can be
reviewed on the Board's website:
www.ok.gov/nursing.**

Summary of Board Activities

During the **March, 2009** meeting, the Board:

- Reviewed without revision or accepted proposed revisions to the following policies:
 - *Nursing Education Programs with Extended and Multiple Campuses Policy, #E-03*
 - *Nursing Education Programs Offering Non-Traditional Learning Options Guidelines, #E-08*
 - *Monitoring of the Conscious Sedation Patient by Licensed Practical Nurse Guidelines, #P-07*
 - *Guidelines for Individuals Requesting Reinstatement After Suspension, Surrender or Revocation for Misappropriation or Misuse of Drugs/Alcohol, #I-02*
 - *IV Medication Administration by LPNs Statement, #P-12*
 - *Peer Assistance Program Relapse Guidelines*
 - *Peer Assistance Program Body Fluid Testing Guidelines, #PA-03*
 - *Peer Assistance Program Laboratory Approval Criteria for Body Fluid Testing, #PA-04*
 - *Body Fluid Testing Guidelines Investigative Division, #I-09*
 - *Laboratory Approval Criteria for Body Fluid Testing Investigation Division, #I-08*
- Reviewed 2008 Oklahoma NCLEX pass rates and issued commendations to Oklahoma nursing education programs with pass rates of 100%.
- Approved a curriculum change request for Oklahoma Christian University, Oklahoma City
- Reviewed survey visit reports for Platt College RN Programs in Oklahoma City and Tulsa. Granted one year Full Approval to the programs. Ordered focus survey visits to be conducted in one year.

During the **May, 2009** meeting, the Board:

- Reviewed without revision or accepted proposed revisions to the following policies:
 - *Publishing Actions of the Oklahoma Board of Nursing Policy, #OBN-04*
 - *Licensure Verification and Photocopying of Nursing Licenses, #OBN-02*
 - *Agency Policy on Names, #OBN-03*
 - *Request for Inactive Status Policy, #P-08*
 - *Position Statement: Entry Into Practice*
 - *School Nurse Position Statement*
 - *Administrative Provisions to be Included in All Probation Orders Unless Specified Otherwise by Board, #I-03*
 - *Guidelines for Supervised Practice, #I-18*
 - *Peer Assistance Program Confidentiality Policy, #PA-14*
 - *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing, #P-52A*
 - *National Certifying Bodies and Non-APN Certification Examinations Approved by the Oklahoma Board of Nursing, #P-52B*
- Approved the FY 2010 Budget
- Reviewed NCLEX Pass Rate Reports and accepted recommendations of the Board's Subcommittee to Review NCLEX Pass Rate Reports for the following nursing education programs:
 - Northern Oklahoma College, Enid campus
 - Oklahoma Wesleyan University, Bartlesville
 - Murray State College, Tishomingo
 - Green Country Technology Center, Okmulgee

(Continued from page 14)

- Oklahoma State University Institute of Technology, Okmulgee
- Langston University, Tulsa campus
- Central Technology Center, Sapulpa campus
- Platt College RN Program, Oklahoma City
- Platt College RN Program, Tulsa
- Approved the Step I application submitted by Brown Mackie College, Tulsa, for a new associate degree nursing education program. Provided information to the program regarding specific information needed for the Step II application.
- Reviewed the qualifications of the proposed nurse administrator for Brown Mackie College, Tulsa; and determined that the teaching experience of the proposed nurse administrator does not meet the requirements.
- Accepted survey visit report and granted five years of continuing Full Approval to the following programs:
 - Oklahoma City University, Oklahoma City
 - Chisholm Trail Technology Center, Omega
 - Seminole State College, Seminole
- Approved curriculum change requests submitted by the following programs:
 - Oklahoma City University, Oklahoma City
 - Autry Technology Center, Enid
- Approved a request submitted by Northeast Technology Center, campuses in Afton, Pryor, and Kansas; for an extended campus practical nursing program in Claremore
- Accepted a follow-up report submitted by ITT Technical Institute, Oklahoma City
- Accepted recommendations of the Board Approved Provider Committee for Board Approved Providers

During the **July, 2009** meeting, the Board:

- Reviewed without revision or accepted proposed revisions to the following policies:
 - *Laboratory Approval Criteria for Body Fluid Testing Investigative Division, #I-08*
 - *Body Fluid Testing Guidelines, #I-09*
 - *Peer Assistance Program Body Fluid Testing Guidelines, #PA-3*
 - *Peer Assistance Program Laboratory Approval Criteria, #PA-4*
 - *Peer Assistance Program Peer Assistance Committee Member Appointment Criteria, #PA-15*
 - *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants, #E-43*
 - *Establishment of Training Equivalency for Certification as an Advanced Unlicensed Assistant, #E-41*
 - *Patient Assessment Guidelines, #P-14*
 - *Delegation of Nursing Functions to Unlicensed Persons, #P-02*
- Accepted survey visit report and granted five years of continuing Full Approval to the following nursing education programs:
 - Northeast Technology Center, campuses in Pryor, Afton, and Kansas
 - Caddo-Kiowa Technology Center, Ft. Cobb
- Approved the request of Tulsa Community College, Tulsa, to offer an Associate Degree in Nursing Bridge Option at Central Technology Center, Drumright
- Approved a curriculum change request for Mid-America Technology Center, Wayne

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