

OKLAHOMA BOARD OF NURSING NEWSLETTER

2915 N. Classen Blvd., Suite 524, Oklahoma City, OK 73106
(405) 962-1800 www.ok.gov/nursing

Volume 19, Issue 1

February, 2008

INSIDE THIS ISSUE:	
<i>No Vacancies</i>	1
<i>Anger Management</i>	3
<i>FDA Website Provides Safety Alerts</i>	5
<i>Supervising Physician Information Available on Website</i>	6
<i>Obtaining Prescriptions for Hospice or Home Care Patients/ Clients</i>	6
<i>Reporting Abuse, Neglect, or Birth of Chemically-Dependent Child</i>	7
<i>Are You Up To Speed on HB1804 & Its Impact on Licensure Requirements?</i>	9
<i>New Rules Proposed by The Oklahoma Board of Nursing</i>	10
<i>Verification of Licensure Renewal</i>	11
<i>Oklahoma Nursing Population FY2007</i>	12
<i>New Board Members Appointed by Governor</i>	13
<i>OK Nurses Serve as Members of NCLEX Item Development Panels</i>	13
<i>Summary of Board Activities</i>	14
<i>Open Meeting Notice</i>	15

“NO VACANCIES”

JACKYE WARD, MS, RN, PRESIDENT

How long has it been since you have heard, “We have all nursing positions filled.”? Without a doubt, there are no flashing signs with this message in front of many (if any) Oklahoma health care facilities. A state of “no vacancies” is tough to achieve on any patient care unit, let alone throughout an organization.

In FY2007, there were 37,351 RNs and 17,606 LPNs licensed in Oklahoma. Those numbers represent a 13% increase in the RN population and a 4% increase in the LPN population since 2004. However, national studies have indicated that the demand for nursing services far exceeds the number of nurses available. If current trends continue, Oklahoma is expected to experience a shortage of more than 3,000 nurses by 2012, which takes into account the growing number of Baby Boomers who will be requiring more health care in the next few decades. While there are various reasons for the nation-wide nursing shortage, we must own the solution. Lets take a look at what is currently going on in Oklahoma to address this issue.

Signed into law November 1, 2006, Senate Bill 1394, authored by Senator Susan Paddack, D-Ada, and Representative Doug Cox, R-Grove,

created the Oklahoma Health Care Work Force Resource Center. The purpose of the center, headed by Executive Director Sheryl McLain, is to coordinate, facilitate and communicate activities pertaining to Oklahoma’s health care workforce supply and demand. McLain, a loaned executive from the Oklahoma Hospital Association (OHA), recently shifted from interim director to permanent director of the center. This reflects the commitment of the OHA in getting it right for health care in our state.

Primary goals of the workforce center include:

- Ensuring Oklahoma’s current education and training systems acquire and maintain the resources and support necessary to produce needed health care workers;
- Improve the job satisfaction and retention rates of current health care workers; and
- Increase the level of awareness among young people and adults of the opportunities in health care.

The 19-member governing board of

(Continued on page 2)

(Continued from page 1)

the center has diverse membership including representatives from OHA, the Oklahoma State Department of Health, the Oklahoma Department of Commerce, OU Medical Center, the Oklahoma State Regents of Higher Education, the Oklahoma State Department of Career and Technology Education, the Oklahoma Nurses' Association, and other policy-making and professional entities. While nursing is a big piece of this initiative, all allied health care professionals are included.

In 2005, health care was the first industry selected by the Governor's Council for Workforce and Economic Development for a comprehensive analysis. According to the Governor's Council 2006 report, only 57% of "qualified applicants" were admitted into Oklahoma nursing or allied health programs. Faculty shortages were cited as the primary barrier. The center has worked diligently to allocate funds to address faculty shortages and to increase the number of clinical sites.

Another organization that has focused its attention on nursing shortage issues is the Institute for Oklahoma Nursing Education (IONE). The mission of IONE is "to assist nurse educators and strategic partners - foundations, hospitals, community agencies, Oklahoma Board of Nursing (OBN), the Oklahoma Nurses Association (ONA), public policy makers and regional workforce boards in:

1. anticipating needs for nurses at all levels of educational preparation and clinical specialties;
2. redesigning nursing education to improve the quality of patient outcomes and access to health care by the public; and in
3. testing new educational models that will produce more and better qualified nurses."

(Retrieved 1/16/08 from www.institute-one.org)

Nurse educators from across the state have met on a regular basis over the past year during the inception of IONE, working collaboratively on issues impacting all levels of nursing education.

What can we do as nurses to alleviate or impact the shortage? We must participate in developing a positive work environment. Encourage shared decision-making at the direct care level. We must get comfortable and be held accountable for sharing our ideas on moving toward care efficiency without compromising quality care. The value of supporting students as they visit our facilities as a clinical site cannot be overstated. This is a golden opportunity to recruit not only at the organization level but to the profession as well. Consider serving as adjunct faculty with respect for the educational institution and their orientation process. Professional growth through the nursing education pathway can be explored. Many educational programs are now available that support effective learning in a home environment. As nursing leaders, we must bring forth the need for financial support of current education programs, with funding of faculty positions. Through our professional organizations, such as Oklahoma Nurses Association, Oklahoma Organization of Nurse Executives and the Institute of Nursing Education, we can be a united voice.

As individuals, we must own our performance and our commitment to the profession. Speak positively about the profession that provides us with not only professional growth, but also personal experiences that have impacted the way we live our lives, with full knowledge of the brevity of life on earth as we know it and the value of respect for life. You are the piece of the puzzle of nursing in Oklahoma that completes the image that makes the difference in meeting the needs of health care consumers.

CHANGE OF ADDRESS

Have you recently moved? If so, please update your address on our website: www.ok.gov/nursing. Notice of address must be submitted in writing by each licensee within 30 days of the change [OAC 485: 10-7-9, 485: 10-9-9].

Anger Management

Definitions

Anger Management is:

1. _____ The title of the movie starring Jack Nicholson and Adam Sandler.
2. _____ An over-used 21st century buzz word.
3. _____ Strategies, tools and exercises designed to increase one's awareness of unhealthy anger and the process of learning effective coping skills to monitor or take responsibility for it.
4. _____ All of the above.

Anger - the feeling or emotion that ranges from mild irritation to intense agitation and rage.

Aggression - deliberate behavior that is intended to cause harm or injury to another person or even property.

Habit - performing behaviors automatically, over and over again, without thinking.

Hostility - refers to a set of attitudes and judgments that motivate aggressive behaviors.

Rage - violent and uncontrolled anger.

Resentment - a feeling of indignant displeasure or persistent ill will.

"I'm not angry...I've just been in a bad mood for 40 years". Sound familiar? This is one of the infamous quotes from Weeza in the movie *Steel Magnolias*. Who doesn't have a painful story to tell about rejection or abandonment, about emotional or physical abuse? And who hasn't hurt another person or injured oneself? The anguish we harbor from unhealed wounds is deep. In an attempt to deaden the pain it is not uncommon for some to dull and deny the ache by drinking and/or using other drugs, setting the stage for a substance use disorder.

Some believe they are conditioned for alcoholism and other drug addictions as the result of the things they have experienced. However, in the development of a program of recovery, Alcoholics Anonymous

teaches we are far more the *result of the way we react to what happens* to us rather, than the things that actually happened.

What exactly is anger and why does it often need to be managed? Anger is an emotion and like all emotions, it can serve a purpose in our psychological make-up. But left unchecked, anger can be a catalyst for destructive behavior, directed at self and/or others.

Anger is not only learned, but it can become a routine, familiar and predictable response to a variety of situations. When anger is displayed frequently and aggressively, it can become a maladaptive habit because it results in negative consequences.

People who characteristically have difficulty managing their anger often resort to aggressive displays of anger to solve their problems, without thinking about the negative consequences they may suffer or the debilitating effects it may have on the people around them.

The most effective way to resolve anger is to first acknowledge it is there, and this we know may be a lot easier said than done. A person who says, "I never get angry.", may actually be telling you:

- I do not recognize my anger;
- I conceal my anger because of my fear of what the anger will reveal about me; or
- I conceal my anger because of my fear of what I will do.

Being in touch with our feelings doesn't mean we will never experience discomfort. In fact, awareness of our feelings puts us directly in touch with what bothers, hurts or angers us...and it can be a signal that is worth listening to. Our anger may be a message that:

- We are being hurt;
- That our rights are being violated;

(Continued on page 4)

(Continued from page 3)

- That our needs are not being met; or
- Simply that something is wrong.

Denial of anger is not management of anger. When we are in denial about our anger we actually disown the feeling, and anger is generally not the only feeling we learn to deny. The severity of our denial of anger is usually proportional to our denial of tender and loving feelings. The more we are able to admit, accept and express our anger in a healthy way, the same will be true of our expression of love.

Myths about Anger

Myth #1: Anger is Inherited. A misconception or myth about anger is that the way people express anger is inherited and cannot be changed. “He has his father’s (or mother’s) temper”. Studies show the expression of anger is learned behavior and more appropriate ways of expressing anger can also be learned.

Myth #2: Anger Automatically Leads to Aggression. A related myth involves the misconception that the only effective way to express anger is through aggression. There are other more constructive and assertive ways to express anger. Effective anger management involves controlling the escalation of anger by learning assertiveness skills, changing negative and hostile “self-talk,” challenging irrational beliefs, and employing a variety of behavioral strategies.

Myth #3: You Must Be Aggressive To Get What You Want. Many people confuse assertiveness with aggression. The goal of aggression is to dominate, intimidate, harm or injure another person...to win at any cost. The goal of assertiveness is to express feelings of anger in a way that is respectful of other people. Expressing yourself in an assertive manner does not blame or threaten other people and minimizes the chance of emotional harm.

Myth #4: Venting Anger Is Always Desirable. For many years, there was a popular belief that the aggressive expression of anger, such as screaming or beating on pillows, was therapeutic and healthy. Research studies have found, however, that people who vent their anger aggressively simply get better at being angry. In other words, venting anger in an aggressive manner reinforces aggressive behavior.

When Anger Becomes a Problem

Anger becomes a problem when it is felt too intensely, is felt too frequently, or is expressed inappropriately. Feeling anger too intensely or frequently places extreme physical strain on the body. During prolonged and frequent episodes of anger, certain divisions of the nervous system become highly activated. Consequently, blood pressure and heart rate increase and stay elevated for long periods. This stress of the body may produce many different health problems, such as hypertension, heart disease, and diminished immune system efficiency. From a health standpoint alone, avoiding physical illness is a motivation for controlling anger.

Another compelling reason to control anger is the potential for negative consequences that often result from expressing anger inappropriately, such as being arrested, being terminated from employment, the loss of relationships and overwhelming feelings of guilt and shame.

Even when anger does not lead to violence, the inappropriate expression of anger, such as verbal abuse or intimidating/threatening behavior, often results in negative consequences. It is likely that others will develop fear, resentment, and lack of trust toward those who subject them to angry outbursts, resulting in alienation from family members, friends and/or coworkers.

An anger episode can be viewed as consisting of three phases that make up the aggression cycle, these include: escalation, explosion, and post explosion.

The escalation phase is characterized by cues that indicate anger is building. Cues are warning signs, or responses to anger-provoking events. If the escalation phase is allowed to continue, the explosion phase will follow. The explosion phase is marked by an uncontrollable discharge of anger that is displayed as verbal or physical aggression. The post explosion phase is characterized by the negative consequences that result from the verbal or physical aggression displayed during the explosion phase.

(Continued on page 5)

(Continued from page 4)

One of the primary objectives of anger management work is to prevent one from reaching the explosion phase. To break the anger habit, you must develop an awareness of the events, circumstances and behaviors of others that “trigger” your anger. To develop an awareness of the triggers that seem to set you off also involves an understanding and acknowledgement of the negative consequences that result from anger. Once you are aware of this anger, you need to develop an effective set of strategies to control it. These strategies should include both immediate and preventive strategies that will help you stop the escalation of anger before you lose control and experience negative consequences.

The same ineffective coping skills that trigger one to act or react in angrily or in an unhealthy way can also be the same triggers that lead to finding refuge in the use of mind altering chemicals.

If you find your alcohol and/or other drug use increasing and it is causing negative consequences in your life, you may be eligible for the Peer Assistance Program. Our purpose is to assist in the rehabilitation of nurses who have abused alcohol and/or other drugs while advocating for you to keep your license to practice nursing in the State of Oklahoma. To speak with a case manager or to schedule a visit, you may reach our office at 405-525-2277.

FDA Website Provides Safety Alerts

The U.S. Food and Drug Administration, a federal agency with the responsibility for assuring the safety and efficacy of all regulated marketed medical products, has asked licensing boards to share information with licensees regarding a new website that provides up-to-date information regarding safety issues involving medical products, special nutritional products, and medications. “Medical product safety alerts, recalls, withdrawals, and important labeling changes that may affect the health of all Americans are quickly disseminated to the medical community and the general public via this web site and the MedWatch E-list.” (Retrieved on 1/16/08 from www.fda.gov/medwatch). In addition, individuals can report problems they have ex-

perienced with medical products, special nutritional products, and medications on the FDA website, or by telephone, mail, or fax. For more information on MedWatch, please go to: www.fda.gov/medwatch.

The MedWatch E-list provides an email notification process to nurses and other health care professionals, allowing them to learn quickly of medical product safety alerts, recalls, withdrawals and important labeling changes. To sign up for the free e-list, please go to: <http://www.fda.gov/medwatch/elist/htm>.

PROTECT THE SECURITY OF YOUR ONLINE INFORMATION!

DO NOT SHARE YOUR PIN NUMBER WITH ANOTHER PERSON. ONLY YOU SHOULD ACCESS, RENEW OR UPDATE PERSONAL INFORMATION ON THE BOARD’S WEBSITE.

Supervising Physician Information Available on Website

In our continuing efforts toward improvement of services, we have implemented an automated system that allows Certified Nurse Midwives (CNM), Advanced Registered Nurse Practitioners (ARNP) and Certified Nurse Specialists (CNS) with prescriptive authority, as well as employers, pharmacists and other stakeholders to verify current supervising physician information on the Board's website: www.ok.gov/nursing. Click on the link for "License Verification" and enter the nurse's name or license number to verify the license status. From there, click on the link for "APN/RX" to verify the advanced practice recognition, prescriptive authority recognition, and list of supervising physicians.

As a result of this automated system and ease of supervising physician verification online, the process for supervising physician changes has changed somewhat. The request for supervising physician changes will be processed within 14 days of receipt of the completed information into the Board office. After 14 days, you may verify the completion of the changes by using the Board's website. Those applying for initial prescriptive authority recognition may verify current supervising physicians as indicated above following the approval and processing of their initial application.

Obtaining Prescriptions for Hospice or Home Care Patients/Clients

The Oklahoma Board of Nursing office has received several telephone calls from nurses working in hospice and home care settings inquiring if there are regulations on nurses picking up prescriptions (some of which may be controlled dangerous substances) from retail pharmacies and transporting them in their cars to patients/clients in their place of residence (which may be in a home or in a licensed facility). The *Oklahoma Pharmacy Act and Rules*, the *Uniform Controlled Dangerous Substances Act and Rules*, the *Home Care Act and Rules* and the *Oklahoma Hospice Licensing Act and Rules* were reviewed for applicable regulations. In addition, the Oklahoma State Board of Pharmacy, the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) and the Oklahoma State Department of Health ("OSDH") were contacted, and there are no regulations prohibiting a nurse employed by a hospice agency or licensed facility from procuring medications from a pharmacy for a patient/client in the nurse's care.

In accordance with the *Oklahoma Pharmacy Act*, specifically, 59 O.S. § 8-354.A., the following is stated: "A prescription is the property of the patient for whom it is prescribed." Therefore, the patient has a right to determine who can procure the filled prescriptions, even controlled dangerous substances (CDS). Melton Edminsten, Diversion Chief Agent with the OBNDD, stated the OBNDD does not interfere with the patient's decision on how they handle their CDS, as

long as it's not being diverted or abused. Edminsten does recommend, however, written permission from the patient/client be obtained prior to a nurse picking up prescriptions in order to protect the patient/client, the nurse and the hospice or licensed facility, and as a measure to guard against diversion of CDS. He suggested that a consent form be developed by the hospice agency or licensed facility for the written permission and that the patient/client, the nurse and the administrator of the hospice or licensed facility sign the consent form. Furthermore, Edminsten recommended that there be a notation of the time frame that the nurse is allowed to pick up the patient's/client's prescriptions.

A surveyor with the OSDH stated some hospice and home care facilities/agencies have written policies to provide directions and expectations for staff obtaining a patient's/client's prescriptions. If such policies are in the facilities'/agencies' manuals, the surveyor may validate the procedure is being followed during a survey visit.

In summary, there are no regulations on a nurse's obtaining prescriptions for patients/clients in the nurse's care in a hospice and home care setting. However, the above suggestions by the OBNDD and the OSDH may provide protection for facilities/agencies and nurses providing this service.

Reporting Abuse, Neglect, or Birth of Chemically-Dependent Child

By statutes, specifically 10 O.S. §§ 601.30 and 601.31, the Executive Director of the Oklahoma Board of Nursing or a designee is a member on the Board of Child Abuse Examination (hereinafter called "BCAE"). The statutes may be accessed online through the following website: <http://www.oscn.net>.

During a meeting of the BCAE in October 2007, a discussion was held regarding the legal requirement for a nurse to report possible child abuse or neglect or the birth of a child who tests positive for alcohol or a controlled dangerous substance to the Oklahoma Department of Human Services, as is mandated by 10 O.S. §7103. In accordance with this statute, reporting is **REQUIRED** as follows:

A. 1. Every:

- a. physician or surgeon, including doctors of medicine and dentistry, licensed osteopathic physicians, residents and interns, examining, attending or treating a child under the age of eighteen (18) years,
- b. **registered nurse examining, attending or treating such a child in the absence of a physician or surgeon,**
- c. teacher of any child under the age of eighteen (18) years, and
- d. **other person** [*NOTE: which may include registered nurses and licensed practical nurses participating in the care of a child with a physician or surgeon*]

having reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect, shall report the matter promptly to the Department of Human Services. Such reports may be made by telephone, in writing, personally or by any other method prescribed by the Department. Any report of abuse or neglect made pursuant to this section shall be made in good faith.

2. Every physician or surgeon, including doctors of medicine, licensed osteopathic physicians, residents and interns, or any **other health care professional** attending the birth of a child who tests positive for alcohol or a controlled dangerous substance shall promptly report the matter to the Department of Human Services.

3. No privilege or contract shall relieve any person from the requirement of reporting pursuant to this section.

4. The reporting obligations under this section are **individual**, and no employer, supervisor or administrator shall impede or inhibit the reporting obligations of any employee or other person. No employer, supervisor or administrator of any employee or other person required to provide information pursuant to this section shall discharge, or in any manner discriminate or retaliate against, the employee or other person who in good faith provides such child abuse reports or information, testifies, or is about to testify in any proceeding involving child abuse or neglect; provided, that the person did not perpetrate or inflict such abuse or neglect. Any employer, supervisor or administrator who discharges, discriminates or retaliates against the employee or other person shall be liable for damages, costs and attorney fees. **Internal procedures to facilitate child abuse or neglect reporting and inform employers, supervisors and administrators of reported suspected child abuse or neglect may be established provided that they are not inconsistent with the provisions of this section and that such procedures shall not relieve the employee or such other person from the individual reporting obligations required by this section....**

(Continued from page 7)

- C. Any person who knowingly and willfully **fails to promptly report any incident** as provided in this section may be reported by the Department of Human Services to local law enforcement for criminal investigation and, upon conviction thereof, **shall be guilty of a misdemeanor....**

[Emphasis and "NOTE" added].

The entire statute may be accessed online at: <http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=64366>.

Based on discussions at the BCAE, in some cases neither the nurses nor the physicians reported the suspected abuse or neglect of children. In these cases, the nurses believed the physicians were reporting the suspected abuse or neglect, and the physicians thought the hospital staff [nurses or social services] was reporting the matter to the Oklahoma Department of Human Services. The Oklahoma Department of Human Services representative on the BCAE is requesting nurses communicate and coordinate with physicians and/or social services staff the reporting of suspected abuse, neglect and tests for positive alcohol or a controlled dangerous substance of children to the Oklahoma Department of Human Services. If a nurse is not sure a physician or social services

staff has made the report, the nurse is to report the matter as is required by law. The Oklahoma Department of Human Services would rather have a case reported twice than not at all.

If a registered nurse lacks education and training on identifying physical signs of child abuse or wish to become a child abuse medical examiner, as well as receive information on working with the Oklahoma Department of Human Services, a two-day workshop is being offered by the BCAE and The Center on Child Abuse and Neglect in conjunction with The Office of Continuing Medical Education on April 18-19, 2008, in Oklahoma City, Oklahoma, and on May 9-10, 2008, in Tulsa, Oklahoma. To register for the training or for questions, please contact:

Tricia D. Gardner, JD
Assistant Professor
Director, Child Welfare Training Program
Univ. of Oklahoma Health Sciences Center
(405) 271-8858

BOARD MEMBERS

	Term Expires
Jackye Ward, MS, RN, President	2008
Louise Talley, Ph.D., RN, Vice-President	2009
Janice O'Fields, LPN, Secretary-Treasurer	2008
Melinda Laird, RN, MS	2010
Elizabeth Schultz, RN, CRNA	2011
Nettie Seale, RN, M.Ed.	2011
Francene Weatherby, RN, Ph.D., CNE	2012
Linda Coyer, LPN	2007
Linda Martin, LPN	2011
Roy Watson, Ph.D., Public Member	Conterminously w/Governor
June Cash, Public Member	Conterminously w/Governor

Are You Up To Speed on HB1804 & Its Impact on Licensure Requirements?



In the August newsletter, we discussed a bill passed by in the 2007 Legislative Session which had significant impact on the licensure of individuals who are not United States citizens. House Bill 1804, entitled the *Oklahoma Taxpayer and Citizen Protection Act of 2007*, seeks to “discourage illegal immigration by requiring all agencies within this state to fully cooperate with federal immigration authorities in the enforcement of federal immigration laws” (HB 1804). Effective November 1, 2007, Oklahoma law 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 deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in these six categories are only eligible to receive a temporary license 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.

This legislation affects applicants for initial licensure by examination or endorsement in Oklahoma, as well as applicants for licensure reinstatement or return to active status. Each applicant must submit a completed *Evidence of Status (EOS) Form* with the application, available on our website: www.ok.gov/nursing. Following is a brief review of the required documents:

- Applicants who are US citizens, US nationals or permanent legal resident aliens must submit the com-

pleted/notarized *EOS Form Part A* and evidence of citizenship status.

- Applicants who are qualified aliens must present in person to the Board office the completed *EOS Form Part B* and original valid documentary evidence that they are a qualified alien under the federal Immigration and Nationality Act and lawfully present in the U.S. This information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security. The documentation is reviewed, verified and notarized by Board staff. Copies of all documentation are kept on file with the application.

The legislation also impacts each currently licensed nurse upon licensure renewal. A licensee must verify online at the time of license renewal that he/she is a United States citizen, national, or legal permanent resident alien. Other qualified aliens are not able to renew online, but must present their documentation at the Board office and complete an application for a temporary license.

Applicants impacted by these new requirements have generally done an excellent job of presenting the necessary information, but common mistakes that have delayed processing of applications are:

- Incomplete *Evidence of Status Forms*
- Unacceptable evidence of citizenship such as a hospital courtesy certificate of birth.
- Invalid or expired documents related to alien status

The Oklahoma Board of Nursing is cooperating fully with this law and is making every effort to assist applicants and licensees through this transition.

New Rules Proposed by the Oklahoma Board of Nursing

At the January 29-31, 2008, Oklahoma Board of Nursing meeting, the Board approved proposed rule revisions for the *Rules of the Oklahoma Board of Nursing*. These rules will go through the administrative rulemaking process and if approved by the Governor and not disapproved by the Legislature, the rules will be effective in July, 2008. A summary of significant rule changes follows. In addition to the changes summarized below, additional changes were made to clarify current rules.

The first area of proposed revisions affects advanced practice nurses who hold prescriptive authority recognition. Advanced practice nurses who meet specified requirements are able to apply for prescriptive authority recognition from the Oklahoma Board of Nursing. They can prescribe medications, with the exception of those listed on an exclusionary formulary on file with the Board. Currently, advanced practice nurses with prescriptive authority recognition can only prescribe a 7 day supply of Schedule III-V drugs (which include controlled substances regulated by the Drug Enforcement Administration). The revised rule changes the maximum supply of Schedule III-V drugs that may be prescribed by the advanced practice nurse from 7 to 30 days. This change was recommended by the Formulary Advisory Committee to the Oklahoma Board of Nursing.

Rules have been proposed to require a consultative visit to a school applying to offer a new nursing education program. These schools would also be required to survey existing nursing education programs in the area and provide evidence to support availability of clinical experience. Requirements for reports to the Board have been revised to ensure that approval is granted by the Board prior to implementation of significant changes in instructional format.

Requirements for licensure as a practical nurse through equivalency have proposed revisions. An option that allowed Air Force medics at the 4N051 or 4N071 level to be considered for practical nurse equivalency has been deleted, after a review of the Air Force medic curriculum revealed significant changes.

Revisions to requirements for applicants for licensure by examination who graduated more than two years ago are proposed. Currently, these applicants must either attend a Board-approved refresher course or return to a nursing education program and complete a minimum of 80 classroom and 160 clinical contact hours, prior to being approved to take the licensure examination. The revised rule reduces the number of clinical contact hours to 80 hours, which is consistent with the number of clinical hours required in the Board-approved refresher course.

In Subchapter 16, continuing education categories have proposed revisions to ensure the advanced practice nurse with prescriptive authority receives initial and continuing education that prepares them to prescribe in their area of practice. For initial application, proposed revisions limit the category of education to Category A or Category B, in order to ensure the initial education in prescriptive authority provides opportunities for participation and interaction by the advanced practice nurse. For renewal, the proposed revisions allow the advanced practice nurse to submit Category A, B, or C continuing education for up to 100% of the requirements, in order to facilitate attainment of the necessary education.

Finally, there are proposed revisions to some of the Board's fees. A revision is made to the information on the fee for supervising physician change to change the fee to per form, rather than per name change. A fee is added for a full survey visit and for a consultative visit made to nursing education programs to assist with covering travel and preparation costs.

The rule revisions may be reviewed on the website: www.ok.gov/nursing/proprules07.pdf.

Verification of Licensure Renewal

The Board office sometimes receives telephone calls from nurses who have been informed by their employers that they are not able to work past the expiration date of their nursing license unless they are able to produce a hard-copy license card showing a new expiration date. This may pose a hardship to nurses who, although they renewed their license prior to the expiration date, did so in such close proximity to the expiration date that they did not receive their hard-copy license card in the mail. Although current licensure status can be verified online, these nurses may not be allowed by their health care facilities to work until the hard-copy license card is received. In some cases, these nurses have been told that the Joint Commission (often called JCAHO), which accredits hospitals and other health care facilities, requires the facility to maintain a copy of the nurse's current license card on file.

When questioned whether Joint Commission requires facilities to maintain a copy of the nurse's current license card on file, John Herringer, a representative of Joint Commission's Standards Interpretation Group, provided the following response:

Per standard HR.1.20 EP 3 **primary source verification is required for all practitioners for whom a license, certification or registration is required by law & regulation to perform their job responsibilities, at the time of hire and upon license/certification/registration expiration...**Primary source verification means that the information comes directly from the primary source, i.e., the educational institution, the certifying board/program, the licensing board, the peer providing the reference, etc. It can be via a letter, **printout from the source's website or website designated to display their information** (e.g., National Student Clearinghouse, DocFinder), documented phone, or a published list from the primary source. Joint Commission does not approve

websites. The issue with any website is whether the owner of the information, e.g., the licensing board, control the information on the site. If only the owner can change it then it is acceptable. The verification cannot come through or be provided by the applicant. They can provide the name of the source, but the organization must obtain the verification directly. **Copies of a license, certification or registration would not be acceptable or required...**(6/27/07, email communication, used with permission, bolding added for emphasis).

Employers should be aware that the Board's license verification service on its website provides current data extracted by the Oklahoma Board of Nursing (OBN) from its own database. The data in this website is provided by and controlled entirely by the OBN and therefore constitutes a primary source verification of licensure status in Oklahoma. The data is updated daily.

Employers have the right and responsibility to establish conditions for employment and policies related to employment. Although the license may be verified on the Board's website, the nurse must be aware that, if an employer has a policy that their nurses must provide a copy of the license card as a condition for employment, nurses working for that employer must follow that policy. Therefore, those nurses will want to ensure they renew their licenses at the earliest opportunity to ensure the license card will be available well before the license expiration date. Although license cards are normally mailed within 14 calendar days following renewal of the license, there are sometimes mail delays that may slow the delivery of the card to the nurse. Nurses are reminded that they can renew their licenses online as early as three months before the expiration date on the Board's website: www.ok.gov/nursing.

Oklahoma Nursing Population FY2007

According to the 2007 Annual Report of the Oklahoma Board of Nursing, there were 37,351 Registered Nurses (RNs) and 17,606 Licensed Practical Nurses (LPNs) licensed in Oklahoma at the end of FY2007. In addition, 588 Advanced Unlicensed Assistants (AUAs) held certification through the Oklahoma Board of Nursing. Of the 37,351 RNs licensed in Oklahoma, 1,474 hold advanced practice recognition required for practice as an Advanced Registered Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, or Clinical Nurse Specialist.

Information regarding employment of licensees is gathered at the time of renewal. In FY2007, 76% of RNs and 71% of LPNs holding current licensure status reported employment in nursing at the time of license renewal. Actual employment rates are higher, since the employment status of new licensees is not known until submission of their first renewal (the employment status is unknown for 12% of Registered Nurses and 10% of Licensed Practical Nurses).

Nurses Residing in Oklahoma and Reporting Employment in Nursing:

FIELD	# RNs	% RNs	# LPNs	% LPNs
Ambulatory Care	938	3.7%	412	3.4%
Case Management	145	0.6%	102	0.8%
Community/Public Health	1,121	4.4%	438	3.7%
Home Health	1,772	7%	1,430	12%
Hospital	17,004	67.2%	3,612	30.2%
Long Term/Extended Care	1,195	4.7%	3,586	30%
Occupational Health	131	0.5%	103	0.8%
Other	506	2%	948	7.9%
Private Practice	948	3.7%	1,144	9.6%
School Health	399	1.6%	129	1.1%
School of Nursing	624	2.5%	19	0.2%
Did not answer	537	2.1%	37	0.3%
Total	25,320	100%	11,960	100%

Of those reporting employment in nursing, 84% of RNs and 86% of LPNs work full-time.

The FY2007 annual report also showed that 56% of RNs hold an associate degree in nursing and 31% hold a baccalaureate degree in nursing as the highest degree held. Less than 5% of RNs hold graduate degrees in nursing. Other information of interest is related to gender and average age of Oklahoma nurses. Only 8% of employed RNs residing in Oklahoma and 6% of employed LPNs residing in Oklahoma are male. The average age of all nurses residing in Oklahoma is 45.

For more information regarding the Oklahoma nursing population and activities of the Oklahoma Board of Nursing during FY2007, please go to the Board's website: www.ok.gov/nursing. The 2007 Annual Report of the Oklahoma Board of Nursing is available under the link for "Publications".

New Board Members Appointed by Governor

Governor Brad Henry recently appointed two new members to the Oklahoma Board of Nursing. They are June Cash, M.Ed, public member, and Francene Weatherby, RN, Ph.D. The new Board members take the places of Lee Kirk, public member, and Teresa Frazier, MS, RN, who completed their terms of appointment in 2007. The Board extends its appreciation to Ms. Kirk and Ms. Frazier. The hard work of Board members who volunteer their time is instrumental in ensuring the safety of the citizens of Oklahoma.

June Cash is a graduate of Oklahoma Baptist University. She is retired from the Oklahoma Cooperative Extension Service. Ms. Cash currently serves as a board member for the Oklahoma Retired Educators Association. She also serves as a board officer for the Canadian County Court Appointed Special Advocates. In addition, she is active in other community and church activities.

Dr. Francene Weatherby has practiced nursing for over thirty years. Her nursing career has spanned three states and Ontario, Canada. Her clinical experience has included pediatric and maternal-child nursing with an emphasis on labor and delivery nursing care. As a nurse educator she has helped to develop, administer, and taught in associate, RN-BSN, LPN-BSN, baccalaureate, and master's degree nursing education programs. Dr. Weatherby has been recognized for her teaching excellence with such awards as the OU Regents' Award for Superior Teaching and the Samuel Roberts Noble Foundation Presidential Professorship. She is a National League for Nursing Accreditation Commission site visitor and is a Certified Nurse Educator (CNE) through the National League for Nursing. We welcome these individuals to the Oklahoma Board of Nursing!

Oklahoma Nurses Serve as Members of NCLEX Item Development Panels

The National Council of State Boards of Nursing, which is responsible for the development and administration of the licensure examination for RNs and LPNs, is dependent on the commitment of nurses throughout the country to maintain high standards for the assessment of nursing competence at the entry level. Each year, nurses volunteer their time to be members of the NCLEX Item Development Panels, meeting throughout the year to assist with review and revision of the NCLEX examination. The nurse volunteers must meet the high standards of National Council of State Boards of Nursing to be chosen for the panel. If they are selected, they are paid for their expenses to participate in the panel, which usually lasts 3-5 days.

The Oklahoma Board of Nursing would like to recognize the following nurses who have participated as members of NCLEX Item Development Panels in

2007. We would also like to thank the employers of these nurses, who have allowed them the time off that is necessary to be able to participate in this valuable experience.

Voncella McCleary-Jones, RN
Edmond, OK
Member, RN Item Writing Panel

Beth G. Hall, RN
Edmond, OK
Member, RN Item Writing Panel

If you are interested in serving on an item development panel, please check the National Council of State Boards of Nursing website: www.ncsbn.org. Additional information and an online application form are available.

Summary of Board Activities

During the **July, 2007** meeting, the Board:

- Accepted review and/or proposed revisions to *Staff Board/Conference Guidelines*, #I-17
- Accepted the FY2008 Budget Submitted to Office of State Finance;
- Accepted follow-up report provided by Northern Oklahoma College, campuses in Tonkawa, Enid, and Stillwater;
- Approved the request of Murray State College, Tishomingo, to offer an online LPN-RN program;
- Accepted the survey visit report and granted full approval status to Gordon Cooper Technology Center, Shawnee, for a period of five (5) years;
- Approved the request to offer freshman level nursing courses via ITV at the Idabel campus, Eastern Oklahoma State College, campuses in Wilburton, Idabel, and McAlester.

During the **September, 2007** meeting, the Board:

- Accepted review and/or proposed revisions to the following:
 - (a) *Advanced Practice Nurses with Prescriptive Authority Exclusionary Formulary* - #P-50B
 - (b) *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing* - #P-52A
 - (c) *National Certifying Bodies and Non-APN Certification Examinations Approved by the Oklahoma Board of Nursing* - #P-52B
 - (d) *Nurse Support Group Approval Criteria*, #I-14
 - (e) *Support Group Participation Guidelines*, #I-15
 - (f) *Peer Assistance Program Admission Criteria Guidelines*, #PA-01
 - (g) *Peer Assistance Program Processing Applications Guidelines*, #PA-02
 - (h) *Peer Assistance Program Nurse Support Group Approval Criteria*, #PA-07
 - (i) *Peer Assistance Program Self-Assessment Report Guidelines*, #PA-11
 - (j) *Refresher Course Policy*, #P-17
- Accepted the follow-up report submitted by Oklahoma State University, Campuses in Oklahoma City and Goodwell;
- Accepted the recommendations of the Formulary Advisory Council on proposed Rule change to 7-day supply for Schedule III-IV drugs, specifically in OAC 485:10-16-5 (c) (2), with direction to move forward with the rulemaking process;
- Accepted the annual reports submitted by Oklahoma nursing education programs and requested a six month follow-up report from Northeast Technology Center;
- Voted to provide the National Council of State Board of Nursing with a thirty day notice of intent to end the contractual agreement designating NCSBN as the Board's HIPDB Data Reporting Agent. Board staff will report licensure discipline actions directly to HIPDB.

During the **November, 2007** meeting, the Board:

- Accepted review and/or proposed revisions to the following:
 - (a) *Information for Bulletins and Catalogs of Nursing Education Programs*, #E-05
 - (b) *Discipline Guidelines for Oklahoma Board of Nursing*, #I-20
 - (c) *Peer Assistance Program Support Group Participation Guidelines*, #PA-08
 - (d) *Peer Assistance Program Psychiatric/Substance Abuse Evaluation Criteria*, #PA-06
 - (e) *Peer Assistance Program Evaluator Qualification Approval Criteria*, #PA-18
 - (f) *Psychiatric/Substance Abuse Evaluation Criteria, Investigation Division*, #I-13
 - (g) *Evaluator Qualification Approval Criteria, Investigation Division*, #I-21

(Continued from page 14)

- Rescinded *Psychiatric Evaluation Criteria, Investigation Division, #I-12*
- Accepted follow-up report submitted by Green Country Technology Center, Okmulgee
- Accepted the survey visit report and granted full approval status to Wes Watkins Technology Center, Wetumka, for a period of five (5) years
- Accepted the survey visit report and granted full approval status to Platt College-North RN Program, Oklahoma City, for a period of one (1) year
- Accepted the survey visit report and granted full approval status to Platt College-Tulsa RN Program, Tulsa, for a period of one (1) year
- Approved the request of Kiamichi Technology Center to offer an evening part-time program at the Antlers campus
- Accepted the focus survey visit report and granted full approval status to Bacone College, Muskogee, for a period of one (1) year
- Accepted the focus survey visit report of Redlands Community College, El Reno and Mercy Hospital campuses

OPEN 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, requesting to be placed on the agenda for the Open Forum.

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

BOARD CALENDAR

<u>Meeting Dates</u>	<u>Dates</u>	<u>Sites</u>
Oklahoma Board of Nursing	Jan 29, 30, 31, 2008 Mar 25, 26, 27, 2008 May 27, 28, 29, 2008 July 22, 23, 24, 2008 Sept 23, 24, 25, 2008 Nov 11, 12, 13, 2008	Holiday Inn 2101 S Meridian Oklahoma City, OK 405-685-4000
Advanced Practice Advisory Committee	Feb 19, 2008	Board Office
Advanced Unlicensed Assist. Committee	May 1, 2008	Board Office
CRNA Formulary Advisory Council	Apr 28, 2008	Board Office
Formulary Advisory Council	Aug 14, 2008	Board Office
Nurs Ed & Practice Adv Committee	Feb 25, 2008	Board Office

OKLAHOMA BOARD OF NURSING
2915 N. CLASSEN BLVD., SUITE 524
OKLAHOMA CITY, OK 73106
405-962-1800 www.ok.gov/nursing

PRSRT STD
U. S. POSTAGE
OKLAHOMA CITY, OK 73106
PERMIT NO. 398

This publication, printed by OK University Printing, is issued by The Oklahoma Board of Nursing as authorized by the Oklahoma Nursing Practice Act [59 O.S. Section 567.1] 56,800 copies have been prepared and distributed at a cost of \$7,400.00. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries [74.O.S. Section 3105 B].