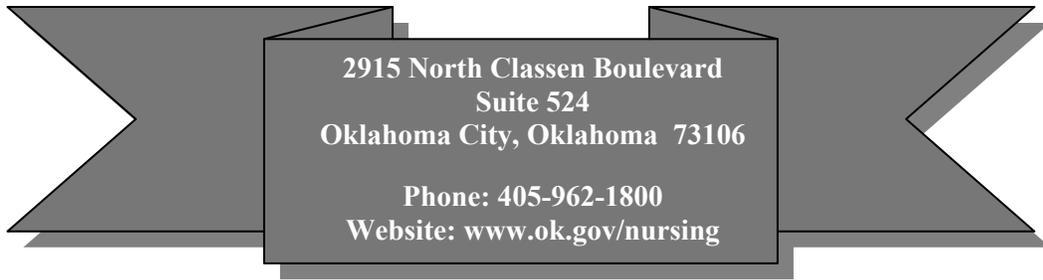


# OKLAHOMA BOARD OF NURSING NEWSLETTER



Volume 23 Issue 1

April 2010

<u>INSIDE THIS ISSUE</u>	
<i>Calling All Nursing Experts!</i>	2
<i>Nursing Education Program Approval and Accreditation</i>	3
<i>Intervention</i>	5
<i>The Introduction of the Special Volunteer License</i>	6
<i>Frequently Asked Questions on Nursing Practice</i>	7
<i>Reminder about Renewal</i>	7
<i>Reminder of the Citizenship Affidavit Requirements</i>	8
<i>Gain New Knowledge</i>	9
<i>Oklahoma Nursing Population Increased in FY 2009</i>	10
<i>Advanced Practice Task Force Completes Review of Regulations</i>	12
<i>Revisions to the Decision-Making Model for Scope of Nursing Practice Decisions</i>	13
<i>Request for Participation on NCLEX Item Development Panels</i>	13
<i>Continued Competence: Getting There</i>	14
<i>Summary of Board Activities</i>	16
<i>Board Meeting Notice</i>	18
<i>Board Members/Board Staff</i>	19

## Continued Competence: A Question of Public Safety Francene Weatherby, RN, PhD, CNE, President

Since the release on the Institute of Medicine report *To Error is Human* in 2000, patient safety has been in the foreground. One of several major recommendations from this report called for periodic examination of doctors and nurses to assess both competence and knowledge of safety practices.

Ensuring continuing provider competency is an important step towards creating a safe health care system. The health care professions are struggling with how best to assess continued competency. For example, ongoing competency examination has been adopted by many medical specialty boards. The American Board of Medical Specialties (ABMS) member boards require physicians to demonstrate specialty specific skills, knowledge, and use of best-practice care to maintain their specialty certification. While some see this as a step in the right direction, this requirement does not apply to 15% of physicians who are not certified or to those who have been grandfathered.

Once a nurse receives a license, there are no additional tests for relicensure. Such is not the case in certain other professions. Police officers in some states must demonstrate firearms profi-

ciency at least yearly. The Federal Aviation Committee requires airline pilots to undergo proficiency testing using flight simulators.

Currently no board of nursing requires routine testing of skills and competencies for relicensure. A variety of requirements to demonstrate continued competence have been instituted in approximately 29 states. These requirements include one of or combinations of the following: Board-approved continuing education contact hours; specific hours of nursing practice; Board-approved certification; repassing the NCLEX-RN; and portfolio documentation of achievement. Each of these methods has positive and negative aspects. Currently the National Council of State Boards of Nursing is exploring the development of an examination that would be required for relicensure. Defining what is meant by *competency*, as well as finding a valid measure for competency, has been a very challenging endeavor.

In Oklahoma and 21 other states, there is currently no requirement for continued licensure other than the

*(Continued on page 2)*



## Nursing Education Program Approval and Accreditation

The Oklahoma Board of Nursing receives frequent calls asking whether a program is accredited by the Board of Nursing. Most nurses are familiar with the terms *approval* and *accreditation* of nursing education programs and use them interchangeably. However, the two terms have different meanings. Generally, Board of Nursing approval is completed for the purpose of protecting the health, safety, and welfare of the public, while national nursing accreditation is a voluntary, non-governmental peer-review process used to assure that schools of nursing are meeting standards (Spector, 2004).

In Oklahoma, all nursing education programs leading to licensure must be approved by the Oklahoma Board of Nursing. The purpose of this approval is to provide standards for legally recognizing new and established nursing education programs to ensure that graduates are prepared for safe, current, and appropriate scope of practice, relative to the type of nursing education program and state laws governing nursing practice. There are three types of Board approval for nursing education programs: provisional approval, full approval, and conditional approval. *Provisional approval* is granted to new programs meeting minimum standards. Such programs are approved to admit students. Provisional approval is effective until the initial NCLEX results are evaluated by the Board of Nursing and an initial survey visit takes place. After evidence is provided that minimum standards are met, the program receives *full approval*. Survey visits to schools of nursing are conducted by the Board staff members prior to receiving *full approval*, within three years after receiving initial *full approval*; and at least every five years afterward. Special and focus survey visits may be directed by the Board for failure to maintain minimum standards. *Conditional approval* is awarded to approved nursing education programs that fail to maintain minimum standards. Programs placed on *conditional approval* may not admit new students without authorization from the Board. A warning may be issued by the Board allowing a nursing education program to correct deficiencies prior to being placed on *conditional approval*. Programs that are placed on *conditional approval* may re-

quest to have the Board remove the conditional status when evidence is presented showing that deficiencies have been corrected. Nursing education programs that fail to correct deficiencies while on *conditional approval* are discontinued as a state approved nursing education program. Graduates of such programs are not eligible to take the licensing examination. All nursing education programs are required to submit an annual report to the Board that contains information regarding admissions, completion rates, program expenditures, demographic information, faculty summary report, clinical summary report, and actions taken toward meeting recommendations from the program's most recent survey visit report. The annual report assists the Board to evaluate whether the program is continuing to meet required standards.

There are three types of institutional accreditation related to nursing education: state, regional, and national. The Board requires all nursing programs to be conducted in an accredited university or college, or a school approved by a state-level education body. Entities granting *state accreditation* for Oklahoma technology programs or private career schools include the Oklahoma Department of Career and Technology Education (ODCTE) and the Oklahoma Board of Private Vocational Schools (OBPVS). *Regional accreditation* in colleges or universities is awarded through the North Central Association of Colleges and Schools, Higher Learning Commission (NCA). *National accreditation* for private schools is granted by agencies such as the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT) and the Accrediting Council of Independent Colleges and Schools (ACICS).

In addition to institutional accreditation, a program within an institution may also be accredited through one of the two leading agencies recognized by the U.S. Department of Education. Although the Oklahoma Board of Nursing does not require a pre-licensure nursing education program

(Continued on page 4)

(Continued from page 3)

to be accredited, many Oklahoma nursing programs are nationally accredited. The National League for Nursing Accrediting Commission (NLNAC) accredits its practical nursing, associate degree, baccalaureate degree, and graduate-level nursing programs. The maximum accreditation period for NLNAC is eight (8) years. The Commission on Collegiate Nursing Education (CCNE) accredits programs at the baccalaureate degree and graduate level. The maximum accreditation period is for ten (10) years.

Table 1.0 summarizes the number and type of Oklahoma pre-licensure nursing education programs that are accredited by national nursing accrediting bodies:

**Table 1.0 National Accreditation of Oklahoma Nursing Programs**

Program Type	NLNAC	CCNE	Not Accredited	Total
Practical Nursing	17	N/A	14	31
Associate Degree	16	N/A	4	20
Baccalaureate	9	4	0	13
<b>Total</b>	<b>42</b>	<b>4</b>	<b>18</b>	<b>64</b>

Survey visits for program approval are conducted by a Board staff member. The nursing education programs are required to complete and submit a self-evaluation report at least one month prior to the visit. Methods and instruments used to validate that programs are meeting the required standards during the survey visit include interviews with administrators, faculty, and students; the self-evaluation report submitted by the program; performance on NCLEX examinations; completion rates for the program; review of policies and curriculum; samples of tests; evaluation tools; faculty meeting minutes; faculty appraisals; faculty qualifications; student record keeping; clinical agreements; a tour of library facilities, skills labs, and computer lab resources; review of support services; and review of classrooms and clinical areas. Commendations and recommendations are reviewed at the end of the visit, and a report is generated and presented to the Board, which makes a decision on continuing approval of the nursing education program.

The Oklahoma Board of Nursing jointly conducts survey visits with the NLNAC when the approval and accreditation cycles for review of the nursing education program fall in the same time period. However, the

Board and the NLNAC prepare independent reports of the visit. Because time and money are saved and collaboration among the nursing evaluators is involved in decision making, joint visits can be advantageous.

Site visits for national nursing accrediting bodies are conducted by volunteer peer visitors over a period of approximately three days. The site visit includes interviews and tours in addition to those listed for Board approval survey visits. Strengths and patterns of concern are reviewed at the end of the visit. A report is provided to a peer committee, and a decision is made on continuing accreditation of the nursing education program.

One frequently asked question from individuals regarding accreditation is whether credits can be transferred from a school that is approved by the Board of Nursing but not accredited by NLNAC. Graduates seeking transfer credits from non-accredited programs into colleges and universities may not necessarily receive them without passing advanced standing exams. All approved programs are acceptable for preparing entry-level nurses; however, accredited programs offer an advantage in planning when individuals desire entrance into or credit for previous education when transferring into another program to obtain a high degree.

#### References

*Rules of the Oklahoma Board of Nursing* [OAC Title 485]. (2009).

Spector, N. (2004). White paper on the state of the art of approval/accreditation in boards of nursing. NCSBN: Chicago.

## Intervention

The Oklahoma Board of Nursing's Peer Assistance Program was established in 1994 as an alternative to disciplinary action against the nursing license of an individual who suffers with a substance use disorder. The disease of addiction is described as "powerful, cunning and baffling." Usually the last person to know there is a problem is the individual with the problem. It is not uncommon to hear an addict say, "What's it to you? I'm only hurting myself." But this is far from the truth—family and friends who love and care about the individual are also impacted by the drug abuse or addiction. When it is a health care professional who is abusing or addicted to alcohol and other drugs, the potential for harm extends to the patient.

When it comes to treating addiction, the first in the line of defense is denial. There is a bumper sticker that reads, "Denial is not a river in Egypt." As long as a person is in denial, the person perceives that there is no need to get help. After all, there is no problem (or so this person continues to tell himself or herself). In the face of evidence that there is in fact a problem, the addict moves from denial to minimization: "Maybe I do drink or use drugs, but it's not that much!"

Addicts have a whole arsenal of defenses in place to protect them from a reality they are not yet ready to accept. So when someone is using (drinking and drugging) and is dishonest about it, that person is not necessarily a "bad person." Rather, that person is

struggling with an addiction and feels overwhelmed with so much shame, it is almost impossible for him or her to see it as it really is, much less to talk about it.

The disease of addiction affects every aspect of the addict's life: spiritual, mental, emotional, physical, social, and volitional. When one is on the outside looking in, it is hard to make sense of the addictive behavior. Even an addict with a strong set of values may find those values, morals, and ethics compromised. As the result of chemical use, this individual may not mentally be able to process information as he or she once did. When this individual is impaired as the result of the chemical use and unable to practice nursing safely, the impairment is not limited to functioning at work. This person's ability to make healthy and rational choices regarding his or her well-being is also impaired. In other words, do not expect this person to "come to her senses" without intervention.

For this reason, if you know a person is struggling with addiction, do not ignore the warning signs. Intervene, not only for the sake of the individual, but for the sake of the patients. The mission of the Oklahoma Board of Nursing is to protect the public.

If you need help or know someone who is in need of help, the Peer Assistance Program is here to assist. **Contact us confidentially at (405) 525-2277.**

**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.**

## The Introduction of the Special Volunteer License

The Oklahoma Board of Nursing would like to announce a new type of license; it is called the *Special Volunteer License*. Holding a Special Volunteer License allows a Registered Nurse (including an Advanced Practice Registered Nurse) to serve as an uncompensated volunteer to provide nursing care for indigent and needy persons in Oklahoma or to provide uncompensated volunteer care under the Oklahoma Medical Reserve Corps. Examples of situations in which nurses may request a special volunteer license include the following:

- Nurses who are retired from active practice but wish to volunteer as a nurse in a free clinic.
- Nurses who hold active licenses in other states but wish to volunteer in Oklahoma providing care for indigent and needy.
- Nurses who are inactive, but wish to be available as a volunteer for the Oklahoma Medical Reserve Corps.

In accordance with 59 O.S. Section 493.5, a Special Volunteer License may be issued to individuals meeting the following requirements:

~ A Registered Nurse, Advanced Practice Registered Nurse, or Licensed Practical Nurse who previously held a nursing license at the same level in Oklahoma or another state that is currently lapsed or inactive—or—who holds an active license in another state;  
**AND**

~ Submits documentation verifying that the nursing practice will be fully devoted to providing care to the indigent and needy persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps;  
**AND**

~ Submits documentation that the nurse will not receive or have any expectation to receive compensation, direct or indirect, for services rendered (An exception is nurses that participate in the free care given by means of telemedicine through the Shriners Hospitals for Children National Network);  
**AND**

~ Completes a Special Volunteer License application, including documentation of the completion of the basic professional curricula of a nursing school and the relevant practice history;  
**AND**

~ Submits documentation that the nurse has been previously issued an unrestricted license to practice nursing in Oklahoma or in another state of the United States, and that he or she has never been the subject of disciplinary action in any jurisdiction;  
**AND**

~ Submits Evidence of Citizenship or Qualified Alien Status.

The Special Volunteer License has no fee associated with it. If you desire to apply for the Special Volunteer License, you must submit a completed application. Also, you must submit a certified verification (or Nursys certification for those states that participate in Nursys) from your original state of licensure, confirming that you have completed the professional curricula of the nursing school, that you have completed the NCLEX or State Board Test Pool Examination, and that you have never been the subject of disciplinary action.

All applicants for this license are required to complete the *Affidavit of Citizenship Status or Evidence of Status Form (Part B)*, and submit it with the Special Volunteer License application.

In conclusion, please do not hesitate to contact the Oklahoma Board of Nursing regarding any questions or comments you may have related to the Special Volunteer License.

## Frequently Asked Questions on Nursing Practice

A “Frequently Asked Questions” section is available on the Oklahoma Board of Nursing website. Twenty questions were developed after reviewing the nursing practice–related questions asked most frequently over the last three years. While these questions and answers are included for the purpose of illustration and cannot be relied upon as correct under all circumstances, they are available as a quick reference for nurses and the public. The following are examples of the “Frequently Asked Questions”:

**Questions:** Are licensed nurses required to carry their license cards with them?  
Are licensed nurses required to allow employers to copy their license cards?

**Answer:** Neither the Oklahoma Nursing Practice Act (“ONPA”) or Rules of the Oklahoma Board of Nursing (“Board”) required licensed nurses to carry their pocket license card or to provide a copy of the license or certificate to the employer. However, it is a requirement in the ONPA, specifically 59 O.S. § 567.14, which states: “Any person licensed or certified by the Oklahoma Board of Nursing who provides direct care to patients shall, while on duty, wear an insignia or badge identifying the license or certification issued to such person by the Board.” Any person practicing nursing and/or representing himself or herself as a Registered Nurse or a Licensed Practical Nurse is required to have **current licensure** to practice nursing.

The Board has approved guidelines to provide guidance to licensed nurses or certificate holders who may be requested or required to provide a copy of a license or certificate to an employer. The *Licensure Verification and Photocopying of Nursing Licenses* guidelines may be accessed online at: <http://www.ok.gov/nursing/photocopy.pdf>.

**Question:** Who can initiate/develop the nursing care plan?

**Answer:** In accordance with the Oklahoma Nursing Practice Act (“ONPA”), the scope of practice for a Registered Nurse includes **analyzing** assessment data to determine nursing care needs, **establishing** goals to meet identified health care needs, and **planning** a strategy of care (thus, the development of the nursing care plan). [ONPA, 59 O.S. § 567.3a.3b-d.]. The Licensed Practical Nurse **participates** in the development and modification of the nursing plan of care. [ONPA, 59 O.S. § 567.3a.4b].

For more “Frequently Asked Questions,” please go to the Board’s website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Click on the link at the top of the page for “Practice/Advanced Practice” to view the entire list.

### Reminder about Renewal

All Registered Nurses are reminded that they will need to renew their licenses in 2010. Your nursing license will expire at the end of your birth month, unless you are a qualified alien. If you are a qualified alien, check the expiration date on your license carefully. Each Registered Nurse must go to the Board’s website to renew his or her license, with the exception of Registered Nurses who are qualified aliens. Qualified aliens must bring their original unexpired alien documentation to the Board office to renew. Please remember that you can renew your license online up to three months prior to its expiration, even if you have not yet received the renewal reminder letter. **Do not delay in carrying out this professional responsibility.**

## Reminder of the Citizenship Affidavit Requirements

Information concerning House Bill 1804: The Oklahoma Taxpayer and Citizen Protection Act of 2007 was originally presented in the February 2008 Oklahoma Board of Nursing newsletter.

This statute allows licensing agencies to issue a license **solely** to United States citizens, nationals, and legal permanent resident aliens, and to individuals, who, in person, present valid, original documentation of the following:

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 resident status or conditional resident status.

Applicants in these above categories are eligible to receive a temporary license, valid for the time period of their authorized stay in the United States. If there is not an end date designated for the authorized stay, the temporary license is valid for one year.

The Attorney General has ruled that HB 1804 requires each licensee (licensed prior to November 1, 2007) to submit an *Affidavit of Citizenship Status* to the Oklahoma Board of Nursing. **Each licensee who held a license prior to November 1, 2007, must submit an affidavit in order to be eligible for license renewal.**

### Please note:

If you were licensed in Oklahoma prior to November 1, 2007, you must submit an affidavit and return it to the Oklahoma Board of Nursing office (2915 N. Classen Boulevard, Ste. 524, Oklahoma City, Oklahoma 73106). Any nurse who fails to submit a completed affidavit will **not** be able to renew. If you did not receive the affidavit, please see our website: [www.ok.gov/nursing](http://www.ok.gov/nursing). The actual form is located in the "Forms/Applications" section. The completed affidavit must be notarized and mailed directly to the Oklahoma Board of Nursing office. Faxed affidavits are not acceptable.

In addition, if you are a qualified alien, you are not required to submit an *Affidavit of Citizenship Status*. During your renewal period, you will be required to bring your original alien status documentation to the Oklahoma Board of Nursing office. This information must be presented prior to your license expiration date. If you do not present these records in person, you will not be able to renew your license.

Although the majority of licensees have now submitted *Affidavits of Citizenship Status*, some have not done so, despite having received the affidavit in the mail and seeing information about the affidavit in previous newsletters. In some cases, this has resulted in a lapse of the nurse's license, which can be costly and inconvenient for the nurse and for his or her employer. If you are not sure whether you have submitted an affidavit, do not delay—download it from the Board's website, fill it out, have it notarized, and mail it to the Board office immediately.

## Gain New Knowledge

The Oklahoma Board of Nursing serves to safeguard the public health and welfare of the residents of Oklahoma by ensuring that any person who practices or offers to practice registered nursing, practical nursing, or advanced practice nursing in this state is competent to do so. One means of accomplishing this goal is to collaborate with stakeholders in providing best practices for licensed nurses in Oklahoma. The following best practice article targets keeping babies safe and reducing infant mortality.

### **Statewide Initiative Promotes Safe Sleep and an On-Line Training Tool for Professionals**

In Oklahoma, there are approximately eight infant deaths for every 1,000 live births. SIDS and other sleep-related deaths are a leading cause of infant mortality in Oklahoma. In 2007, there were over 100 infant death cases, due to unsafe sleeping practices, reviewed by the Oklahoma Child Death Review Board.

In 1992, the American Academy of Pediatrics (AAP) stated that infants should be placed on their backs to sleep. Since that time the occurrence of SIDS has fallen nationally by 50%. Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) data indicate that 56% of newborns were laid to sleep on their backs most of the time. PRAMS is an ongoing population-based surveillance system of mothers who have delivered in Oklahoma.

The new statewide initiative called “Preparing for a Lifetime, It’s Everyone’s Responsibility” seeks to improve infant outcomes in Oklahoma and reduce the state’s high infant mortality rate. One of the areas the initiative will focus on is promoting safe sleep for infants to help reduce the risk of SIDS and other sleep-related deaths. The most common ways that babies die due to unsafe sleep practices are wedging (getting stuck between items such as pillows) and overlay (another person lying on the baby). The risk for these and other sleep-related deaths can be reduced by adhering to the following recommendations based on AAP guidelines:

- Always place a baby on his or her back to sleep at nighttime and naptime.
- Avoid smoking during pregnancy, and do not smoke or allow anyone else to smoke in the house, car, or anywhere near a baby! Free help to quit smoking is available in Oklahoma. Call 1-800-Quit Now (1-800-784-8669).
- Place the baby in his or her own separate sleep area in the same room with caregiver (s).
- Use a safety approved crib or bassinet with a firm mattress and tight fitting sheet.
- Keep the baby’s sleep space free of toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges.
- Do not overheat or overdress the baby. Room temperature should be comfortable for a lightly clothed adult. Offer the baby a pacifier at naptime and bedtime.
- Remember: adult beds, sofas, and chairs are not for sleeping babies and can greatly increase the risk of SIDS, suffocation, and accidental infant deaths.
- Tell everyone caring for the baby to place the infant to sleep on his or her back at all times, even for naps.

How can you help? The Oklahoma State Department of Health (OSDH) and Perinatal Continuing Education Program, University of Oklahoma Health Science Center, have created an Infant Safe Sleep Education Tool that is now available online at no charge. The tool can be accessed on the Training Finder Real-time Affiliate Integrated Network, or TRAIN, the nation’s premier learning resource for professionals who protect the public’s health. To access, visit [www.ok.train.org](http://www.ok.train.org) and search for course ID #1017251. Completion of this training now offers continuing education units for nurses.

In addition, First Candle provides a sample hospital

*(Continued on page 10)*

(Continued from page 9)

policy that Oklahoma hospitals may adopt to ensure that every parent leaving the hospital is aware of and prepared to adopt safe sleep practices for his or her family. The standardized written policy was developed by First Candle/Sudden Infant Death Syndrome (SIDS) Alliance, the National SIDS Resource Center, the American Academy of Pediatrics (AAP), the National Institute of Child Health and Human Development, and the Infant Death Program Support Center.

“We hope the web based, on-line training on infant safe sleep, and the infant safe sleep model policy, will help us continue to reduce infant mortality rates and get the

most updated information distributed to the parents of infants,” said Dr. Terry Cline, Ph.D., Commissioner of Health, Oklahoma State Department of Health.

Help spread this lifesaving message. More information is available on [www.health.ok.gov](http://www.health.ok.gov).

**This article was provided by Teresa Murray, RN, BSN, Perinatal and Reproductive Health Division Nurse Consultant, Maternal and Child Health Service, Oklahoma State Department of Health.**

## Oklahoma Nursing Population Increased in FY 2009

### Introduction

According to the *2009 Annual Report of the Oklahoma Board of Nursing*, there are increasing numbers of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Advanced Unlicensed Assistants (AUAs) in the state of Oklahoma. According to the report, there are a total of 42,644 Registered Nurses licensed in Oklahoma, which represents an increase of nearly 20% in just the last four years. There are also more LPNs licensed in Oklahoma than there were four years ago, with a total of 17,602 currently licensed—an increase of 2% from four years ago. In addition, 606 Advanced Unlicensed Assistants held certification through the Oklahoma Board of Nursing at the end of FY 2009.

### Employment of the Nursing Population

Information regarding employment of licensees is gathered at the time of renewal. In FY 2009, 87% of RNs and 86% of LPNs with active licenses reported employment in nursing at the time of license renewal. The actual percentage of employed RNs and LPNs is likely even higher, since the employment status of new licensees is shown as unknown until submission of the first renewal (the employment status is listed as unknown for 3% of RNs and 2% of LPNs). Of those reporting employment in nursing, 87% of RNs and 85% of LPNs work full-time.

*Continued on page 11*

### **Nurses Residing in Oklahoma and Reporting Employment in Nursing:**

<b>FIELD</b>	<b># RNs</b>	<b>% RNs</b>	<b># LPNs</b>	<b>% LPNs</b>
<b>Ambulatory Care</b>	981	3.2%	302	2.1%
<b>Case Management</b>	1,449	4.6%	217	1.5%
<b>Community/Public Health</b>	1,149	3.7%	388	2.7%
<b>Home Health</b>	2,183	7%	2,228	15.7%
<b>Hospital</b>	16,408	52.7%	3,740	26.3%
<b>Long-Term/Extended Care</b>	1,292	4.2%	4,350	30.6%
<b>Occupational Health</b>	126	0.4%	96	0.7%
<b>Other</b>	2,620	8.4%	1,446	10.2%
<b>Private Practice</b>	3,811	12.2%	1,287	9.1%
<b>School Health</b>	437	1.4%	124	0.9%
<b>School of Nursing</b>	695	2.2%	25	0.2%
<b>Did not answer</b>	10	0.0%	3	0.0%
<b>Total</b>	31,161	100%	14,206	100%

Continued from page 10

The relative percentages of RNs reporting employment in the various categories show little change from FY 2008. However, in FY 2009, significantly fewer LPNs reported employment in hospitals, and more LPNs reported employment in long-term care and home health.

### Education and Gender of the Nursing Population

The FY 2009 annual report also showed that almost 54% of all RNs licensed in Oklahoma hold associate degrees in nursing, and 32% hold baccalaureate degrees in nursing as the highest degrees held. Less than 6% of RNs hold graduate degrees in nursing, a percentage that is unchanged from FY 2008. Approximately 8% of employed RNs residing in Oklahoma and 6% of employed LPNs residing in Oklahoma are male. The percentage of male RNs and LPNs is also unchanged from FY 2008.

### Advanced Practice Registered Nurses

Of the 42,644 RNs licensed in Oklahoma, 1,831 held advanced practice recognition in FY 2009. Advanced practice recognition is required for practice as an Advanced Registered Nurse Practitioner (ARNP), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), or Clinical Nurse Specialist (CNS). Registered Nurses holding advanced practice recognition have increased by 39% in the past five years. The following table shows the population of advanced practice nurses in each of the four advanced practice fields during the past five years:

**Advanced Practice Registered Nurses Recognized in Oklahoma**

Type of Recognition	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	5 Year Variance
ARNP	687	693	731	841	940	↑36.8%
CNM	45	41	46	53	59	↑31.1%
CNS	198	172	186	229	243	↑22.7%
CRNA	472	499	511	544	589	↑24.7%
<b>TOTAL</b>	<b>1,402</b>	<b>1,405</b>	<b>1,474</b>	<b>1,667</b>	<b>1,831</b>	<b>↑39.0%</b>

The percent of advanced practice nurses with prescriptive authority also continues to rise. Currently, approximately 60% of advanced practice nurses hold either prescriptive authority recognition or, in the case of Certified Registered Nurse Anesthetists, authority to select, order, obtain, and administer drugs. Advanced Registered Nurse Practitioners are most likely to obtain prescriptive authority recognition, with 83% of ARNPs holding this recognition.

### Conclusion

Significant increases in the Oklahoma Registered Nurse population in particular are noted over the past five years. The population of Licensed Practical Nurses is holding steady, with a small increase noted. In addition, the percentage of Registered Nurses holding advanced practice recognition has increased dramatically over the past five years.

At the time of preparation of this newsletter, work on the *2009 Annual Report of the Oklahoma Board of Nursing* was being completed in preparation for publication. Once published, the *Annual Report* may be viewed in full on the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing), under the link for "Publications."

## Advanced Practice Nursing Task Force Completes Review of Regulations

In 2009, the Oklahoma Board of Nursing formed an Advanced Practice Nursing (APN) Task Force to Review Regulations for the following purposes:

1. Compare Advanced Practice Registered Nurse (APRN) statutes and rules in the *Oklahoma Nursing Practice Act and Rules* with those in the *APRN Model Act and Rules*. Analyze commonalities and differences and how they interface with other health care disciplines.
2. Review current literature to determine trends in education, credentialing, and regulation of APRNs.
3. Identify potential areas of future statutory amendments and rule revisions to be considered by the Advanced Practice Advisory Committee for recommendation to the Board.

APN Task Force members included representatives of the Board's Advanced Practice Advisory Committee, advanced practice educational programs, advanced practice professional associations, and former and current Board members. The APN Task Force made recommendations to the Advanced Practice Advisory Committee, which were approved with revision and forwarded to the Oklahoma Board of Nursing. On November 10, 2009, the Oklahoma Board of Nursing approved the recommendations of the Task Force with the revisions recommended by the Advanced Practice Advisory Committee.

### Recommendations of the APN Task Force

After comparing the *Model Advanced Practice Registered Nurse (APRN) Practice Act and Rules* developed

by National Council of State Boards of Nursing (NCSBN) with the *Oklahoma Nursing Practice Act and Rules*, the Task Force recommended that the language developed for the *Model APRN Practice Act and Rules*, with certain revisions, be considered for future statutory amendments and rule changes in Oklahoma.

This recommended language includes changes in titles, definitions, education, and specialty areas. In addition, the recommended language would establish a mechanism for endorsement of advanced practice recognition from another state. The recommended language also would establish new criteria for the approval of advanced practice educational programs and certification programs.

### Next Steps

In order to implement the changes recommended by the Advanced Practice Task Force to Review Regulations, changes to Oklahoma statutes and rules will be required. The Oklahoma Board of Nursing will establish a plan for submission of statutory amendments and rule changes to implement regulatory language, including recommendations related to titles, definitions, and requirements for recognition. In addition, the report and recommendations are available for the consideration of advanced practice nurse associations and other stakeholders, so that they can develop a plan for addressing recommendations related to the scope and role of advanced practice nurses, if they determine there is a need to do so.

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

[www.ok.gov/nursing](http://www.ok.gov/nursing). Links to the *Act* and *Rules* are on the home page.

## Revisions to the *Decision-Making Model* Offer Guidance on Artificial Rupture of Amniotic Membranes and Registered Nurse Adjustment of Elastomeric Pump Rates

At the November 2009 Oklahoma Board of Nursing meeting, the Board approved revisions for the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines*.

These revisions were based on recommendations of the Nursing Education and Practice Advisory Committee. In October 2009, the Nursing Education and Practice Advisory Committee, after discussing the advantages and disadvantages of developing guidelines in response to practice questions received in the Board office, decided the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines* would both guide the nurse and provide documentation of the decision-making process.

The Board-approved revisions, noted in *Addendum A* of the policy, provide specific practice questions posed and the decision of the Board regarding scope of practice for Oklahoma-licensed nurses. Specific practice questions addressed include:

- Is routine artificial rupture of amniotic membranes within the scope of practice for Registered Nurses?

This act is **NOT** consistent with national stan-

dards of practice. The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) does not support the artificial rupture of amniotic membranes by Registered Nurses.

- Can Registered Nurses adjust the rate of ON-Q Pumps (elastomeric pumps)?

Provided the appropriate actions/steps are in place, a Registered Nurse is PERMITTED to adjust the rate on elastomeric pumps. The nurse performing this task must be knowledgeable about the pump, as well as the expected patient response to the intervention. Clinical competency must be assessed, documented, and reassessed/documented regularly. The act can be performed upon valid order and in accordance with appropriately established policies and procedures of the employing facility.

The *Decision-Making Model for Scope of Nursing Practice Decisions* provides a valuable tool for nurses who are examining whether certain practice actions are within the nurse's scope of practice. This policy can be accessed at [www.ok.gov/nursing/prac-decmak.pdf](http://www.ok.gov/nursing/prac-decmak.pdf).

## Request for Participation on 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 vol-

unteers 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. 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](http://www.ncsbn.org). Additional information and an online application are available.

## Continued Competence: Getting There

The National Council of State Boards of Nursing (NCSBN) defines continued competence as “the ongoing synthesis of knowledge, skills and abilities required to practice safely and effectively in accordance with the scope of nursing practice. A culture of competence includes the shared beliefs, values, attitudes, and actions that promote lifelong learning and result in an environment of safe and effective patient care” (NCSBN, 2009).

In the NCSBN *Research Brief: Post-Entry Competence Study*, conducted by the NCSBN over a five-year period from 2002 to 2008, nurses who were surveyed depict competent nursing practice in the following ways:

- Juggling complex patients and assignments efficiently;
- Intervening for subtle shifts in patient conditions or family responses;
- Demonstrating interpersonal skills of calm, compassion, generosity, and authority;
- Working the system in addressing an unmet need;
- Maintaining an attitude of dedicated curiosity and commitment to lifelong learning (NCSBN, 2009).

Continued competence has been studied and discussed for at least the past 30 years. Currently, 28 states require continuing education hours with an average of 22 hours per biennial renewal period, with three states requiring a minimum number of practice hours per biennial renewal period. Twenty-one states do not require continuing education hours per biennial renewal period.

Current requirements for nursing continuing qualifications in Oklahoma include:

- Oklahoma Board of Nursing Rules [OAC 485:10-13-3]
  - “Each licensed health institution and agency is advised to provide opportunities for Licensed Practical Nurses, Registered Nurses and

Advanced Practitioners to maintain a sound knowledge of current nursing practices and procedures. Such opportunities include orientation, skill training, continuing education and leadership development.”

- Advanced Practice Registered Nurses (APRNs) are required to maintain current national certification by a certifying body approved by the Board [OAC 485: 10-15-5 (b)].
  - The renewal of requirements for national certification varies, but commonalities include a designated number of practice hours in the specialty area and a designated number of continuing education hours.
- APRNs (nurse practitioners, certified nurse midwives, or clinical nurse specialists), in maintaining prescriptive authority, must earn at least 15 contact hours, or 1 academic credit hour, of continuing education per two-year renewal cycle [OAC 485:10-18-3];
- Certified Registered Nurse Anesthetists (CRNAs) with authority to select, order, obtain, and administer drugs must earn 8 units of continuing education approved by the American Association of Nurse Anesthetists;
- Though continuing qualifications may vary slightly dependent upon the application type, requirements for exam, endorsement, and reinstatement applicants generally include to:
  - Complete a 160-hour nurse refresher course, or
  - Successfully pass the NCLEX, or
  - Complete at least 7 credit hours (or 105 contact hours for LPNs) of nursing coursework, or
  - Have at least 520 hours worked as a licensed nurse in another state within the last two years.

Competence of other state facilities, including nursing homes and specialized facilities, hospitals, and home health agencies, is also addressed. Seventy-

(Continued on page 15)

*(Continued from page 14)*

seven percent of Oklahoma employed licensed nurses work in these settings.

In 1997, in an effort to address continuing competency of active Registered Nurses and Licensed Practical Nurses, the Oklahoma Board of Nursing through task force activities developed and piloted a professional portfolio model. This model allowed nurses to choose from work hours, continuing education hours, publication, and certification in maintaining competency. However, the model was not well received due to concerns related to legality, reliability, workload demands, record storage, and expense (estimated in 2000 as \$266,000 per year).

In 2007, the NCSBN adopted the “Guiding Principles of Nursing Regulation.” The guiding principle related to continued competence reads: “Nursing regulation is responsible for upholding licensure requirements for competence of the various levels of nursing practice. Competence is assessed at initial licensure/entry and during the career life of all practitioners” (NCSBN, 2009). The following principles were developed by the NCSBN Continued Competence Committee and later revised by the NCSBN Board of Directors:

- The individual nurse in collaboration with the state board of nursing, nursing educators, employers, and the nursing profession has the responsibility to demonstrate continued competence through:
  - Acquisition of new knowledge
  - Appropriate application of knowledge and skills
- A culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated;
- Requirements for continued competence should support nurse accountability for lifelong learning and foster improved nursing practice and patient safety; and
- The state boards of nursing have the regulatory authority for establishing continued competence requirements.

In addressing continued competence requirements, the Oklahoma Board of Nursing is **considering** the following:

- *In addition to meeting other requirements for renewal established by the Board in these rules, effective January 1, 2014, each licensee must demonstrate evidence of continuing qualifications for practice through completion of one or more of the following requirements within the past two years prior to the expiration date of the license:*
  - *Verify employment in a position that requires a Registered Nurse [practical nurse] license with verification of at least 520 hours; or*
  - *Verify the completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice (28 states require continuing education hours with an average of 22 hours per biennial renewal period); or*
  - *Verify current certification in a nursing specialty area; or*
  - *Verify completion of a Board-approved refresher course; or*
  - *Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee’s current level of licensure or higher.*
- *If audited, the licensee will present documentation supporting the continuing qualifications.*

The Oklahoma Board of Nursing (Board) is **moving forward** in developing a continuing competence model for active licensed nurses. This task requires a collaborative effort of all stakeholders. Nurses, employers, educators, nursing organizations, continuing education providers, consumers, and the Board must share their perspectives and expertise in building a continuing competency model. **As a key stakeholder with vital input, please access the link referenced below and participate in a continued competence survey specific to Oklahoma-licensed nurses.** Commit to lifelong learning; help bring your competency model to life!

**All Oklahoma licensed nurses are invited to participate in a continued competence survey. Please access the link to the survey on the Board’s website: [www.ok.gov/nursing](http://www.ok.gov/nursing). The survey will be available through May 31, 2010.**

## Summary of Board Activities

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

- Reviewed without revision or accepted proposed revisions to the following policies:
  - *Peer Assistance Program Supervised Practice Guidelines, #PA-09*
  - *Peer Assistance Program Requests to Return to Work in Positions Providing Increased Autonomy and/or Limited Supervision Guidelines, #PA-10*
  - *English Language Testing Scores Policy, #P-15*
  - *Approval of Advanced Practice Educational Programs, #P-51*
  - *Special Reports from Nursing Education Programs to the Board, #E-06*
  - *Exclusionary Formulary for Advanced Practice Nurses with Prescriptive Authority, #P-50B*
- Appointed Connie Henderson to the Peer Assistance Committee.
- Accepted a follow-up report from Western Oklahoma State College, campuses in Altus, Lawton, and Elk City, to address faculty requirements.
- Accepted a curriculum change request from Western Oklahoma State College, campuses in Altus, Lawton, and Elk City.
- Approved for submission the FY2011 Budget Request Proposal.
- Approved the addition of part-time evening practical nursing programs at Platt College-Tulsa and Platt College-Oklahoma City.
- Accepted recommendations of the Provider Approval Committee for approved service providers for the Peer Assistance Program.

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

- Reviewed without revision or accepted proposed revisions to the following policies:
  - *Priority System Guidelines, #I-07*
  - *Decision-Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines, #P-10.* Approved addendums to the Decision-Making Model to address routine rupture of amniotic membranes by the Registered Nurse and adjustment of rate of elastomeric/ON-Q pumps by the Registered Nurse.
  - *Special Reports from Nursing Education Programs to the Board, #E-06* (with revisions)
  - *NCLEX or AUA Certification Candidates with History of Arrest/Conviction Policy, #E-20*
- Appointed Charles McNear to the Peer Assistance Committee and Lynne Burson to the Advanced Practice Advisory Committee.
- Approved the recommendations of the Provider Approval Committee for approved service providers for the Peer Assistance Program.
- Appointed Board member representatives to Board committees.
- Approved the recommendations made by the Advanced Practice Advisory Committee on the regulation of advanced practice nurses.
- Accepted the report submitted by the University of Oklahoma on collaborative BSN program offerings.
- Approved the request of the University of Oklahoma to offer an Internet-based BSN program at Northeastern Oklahoma A&M College, Miami and Grove campuses.

(Continued on page 17)

(Continued from page 16)

- Accepted follow-up reports submitted by the following nursing education programs:
  - Platt College Associate Degree Nursing Program, Oklahoma City
  - Platt College Associate Degree Nursing Program, Tulsa
  - Langston University, Tulsa (requested a follow-up report to be presented at the May 2010 Board meeting)
  - Green Country Technology Center, Okmulgee
- Accepted annual reports submitted by Oklahoma nursing education programs for FY 2009.
- Approved a request for curriculum change from Pioneer Technology Center, Ponca City.
- Accepted survey visit reports and granted five years continuing Full Approval to the following nursing education programs:
  - Rose State College, Midwest City and Internet Campuses
  - Tulsa Technology Center, Tulsa
  - Platt College PN Program, Lawton

During the **January 2010** meeting, the Board:

- Reviewed results of an agency performance audit conducted by the Office of State Auditor and Inspector, and commended the Executive Director and staff for the positive report with no recommendations.
- Adopted proposed rule changes, as presented. Directed Board staff to move forward with the rulemaking process.
- Accepted survey visit report and tabled a decision about approval status of Comanche Nation College, Lawton, until the May 2010 Board meeting. Requested a follow-up report to be presented at that time.
- Accepted a focus survey visit report for ITT Technical Institute, Oklahoma City. Program to remain on Provisional Approval pending graduation of the first class and results of first licensing examination.
- Reviewed the “Educational Advancement for Registered Nurses” (“BSN in 10”) resolution passed by the Oklahoma Nurses Association in October, 2009. No action was taken by the Board.
- Discussed options for evaluating continuing competence of licensed nurses. Directed Board staff to move forward with presenting the proposed model to stakeholder groups and licensees to solicit their input.
- Reviewed and provided feedback on proposed 2011 NCLEX-PN Test Plan. Directed Board staff to submit the feedback to the NCLEX Examination Committee.
- Approved revisions to *Rapid Sequence Intubation Guidelines – Medication Administration*, #P-19.
- Accepted survey visit reports and granted five years continuing Full Approval to the following nursing education programs:
  - Meridian Technology Center, Stillwater
  - Oklahoma City Community College, Oklahoma City
- Approved a request for curriculum change from Moore-Norman Technology Center, Norman.



## 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 generally 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 for actual times	Mar. 23, 24 & 25, 2010 May 25, 26 & 27, 2010 Aug. 3, 4 & 5, 2010 Sept. 28, 29 & 30, 2010 Nov. 9, 10 & 11, 2010	Wyndham Garden Hotel 2101 S. Meridian Oklahoma City, OK 405-685-4000
Nursing Education and Practice Advisory Committee	April 13, 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](http://www.ok.gov/nursing).**

**BOARD MEMBERS**

**Term Expires**

Francene Weatherby, PhD., RN, President	2012
Elizabeth Schultz, CRNA, MS, Vice-President	2011
Linda Coyer, LPN, Secretary-Treasurer	2012
Lauri Jones, RN, BSN	2010
Nettie Seale, RN, M.Ed.	2011
Linda Martin, LPN	2011
June Cash, M.Ed., Public Member	2011
MaryJac Rauh, MPH, Public Member	2011
Liz Michael, RN, MS	2013
Jean Winter, LPN	2013
Joni Jeter, RN, MS	2014

**OFFICE STAFF**

Kim Glazier, RN, M.Ed.	Executive Director
Gayle McNish, RN, Ed.D	Deputy Director Regulatory Services Division
Jan Sinclair, RN	Director Investigative Division
Jackye Ward, MS, RN	Associate Director of Nursing Practice
Lisa Griffiths, MS, RN	Assistant Director Investigative Division
Laura Clarkson, RN	Peer Assistance Program Coordinator
Jennifer Shelton, MPA	Licensing Manager
Jackie Jordan, MA, LADC	Case Manager
Erica McArthur, RN	Case Manager
Wendy Hubbard, MS, RN	Nursing Education Consultant
Jerry Wainscott, RN	Nurse Investigator
Carla Petty, RN, MPH	Nurse Investigator
Jim Burns, RN, M.Ed.	Nurse Investigator
Darcy Roquemore, RN, MS	Licensing Specialist
Sandra Ellis, CPM	Executive Secretary
Dana Edminsten, CPM	Business Manager
Shelly Rasco	Legal Secretary, Investigation
Teena Jackson	Legal Secretary, Investigation
Andrea Denman	Legal Secretary, Investigation
Lorri Pontious	Legal Secretary, Peer Assistance
Joan Misenheimer	Secretary, Regulatory Services Division
Dana Hall	Administrative Technician, Exam
Amy Tomlinson	Administrative Technician, Endorsement
Rhonda Clowdus	Administrative Technician, Renewal/Reinstatement
Judy Beavers	Administrative Technician, Receptionist
Jean Pendleton	Administrative Technician, Receipting

**OKLAHOMA BOARD OF NURSING**  
**2915 N. CLASSEN BLVD., SUITE 524**  
**OKLAHOMA CITY, OK 73106**  
**405-962-1800      [www.ok.gov/nursing](http://www.ok.gov/nursing)**

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

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