

# NURSING

Spring 2008

# Perspectives



Published by the Tennessee Center for Nursing on behalf of the Tennessee Board of Nursing



## Tennessee Nursing Workforce: A NATIONAL COMPARISON

**IN THIS ISSUE:** EMERGENCY SYSTEM FOR ADVANCED REGISTRATION  
UNLICENSED PRACTICE ALERT • NCSBN RAISES STANDARDS FOR NCLEX-PN

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## MESSAGE FROM THE TENNESSEE BOARD OF NURSING

FROM THE  
of the EXECUTIVE DIRECTOR  
DESK

Elizabeth J. Lund, MSN, RN  
Executive Director  
Tennessee Board of Nursing

As I sit at my desk, bare tree-lined parking lot three stories below, watching coworkers enjoying (enduring) their morning walk with heads bent to the wind, I contemplate what to write that will make a difference in your practice. This winter issue places its focuses on practice, particularly those topics that bring about the largest number of questions from licensees.

In this issue, the members of the Board of Nursing wish to alert nurses and employers of nurses about the relatively rare, but potentially dangerous issue of unlicensed practice. Read about some recent cases heard by the Board and join with the Board to eliminate this small, but particularly high profile risk.



Have you ever wondered what kinds of violations of the nurse practice act are most reported? What profession—APN, RN, LPN—is most likely to be reported? After the article, “Unveiling the Complaint Process” in the last issue of *Nursing Perspectives*, Director of Investigations, Denise Moran, JD, follows with statistics on and about investigations. Are the results surprising? Read and find out.

Although no amount of planning can prevent a disaster, preparedness can certainly lessen the impact. Donna Tidwell, RN, BSN, EMT-P, Director of EMS Personnel Licensure and Education, shares with readers an update on the Emergency System for Advanced Registration of Volunteer Health Professionals. In another article, the popular “Frequently Asked Questions” column addresses advanced practice nursing.

Are you curious as to how the State of Tennessee compares to the nation in relation to the nursing shortage? If yes, you will want to read the article, “Tennessee Nursing Workforce: A National Comparison”. Tennessee Center

### To contact the Tennessee State Board of Nursing:

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for Nursing research assistant Jennifer Murray explains what makes this nursing shortage different, describes the ways that Tennessee mirrors or does not mirror national trends and, importantly, what the Center for Nursing is doing about it!

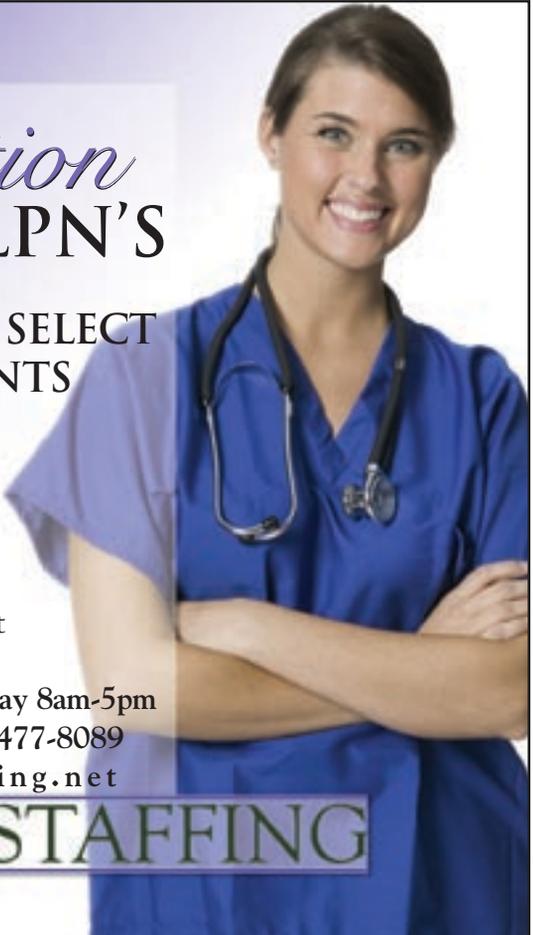
In November, the Board bid farewell to Madeline Coleman, RN, JD, nurse practice consultant, who accepted a promotion and returned to Health Care Facilities. In December, the Board welcomed new hire, Donna Fairchild, RN, MSN, MBA. Donna hails most recently from Chicago—originally from California with stops in between across the country. Her experience has primarily been critical care/emergency room nursing, direct patient care and administration. Most recently, Donna served as an adjunct professor at Columbia



State Community College's nursing program. In the coming months, expect to see Donna's contribution to *Nursing Perspectives*.

*Nursing Perspectives* seeks to respond to nurse's quest to make a difference in patient's/client's lives by reaching out to Tennessee nurses to help readers remain current with that regulatory aspect of practice that is vital to promote, protect and improve the health of Tennesseans. Your feedback is always welcome.

*Elizabeth J. Lund*



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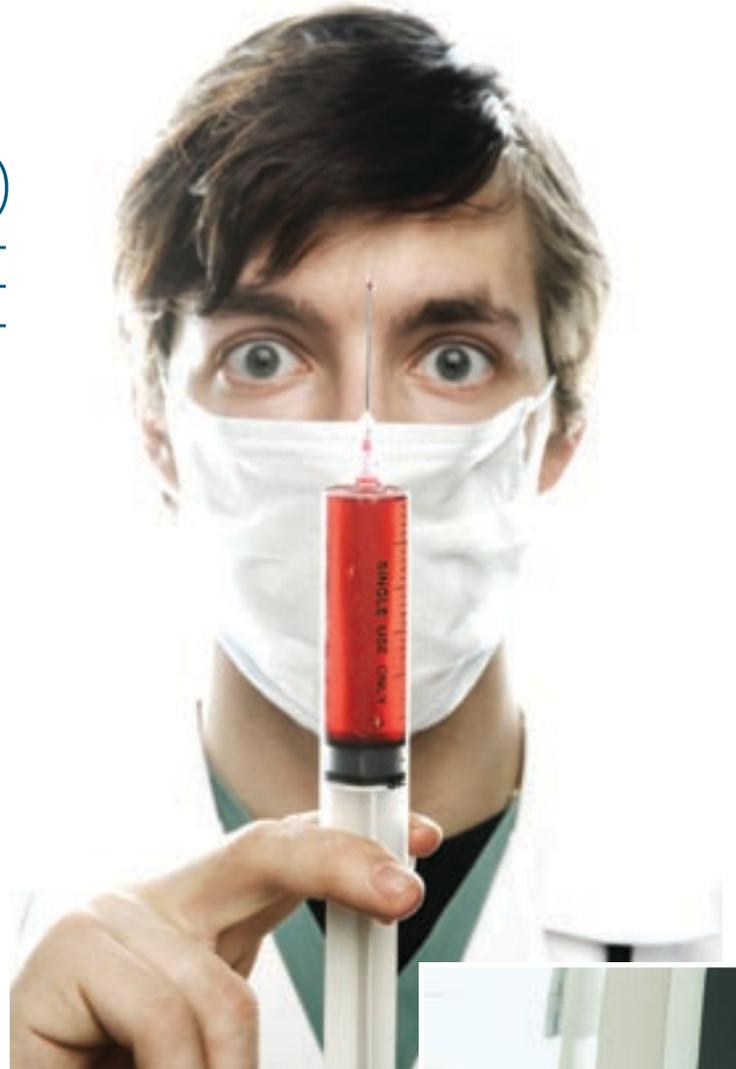
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# UNLICENSED PRACTICE Alert

Several cases presented to the Tennessee Board of Nursing within the last year give rise to a concern that unlicensed practice may be on the increase. While a few cases do not make a trend, it does provide an opportunity for an update on ways for readers to protect themselves from becoming a victim of the scam of impersonation, and in turn, help the Board protect citizens from potential tragic outcomes. A few scenarios where names and some circumstances have been changed for illustration purposes may give nurses and employers an idea of the problem and some hints to avoid becoming a victim.

In the first case, a person represented herself as a nurse practitioner and home health business owner. Other nurse employees noted that the “nurse practitioner” did not seem to know how to give injections. She did not inject air into a multi dose vial and had difficulty drawing up medication. Others observed that she failed to document controlled substances and did not seem to know dosages of commonly prescribed narcotics. In a contested case hearing where the respondent did not appear and was not represented by legal counsel, the Board assessed this unlicensed person civil penalties amounting to \$2,000 for each month practicing advanced practice nursing and registered nursing without a license. In addition, the Board requested that the district attorney’s office be notified of that action.

The next case involved an individual who was able to dupe three doctor’s offices into hiring her as a registered nurse. She appeared for her interview at an ophthalmology practice confident in her skills as a surgical nurse, providing a resume extolling years of physician office experience in plastic surgery. She was “ready for a new challenge and believed her skills would transfer to ophthalmology.” When asked to provide a copy of her nursing license, she replied that she had not yet unpacked the license following a recent move. After several weeks and repeated requests to produce her wallet card, she submitted a forged license to the office manager. When the em-



ployer checked the employee’s name against the Board’s internet Web site verification system, it returned “no record found.” Upon further examination of the wallet certificate, the office staff noticed that two digits of license number were not aligned with the other numbers, the font of the typed name did not match that of the rest of the card and the signature on the signature line was that of another nurse employed in the office. The physician owner of the practice immediately discharged the imposter and reported the employee to the local police department. Criminal charges for impersonation followed.

In another case, a person held herself out as a licensed practical nurse in a doctor’s office. Office staff noticed an unusual practice on the “nurse’s” part, including leaving the office and administer-



ing injections to patients through the window of a vehicle parked in the office parking lot. A complaint to the Health Related Boards Investigations Division resulted in an investigation. The RN investigator asked the office manager for the controlled substance log. After review, the investigator requested a copy for her report. The office manager and investigator went into the break room and asked a staff member to make the copy. Upon receipt, the investigator noted changes from the original record. Titles had been changed in some places to reflect that the individual in question was a medical assistant rather than a licensed practical nurse. Some records had not been changed.

The last case involved a medical assistant/x-ray technician who “upgraded” inappropriately to “RN” status. The individual was employed by a radiology practice. Shortly before January, 8, 2007, the employee requested time off from her employer so that she could take the Tennessee State Nursing Board Examination. On January

The most common scam involves an individual assuming another person’s identity or using a licensee’s altered credentials.



19, 2007, she returned to work announcing that she had passed the examination and was a registered nurse. Thereafter, the “nurse” presented the office manager with a document that was purported to be her Tennessee registered nurse license. From approximately January 19, 2007, until March 6, 2007, the individual held herself out to be a registered nurse to her employer, co-workers, and patients. She signed various patient records and other documents as a registered

nurse. Witnesses testified to the Board that the license presented “did not look like their license.” Upon examination of the document by the investigator, it was found to be an altered CNA certificate.

These scenarios, while troubling, point to simple steps that employers and nurses need to take to protect themselves and the public. Most importantly, it is imperative to positively identify that the applicant for a nursing position is the same person whose credentials are presented. The most common scam involves an individual assuming another person’s identity or using a licensee’s altered credentials.

1. When a nurse cannot produce an official authorization to practice such as a license, permit (for nurses endorsing into the state), official internet verification or official telephone/fax verification, do not permit the employee to begin practice.
2. All paper documents should be verified with the Board phone (1-800-778-4123) or internet verification system and checked against a government issued picture identification (driver’s license, passport). For nurses practicing on the multistate privilege (from a compact state), check either that state’s Web site or [www.nursys.com](http://www.nursys.com).
3. If the credential submitted by the employee appears altered or unusual, make a copy of the document and contact the Board. Look for license number digits not in alignment, changes in font, signature irregularity, incorrect agency (e.g. Health Care Facilities rather than the Health Related Boards), incorrect/unknown titles (e.g. registered practical nurse), and incorrect name of examination (e.g. Tennessee State Nursing Board Examination).
4. Look carefully at supporting documentation that is not consistent with the expectation for a licensed nurse such as grammatical errors in the resume/cover letter.
5. Be alert to resumes that list nursing educational programs that are unknown. Be suspicious of resumes or transcripts that do not indicate the degree granted and the date awarded. Look further into resumes that claim a degree or diploma which is not known to be awarded by that school. When suspicion is aroused, always verify credentials with the educational institution. Contact the institution directly. Legitimate educational institutions make provisions for records/transcripts after closing.
6. Do not be intimidated by degrees/certificates. Check out all references including publications and letters of reference. When one part of a resume is found to be falsified, it is not unusual that another part will be found to be untrue.
7. In the event that unlicensed practice is suspected, call the Board of Nursing office for guidance or file a complaint with the Division of Investigations.

# Statistically Speaking.....

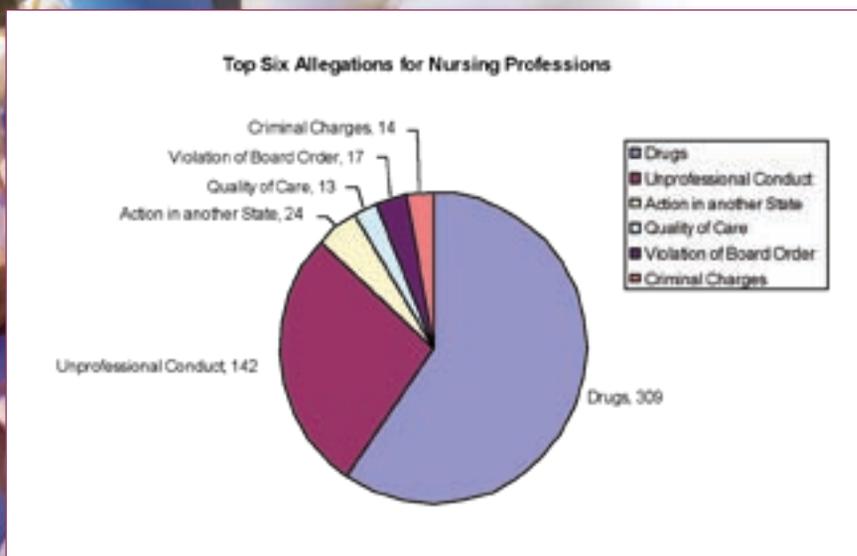
## What Gets Reported to the Board of Nursing?

Over 2,200 complaints were filed by patients, employers, risk managers, peers and even law enforcement agencies against Tennessee's health related practitioners during the 2007 calendar year. Approximately 30%, or 668 of these complaints, were filed against Tennessee's nurses.

for nursing complaints were drugs, unprofessional conduct, actions taken by other state boards, quality of care, violation of board orders, and criminal charges.

The category for drugs includes personal use/abuse of prescription and/or illicit drugs which interferes with nursing duties and drug diversion. Quality of care is an allegation

of drugs poses the leading allegation for both the registered and licensed practical professions, while the drugs allegation is second for the advanced practice profession, whose leading allegation is unprofessional conduct. The second ranked allegation for the registered and licensed practical nurse is unprofessional conduct.



At each of the Board's business sessions, the Office of Investigations, responsible for the receipt, review and investigation processes for complaints, furnishes aggregate statistical data which is prepared and charted by month. A complaint may contain many elements of statutory and/or rule violation, but the primary and/or over-reaching allegation is determined by triage personnel and assigned to the complaint for statistical data collection.

The top six allegations identified in 2007

assigned to complaints wherein the patient perceives their quality of care to be at issue, based upon the patient's subjective assessment. Quality of care issues differ from malpractice and/or negligence allegations in that an allegation of malpractice/negligence is based upon clinical, objective criteria.

Three nursing professions (advanced practice, registered, and licensed practical) are represented in the aggregate data. In comparing the three professions, the allegation

In comparison, aggregate data collected for all boards indicates the leading cause of complaints to be unprofessional conduct, while the second ranked allegation is malpractice/negligence. The allegation of drugs ranked fourth across all boards.

In order to report a suspected violation, please obtain a complaint form by accessing the Department's website at [www.tennessee.gov/health](http://www.tennessee.gov/health), or by calling 1-800-852-2187 for a copy of the form.



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# TENNESSEE NURSING WORKFORCE: A National Comparison

Recent predictions indicate that by the year 2020, there will be a nationwide shortage of 340,000 registered nurses, which has decreased from the original prediction made in the year 2000 of 760,000.<sup>1</sup> Researchers suggest that this decrease from the initial projections is in part due to changes in nursing trends such as entry into the nursing profession at a later age and an increased overall interest in nursing as an option for a second career.<sup>1</sup>

What makes this nursing shortage different than ones experienced in the past? Previous nursing shortages have been resolved by increasing wages and benefits or by recruiting nurses from other countries. Berliner and Gin-zberg<sup>2</sup> explain that today's problem is more complex and is really three separate issues: a declining number of new nurses entering the workforce; inability to retain new nurses in hospital settings; and nurses retiring or leaving the workforce early.

The authors continue to explain the reasons that seem to contribute to the decrease in the number of nurses. These include: the requirement of a college degree that may potentially discourage many nursing applicants; the many career options now available for women; and the fact that many nurses today are so



unhappy in their jobs, which might deter potential candidates into the field.<sup>2</sup> According to Aiken and colleagues, who reported on a nursing study conducted in five countries, more than 40% of nurses working in hospital settings were dissatisfied with their jobs. This adds value to the commonly used statement, "Nurses love their work, and hate their jobs."<sup>3</sup> Another problem relates to nurses' tendency to retire from the hospital setting in their mid and later 50's, which deprives newer nurses of the opportunity to learn valuable skills and knowledge from the more seasoned workers.<sup>2</sup> Currently in Tennessee, 40% (28,344) of the actively licensed nursing population is over the age of 50. In 2005, the US average age of the full time RN workforce was 43.5 and the largest age group comprises RNs in their forties.<sup>1</sup> In 2004, HRSA reported the US average age of RNs was 46.8, the highest average age since 1980.<sup>4</sup> Using the most current data available for Tennessee, 2006, the average age of the RN population was 45.8 and the largest age group is comprised of RNs in their early fifties. In five short years, the majority of Tennessee's nursing workforce will be in their fifties. If Tennessee follows the national trend of retiring from the hospital setting at the age of 50, hospitals and patient care will have reached a critical point.

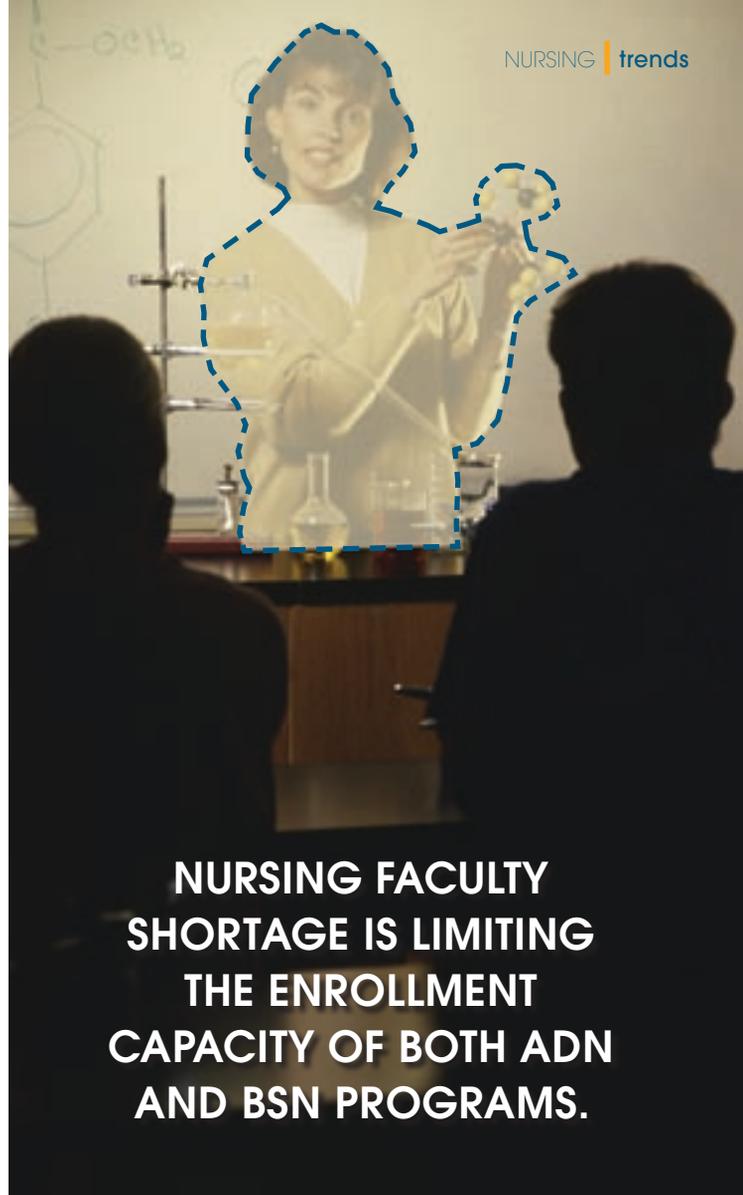
Another relevant issue is the diversity or lack thereof in nursing. In the US more than 81% of RNs are white, while only 4.2% are African American and 1.7% are Hispanic. This is in contrast to the overall US population which is 74% white, 12% African American, and 15% Hispanic.<sup>4</sup> While the number of minority nurses has increased in recent years, it still lags behind the overall population distribution. Tennessee's overall population is 79% white, 17% African American and 3% Hispanic and the RN population is almost 90% white, with 7.7% African American. Information on Hispanics was not available. Nursing has long been assumed to be a

woman's profession. The professional career choices available to a woman a few decades ago were either teaching or nursing. The choices for women today are virtually endless.<sup>2</sup> The 2000 US data show that men represent 5.4% of all RNs, doubling since 1980, but still a low percentage. The percent of male RNs in Tennessee is slightly higher at 8.9%.

Is Tennessee following the national nursing shortage trends? Tennessee has experienced a 27.2% increase in number of actively licensed registered nurse workforce, from 1994 to 2006. This is slightly lower than the national RN increase of 29.5% from 1992 to 2004.<sup>4</sup> Since 2004, there have been over 1,700 new students enrolled in LPN and RN prelicensure nursing programs in Tennessee. Enrollment from 2002-2006 in registered nursing programs indicate that associate degree enrollment has increased 32%, baccalaureate degree enrollment has increased by 82% and master's degree/post-master's certificate enrollment has increased by 99%. Overall, enrollment in all nursing programs in Tennessee has increased by 62% over the past five years, with almost 1,500 new students enrolled since 2004. Enrollment for LPN programs increased 16% from 1,455 in 2005 to 1,693 in 2006 and for RNs increased 7.4% from 8,836 to 9,488.<sup>5</sup> The LPN and RN rates for graduations have also increased. LPN graduations increased by 3% from 1,150 in 2005 to 1,188

in 2006. For RNs from 2004-2006, associate degree program graduates increased by 20%, baccalaureate degree program graduates increased by 48% and master's degree/post-master's certificate program graduates increased by 28.5%.<sup>5</sup> Research on nursing educational level and patient care indicates hospitals with higher numbers of RNs who possess education at the baccalaureate level or higher experience lower surgical mortality and failure-to-rescue rates.<sup>6</sup> Increasing the supply of RNs at the ADN level will only provide one component to alleviating the nursing shortage. Other issues still exist that will have to be addressed in the near future such as workplace retention, working conditions, wages, and diversity of the workforce.

The concern for Tennessee has now be-



## NURSING FACULTY SHORTAGE IS LIMITING THE ENROLLMENT CAPACITY OF BOTH ADN AND BSN PROGRAMS.

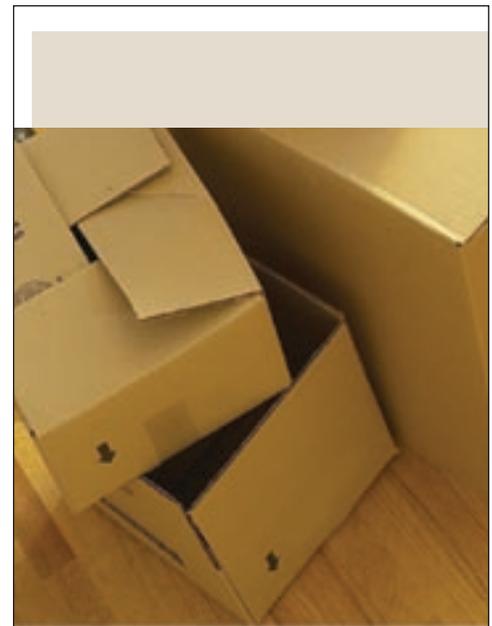
come one of a nursing faculty shortage. Many nursing schools in Tennessee have had to turn down qualified applicants due to facility space and faculty availability. This is similar to US trends with more than ¾ of institutions stating a lack of faculty as the reason for turning away qualified applicants.<sup>7</sup> The shortage of qualified nursing faculty can be linked directly to the insufficient number of individuals with a master's degree in nursing and the higher salaries found outside academia.<sup>7</sup> With at least 300 nursing faculty needed by the year 2010 to alleviate shortages that Tennessee's Schools of Nursing are facing, action has been taken to recruit nurses to faculty positions. The Tennessee Center for Nursing and the Nursing Education Master Plan Steering Committee worked with the Governor's Office and the legislature to enact the TN Graduate Nursing Education Loan Forgiveness Program in 2006. Through this program, registered nurses are able to obtain a graduate nursing degree at the master's or doctoral level, with 25% of their loan forgiven for every year they serve in a nursing faculty position following graduation. Currently, there are 88 RNs who have received funding through this program. Of these enrolled, only 60 will be available to fill faculty positions by the Fall of 2009. One of the keys to solving the faculty shortage will be to provide encouragement and assistance to those RNs, particularly BSNs, who are willing to continue their education through the master's level or higher, so they will be eligible to fill many impending vacant faculty positions by the year 2010. Increasing the number of ADN programs may impact the number of new RNs entering the workforce, but will not effectively impact the more serious issue of the nursing faculty shortage - a shortage that is limiting the enrollment capacity of

both ADN and BSN programs. Once in the workforce, ADNs are unlikely to return to school for advanced degrees that could lead to a masters degree, the minimum required to teach in schools of nursing. In 2006, Graf noted that only 16% of ADNs go on to acquire a baccalaureate or higher degree.<sup>8</sup> Thus, there are effectively fewer qualified nurses in the pipeline to mitigate the increasing faculty shortage.

The Tennessee Center for Nursing and the Tennessee Board of Nursing continue to work along with the schools of nursing and health care facilities, and other stakeholders to ensure the State has a well prepared nursing workforce to meet the increasing demand for nursing.

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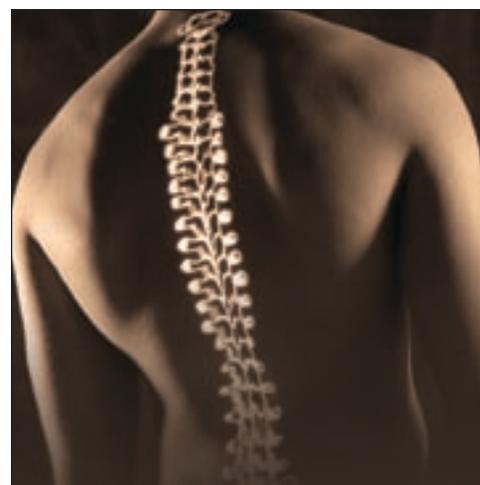
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# EMERGENCY SYSTEM

## for Advanced Registration of Volunteer Health Professionals

Disasters bring out the best in us; however, unfortunately, they also bring out the worst as well. During 9/11, healthcare professionals responded to New York City and the Pentagon to provide their services. A concern came with verifying the credentials of nurses, physicians and the other multiple healthcare professionals that appeared to lend aid during this time of disaster.

Many Federal laws passed in the days after 9/11, including a federal law in 2002 that required states to establish, by August 2008, the capability for nurses and other healthcare professionals to volunteer their assistance before a disaster occurs. This law created the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). States began to work toward this goal when in 2005 Hurricane Katrina came and again taught us the importance of having a way during a disaster to verify credentials of nurses and other healthcare professional in order to properly utilize them.

The responsibility for ESAR-VHP lies with Health Resources and Services Administration (HRSA). The Tennessee Department of Health is working on several options for establishing this database for all healthcare providers. The plan is for a Web based system by which those wishing to volunteer during a disaster can pre-register so their credentials may be verified by the states or federal government at the time of the disaster.

The database will be linked with the licensing boards in Tennessee. In the event of a disaster anywhere, the database can be ac-

cessed by the appropriate personnel to verify that those volunteering have the appropriate credentials.

This project is important to Tennesseans as the State could be the recipient of multiple volunteers should the predicted earthquake in West Tennessee or some other overwhelming disaster occur. A system that is nationally recognized with volunteers from across the United States would be able to assist us. Additionally, the State would not have the concern that the volunteers were not properly credentialed. This system will provide a means to verify credentials of nurses at one Web site. In turn, other states where this state's providers might respond during a disaster could verify Tennessee licensee's credentials.

Tennessee has always lived up to its name as the volunteer state by providing assistance to other states in time of need like the hurricanes in Florida and other coastal states and floods in Louisiana. Soon ESAR-VHP will make it easier and safer to dispatch qualified nurses to areas of need and for nurses to

volunteer their services. So when ESAR-VHP is live and running, consider signing up as a volunteer.

In the event of a disaster anywhere, the database can be accessed by the appropriate personnel to verify that those volunteering have the appropriate credentials.

# CONTROLLED SUBSTANCE TASK FORCE

## What APN Prescribers Need to Know

The Tennessee Board of Pharmacy and Board of Nursing are pleased to announce that the Controlled Substance Monitoring Database is now fully operational and available to any healthcare practitioner, who has the authority to issue prescriptions for controlled substances in Tennessee.

### What is the Controlled Substance Monitoring Database Program?

The Controlled Substance Monitoring Program is a database of all controlled substances dispensed in Tennessee pharmacies. These include those controlled substances dispensed pursuant to a prescription issued by a practitioner with authority to write prescriptions for controlled substances to patients under their care.

### Who has access to the Controlled Substance Monitoring Database Program?

Tennessee Code Annotated §53-10-306(4) provides that a licensed healthcare practitioner having the authority to dispense controlled substances may access the information in the database “to the extent that the information relates to a current patient to whom the practitioner has dispensed, is dispensing or considering dispensing any controlled substances”.

### How do I obtain access to the Controlled Substance Monitoring Database Program?

In order to request information from the database you must first obtain a user name and password. You may obtain a password by filling out the registration page located at <https://prescriptionmonitoring.state.tn.us> under the heading, “Not a User? Register to become a user.” Choose “Practitioner” from the pull-down menu under the heading “User Job”. Enter the information requested in all of the fields and then click the submit button. A user name, a temporary password and future correspondence will be sent to you through the email address supplied on your registration form. If you wish to change the form in which you receive communications, please go to “My Account” and then “Preferences”. Once you have received a user name and password you may access the database. When you log onto the system for the first time, you will receive the message “your password is expired, please change your password”. Please follow the instructions. In the future, you can change your password by clicking on the heading “My Account” and then “Change Password”. Please check your junk mail folder if you have not received the email with your user name and password.



### How do I submit a request for patient information?

You may submit requests for patient information by filling out an electronic request form or by submitting a fax request. To submit an electronic request please go to the heading “Request” and fill out the request form and hit “Submit”. You must then choose the type of request “Patient or Practitioner”. You must also check a certification box indicating that you have the legal authority to receive this information. Choose a report format (Excel or PDF) in which you would like to view the report and then click the Submit button. The report will be automatically generated. You will receive the report via the method you chose during the registration process.

### Who do I contact for additional information or assistance?

Please contact *Kolleen Matthews* at:

**Phone Number:** (615) 253-1305

**Fax Number:** (615) 253-8782

**Email Address:** [Controlled.SubstanceDatabase@state.tn.us](mailto:Controlled.SubstanceDatabase@state.tn.us)

I urge you to take advantage of the state’s Controlled Substance Monitoring Database Program. Your participation will help us better serve the healthcare community and will provide important education to you concerning your patients, who by virtue of their conduct in acquiring controlled substances may require counseling or intervention for substance abuse.

Thank you for your involvement in this matter. The Tennessee Board of Pharmacy and Board of Nursing are intensely dedicated in its mission to protect the public health, safety and welfare.

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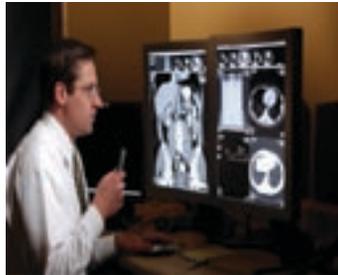
We are the leading faith-based healthcare system in Tennessee and part of Ascension Health, the largest not-for-profit healthcare system in the United States. Founded by the Daughters of Charity, our healthcare ministry continues a tradition of serving the poor first established in Paris, France more than 400 years ago.

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# Frequently asked Questions

## Q&A

### ADVANCED PRACTICE NURSING

**Q:** I am a certified nurse midwife. Is it correct that I need to be an APN in Tennessee to call myself a nurse midwife and practice as an advanced practice nurse?

**A:** Yes. Based on the authority vested in T.C.A. 63-7-126, Rules of the Board of Nursing, 1000-4-.01(1), require nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists to apply to the Board for a certificate to practice as an advanced practice nurse including using the title advanced practice nurse or any other words, letters or signs that indicate the person is an advanced practice nurse.

**Q:** I hold a Tennessee APN certificate. Must I maintain both my APN certificate and RN license?

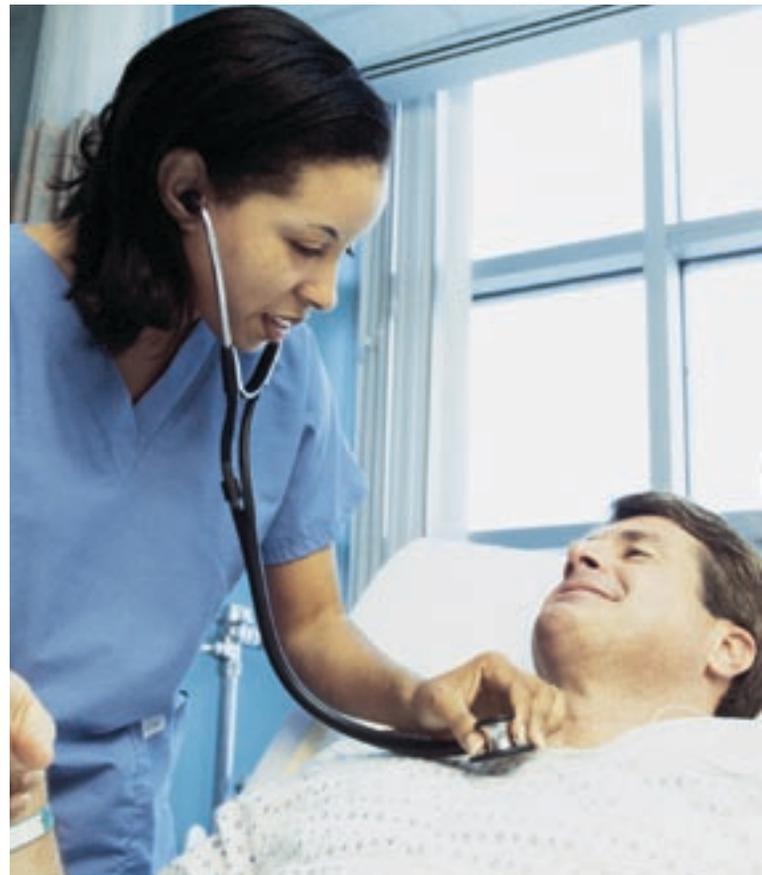
**A:** Yes.

**Q:** I am an APN who lives in North Carolina. May I practice as an APN in Tennessee under the Nurse Licensure Compact?

**A:** No. The Interstate Nurse Licensure Compact enacted into law and entered into by the State of Tennessee speaks only to registered nurse and licensed practical/vocational nurse practice. To practice as an APN in Tennessee, application must be made for an APN certificate, and your N.C. multistate RN license must be maintained. If you should change your residence to Tennessee, you must apply for and obtain a Tennessee registered nurse license.

**Q:** Are all categories of advanced practice nurses eligible for prescribing privileges?

**A:** Yes. Eligibility requirements for prescribing are the same for each of the four categories of advanced practice nurse and may be in the law and rules.





ARE ALL CATEGORIES OF  
ADVANCED PRACTICE  
NURSES ELIGIBLE FOR  
PRESCRIBING PRIVILEGES?

Q: I am a recent graduate of an approved school of nursing leading to a master's degree or higher in a clinical specialty area. I have not received my APN certificate. How may I practice in my nurse practitioner role?

A: The Tennessee Board of Nursing adopted guidelines for new graduates of an APN program that may be found on the Board's Web site under "Applications." These guidelines set forth practice parameters prior to issuance of the APN certificate. Guideline number nine requires the new graduate to have made application for the appropriate national certification examination. In the event the graduate is not successful on the first exam attempt, the guidelines state that the graduate would immediately inform the supervising practitioner and cease to practice in the advanced role until such time the certification exam is passed and Board APN certificate issued.

Q: I have recently graduated from a master's program. I have applied for an APN certificate and am awaiting results from the national certification examination in my specialty. Am I allowed to write and sign prescriptions?

A: No. The referenced guidelines serve to provide the Board's interpretation of the law and rules, specifically limits prescribing to holders of an APN certificate with a certificate of fitness to prescribe.

Q: How does the Board define supervision for the new graduate who does not yet hold an APN certificate?

A: The new graduate must practice under the direct (on-site) supervision of an APN or M.D. who holds the same specialty area of practice. Direct supervision does not require side-by-side (in the room) supervision.

Q: I am a recent graduate of a board approved graduate level nurse anesthesia program. Are the guidelines for new graduates different for anesthesia practice?

A: Yes, but only in the circumstance of protocols. Nurse anesthesia graduates are not required to have protocols when practicing in the traditional nursing role of administering anesthesia.



TENNESSEE BOARD OF NURSING  
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# ANA LAUNCHES **NEW** SAFE STAFFING **website**

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**SILVER SPRING, MD** – The American Nurses Association (ANA) has launched a new Web site dedicated to the issue of safe staffing. The new site educates nurses about ANA's history of advocacy on the issue, provides updates on the newest information and developments, and gives nurses tools to get involved.

The site allows nurses to share their own stories and concerns and invites them to help strengthen the case for safe staffing legislation by completing a survey. Through the site, nurses can also stay informed about the latest developments on Capitol Hill and contact their members of Congress to urge their support.

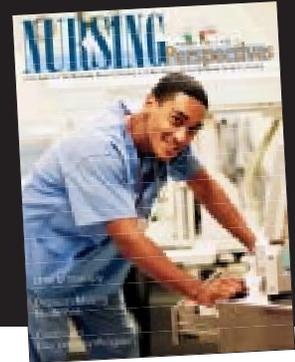
"ANA has been a persistent driving force in the efforts to make safe staffing legislation a reality," said Linda J. Stierle, MSN, RN, CNA, BC, CEO of the American Nurses Association. "This site gives nurses a stronger voice and empowers them to take an active role in impacting their workplace environment."

"Safe staffing saves lives," added Rebecca M. Patton, MSN, RN, CNOR, President of the American Nurses Association. "There is a growing body of evidence that demonstrates adequate nurse staffing improves the health outcomes of patients, resulting in fewer inpatient days, complications and deaths. Implementing safe staffing levels should be seen as a critical investment in quality, cost effective care, and ANA's goal with this Web site is to establish staffing levels that promote a safe and healthy working environment for nurses, and ensure the highest possible patient care."

Visit [www.safestaffingsaveslives.org](http://www.safestaffingsaveslives.org) to get involved in ANA's safe staffing campaign.



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# TnPAP RULES OF COMPLIANCE

By: Mike Harkreader, MS, RN  
Executive Director, Tennessee Professional Assistance Program

The Tennessee Professional Assistance Program is classified by the National Organization of State Boards of Nursing as an alternative to discipline program. Others define monitoring programs similar to TnPAP as peer assistance programs. TnPAP allows nurses with substance abuse/dependence disorders and psychiatric disorders to avoid punitive discipline of their license if they maintain the advocacy of TnPAP by adhering to the terms of their monitoring agreement. This article will describe who is eligible to participate.

Individuals can be referred to TnPAP by a variety of sources including:

- Tennessee Board of Nursing
- Health Related Board Investigators
- Office of General Counsel of the Department of Health
- Employers or Employee Assistance Programs
- Treatment Providers
- Family members, friends or co-workers
- Police officers, judges or probation officers
- Practitioner him/herself.

If the referred nurse agrees to participation, the intake procedure is implemented. If the referred practitioner refuses participation, or if the practitioner does not follow through with the evaluation and treatment recommendations, then TnPAP may make a report to the Health Related Boards, Bureau of Investigations.

In order to be eligible to participate with TnPAP an individual must be licensed by the State of Tennessee as either a licensed practical nurse or as a registered nurse, including advanced practice nurses and nurse anesthetists. (Note that TnPAP also has contracts with other health related boards but this article is specific to nursing) TnPAP has also historically monitored student nurses through agreements with various nursing schools. A nurse with a suspended or revoked license who is seeking reinstatement will be considered for



**A TnPAP monitoring agreement is an opportunity for one to maintain their profession and livelihood, avoid punitive discipline on their license, and most importantly, maintain sobriety.**

participation with TnPAP. A nurse's practice is limited to the State of Tennessee during the duration of the monitoring agreement. If a nurse monitored by TnPAP wishes to relocate and work in another state they must first be transferred to the other state's alternative to discipline program and this transfer may have to be approved by both the Tennessee Board of Nursing and the other state's Board of Nursing.

Once an individual is evaluated and recommendations for treatment, if any, are made, the nurse is given several options of treatment facilities and makes a decision on which treatment facility to enter. At this point in the process a case manager is assigned and the case manager follows the participant's progress throughout treatment by having weekly contact with a representative from the facility. Once successful completion of treatment is determined by the treatment facility the participant is eligible to sign a monitoring agreement.

The majority of monitoring agreements is for a period of three years with the exception of advanced practice nurses and nurse anesthetists which are of five years duration. In some cases monitoring agreements may be of a shorter period if the issues involved are mental health in nature without an addiction diagnosis.

*continued on page 24*

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Nurses with an addiction diagnosis must agree to abstain from all use of controlled substances and mood altering drugs including alcohol. These includes the use of benzodiazepines, opiates for pain management and most hypnotic drugs unless a TnPAP approved MD consults and approves the use of these drugs after determining all alternative methods to deal with the underlying medical or psychiatric problem have been exhausted.

Once a nurse is approved to return to practice, there are certain employment restrictions. Nurses are restricted from working in some areas, including nursing registries, home health agencies, traveling nurse's agencies, float pools, hospices and temporary employ-

ment agencies. One may not be the only nurse on duty and cannot supervise other nurses while on a narcotic restriction. In addition one may not supervise another TnPAP participant. Initially nurses cannot work night shifts unless the monitoring team makes an exception after conferring with the employer and cannot work over 80 hours in a two week period or for multiple employers.

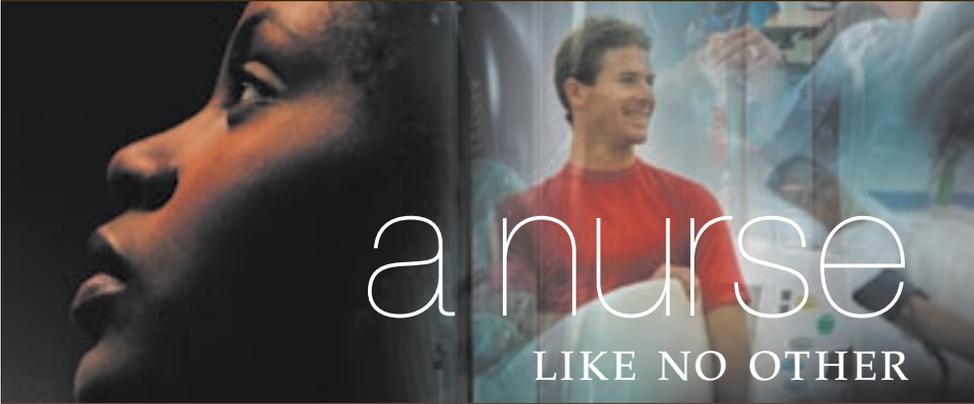
Most nurses will have a narcotic restriction for a period of six months to one year. If one's problem is limited to alcohol and there is no evidence of diversion or previous abuse of narcotics then this restriction may be waived if the TnPAP monitoring team agrees. The purpose of the narcotic restriction is primarily to remove the temp-

tation of easy access to these drugs until the nurse has demonstrated a period of stable sobriety and the ability to function as a nurse in a clinical setting.

Another important requirement for nurses diagnosed with an addiction is to attend a minimum of two Alcoholic Anonymous or Narcotic Anonymous Meetings per week. These 12 step support groups have proven to be an essential component of a stable recovery program. In addition to the AA/NA meetings nurses are also required to attend a nurse support group once a week. These groups are comprised only of healthcare professionals; hence, it is an atmosphere of likeminded professionals who share a goal of sobriety. These groups are facilitated by individuals who have experience in relapse prevention and recovery. Participants frequently give feedback that these groups are a "safe place" to discuss their issues with other professionals who understand the specific pressure that many of our nurses must deal with in their day to day lives. The facilitator submits a quarterly report to the TnPAP case manager and will call the case manager if they have any concerns regarding the participant's stability in recovery.

One of the key components of any monitoring program is random drug screening. Each participant must check in daily, either on-line or by calling an 800 number, to ascertain if they have been chosen to submit a urine drug screen that day. If chosen, the participant must present at a TnPAP approved lab and submit a specimen. Frequent drug testing serves the purpose of deterring and motivat-

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ing addicts to avoid drugs. Frankly, a recovering individual needs to be aware that “Big Brother” is watching and holding one accountable to their agreement to “stay clean”. In addition, drug screening gives the participant an opportunity to prove to the monitoring program and the regulatory board that they are maintaining sobriety.

Once an individual returns to practice, TnPAP requires a written quarterly report from a workplace monitor. Frequently this is one’s direct supervisor. The purpose of the workplace monitoring is to ascertain that the nurse is performing up to basic nursing standards as well as to have an “extra set of eyes” that is observing for possible signs and symptoms of drug or alcohol use. In addition the TnPAP case managers want to know how a nurse gets along with his/her peers, what their attendance and punctuality is like and the overall attitude that the recovering



nurse exhibits. A supportive and caring supervisor is an important component in one’s recovery program.

In addition to being required to sign a release of information form for the employer and the Tennessee Department of Health, TnPAP requires that all participants sign release of information forms for all physicians, therapists, dentists and pharmacies that a participant utilizes. This assures that all individuals that are treating the nurse are working together and are aware of the addiction diagnosis and terms of the monitoring agreement.

Finally, the nurse is required to submit a monthly self-report. This report address issues as to how one spends their free time, how their employment is going, family and community life, financial concerns, support group attendance and involvement, results of any required therapy or aftercare and any medical treatments that may have occurred.

A TnPAP monitoring agreement has many components and can be quite demanding in regard to the commitment of time, money and energy by the nurse being monitored. However, it is an opportunity for one to maintain their profession and livelihood avoid punitive discipline on their license and most importantly maintain sobriety.

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# RAISING THE NCLEX-PN STANDARDS

CHICAGO - The National Council of State Boards of Nursing, Inc. (NCSBN) voted at its Dec. 5-7, 2007, meeting to raise the passing standard for the NCLEX-PN examination (the National Council Licensure Examination for Practical Nurses). The new passing standard is -0.37 logits on the NCLEX-PN logistic scale, 0.05 logits higher than the previous standard of -0.42. The new passing standard will take effect on April 1, 2008, in conjunction with the 2008 NCLEX-PN Test Plan.

The Board of Directors used various sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 10 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level LPN/VN practice requires a greater level of knowledge, skills, and abilities than was required in 2005, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in entry-level LPN/VNs caring for clients with multiple, complex health problems.

and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the



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# CENTER TO CHAMPION NURSING TO NATIONALLY ADDRESS WORKFORCE SHORTAGE

With nearly three million registered nurses, nursing is the largest health profession in the United States. Yet the country is facing a prolonged nursing shortage that threatens to undermine the care provided to patients. Decline in federal support, state interest and local capacity has left the nation without an adequate supply of nurses to fill a growing number of vacancies.

The Robert Wood Johnson Foundation announced an effort to address the 1.1-million nurse workforce shortage crisis that is currently poised to strike America's health care system by 2020. Improving the quality of nursing care is integral to the Robert Wood

the way care is delivered at the bedside.

The newly created *Center to Champion Nursing in America* will work to improve patient care by pressing for:

- Greater state and federal funding to support expanded nursing education, particularly addressing severe faculty shortages at nurse training institutions across the country.
- Places for nurse leaders on the governing boards of hospitals and other health care organizations to provide critically needed perspective on improving quality and safety of care.
- Education, awareness and dissemination

A public opinion study by researchers at the Harvard School of Public Health explored Americans' perceptions of the quality of hospital care and their knowledge of the nursing shortage. The availability of nurses was indicated as one of the top three factors contributing to poor-quality health care in hospitals. Two-thirds of those surveyed blamed poor quality on overworked, stressed or fatigued nurses.

Americans consider nursing a vital component of quality health care, and the importance of nursing to patients and to health care can hardly be overstated. Nurses care for patients in virtually all locations in



Johnson Foundation's mission to improve the health and health care of all Americans. The Foundation is committed to reducing the shortage in nurse staffing and improving the quality of hospital care by transforming

of research to inform the public and policy-makers about nurse workforce issues and the link between a trained and adequate nursing workforce and high quality health care.

which health care is given-hospitals, nursing homes, ambulatory care settings (such as clinics or physicians' offices), schools, employee workspaces, and private homes. Studies have shown that higher, more ad-

equate levels of hospital nurse staffing result in fewer patients with pneumonia, fewer pressure ulcers, and fewer heart attacks, as well as lower risk of surgical patients dying within their first 30 days in the hospital.



Susan C. Reinhard

Taking the helm of the new Center to Champion Nursing in America, Susan C. Reinhard began her association with the Robert Wood Johnson Foundation (RWJF) in

prove Enrollment in Medicare Savings Programs, Reinhard agreed to serve as national program director. She has collaborated with RWJF on a number of programs related to nursing and long-term care.

In the spring of 2007, Reinhard accepted the position of director of AARP's Public Policy Institute, the "think tank" of the Washington-based AARP. Barely six months later, her association with RWJF came full circle when the two organizations launched the Center to Champion Nursing in America and named Reinhard its director.



Americans consider nursing a vital component of quality health care, and the importance of nursing to patients and to health care can hardly be overstated.

2000 when she was named co-director of the Center for State Health Policy at Rutgers, a center co-funded by RWJF. The next year, when RWJF announced its \$2.2-million program State Solutions: An Initiative to Im-

prove Enrollment in Medicare Savings Programs, Reinhard agreed to serve as national program director. She has collaborated with RWJF on a number of programs related to nursing and long-term care. Years ago, when Susan C. Reinhard returned home from a day of nursing in Orange, N. J., her husband remarked that a career taking care of others must be rewarding. "People say 'thank you' to you all day

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long," he said.

So when Reinhard recently had surgery and experienced the other side of patient care, the professional nurse sent an enormous sheet cake as a thank you to the hospital nurses who took care of her. "There is never a time when you are more vulnerable

work to champion nursing and help reverse a nursing shortage in the United States that threatens the quality of health care. Her strategy is twofold:

- Work to retain experienced nurses who provide the key to quality care.
- Educate more nurses by developing more

I would say that. Putting this powerful, consumer-driven organization behind this, we can bring a public voice to this issue."

At the center, Reinhard plans first to focus on the need to retain nurses. "Society has an insatiable demand for nurses. Because they can fill so many important positions in the health care system, nurses are pulled away from the bed side," she says. "But if we are going to deal with this crisis over the next couple of years, we have to retain the nurses we have. RWJF's strategy always has been retention of nurses. To help do that, we are going to take steps to make sure that nurses and their ideas to improve patient care are heard."

Next, Reinhard wants to work through private and public policy channels to address the shortage of nursing professors, which is at the heart of why nursing schools turn away qualified applicants. Says Reinhard, "We want to speed up how quickly a nurse can get a master's or doctorate degree. We have to prepare educators."



...the country is facing a prolonged nursing shortage that threatens to undermine the care provided to patients.

than when you are a patient and someone takes care of you," she said. "It is an intense relationship. As a nurse, you literally save lives. And it is very rewarding."

After a career that has touched on almost every aspect of nursing, Reinhard now will

nursing educators.

"We need a huge spotlight on these issues," says Reinhard, "and AARP is accustomed to spotlighting major issues of our day. The decision by RWJF to put the center within AARP is a brilliant idea. Even if I weren't here,

An advertisement for CareAll Home Care Services. On the left, there is a dark purple vertical banner with the CareAll logo and text. On the right, a photograph shows a caregiver in a white uniform holding a tray with a meal and a drink, smiling at a patient. The patient is a woman in a light purple top, also smiling.

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