

# NURSING

Fall 2008

# Perspectives



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

## UPDATE: NURSING AND HEALTH CARE LEGISLATION



**IN THIS ISSUE:** WHAT HAPPENS IN VEGAS...DOESN'T ALWAYS STAY IN VEGAS  
ALERT: TAMPER RESISTANT PRESCRIPTION PADS/PAPER • TENNESSEE ABUSE REGISTRY



You're a rare find.

And because you take such good care of our patients,  
**WE TAKE CARE OF YOU.**

**Seeking Registered Nurses in Memphis.**

Additional Tennessee Locations Available - Tri Cities, Knoxville and Nashville.

Equal Opportunity Employer

For more information contact:

**Jacob Boone**

888.974.7878 ext. 6024

[jcboone@selectmedicalcorp.com](mailto:jcboone@selectmedicalcorp.com)

[www.selectmedicalcorp.com](http://www.selectmedicalcorp.com)

# NURSING Perspectives

The Tennessee Center for Nursing is funded under an agreement with the Tennessee Department of Health. This publication is funded in part under the agreement and in part through the advertisements contained herein.

## Board of Nursing Members

**Cheryl Stegbauer, Ph.D., RN, APN**

Chairperson, *Memphis*

**Donna Roddy, MSN, RN**

Vice-Chairperson, *Chattanooga*

**Terri Bowman, LPN**

*Parsons*

**Barbara Brennan, MSN, RN, CNA, BC**

*Nashville*

**Kathleen Harkey, MBA**

*Nashville*

**Deborah Holliday, LPN**

*Estill Springs*

**Marilyn Dubree, MSN, RN**

*Nashville*

**Judy Messick, LPN**

*Murfreesboro*

**Betty J. Thompson, MSN, RN, APN**

*Nashville*

**Marian Stewart, MSN, RN**

*Winchester*

**Carol L. Thompson, Ph.D., RN, APN**

*Memphis*

## Board of Nursing Staff

**Elizabeth J. Lund, MSN, RN**

Executive Director

**Martha L. Barr, MSN, RN**

Associate Executive Director, Education

**Donna Fairchild, MSN, MBA, RN**

Nurse Consultant, Practice

**Joan Harper**

Board Manager

**Suzanne P. Hunt**

Board Administrator, Examinations

**Diana Merickle**

Board Administrator, Advanced Practice/

Refresher

**Deidre Simpson**

Board Administrator, Endorsements

**Wilma James**

Attorney

## Editorial Board

**Elizabeth J. Lund, MSN, RN**

Editorial Director

**Ann P. Duncan, MPH, RN**

Editor in Chief

**Aleshia Garrett**

Managing Editor

**Martha Barr, MSN, RN**

Editorial Consultant

**Lois J. Wagner, PhD, APN**

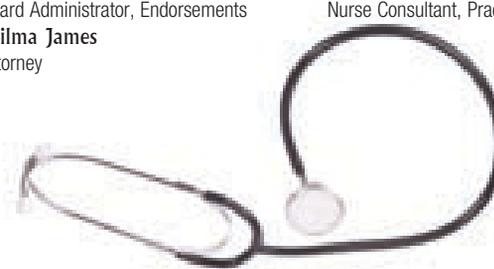
Editorial Consultant

**Jennifer Murray**

Research Assistant

**Donna Fairchild, MSN, MBA, RN**

Nurse Consultant, Practice



*Nursing Perspectives* circulation includes over 100,000 licensed nurses, nursing students, and licensed health care facilities in Tennessee.

## SUBMISSIONS

Scholarly and informative items dealing with healthcare topics and issues that are related to nursing regulation are welcome. Contact the Tennessee Center for Nursing at [info@centerfor-nursing.org](mailto:info@centerfor-nursing.org).

## SUBSCRIPTIONS

Each new issue of *Nursing Perspectives* is available for viewing on the Tennessee Board of Nursing and the Tennessee Center for Nursing websites. To request that a future issue be mailed to you contact the Tennessee Center for Nursing at [info@centerfor-nursing.org](mailto:info@centerfor-nursing.org).

*Nursing Perspectives* is published February, May, August and November by the Tennessee Center for Nursing on behalf of the Tennessee Board of Nursing. Each issue is distributed to every actively licensed LPN, RN, and APN in Tennessee as well as to nurse employers and nurse educators. Nurses, students, and professionals from healthcare organizations turn to this publication for updates on clinical practices, information on government affairs initiatives, to discover what best practices are being implemented, and for insight into how healthcare providers are facing today's challenges.

Advertisements contained herein are not necessarily endorsed by the Tennessee Board of Nursing or the Tennessee Department of Health. Proceeds and other consideration from advertisements contained herein are used exclusively for the publication of this magazine by the Tennessee Center for Nursing, and none of these advertising proceeds and/or considerations are received by the Tennessee Board of Nursing

or the Tennessee Department of Health, or by individual members or staff of those State entities.

Unless a quotation contained herein is specifically identified as an official Tennessee Board of Nursing rule, policy, or position statement, the contents of this publication do not reflect the opinions or positions of the Tennessee Board of Nursing.

## CONTENTS FALL 2008

From the Desk of the Executive Director . . . . .	4
Update: Nursing and Health Care Legislation. . . . .	7
What Happens in Vegas...Doesn't Always Stay in Vegas . . . . .	10
Alert: Tamper Resistant Prescription Pads/Paper . . . . .	14
Tennessee Abuse Registry. . . . .	15
Frequently Asked Questions: Regulation/Multistate Privilege . . . . .	17
Federal Health Care Programs Exclusion Program . . . . .	20
Progress of a Master Plan: Tennessee's Nursing Crisis . . . . .	22
The APRN Compact . . . . .	24
School of Nursing Faculty . . . . .	28
Help Provide FREE Books to Children Under Age 5 . . . . .	30



**Created by  
Publishing Concepts, Inc.**

Virginia Robertson, Publisher  
[vroberson@pcipublishing.com](mailto:vroberson@pcipublishing.com)  
14109 Taylor Loop Road  
Little Rock, AR 72223  
501.221.9986

**For advertising information contact:**  
Steve McPherson at 501.221.9986 or 800.561.4686  
[smcpherson@pcipublishing.com](mailto:smcpherson@pcipublishing.com)  
[www.thinkaboutitnursing.com](http://www.thinkaboutitnursing.com)

edition 10

## 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

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

Tennessee Board of Nursing  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243

phone (615) 532-3202 metro Nashville  
1-800-778-4123 nationwide  
(615) 741-7899 fax

web site [health.state.tn.us/boards/nursing/](http://health.state.tn.us/boards/nursing/)

**MONDAY MORNING.** Do you ever, like me, begin your work week humming the timeless The Mamas and The Papas tune of yesteryear, “Monday, Monday?” The dichotomy “...Monday...it was all I hoped it to be” and “...Monday it just turns out that way” pretty well sums up the underlying reason for nursing regulation. Not unlike some of our days, the most skillful assessment, intelligent care plan, sincere intent, careful execution and thoughtful evaluation occasionally misses the mark. The Board of Nursing exists for that reason, to protect the public... to give the public recourse when things “just turn out that way.” This issue speaks to new legislation and current practice that holds us accountable and assists the public with Mondays where you “can’t trust that day.”

According to form, this issue of *Nursing Perspectives* speaks to nursing licensure and regulation and seeks to inform readers of new laws and their impact on practice as well as other timely licensure issues. The 105th Tennessee General Assembly adjourned in May, passing new laws that Board of Nursing consultant Donna Fairchild describes in an update. Advanced practice nurses take note of the alert on tamper resistant prescription pads.

Many of us read with horror and sadness the news this spring that the transmission of hepatitis C in a Nevada endoscopy clinic likely resulted from the reuse of syringes. In “What Happens in Vegas... Doesn’t Always Stay in Vegas,” Vicki Brinsko, RN, CIC, explains what happened and steps we can take to keep our patients safe.

Abuse of a vulnerable person may land a licensee on the state’s Abuse Registry—a permanent placement with understandably serious consequences. How does this affect you? What process does the Department of Health use to identify abuse and make the public aware of offenders? What process is in place to prevent a misconstrued situation from resulting in abuse registry placement? Look to program manager Wanda King’s insightful article that describes the department’s new Abuse Review Panel.

Q & A this issue responds to questions about regulation and multistate practice. Test your knowledge on the answers to the most frequently asked questions related to address changes, renewal of licensure and practice on the multistate privilege. Some of the answers may surprise you! In another regular feature, employers especially, take note of the list of licenses recently disciplined by the Board. TnPAP director Mike Harkreader describes the federal exclusion list that prevents certain disciplined nurses from practicing in most health care settings. Who is excluded? How to reinstate? What is an employer’s responsibility?

It is the editor’s intent that these articles help you help us keep Tennesseans healthy and safe. Remember the Board of Nursing is here to protect the public so long as Monday is “here to stay.” •



# Technology

is amazing in the hands of the right *people.*

Our 818-bed progressive health system located in Chattanooga, Tennessee is a Level I trauma center and offers the opportunity to practice in a wide variety of specialties - both adult and pediatrics. The Erlanger Health System includes six campuses, including the Erlanger Baroness Campus and T.C. Thompson Children's Hospital, numerous physician practices, two community health centers and specialized programs such as LIFE FORCE air ambulance service, kidney transplant program, robotic surgery and much more.

For more information regarding exciting career opportunities, contact **Valerie Fuchcar, RN, BSN (423) 778-6645, Valerie.Fuchcar@erlanger.org;** or **Janet Sullivan, RN, BSN (423) 778-7972, Janet.Sullivan@erlanger.org.**



HEALING • TEACHING • LEADING

**1-800-955-4RNS** **www.erlanger.org**

Erlanger is an Equal Opportunity Employer.



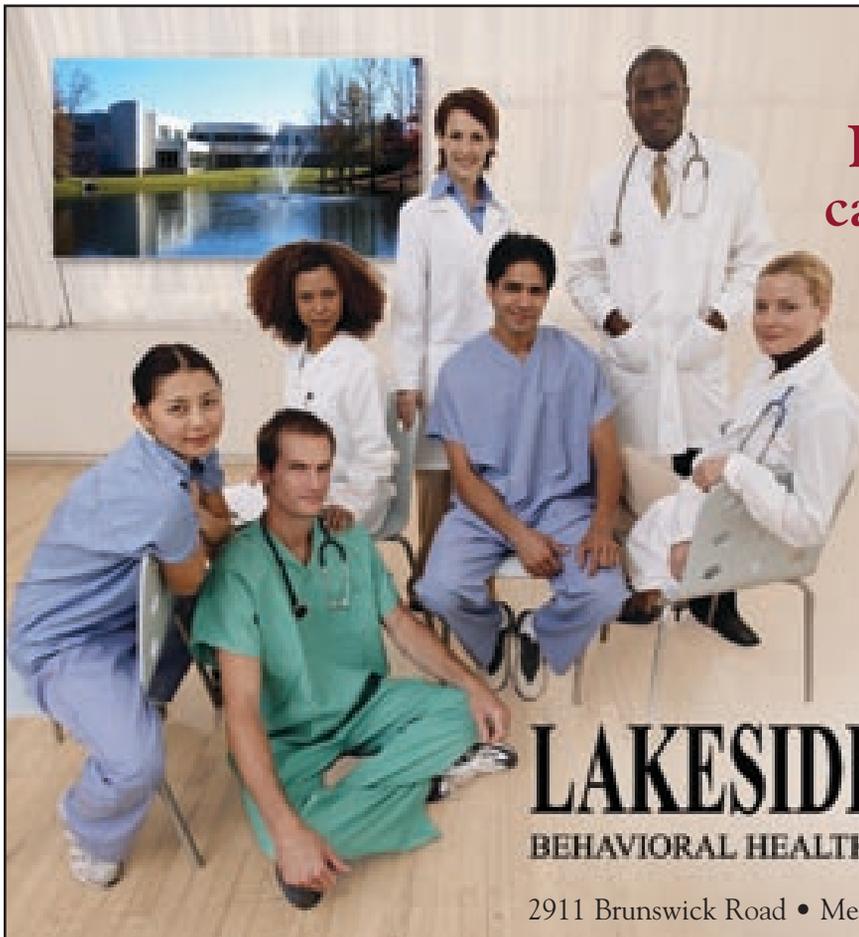
## Beyond Nursing...

Do you see nursing as more than just a good job? So do we. At Freed-Hardeman University, we want to help nurses achieve something higher. We can help you find a mission — a purpose. Whether working in medical missions, an E.R. or a family clinic is your goal, our goal is to help you achieve it. Let us help you reach your full potential with our AASN and RN-BSN programs and your career in servanthood at FHU.

**FREED-HARDEMAN**  
**UNIVERSITY**

HENDERSON, TENNESSEE 38402-2999

**731.989.6965**



## Choose Lakeside Behavioral Health for a career you can believe in.

We look to the front lines for direction, ideas, and improvements for service delivery and reward those who contribute.

### Lakeside can offer you:

- Premium Compensation Package
- Free RN CEU credits available
- Flexible Scheduling
- Weekend Nurse Program
- Part-time Benefits Plan

Lakeside's Nursing Opportunities include, but are not limited to the following:

- Registered Nurses
- RN Charge Nurses
- Licensed Practical Nurses
- RN House Supervisors

**LAKESIDE**   
**BEHAVIORAL HEALTH SYSTEM**

2911 Brunswick Road • Memphis • (901) 373-0991 • [www.lakesidebhs.com](http://www.lakesidebhs.com)



**PracticeReady**: *LeadingForward*

## Preparing Professionals Who Are Making a Difference

### Master of Science in Nursing (MSN)

- ✦ Practice specialties for all interests
- ✦ Flexible formats and distance learning

### PhD in Nursing Science

- ✦ Tracks in clinical research and health services research
- ✦ Offering Centennial fellowships for first-year students

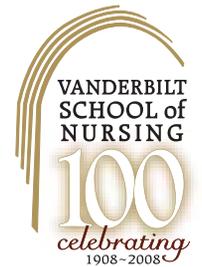
### Doctor of Nursing Practice

- ✦ Translate knowledge into practice
- ✦ Benefit from a community of scholars and broad faculty expertise

Learn more. Apply today.

[www.nursing.vanderbilt.edu](http://www.nursing.vanderbilt.edu)

Toll free 1.888.333.9192



VANDERBILT  School of Nursing

Vanderbilt is an equal opportunity affirmative action university.



**Come Grow with Us.**



**Vanderbilt Medical Center**

*Translating Research into Practice*

Vanderbilt Medical Center has been recognized by U.S. News and World Report as one of the nation's best hospitals, leading the way in research, performance, and patient satisfaction. As the first designated Magnet hospital in our region, we recognize the importance of collaboration and professional growth.



At Vanderbilt, Nursing is respected for their contributions and opinions and work alongside of some of the brightest minds in medicine. If this sounds like the type of nursing environment for you, **Join us.**



[www.vanderbiltnursing.com](http://www.vanderbiltnursing.com)  
or call 1.800.288.6022

# UPDATE: NURSING AND HEALTH CARE LEGISLATION

**The purpose of licensing health care providers is to protect the health and safety of the citizens of Tennessee, not to protect licenses, improve workplace conditions or advance the profession for licensees. The best protection for a nurse's license is for the licensee to follow nursing statutes, rules and regulations. A statute is the formal, written law of the state, acted upon by the legislature, which has the power to create, amend and ratify laws.**

Tennessee Code Annotated (T.C.A.) contains laws governing our citizens. Title 63, the Nurse Practice Act, specifically describes the practice of nursing and provides protection for your title of nurse, RN, LPN or APN. There are a few exemptions to this law, which otherwise requires a nursing license or multi-state privilege to practice nursing in the state. Rules provide more detail as to what may or may not be done or describe how something must be done. Chapters 1000-1 through 1000-4 contain the rules of the Tennessee Board of Nursing. Review the Tennessee Code Annotated and the rules and regulations of registered nurses, licensed practical nurses and advanced practice nurses by choosing the corresponding links on the Tennessee Board of Nursing Web site at <http://health.state.tn.us/Boards/Nursing/>.

## THE BOARD OF NURSING

The Board of Nursing exists in state law and regulates nursing education, licensing, practice and discipline. Board members, appointed by the governor, have specific powers and duties listed in law. They set minimum standards for nursing education and authorize on-site review and approval of schools of nursing. The board has the authority to conduct licensing examinations. They conduct hearings and cause the prosecution of persons who violate nursing laws or regulations.

The rules and regulations of registered nurses, licensed practical nurses and advanced practice nurses have the force of law, meaning that they are mandatory, not permissive. They seldom speak to particular medications, treatments or procedures that a nurse is authorized to perform. Rules allow for a diverse range of nursing practice, irrespective of practice setting by nurses with varying educational backgrounds and competencies.

## SCOPE OF PRACTICE CONCERNS

Board staff frequently receives calls from licensees with questions about scope of practice issues. Staff is not authorized to offer legal opinions or interpretations of the law. They may assist a caller to locate Ten-

nessee statutes and rules online. Questioners often find the article entitled "Decision Making Guidelines" published in the summer 2006 issue of *Nursing Perspectives* helpful. The nurse who has considered the guidelines and remains unsure about a scope of practice concern may request an advisory opinion from the board. An advisory opinion applies only to the licensee who requests it. To request an advisory opinion, contact the board office (1-800-778-4123). Staff will send an application for an advisory opinion.

Occasionally, the board publishes a policy or position statement as a general guideline to nurses in certain licensure categories. On the Tennessee Board of Nursing Web site, <http://health.state.tn.us/Boards/Nursing/>, there are links to statutes, rules and regulations, or policy and position statements. It is imperative that licensed nurses become familiar with the statutes and rules governing their practice.

## WHAT IS NEW IN TENNESSEE NURSING AND HEALTH CARE LEGISLATION?

Each year, during the legislative session, the Senate and House of Representatives consider legislation that adds to, amends or repeals Tennessee law. These new laws impact individuals, organizations or the Board.

### APN LEGISLATION

**HB3677 Litz: Nurse Anesthetists** - This bill, now Public Chapter 782, amends T.C.A. Title 63, Chapter 7, 126. It adds language that makes a nurse anesthetist who graduated from a nurse anesthesia school approved by the American Association of Nurse Anesthetists Council on Accreditation prior to January 1, 1999, eligible for a certificate to practice as an advanced practice nurse.

**HB3963 Curtis Overbey: APN Professional LLC** - Under Public Chapter 747, Tennessee Code Annotated, Section 48-249-1109(e)(1) is amended to allow APNs to enter into limited liability corporations (LLCs) with allopathic and osteopathic physicians. Previous law permitted the following professionals to be members or holders of financial rights in the same professional LLC:

- (1) optometrists and ophthalmologists;
- (2) podiatrists, physicians and osteopathic physicians, except radiologists, pathologists, or anesthesiologists;
- (3) doctors of chiropractic, physicians and osteopathic physicians, except radiologists, pathologists, and anesthesiologists; and
- (4) physician assistants, physicians and osteopathic physicians, except radiologists, pathologists, and anesthesiologists.

## EXCEPTIONS TO NURSE PRACTICE

HB4204 Richardson et al. - The Nurse Practice Act (NPA) requires nursing care to be delivered only by licensed nurses. Public Chapter 850 changes exemptions to the Nurse Practice Act to allow personal support services by individuals for clients living in their own home or private residence when under contract with the Division of Mental Retardation or pursuant to a Medicaid waiver. The intent is to allow self-determination in care for disabled and elderly persons who might otherwise be confined in nursing homes.

HB3268 Maddox - Public Chapter 1054 permits trained, unlicensed volunteer personnel to administer rectal diazepam to students according to their individual health plan in an emergency when the school nurse is not available.

### Board of Nursing Authority

HB4196 Favors, Odom - Public Chapter 849 authorizes the board chair to split the board into panels to hear contested cases and disciplinary matters. Panels will consist of three or more members whose decisions are deemed orders of the board. This legislation is intended to increase the number of cases that may be heard during a board meeting.

## Child Abuse Reporting Immunity

HB3717 Gilmore et al. - Public Chapter 1060 protects health care providers from civil or criminal liability if they make a report of harm resulting from the examination of a child during professional care or treatment. This applies to reports made subsequent to a second opinion examination by a provider who is highly qualified in the field of child abuse at the request of the health department or law enforcement.

### Licensee Notification

SB3175 Johnson - Public Chapter 1070 amends T.C.A. 63-1-139 by adding a requirement that the board notify licensees of changes in state law that affects them. The board is also required to maintain links on their web site to the statutes, rules, policies and guidelines that impact an applicant for, or holder of, a license or certification.

These summaries of new nursing legislation are condensed. They are not a substitute for review of the actual language in each public chapter. The new laws may be reviewed at the Tennessee Legislature Web site at <http://www.legislature.state.tn.us/>. Click on the link to "Legislation," then "Public Chapters." The chart below provides an overview of this year's nursing legislation. •

## TENNESSEE BOARD OF NURSING • LEGISLATION UPDATE

Bill # and Sponsor	Description	Status
HB 3268 Maddox	Amends T.C.A. 49-5-415. Adds administration of anti-seizure medication, including rectal diazepam gel, by volunteers who have been trained by a registered nurse to a student in an emergency situation based on that student's IHP if a school nurse is not available. The BON and Epilepsy Foundations of Tennessee shall be afforded the opportunity to review and comment on training guidelines before they take effect. Training will recur annually.	Public Chapter 1054
HB 3677 Litz	Amends T.C.A. Title 63, Chapter 7, 126. Provides for a nurse anesthetist to be eligible for a certificate to practice as an advanced practice nurse if the nurse anesthetist graduated prior to January 1, 1999, from a nurse anesthesia educational program approved by the American Association of Nurse Anesthetists Council on Accreditation.	Public Chapter 782
HB 3717 Gilmore et al.	Amends T.C.A. 37-1-410 to provide health care providers civil and criminal immunity relative to child abuse reporting when the provider believed that there was harm and that the reporting of harm was required by law, that in fact a report of harm was made or that an expert opinion was requested or provided.	Public Chapter 1060
HB 3963 Curtiss, Overby	Allows APNs to enter into professional limited liability corporations with physicians. Previous law allowed APNs to enter into PLLCs only with other APNs.	Public Chapter 747
HB 4196 Favors, Odom	Board chair is authorized to split the board into panels to hear disciplinary matters. A decision of the panel shall be deemed an order of the board.	Public Chapter 849
HB 4204 Richardson et al.	Adds language in Nurse Practice Act exemption (10) Persons trained in accordance with §68-1-904(c). 10(A) Adds those providing personal support services to clients living in their own home or private residence pursuing a contract or agreement under any Medicaid waiver or other program of the division of mental retardation services.	Public Chapter 850
SB 3175 Johnson	Requires boards of licensed, certified or registered professionals to notify them of new statutes, rules, policies and guidelines which impact those licenses, certifications or registrations.	Public Chapter 1070

reserved for ads

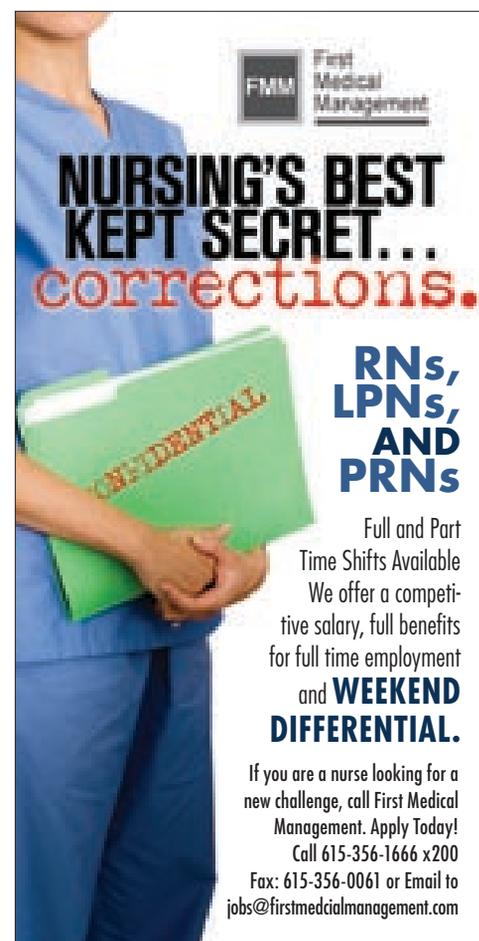


**CareAll**  
Home Care Services

Are you a RN, LPN, or CNA? If so, then CareAll Home Care Services needs you. CareAll is a home health agency dedicated to providing the highest quality of care to our patients and we need professional staff such as you. The home health care business is booming and that trend will continue. In fact, to meet that demand we are going to have to hire an additional 1000 caregivers in the next three years. If you enjoy helping people, we can help you. We offer a tuition assistance program to become a CNA, RN, LPN, or Physical Therapist. You can improve your earning to secure your future. We offer fulltime and parttime work, therefore we can give you a flexible schedule to meet your needs. We are licensed in 61 counties in Tennessee so there are possible opportunities close to you. If you are a caring person who wants to make a difference in people's lives, then call CareAll and we can grow together.

**COME JOIN THE CareAll TEAM.**

Visit our website and apply online at [www.careallinc.com](http://www.careallinc.com)  
Or contact us at (888) 401-CARE or by email [careers@careallinc.com](mailto:careers@careallinc.com)



FMM First Medical Management

**NURSING'S BEST KEPT SECRET... corrections.**

**RNs, LPNs, AND PRNs**

Full and Part Time Shifts Available  
We offer a competitive salary, full benefits for full time employment and **WEEKEND DIFFERENTIAL.**

If you are a nurse looking for a new challenge, call First Medical Management. Apply Today!  
Call 615-356-1666 x200  
Fax: 615-356-0061 or Email to [jobs@firstmedicalmanagement.com](mailto:jobs@firstmedicalmanagement.com)

# What Happens in **VEGAS** ... DOESN'T ALWAYS STAY IN VEGAS



Through the bright lights of Vegas, the news began to trickle in over CNN and other major networks. In January of this year, a clinic in Las Vegas had unwittingly spread hepatitis C (HCV) and possibly other blood borne pathogens including hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV) to 40,000 patients undergoing endoscopy procedures at the Endoscopy Center of Southern Nevada. As quick as you can say “snake eyes,” the Centers for Disease Control and Prevention (CDC) launched a joint investigation with the Southern Nevada Health District (SNHD).

District realized that a cluster of six hepatitis C cases were linked to a common clinic.

Upon further scrutiny of the clinic’s practices, it was revealed that the transmission of hepatitis C likely resulted from the reuse of syringes from individual patients and the reuse of single dose medication vials on multiple patients in the endoscopy clinic. This sounds like the plot line of a made-for-television drama, yet it really happened in this country in a busy endoscopy center. A clean needle and syringe were used to draw up an anesthesia medication, propofol, to be given to patient A. During the course of the procedure,

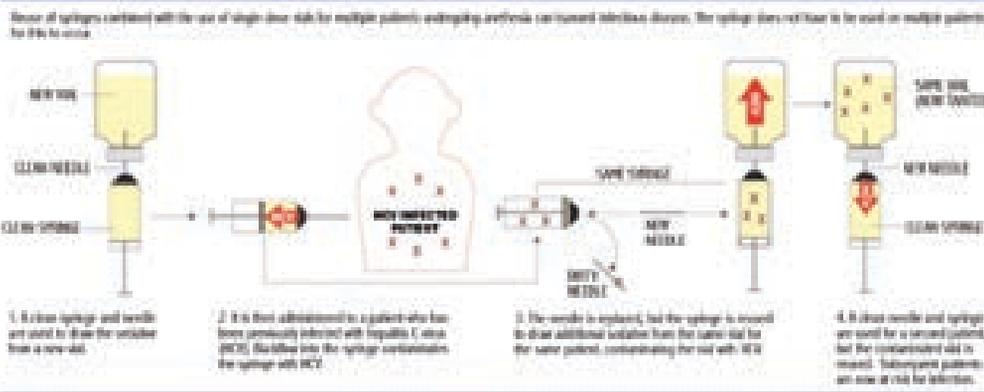
more propofol was needed. The nurse removed the first needle, but kept the syringe. The nurse then applies a new sterile needle to the old syringe and proceeds to withdraw more propofol from the single use vial. (See Figure A.) Backflow from the patient’s IC catheter may have contaminated the syringe and subsequently contaminated the medication vial. The propofol remaining in the vial was now contaminated with hepatitis C and used to sedate the next patient.

Direct observations of CDC investigators and SNHD investigators confirmed this reuse pattern. According to staff interviewed by the investigators, the unsafe injection practices were commonly used for years. The clinic involved did approximately 50 to 60 endoscopic procedures every day of the week for four years. In February, the SNHD began to notify close to 40,000 patients of their potential exposure to bloodborne pathogens and urged the patients to be tested for HCV, HBV, and HIV. Clinic staff was also tested, but none were identified with positive results. Patient results are still pending.

## WHAT IS HEPATITIS C?

Hepatitis C virus is one of several viruses that infect humans and specifically attack the liver. HCV is a common cause of liver disease in the United States with estimates of 4.1 million

## Unsafe Injection Practices and Disease Transmission



**FIGURE A. (COURTESY OF CDC)**

## WHAT EXACTLY HAPPENED?

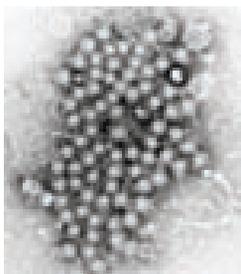
A cluster of hepatitis C cases were detected through the normal investigation of reportable diseases to the Southern Nevada Health District. Each state has a list of diseases that are considered to be “communicable” or easily transmitted from person to person. Healthcare facilities and healthcare providers have a legal obligation to report the occurrence of these diseases. Medical laboratories also have a separate, but equal legal responsibility to report positive lab tests. The health departments investigate each case and forward results to the CDC. It was during this investigation that the Southern Nevada Health

## CDC SAFE INJECTION PRACTICES

1. Use a sterile single-use disposable needle and syringe for each injection given.
2. Whenever possible, use single dose medication vials, especially when medications will be given to multiple patients.
3. NEVER enter a medication vial with a used needle or syringe.
4. Consider a needle and syringe contaminated after it is used to connect to a patient’s intravenous bag or line.
5. Do not use bags or bottles of intravenous solution (such as saline) as a common source of supply for more than one patient.
6. Never administer medications from the same syringe to more than one patient, even if the needle is changed.

Americans infected. The symptoms are vague, and 80 percent of the time infected people are unaware of their infection. Sometimes infected people can present with jaundice, fatigue or dark colored urine. HCV is primarily spread through exposure to infectious blood and used to be known as "transfusion related" hepatitis non-A, non-B. However, with blood donors now being tested for known hepatitis causing viruses, intravenous drug abuse (IVDA) is the major contributor to HCV infection in the U.S. Hepatitis C is the major cause of cirrhosis and liver cancer and the primary indication for liver transplant. There is no routine treatment, no cure, and no vaccine. Treatment for hepatitis C varies and includes the use of interferon and ribavirin. Patients should have their liver functions (liver tests) monitored routinely with or without treatment. Combination therapy, using pegylated interferon and ribavirin, is currently the treatment of choice. Drinking alcohol can worsen the liver disease process.

#### HOW CAN I KEEP MY PATIENTS SAFE?



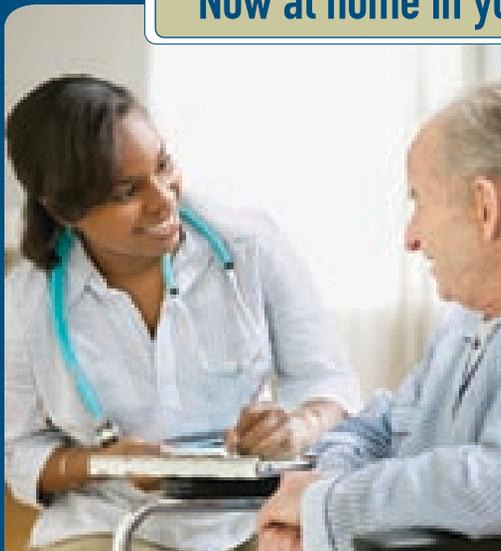
**IMAGE OF HCV  
(COURTESY OF CDC)**

Infection control practices are generally common sense approaches to preventing infections in both the patient and the healthcare worker. Nurses and care givers that are administering medication to patients should always perform hand hygiene with soap and water or an alcohol based rub prior to preparing or giving medications. See previous page for a summary of CDC Safe Injection Practices. •

#### REFERENCES:

1. CDC Acute hepatitis C virus infections attributed to unsafe injection practices at an endoscopy clinic – Nevada, 2007. MMWR May 16, 2008; Vol. 57, No 19.
2. Seigel, J.D., et al. and the Healthcare Infection Control Practices Advisory Committee (HICPAC) CDC 2007 Guidelines for isolation precautions: preventing transmission of infectious agents in healthcare settings, June 2007 <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

## Now at home in your community.



### Fast-track growth. Nationwide reach. Hometown touch.

Recruiting now for a  
**RN Director of Operations,  
RN Clinical Manager,  
Nurse Liaison/  
Account Manager,  
RN and LPN**  
for our locations  
throughout Tennessee.

**Amedisys**  
Home Health Services  
EOE/M/F/V/D

To apply or view a listing of positions available, please visit  
[www.amedisys.com](http://www.amedisys.com) or call 800-246-1630.

## WE'RE EXPANDING!

**NOCCR** is a full service clinical trial facility specializing in Phase I-IV trials in the pharmaceutical, biotechnical and medical device industries.

Established in 1985, NOCCR has facilities in New Orleans, LA and Knoxville, TN. Our Knoxville inpatient and outpatient facilities are located in the University of Tennessee Medical Center.

Recently expanding our Knoxville inpatient facility to 60-beds, NOCCR is currently recruiting additional staff for all shifts, including:

- phlebotomists
- medical assistants
- physician's assistants
- lab technicians
- RNs
- LPNs
- EMTs

NOCCR offers a comprehensive benefits package.

*If you are interested in applying for one of NOCCR's open positions, please send your resume to Nyda Brook via email at [nbrook@noccr.com](mailto:nbrook@noccr.com)*



# Lakeside, A PLACE OF *possibilities* FOR PATIENTS AND STAFF.

AS ONE OF THE LARGEST PSYCHIATRIC HOSPITALS IN THE COUNTRY LAKESIDE BEHAVIORAL HEALTH SYSTEM IS AT THE FOREFRONT OF QUALITY PATIENT CARE. LAKESIDE OFFERS AWARD WINNING PROGRAMS AND QUALITY, INNOVATION IN SERVICE DELIVERY, RENOWNED PHYSICIANS, AND VIRTUALLY UNLIMITED FREE EDUCATIONAL TRAINING FOR NURSES AND CLINICAL STAFF.

*"Lakeside has afforded me the opportunity to fulfill my nursing school dream of caring for patients. The commitment to quality nursing at Lakeside allows me the time to care directly for my patients, develop my nursing skills and make a difference in the lives of the people I treat."*

**NAME:** Davah

**CURRENT POSITION:** Director of Nursing, Children & Adolescent Services

**YEARS OF SERVICE:** 9

**POSITIONS HELD:** RN House Supervisor, Charge RN, Registered Nurse, Infection Control Nurse, Nursing Preceptor

## *Nurses choose Lakeside for our...*

- Flexible scheduling
- Exceptional salaries
- Second-to-none shift and premium differentials
- Weekend Nurse Program
- 12-hour shifts available
- Part-time Benefits Program
- Unlimited free CEU credits
- Comprehensive Benefits Package
- Tuition Assistance

At Lakeside Behavioral Health System, we look to the front lines for direction, ideas, and improvements in patient care and reward those who contribute. Come and be a part of a team that makes a difference!

To check the availability of Lakeside employment opportunities, call

**901-373-0991.**

# LAKESIDE

## BEHAVIORAL HEALTH SYSTEM



*...about Lakeside*

Since 1976 Lakeside Behavioral Health System has been the premier provider of specialized behavioral health and addictive disease services in the Memphis and mid-south region. The 320 bed facility is one of the largest psychiatric hospitals in the country and is located on a safe and private 37 acre campus in northeast Shelby County and provides comprehensive behavioral health treatment for adults, seniors, adolescents and children. Lakeside's specialized programs treat disorders such as depression, anxiety, bipolar disorder and trauma as well as addictive disease disorders such as alcoholism and drug addiction.

Lakeside Behavioral Health System is accredited by the Joint Commission on Accreditation of Healthcare Organizations, certified by Medicare, and licensed by the state of Tennessee.

The Lakeside continuum of care is designed to make behavioral and addictive treatment available to meet the specific

clinical needs of each patient with a creative range of inpatient and outpatient options. This continuum of care is easy to access, and offers a full range of behavioral health and addictive disease services. Anyone wishing to make a referral to one of Lakeside's programs may make inquiries, 24 hours a day, 7 days a week.

Following a confidential no-cost assessment, an appropriate referral would be made and admission to one of our programs may be recommended. Lakeside's programs offer a variety of treatment schedule options, such as days, evenings, weekends or a combination of these.

The programs are of varying duration, and because some are used as a transitional step between an initial crisis and/or re-entry into daily living activities, a patient may move between different levels of care, depending on his or her specific needs.

*Locations***LAKESIDE OF MEMPHIS**

2911 Brunswick Rd.

Memphis, TN 38133

**901-377-4733****1-800-232-LAKE****CRESTHAVEN AT LAKESIDE****901-763-4357****LAKESIDE OF JACKSON, TN**

135 Stonebridge Blvd.

Jackson, TN 38305

**731-664-0010**[www.lakesidebhs.com](http://www.lakesidebhs.com)

*Lakeside BHS is an EEOC/AA Title IX/Section 504 ADA Institution*

*services provided*

- Assessment Services
- Mobile Assessment Services
- Inpatient Care
- Residential Treatment
- Partial Hospitalization
- Intensive Outpatient Counseling/Outreach Centers

**DISASTER:  
IT'S NOT IF, BUT WHEN...**

### HOMELAND SECURITY NURSING

Preparing Nursing Leaders for  
Homelands around the World

**FIRST IN THE NATION – EST. 2005**

Founded by US Department of Health & Human Services (DHHS)

#### IMAGINE...

...trailblazing in research & scholarship  
...leading education & advancing practice  
...collaborating with national experts  
...spearheading disaster management  
...setting & directing health care policy

#### WE OFFER:

Ph.D. in Nursing  
MSN  
Post-MSN Certificate  
Interdisciplinary Certificate

Contact The University of Tennessee  
College of Nursing, Knoxville, Tennessee 37996  
<http://rightingale.com.utk.edu>

[eyoung5@utk.edu](mailto:eyoung5@utk.edu)  
(865) 944-3116 or  
[esp@utk.edu](mailto:esp@utk.edu)  
(865) 974-7366

**FUTURE**

# Alert: TAMPER RESISTANT Prescription Pads/Paper

(SB3746: PUBLIC CHAPTER 1035)

**E**ffective April 1, 2008, Tennessee Code Annotated 63-7-126 and 127 are amended to add:

(d) All handwritten, typed or computer-generated prescription orders must be issued on tamper-resistant prescription paper which meets the current Centers for Medicare and Medicaid Service Guidance to State Medicaid Directors and meets or exceeds specific TennCare requirements for tamper-resistant prescription paper. This legislation is a result of a federal law/mandate intended to reduce fraud and abuse.

All prescriptions for TennCare patients must be written using tamper resistant pads/paper. Exceptions are prescriptions sent to the pharmacy electronically, prescriptions communicated to the pharmacy by telephone and drugs administered in nursing facilities and ICFMRs.

or residential facility licensed under Title 33

- individuals incarcerated in a local, state or federal correctional facility.

The provisions of this act with respect to **TennCare prescriptions shall take effect October 1, 2008**, in compliance with federal requirements, the public welfare requiring it. The provisions of this act with respect to **non-TennCare related prescriptions shall take effect July 1, 2009**.

On October 1, 2008, prescriptions will be required to have a minimum of one feature from each of the following three CMS categories:

- 1) Industry-recognized feature(s) designed to prevent unauthorized copying. An example is paper that shows the word "Void" or "Illegal" if the prescription is photocopied.
- 2) Industry-recognized features(s) designed to prevent erasure or modification of informa-



All prescriptions for  
TennCare patients must  
be written using tamper  
resistant pads/paper.

The provisions of the act do not apply to the following:

- prescriptions written for inpatients of a hospital
- outpatients of a hospital where the doctor, or other person authorized to write prescriptions, writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order
- a nursing home or an assisted care living facility
- inpatients or residents of a mental health hospital

tion written by the prescriber. This may be uniform non-white background color or quantity check off boxes with refill indicator.

- 3) Industry-recognized feature(s) designed to prevent use of counterfeit prescription forms. Security features and descriptions are listed on prescriptions (required by TennCare tamper-resistant pads after October 1, 2008) or a heat sensing imprint, which causes the imprint to disappear if someone touches the imprint or design. •

**FREE CLASSROOM DEMO**

**THE RIGHT TIME.** **THE RIGHT PROGRAM.**

**EARN YOUR BSN ONLINE**

Without Putting Your Life on Hold.  
See for yourself with a free virtual classroom demo.

**JACKSONVILLE**  
UNIVERSITY  
SCHOOL OF NURSING

➔ Call 800-251-6954  
➔ Visit [JacksonvilleU.com/PC](http://JacksonvilleU.com/PC)

Jacksonville University's School of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE). | Financial aid opportunities available. | Made available by University Alliance Online. | ©2007 Bisk Education, Inc. All rights reserved. | SC 191734ZJ1 | MCID 2742

# TENNESSEE ABUSE REGISTRY

**WHAT IS THE ABUSE REGISTRY?** Tennessee Law requires the Department of Health to establish and maintain a registry containing the names of any persons who have been determined to have abused, neglected, or misappropriated the property of vulnerable individuals. See Tennessee Code Annotated 68-11-1001(a).

**WHO IS VULNERABLE?** A vulnerable person is anyone who is under 18 years of age, or who, by reason of advanced age or other physical or mental condition, is vulnerable to or who has been determined to have suffered from abuse, neglect, or misappropriation of property, and who was, at the time of the commission of an alleged offense, receiving protective services from a state agency pursuant to law, or in the care of either a state agency, or entity that is licensed or regulated by a state agency, or an entity providing services under the provisions of a contract between that entity and a state agency. See Tennessee Code Annotated 68-11-1004(3).

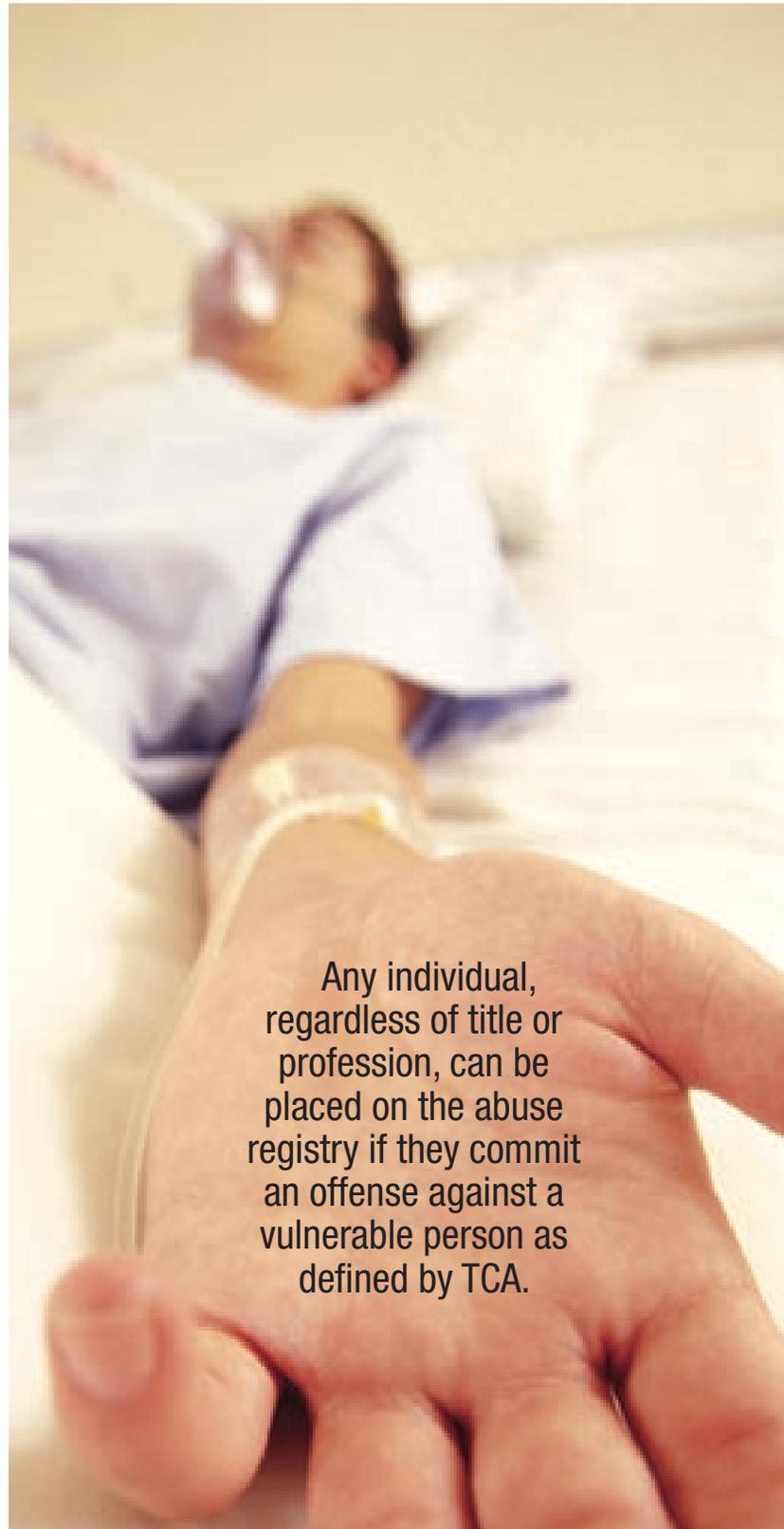
**HOW IS ONE PLACED ON THE ABUSE REGISTRY?** The Department of Health shall include the name of an individual on the registry when it receives notification from an agency of Tennessee state government that the individual has been found by that agency, pursuant to that agency's procedures and definitions, to have committed abuse, neglect, or misappropriation of the property of a vulnerable person. See Tennessee Code Annotated 68-11-1004(3)(b)(2).

**WHAT IS THE FACILITY'S RESPONSIBILITY?** Any state agency or entity licensed by or under the provisions of a contract with a state agency that has in its care any individual who meets the definitions of a vulnerable person shall, before hiring any employee to provide care to such vulnerable person, or before allowing a volunteer to do so, determine whether the prospective employee or volunteer is listed on the registry. No employee or volunteer who is listed on the registry may be hired or otherwise permitted to provide such care where prohibited by federal certification requirements applicable to that entity or state agency. See Tennessee Code Annotated 68-11-1006.

You might wonder how this affects you as a health care provider and as an individual. There are several things that you should consider.

Any individual, regardless of title or profession, can be placed on the abuse registry if they commit an offense against a vulnerable person as defined by TCA. Placement is permanent and can seriously affect many aspects of your future. Placement is not a punitive action that can be expunged or removed after a period of time or by acts of rehabilitation.

Many have expressed concern about being placed as a result of a questionable situation that could have been misconstrued. It is important to note that any person who is accused of abuse is afforded due process in accordance with the Uniform Administrative Procedures Act. Each department of state government is responsible for providing due process before referring individuals to the Department of Health for



**Any individual, regardless of title or profession, can be placed on the abuse registry if they commit an offense against a vulnerable person as defined by TCA.**

placement.

Within the Department of Health, most referrals are the result of an unusual incident report from a facility or a complaint generated through Health Care Facilities' (HCF) complaint unit. The incident is investigated by a HCF surveyor; this investigation includes interviews with all parties, collection of physical evidence and documentation of the process. Every effort will be made to interview the accused. (NOTE: It is very important that your address and contact information be up-to-date with your licensing agency.)

When the surveyors have determined that an offense did occur, a referral will be made to the abuse review panel. The panel consists of the director of certification (who is also a RN), the program manager of the abuse registry and an assistant general counsel. The file is reviewed to determine if an offense occurred, if the offense meets the definition of abuse and if there is evidence to sustain placement on the abuse registry. If those elements are not in place, the file is closed and a letter is forwarded to the accused individual to advise them of the action taken.

If the panel makes a determination to proceed, a certified letter is sent to the accused individual advising them of the intent to proceed with placement. The letter outlines the facility where the event occurred, the date and gives a brief description of the offense. The letter outlines steps that should be taken by the accused to request a hearing. The letter also explains that the accused should request a hearing within 30 days of receipt of the letter. If no hearing is requested within 30 days, placement will occur by default.

If a hearing is requested, an administrative law judge will preside over the hearing and make the final determination regarding placement. Should either party choose to proceed further with appeals, the next step is to take the hearing to chancery court.



Please be aware that disciplinary actions taken by the Board of Nursing and referrals to the abuse registry are separate actions. The abuse registry was created as a tool to make the public aware of offenders who should not work with the vulnerable population. •

## Did *you* know that Belmont has an outstanding MSN program?

- 100% first attempt success on certification exams for the past four years
- Two areas of specialization - FNP and Nurse Educator
- Experienced nurses teaching nurses in small, close-knit classes
- Focus on innovative nursing education
- Full-time and part-time enrollment options available

To learn more about Belmont's Master of Science in Nursing,

visit [www.belmont.edu/gradnursing](http://www.belmont.edu/gradnursing)  
or call (615) 460-NURSE



SCHOOL of NURSING  
**BELMONT**  
UNIVERSITY



# frequently asked questions

## REGULATION/MULTISTATE PRIVILEGE

**ALTHOUGH HOLDING A TENNESSEE MULTISTATE LICENSE AND PRACTICING IN ARKANSAS ON THAT PRIVILEGE, A NURSE MUST FOLLOW THE SCOPE OF PRACTICE OF THE LAW AND RULES IN THE STATE IN WHICH THE PRACTICE OCCURS.**



**Q: What is the purpose of regulation?**

A: The purpose of regulation is to protect the public. See the article on legislation in this issue for an update and changes in the Law.

**Q: How do I know if there are changes made to the Nurse Practice Act?**

A: This magazine provides nurses with an update of bills that were passed in the last legislative session. The board's Web site provides another option for information.

**Q: I am an advanced practice nurse. Do I need to renew both my RN and APN license? I only received my APN renewal in the mail.**

A: Yes, you must renew both the RN and APN license. You should have received both applications in the mail. You may go online and renew the RN and APN licenses or call the board office for us to resend the RN renewal form.

**Q: I changed my APN address online. Will this change be sufficient?**

A: No, you must also change your RN address. Anytime you change your address, you must change each license you hold, RN and APN or LPN and RN. Forty-eight hours after making an address change, we suggest you make certain that the address change was updated on the board's computer system by clicking on license renewal.

**Q: I understand that when I change my state of residence from Arkansas to Tennessee I may continue to work as a nurse in Tennessee on my Arkansas license until it expires. Is this correct?**

A: No. Once Tennessee becomes your primary state of residence, you may only practice in Tennessee for 30 days on the Arkansas license. In order to continue to practice in Tennessee without interruption, we suggest that you make application for licensure by endorsement and apply for a temporary permit as soon as you establish Tennessee residency. The endorsement process may take over 30 days.

**Q:** I live in Georgia and hold a Tennessee license. Since Tennessee is a compact state, may I use my Tennessee license to practice in Mississippi?

**A:** No. As a resident of Georgia, you hold a Tennessee single state license valid only for practice in Tennessee. Only Tennessee residents are eligible for a Tennessee multistate license with the privilege to practice in another compact state.

**Q:** I am a Tennessee APN and have a Tennessee RN multistate license; may I practice in Texas on my Tennessee APN license?

**A:** No. The advanced practice certificate/license is for practice in Tennessee only. You must contact the Texas Board of Nursing regarding obtaining an advanced practice nurse license in Texas.

**Q:** I hold a Tennessee multistate license and will be in Arkansas as



**YOUR TIME,  
YOUR PACE.**

Earn your RN to BSN or MSN degree - fully online.  
An education designed to fit your busy schedule.

Union University offers its first and only fully accredited, completely online bachelor's or master's degree:

- World-class faculty and rigorous academic instruction
- A distinctive, Christian world view perspective
- RN-BSN may be completed on a 12-, 18- or 24-month schedule
- MSN is a 12-month, cohort-based format.

Application dates:  
June 1 - MSN  
July 15 - BSN

Contact Union's School of Nursing  
for more information or to apply:  
[www.uu.edu/programs/nursing](http://www.uu.edu/programs/nursing)

Penney Smith MSN, RN  
[psmith@uu.edu](mailto:psmith@uu.edu)  
731.661.5538



**UNION UNIVERSITY**  
SCHOOL of NURSING

a travel nurse. Is it correct that I must follow the Tennessee law and rules for my scope of practice while in Arkansas?

**A:** No. Although holding a Tennessee multistate license and practicing in Arkansas on that privilege, a nurse must follow the scope of practice of the law and rules in the state in which the practice occurs. It is important for nurses to understand that the Nurse Licensure Compact requires the nurse to adhere to the practice law and rules of the state in which the client(s) receives care.

**Q:** I do telephonic nursing and live in Virginia and have a Virginia multistate license. The patients that I manage reside in Tennessee, Georgia and Florida. Do I need to obtain a nursing license in Tennessee as well as Georgia and Florida?

**A:** No, in Tennessee, you may practice on the multistate privilege as both Tennessee and Virginia are compact states. However, you need to contact the Georgia and Florida boards of nursing regarding obtaining a license in those states, as neither of those states are members of the Nurse Licensure Compact. For a list of states that are members of the NLC, go to [www.ncsbn.org](http://www.ncsbn.org).

**Q:** On internet verification, my Tennessee license states "multistate void" and has an expiration date of 4/31/2010. What does "multistate void" mean since to my knowledge I have not been disciplined? I am currently living in Maryland and recently changed my address.

**A:** "Multistate void" is not discipline. It is the term used in Tennessee when an individual with a valid Tennessee license changes his/her primary state of residence to another compact state. If you move back to Tennessee prior to the Tennessee expiration date and declare Tennessee as your primary state of residence, your Tennessee license would then become an active multistate license.



**Q:** I am trying to renew my Tennessee LPN license online but am unable to do so. I live in South Carolina and want to keep both licenses current. Will you please send me a renewal form?

**A:** You will not be able to renew your Tennessee license as an individual and may hold only one compact license at a time. A multistate license is issued by the primary state of residence. A nurse who lives in one compact state is no longer able to obtain (renew) a license in any of the other states that have enacted the Nurse Licensure Compact. For information about which states are part of the compact, go to [www.ncsbn.org](http://www.ncsbn.org) and click on Nurse Licensure Compact (NLC).

**Q:** I am seeking to become licensed in Ohio. How do I provide Ohio with verification of my Tennessee RN license?

**A:** Tennessee participates in Nursys verification, which is a requirement for participation in the Nurse Licensure Compact. To obtain verification of Tennessee RN or LPN license, you must use Nursys. Go online to [www.nursys.com](http://www.nursys.com) to request the verification. The Nursys application is good for 90 days.

**Q:** I also need APN verification. Do I use Nursys?

**A:** Advanced practice nurse verification is not yet available through Nursys. To obtain verification of a Tennessee APN license, send the request with \$25 (personal check accepted) to the Tennessee Board of Nursing, 227 French Landing, Suite 300, Heritage Place, Metro Center, Nashville, TN 37243.

**Q:** I am trying to renew my RN license online and get an error message. Can you help me?

**A:** A frequent error that nurses make in trying to renew online relates to the license number. You must enter the license number only, do not enter RN or the zeroes preceding the license number (ex: card reads RN 0000123456; enter 123456). •

# Be More. Expect More.

Our master's entry nursing program provides an avenue for non-nurses with baccalaureate degrees to become registered nurses certified as Clinical Nurse Leaders®. The science-rich curriculum focuses on the knowledge and skills necessary to bring critical thinking to the bedside.

Web-enhanced degrees now available:

Master of Science in Nursing (MSN)

Doctor of Nursing Practice (DNP)

Doctor of Philosophy (PhD)

Contact Ron Patterson, Assistant Dean

Phone: 901-448-1769 email: [rpatte10@utm.edu](mailto:rpatte10@utm.edu)

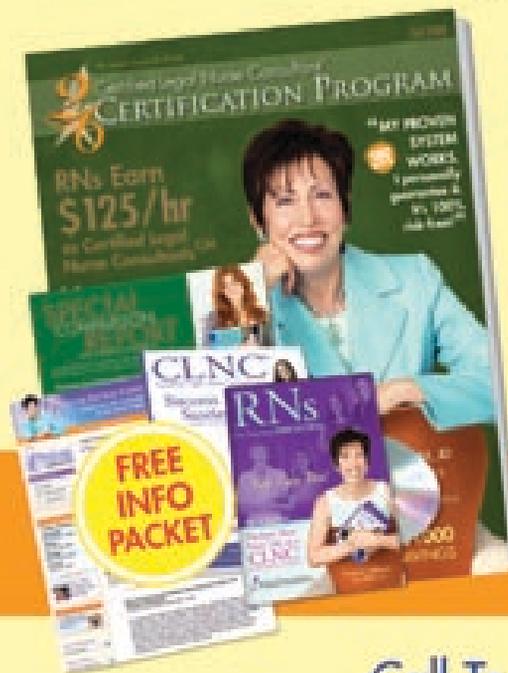
THE UNIVERSITY of TENNESSEE   
HEALTH SCIENCE CENTER  
COLLEGE of NURSING

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services.



## Kiss Those 12-hr Shifts Goodbye!

Work Just 12 Hours a Week  
and Make More Money



### Become a Certified Legal Nurse Consultant™

Learn from Vickie L. Milazzo, RN, MSN, JD, the Pioneer of Legal Nurse Consulting Through the CLNC® Certification Program:

- ▶ Live 6-Day Seminar OR
- ▶ 40-hr Home-Study

 An Industry Leader for 20 Years  
Vickie Milazzo Institute  
National Mentor of Certified Legal Nurse Consultants  
[LegalNurse.com](http://LegalNurse.com)

Call Today 800.880.0944

# FEDERAL HEALTH CARE PROGRAMS EXCLUSION PROGRAM

The Health and Human Services Office of Inspector General Exclusion Program is poorly understood by many nurses and employers in Tennessee. Being placed on the exclusion list has serious ramifications for a nurse in regard to the ability to work in the majority of health care settings in the United States.

The Office of Inspector General (OIG) was established in the U.S. Department of Health and Human Services to identify and eliminate fraud, waste and abuse in the Department's programs and operations. In addition, the OIG was given authority to exclude from participation in Medicare, Medicaid and other Federal health care programs individuals and entities who have engaged in fraud or abuse and to impose civil monetary penalties for certain misconduct related to Federal Health Care Program. (Sections 1128 and 1128 A of the Social Security Act.)

The Health Insurance Portability and Accountability Act (HIPAA) in 1996 authorized the OIG to provide guidance to the health care industry to prevent fraud and abuse and to promote high levels of ethical and lawful conduct. The Balanced Budget Act of 1997 further expanded the OIG's sanction authorities.

When one is placed on the Federal exclusion list, one is prevented from participating in any capacity in the Medicare, Medicaid and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (ACT). The ACT defines a Federal health care program as any plan or program that provides health care benefits, whether directly or indirectly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States government (except the Federal Employees Health Benefits Program). State health care programs are defined in section 1128(h) and include plans and programs under titles XIX, V, XX, and XXI. The scope of this exclusion is obviously very broad, and since almost all hospitals, nursing homes and institutional providers receive some sort of federal funding, being placed on the exclusion list severely affects a health care provider's ability to



work in the health care field.

Nurses can be excluded by OIG for a variety of reasons. The Social Security Act has mandatory exclusions for a conviction for patient abuse/neglect, felony conviction for health care fraud and felony conviction for controlled substances. Mandatory exclusions are for a minimum of five years. A second conviction/exclusion has a mini-

licensure revocation or suspension of a license that was otherwise lost or was surrendered while a formal disciplinary proceeding was pending before the State Board for reasons bearing on professional competence, professional performance, or financial integrity. Note that cases will not be processed where the board action is for a period of one year or less or the action is based on ad-

reinstatement cannot be made until the license has been restored by the licensing board which originally took the disciplinary action. In other words, the individual must regain their license in the state in which they lost it before being eligible to apply to OIG for reinstatement.

Health care facilities have the responsibility to determine if new hires or current employees are on the exclusion list. If a health care facility employs or enters into contracts with excluded individuals or entities to provide services to Federal program beneficiaries, the provider may be subject to substantial fines. Providers and contracting entities can easily check the status by going to the OIG Web site at [www.hhs.gov/oig](http://www.hhs.gov/oig). The exclusion does not affect excluded individual rights or the rights of their family members to collect benefits to which they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid or Social Security. Violations of the conditions of exclusion may subject the individual to be denied reinstatement to the program. •

## ...being placed on the exclusion list severely affects a health care provider's ability to work in the health care field.

imum of not less than 10 years, and a third conviction/exclusion results in permanent exclusion.

The other category of exclusion is classified as permissive exclusion. A permissive exclusion can be imposed for conviction cases or disciplinary actions by a state regulatory board. Conviction cases include misdemeanors related to fraud, conviction for obstruction of an investigation, and misdemeanor conviction for controlled substances. Disciplinary exclusion usually refers to

vanced age, physical disability or retirement. Permissive exclusion typically is for a minimum three year period or in the case of board discipline, never less than imposed by the licensing board.

Reinstatement is not automatic. One will not be reinstated at the conclusion of the minimum period of exclusion, or anytime thereafter, unless application to the OIG is made in writing and reinstatement is granted. If one was excluded due to losing one's license, then application for

*Thanks to Steve Allen, BA, Case Manager at TnPAP, for his assistance in the preparation of this article.*



# CAREERS FOR LIFE

Baptist Hospital | Hickman Community Hospital | Middle Tennessee Medical Center | Saint Thomas Hospital

If you are looking for a fulfilling, lasting career, we're here for life.



- Clinical Nurse Specialist
- LPN - Bi-lingual OB Advocate
- RN Positions : Admission Coordinator, Board Schdng Coordinator, Cardiac Rehab, Cardiac Telemetry, Cath Lab, Charge, Critical Care, Echocardiographics, Educator, Emergency Department, Endoscopy, EP Lab, First Assistant - CTOR, Labor & Delivery, Med/Surg, Medicine, Oncology, Orthopedic, PACU, Perioperative, Postpartum, Radiology, Rehab, Renal Diabetes, Special Care, Surgery, Surgical Care
- Nurse Practitioner
- Nursing Manager



**Saint Thomas Health Services**

We're here for life.

[www.sthscareers.com](http://www.sthscareers.com)  
615-222-7847



# PROGRESS of a MASTER PLAN: TENNESSEE'S NURSING CRISIS

In January 2008, the revised Master Plan for Tennessee, "Curing the Crisis... Progress and Prognosis," was released describing advancements made since the January 2005 "Curing the Crisis in Nursing Education" report. The progress made in the last three years is documented in the new report showing the status of goals and recommendations to be achieved by 2010. The publication can be found in its entirety at the Tennessee Center for Nursing Web site: <http://www.centerfornursing.org>.

The goals of "Curing the Crisis" were:

- 1) To double pre-licensure RN graduates with diversity that mirrors the state population from 1,663 in academic year 2003 to 3,326 in academic year 2010;
- 2) To increase the number of nursing faculty by academic year 2010 by at least 159 full-time faculty and 62.5 part-time faculty; and
- 3) To improve retention in the nursing workforce, including both nursing faculty retention and health care workplace retention.

To avoid the nursing shortage predicted in Tennessee of 35,000 registered nurses (RNs) by the year 2020, a goal to double the number of RN graduates by the year 2010 was established. It is unlikely at this milestone year, 2008, that the goal will be met in the educational mix, e.g. ADN, BSN, and MSN, that was established. Tennessee is projected to over-produce ADN graduates and under-produce BSN and MSN graduates.

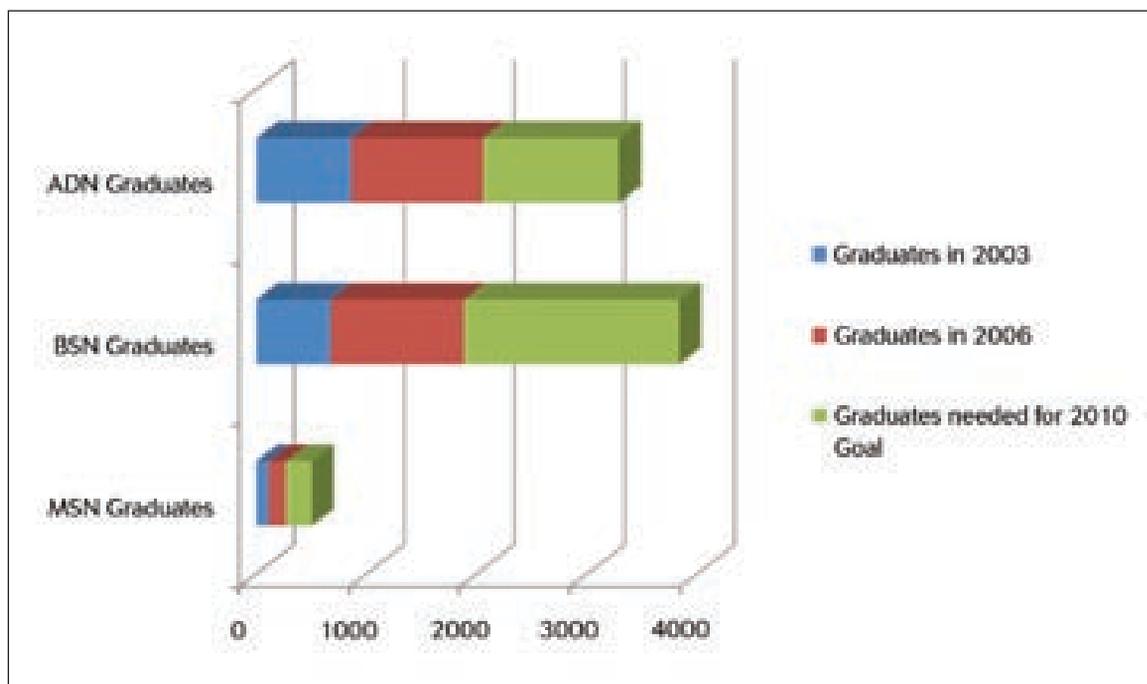
In "Curing the Crisis," a specific recommendation for goal one was to increase by 60 percent (1,996) the number of new graduates with BSN or generic MSN degrees. In 2006, BSN programs had reached 61.7 percent (1,207) of that goal and MSN programs had reached 65.3 percent (154). An additional 750 BSN graduates are needed by 2010 (250 per year statewide), and an additional 82 generic MSN graduates are needed by 2010. ADN programs had reached 96.7 percent (1,193) of their goal of increasing by 1,330 new pre-licensure graduates.

The diversity of the pre-licensure RN graduates for 2006 is still far short from the estimated diversity population of Tennessee. While recruitment

efforts have been quite successful in attracting qualified nursing applicants, nursing program enrollment and graduation data show no substantial improvement in racial/ethnic and gender diversity. Efforts to intensify targeted outreach to both traditional and non-traditional students as well as retention strategies are essential to achieving the diversity envisioned.

Specific recommendations for goal two were to increase the number of MSN graduates from 256 in 2003 to at least 670 by 2010 and to increase doctoral graduates from 22 in 2003 to at least 49 by 2010. MSN programs have reached 67.4 percent of that goal, and doctoral programs have reached 38.6 percent of that goal. In the next three years, an additional 187 MSN graduates are needed and an additional 27 doctoral graduates are needed. At the current rate, it is projected that these goals will not be met by the year 2010.

Increases in retention rates, as stated in goal three, are improving. Va-



## GRADUATE RATES NEEDED FOR 2010 GOAL

cancy rates in hospitals have declined by nine percent since 2002. Faculty vacancy rates have dropped from 7.9 percent in 2004 to 5.6 percent in 2006. Ongoing efforts to create a culture of retention in the workplace and with faculty positions have made some improvements. However, with the increase of retirements expected in the next three years combined with insufficient numbers of MSN and doctoral nursing graduates, it is doubtful that Tennessee Nursing programs will have the faculty needed to avert the

projected nursing shortage. Implementing campus-specific retention strategies that include addressing the gap between nursing faculty and nursing clinical salaries is essential to stabilizing the faculty workforce and filling the additional faculty positions needed to further increase the number of RN graduates in Tennessee.

In 2003, the National Advisory Council on Nurse Education (NACNEP), the major policy advisor to congress and the United States Secretary of Health and Human Services, recommended that at least two-thirds (2/3) of the nursing workforce hold a baccalaureate or higher degree in nursing by 2010. This recommendation recognized the mounting evidence show-

cent for all hospitals). Currently in Tennessee, only 40 percent of registered nurses hold baccalaureate or higher degrees. The evidence also suggests that higher proportions of baccalaureate prepared RNs may be essential to stabilizing the workforce, as baccalaureate RNs were found to have higher levels of job satisfaction, which is the key to nurse retention.

If patients in Tennessee are to expect optimal outcomes, and if our hospitals are to expect nursing educational programs to prepare the BSN and graduate degree nurses in the numbers they need to change their staffing mix in pursuit of patient safety and/or magnet status, then resources and funding need to be directed to expanding enrollment capacity in our BSN and higher degree nursing programs. Additionally, these graduates comprise the nursing faculty pipeline essential to solving the faculty shortage and expanding educational capacity in nursing programs in Tennessee. To encourage more RNs to become nursing faculty, the legislature adopted a bill that established the Tennessee Graduate Nursing Loan Forgiveness Program. This would allow up to 100 graduate nurses to receive a 25 percent loan reimbursement for each year they teach.

As we move closer to the predicted shortage time limit of year 2020, it is encouraging to see the progress that has been made to date, but there is still much to accomplish. Tennessee should easily exceed the goal for the ADN graduates and will possibly produce an excess. The BSN goal may be met if graduates continue at the same rate of increase. Unfortunately, MSN graduates, which are the future of nursing faculty, are projected to fall far short of the 2010 goal. However, the first 88 RNs have received TN Graduate Nursing Loan Forgiveness Program Funding and upon graduation will hopefully provide additional faculty. •

## To avoid the nursing shortage predicted in Tennessee of 35,000 Registered Nurses (RNs) by the year 2020, a goal to double the number of RN graduates by the year 2010 was established.

ing improved patient outcomes in organizations with a higher proportion of baccalaureate-prepared nurses. Linda Aiken, et al., demonstrated that every 10 percent increase in the proportion of a hospital's nurses holding a baccalaureate degree or higher is associated with a five percent decline in mortality and failure to rescue following common surgical procedures. In addition, magnet hospitals were showing a higher proportion of nursing staff prepared at the BSN level (average 50 percent compared to 34 per-

### CONTINUING EDUCATION COURSES @ LEARNINGEXT.COM

**Acclimation of International Nurses into US Nursing Practice**

6.6 Contact Hours | \$40

**Confronting Colleague Chemical Dependency**

3.3 Contact Hours | \$20

**Delegating Effectively**

4.2 Contact Hours | \$25

**Disciplinary Actions: What Every Nurse Should Know**

4.8 Contact Hours | \$29

**Diversity: Building Cultural Competence**

6.0 Contact Hours | \$36

**Documentation: A Critical Aspect of Client Care**

5.4 Contact Hours | \$32

**End-of-Life Care and Pain Management**

3.0 Contact Hours | \$18

**Ethics of Nursing Practice**

4.8 Contact Hours | \$29

**Medication Errors: Detection & Prevention**

6.9 Contact Hours | \$41

**Nurse Practice Acts CE Courses**

Participants: AR, IA, ID, KY, MA, MN, MO, NC, ND, NM, NV, OH, VA, WV-PN/RN  
2.0 Contact Hours | \$12

**Patient Privacy**

5.4 Contact Hours | \$32

**Professional Accountability & Legal Liability for Nurses**

5.4 Contact Hours | \$32

**Respecting Professional Boundaries**

3.9 Contact Hours | \$23

**Sharpening Critical Thinking Skills for Competent Nursing Practice**

3.6 Contact Hours | \$22

**UNLIMITED, 24-HOUR ACCESS TO ENGAGING NURSING CE CONTENT @ LEARNINGEXT.COM**



ncsbn learning extension  
learningext.com

E-LEARNING FOR THE NURSING COMMUNITY

**NEUROLOGICAL SURGEONS**  
CENTER FOR SPINAL SURGERY  
NO Weekends or Holidays  
Immediate Openings:

- O.R. Circulator – Experience Required
- PACU – Recovery Room Experience Required
- Joint Commission/Quality/Compliance Manager – Experience Required

Great Nurse/Patient Ratio – Competitive Salary  
Medical, Dental, Vision, Short and Long Term Disability, Life Insurance, 401K

FAX RESUMES TO 615-341-7513

# THE APRN\* COMPACT

I want to stress a principle from basic civics: *As long as state laws are not contradictory to federal statute, each state has the right to create its own laws in whatever way will best serve its citizens.* As a result, each state licenses and regulates its own health care providers, including nurses. Each state has its own *Nurse Practice Act*, and there is some variation with respect to these laws, rules and regulations that govern nursing practice in each state, most particularly with advanced practice nurse regulation. These differences are responsible for creating much of the barrier for seamless movement of nursing and other health care professionals from state to state.

Prior to January 1, 2000, nurses were not able to practice in any capacity in a state without the specific and explicit approval of the state regulators in which they wanted to practice (e.g., the *Board of Nursing*). This approval process resulted in the nurse being issued an individual state-specific nursing license for each state in which they wanted to practice nursing.

## THE NCSBN

The National Council of State Boards of Nursing (NCSBN) is a consultative body for nursing regulators (i.e. state Board of Nursing). This group does not set law, rules, or regulations. Rather, it serves the nursing profession by initiating research investigation and expert consultation to validate trends and concepts for the betterment of nursing practice. Through its work, model laws and rules for nursing practice are developed for consideration by state regulatory authorities. The exact language selection, along with the rights and privileges available to nursing practitioners in any state, remain at the purview of the regulatory bodies and legislative members within each individual state. In 1998, the NCSBN Board of Directors set a goal for the mutual recognition of RN and LPN/VN licensure between states, which included the goal to “remove regulatory barriers to increase access to safe nursing care.”

### The Nurse Licensure Compact

In 1996 at the NCSBN Delegate Assembly, delegates voted to investigate different regulatory models and report the findings. A year later, the National Council for State Boards of Nursing Delegate Assembly unanimously agreed to endorse a mutual recognition model of nursing regulation. In that same year, the Nurse Licensure Compact Administrators (NLCA) was established to manage compact implementation and to develop compact rules. The RN and LPN/VN Compact began January 1, 2000, when it was passed into law by the first participating states: Maryland, Texas, Utah and Wisconsin.

In developing this compact, a model similar to the concept that governs driving privileges in and between states was formulated. For example, the typical citizen has only one driver's license, which is issued by the state in which they reside. Should they move their physical residence to another state, they are required to relinquish their previous driver's license and acquire a new license from the state of their new residence. As long as an individual possesses a valid and unrestricted driver's license issued by one state of the U.S., a driving privilege is extended by the other 49 states. This is possible because most states participate in a compact to recognize each other's driving privilege. Should an individual desire to permanently move to a new state, they will have to qualify and receive a new license in their new state of residence; once they move their physical residence to their new

state, they relinquish their previous state's license.

Since 2000, the Nurse Licensure Compact has included registered nurses (RNs) and licensed practical or vocational nurses (LPN/VNs). As of the date of printing, 22 states have joined the Compact, including: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin. Rhode Island is expected to implement the Nurse Licensure Compact on July 1, 2008. The process of a state ratifying the compact is slow because, in most instances, states have to undertake changes in their laws to allow nurses licensed in other states to be legally recognized to practice in their state.

### Advanced Practice Registered Nurse Compact

The Advanced Practice Registered Nurse Compact (APRN Compact) addresses the need to promote consistent access to quality APRN care within states and across state lines. The Uniform APRN Licensure/Authority to Practice Requirements, developed by NCSBN with APRN stakeholders in 2000, established the foundation for this APRN Compact. Similar to the existing Nurse Licensure Compact for recognition of RN and LPN li-



censes, the APRN Compact offers states the mechanism for mutually recognizing APRN licenses/authority to practice. This represents a significant step towards increasing accessibility to qualified APRNs (i.e. nurse anesthetists, nurse practitioners, nurse midwives, or clinical nurse specialists). A state must either be a member of the current nurse licensure compact for RNs or choose to enter into both compacts simultaneously to be eligible for the APRN Compact. No date has been set for the implementation of the APRN Compact, but the states of Utah, Iowa and Texas have passed laws authorizing joining the APRN Compact.

The NCSBN serves the nursing profession by initiating research investigation and expert consultation to validate trends and concepts for the betterment of nursing practice.

because the ordering and/or dispensing of medications is frequently controlled by more than one authorizing entity, the degree of complexity required in order to craft language that would accommodate for this involvement is extremely difficult. Compounding this is the need for interstate governmental cooperation necessary to accomplish such an effort. This difficulty is reflected in the reality that although three states have already authorized their participation in an APRN Compact, no such compact has yet to be implemented.

#### **So... What Does This Mean for APRN Practice?**

The potential ramifications for not adhering to the specific requirements of state regulators can be serious for the offending individual. Therefore, a clear understanding by all APRNs of exactly what is required in order to enter into practice in a state other than the licensee's state of residence is not only necessary... it is essential.

All APRNs are RNs, but obviously not all RNs are APRNs. Therefore, RNs and LPNs who are duly licensed in their primary state of residence and hold an unencumbered nursing license in a compact state may practice within their RN/LPN scope (as applicable) in all states that are members of the compact without having to secure additional separate licenses. An APRN with



The barrier that makes the universal acceptance of an APRN Compact difficult for most states to overcome is centered on the prescriptive authority that most APRNs either possess, or are eligible to possess. In most states,

an unencumbered RN license in Tennessee, for example, may practice as an RN in any of the 21 other states that recognize the Nurse Compact, and they would do so on their RN licensure compact privilege. Their scope of prac-



# It's about a career, not just a job.

## Benefit from Our Benefits:

- Comprehensive educational benefits for you and your entire family
- Full-time benefits for part-time commitment
- Individual holidays, personal leave days, annual and sick days
- Retirement — 5% employer contribution, no employee matching dollars required
- Exceptional medical, disability, life insurance benefits

## Join East Tennessee's Most Dynamic Nursing Team!

The service needs at our academic medical center are expanding at a rapid pace and we are looking for the best and brightest nurses that Tennessee has to offer. The University of Tennessee Medical Center, located in beautiful Knoxville, TN, is the region's only Level I Trauma Center with the highest level Intensive Care Nursery. We have a rich 50 year history of providing patient-centered care while remaining at the forefront of research, technology and treatment.



To apply visit:  
[www.utmedicalcenter.org/jobs](http://www.utmedicalcenter.org/jobs)  
 or call 865-305-9520

A part of University Health System

Department of Human Resources, 1924 Alcoa Highway, Knoxville, TN 37920. Equal Opportunity Employer



# Caribbean



# Nursing Continuing Education Cruise

WWW.THINKABOUTITNURSING.COM

IN COOPERATION WITH THE ARKANSAS STATE BOARD OF NURSING

Cruise Your Way to Nursing CIE Credits



NORWEGIAN CRUISE LINE



Who said Continuing Education can't be fun? We are changing that forever. Join ThinkAboutItNursing and Poe Travel for a CE Cruise that will cure your overworked blues with some *salsa and sun* on board Norwegian Cruise Lines "Spirit". While you're soaking up the Caribbean culture, you can earn your annual CE credits AND write the trip off on your taxes. How is that for paradise?

Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and **start as low as \$944 per person** (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, BUT please ask us about our **Cruise LayAway Plan**.



Inside Cabins start at \$944  
 Ocean View Cabins start at \$1164  
 Ocean View Cabins with balcony start at \$1294



DAY	PORT
Sun.	New Orleans
Mon.	At Sea
Tues.	Costa Maya
Wed.	Santo Tomas De Castilla
Thurs.	Belize City
Fri.	Cozumel
Sat.	At Sea
Sun.	New Orleans

## THE 2009 NURSING CARIBBEAN EDUCATION CRUISE March 29 - April 5

For more information about the cruise and the curriculum, please log onto our website at [www.thinkaboutitnursing.com](http://www.thinkaboutitnursing.com)  
 or call **Teresa Grace at Poe Travel** • toll-free at 800.727.1960

tice, however, would be restricted to that of the RN, unless they had applied and been specifically granted APRN/APN privileges in each state that they desired to practice in an APRN/APN role. Since no APRN Compact is in effect in any of the 50 states, an APRN wanting to practice as an APRN outside their state of residence must FIRST apply to each state they desire to have advanced practice privileges. SECOND, the individual must be authorized by EACH state in which they desire to function in an advanced practice role prior to initiating any of their APRN scope of nursing practice outside their state of residence (and/or in any other state where they possess specific regulatory authorization to function as an APRN/APN). Advanced practice privileges are state specific and only apply to the practitioner in the specific state(s) in which they have been authorized to practice as an APRN. While the RN license and its associated scope of practice is "portable" among and between compact states (as long as the nurse is licensed by one of the compact participant states), **the advanced practice privilege IS NOT portable.**

Just as a reminder, all APNs in Tennessee are issued two documents that indicate they are authorized to practice:

- **First**, individuals meeting the qualifications for licensure are granted an RN license. The license may be a Tennessee license that allows for multi-state privileges in all compact states (granted to Tennessee residents with an unencumbered nursing license) or single state license for residents of non-compact states, certain federal/military personnel, encumbered licenses, or a sister state compact license with the multistate privilege.
- **Second**, in addition to RN licensure, all APNs that meet the educational and practice requirements in Tennessee are eligible to receive a BON issued **APN Certificate** to practice as an advanced practice nurse in Tennessee. Consequently, they receive a separate document,

which looks a great deal like the RN license. This additional certificate, however, is marked with their area of advance practice specialty (e.g. nurse anesthesia, nurse practitioner, clinical nurse specialist, or nurse midwife). The **APN Certificate** is specific to TENNESSEE ONLY.

To summarize, both parts of the state board of nursing authorization, **(1) a Tennessee RN license/other state compact RN license plus (2) a Tennessee APN certificate, are required for eligibility to practice as an advanced practice nurse in Tennessee.**

In conclusion, much work has been accomplished toward increasing the ability of nurses to more fluidly cross geographic boundaries in an effort to better match need with availability. Much more work, however, needs to be accomplished in the future. While 22 states have joined the RN/LPN Nurse Licensure Compact to date, a similar movement for advanced practice nurses is only an unrealized future potential. A significant driving force for all change in healthcare is supply and demand. While extensive regulatory alteration will be necessary in order to realize a practical and effective APRN Compact in the future, it is likely that demand for services of highly qualified and interested advanced practice nurses may prove to be the motivating force behind the future of this initiative. •

NOTES:

- \*APRN is advanced practice nurse designation, which in Tennessee is termed APN.
- The author wants the reader to recognize that the information in this article on the RN/LPN Licensure Compact and APRN Compact was prepared directly from documents authored by the National Council of State Boards of Nursing. The original source of this information, as well as many other valuable resources for regulatory related information, is available at the NCSBN's Web site: <https://www.ncsbn.org/resources.htm>.
- Dr. Preston resigned from the Tennessee Board of Nursing effective May 2, 2008, to accept a position with the American Association of Nurse Anesthetists in Chicago, Ill., as the Senior Director of Education and Professional Development.

**Intrepid USA Home Health Services**, with over 90 agencies nationwide and 12 agencies in Tennessee, seeks compassionate nurses dedicated to maintaining the balance between a rewarding professional career and an active, vibrant personal life. To help Nurses achieve that balance we offer:

- Competitive pay rates
- Full benefits
- Flexible schedules designed to meet your needs
- Minimal call/weekends/holidays
- Generous paid time off
- Mileage reimbursement

We have locations in: Knoxville, Nashville, Memphis, Murfreesboro, Sweetwater, Monterey, Jackson and more.

Find out more about the best kept secret in nursing; Home Health Care. Contact Mary @ 888-368-7218 or fax 865-457-0100, email: [recruiter@intrepidusa.com](mailto:recruiter@intrepidusa.com); website [www.intrepidusa.com](http://www.intrepidusa.com)

**intrepid USA**  
HEALTHCARE SERVICES  
*We find a way®*

*Find time to experience life on your terms. Be home for your children, spend time with your family, and give back to your community. With Nursefinders, you choose a schedule that works for you. We are currently accepting applications for*

**RNs & LPNs & CNAs**

*with at least one year recent clinical experience.  
For immediate consideration call*

**865-692-8950 or toll free 877-292-4251** **Nurse finders®**  
*The Professional Choice®*

**\$12,000 Relo/Bonus - All RNs and New RN Grads**

- In 1st 30 days, receive \$4,000, & in first 4 months - \$10,000
- Full time RN positions in Shreveport, LA hospitals, retraining available
- Pay options up to \$38 per hour
- Instant Medical coverage on 1st day of mo. after hire
- Great pkg - Medical, dental, vision, retirement, vacation, etc
- Very supportive RN Managers
- Solucient Top 100 Hospitals!
- Picturesque family community, great schools - no hurricanes!

**Contact: Jeff Martin, Senior RN Consultant**  
1-800-304-3095 ext 16  
Or email: [jmartin@beck-field.com](mailto:jmartin@beck-field.com)

**classified ads**

**29 NURSES needed to work from home**

**Income Potential**  
\$50,000 + Part-time  
\$100,000 + Full-time

**MUST BE A SELF STARTER  
MUST HAVE A HOME COMPUTER  
MUST BE A TEAM PLAYER**

**We are a 35 year old NYSE company looking to expand into your local market. Give us a call or visit our website and submit your information to see if you qualify!**

**call 1-800-486-7514 or [www.29nurses.com](http://www.29nurses.com)**

# SCHOOLS *of* nursing FACULTY

The 41 schools of professional nursing reported a total of 1097 faculty teaching in fall 2007. Of these, 715 were full-time and 382 part time. Nineteen practical nursing programs reported a total of 193 faculty; 113 being employed full-time and 80 part time. Professional schools of nursing report that 85.5 percent of faculty hold either and masters or doctoral degree in nursing. Practical nursing programs had a 17.6 percent increase in faculty.

## TENNESSEE PROFESSIONAL SCHOOLS OF NURSING FACULTY SUMMARY FALL 2007

Schools	Full Time	Part Time	Total RN Fac.	By Highest Credential (in Nursing)					By Highest Credential (not in Nursing)		
				Diploma	AD	BSN	MSN	Doc.	Bacc	Mast.	Doct.
<b>ASSOCIATE DEGREE</b>											
1. Aquinas College*	12	26	38	0	0	17	18	1	1	3	2
2. Chattanooga State Technical CC	18	6	24	0	0	5	19	0	0	0	2
3. Cleveland State CC	10	8	18	0	0	4	14	0	0	1	0
4. Columbia State CC	12	17	29	0	1	12	16	0	0	2	2
5. Dyersburg State CC	11	6	17	0	0	7	9	1	0	0	0
6. Freed-Hardeman University	5	0	5	0	0	2	5	0	0	0	0
7. Jackson State CC	21	6	27	0	0	6	20	1	0	0	0
8. Lincoln Memorial University**	22	3	25	0	0	0	21	4	0	2	2
9. Motlow State CC	12	7	19	0	0	5	14	0	0	1	0
10. Northeast State Technical CC	4	1	5	0	0	0	5	0	0	0	1
11. Roane State CC	17	11	28	0	0	9	19	0	0	1	2
12. Southern Adventist University**	15	2	17	0	0	0	13	4	0	0	0
13. Southwest Tennessee CC	11	10	21	0	0	5	15	1	0	3	1
14. Tennessee State University	14	6	20	0	0	1	19	0	0	1	3
15. Walters State CC	18	18	36	0	0	11	25	0	4	0	2
<b>TOTAL</b>	<b>202</b>	<b>127</b>	<b>329</b>	<b>0</b>	<b>1</b>	<b>75</b>	<b>232</b>	<b>12</b>	<b>0</b>	<b>5</b>	<b>17</b>

\*includes RN-BSN faculty

\*\*includes RN-BSN and MSN faculty

Schools	Full Time	Part Time	Total RN Fac.	By Highest Credential (in Nursing)					By Highest Credential (not in Nursing)		
				Diploma	AD	BSN	MSN	Doc.	Bacc	Mast.	Doct.
<b>BACCALAUREATE DEGREE AND MASTERS DEGREE</b>											
1. Austin Peay State University	18	17	35	0	0	11	21	3	0	1	1
2. Baptist Memorial College	25	17	42	0	0	9	28	5	0	4	2
3. Belmont University	20	36	56	0	0	8	45	3	0	0	8
4. Bethel College	7	2	9	0	0	1	7	1	1	0	0
5. Carson Newman College	14	16	30	0	0	7	19	4	0	0	1
6. Cumberland University	9	1	10	0	0	0	9	1	0	0	0
7. East Tennessee State University	52	13	65	0	0	2	49	14	0	1	10
8. Fisk University**											
9. King College	14	13	27	0	0	2	22	3	0	0	2
10. Libscomb University**											

Schools	Full Time	Part Time	Total RN Fac.	Diploma	AD	BSN	MSN	Doc.	Bacc	Mast.	Doct.
<b>BACCALAUREATE DEGREE AND MASTERS DEGREE (continued)</b>											
11. Martin Methodist College	5	0	5	0	0	0	4	1	0	0	1
12. Middle Tennessee School of Anesthesia*****	3	13	16								
13. Middle Tennessee State University	26	11	37	0	0	1	24	12	0	1	6
14. Milligan College	5	5	10	0	0	6	2	2	0	2	0
15. South College	6	4	10	0	0	0	8	2	1	1	1
16. Tennessee State University	16	2	18	0	0	0	18	0	0	0	7
17. Tennessee Technological University	10	12	22	0	0	2	19	1	0	2	2
18. Tennessee Wesleyan College	8	6	14	0	0	4	9	1	0	1	1
19. Trevecca Nazarene University***											
20. Union University	27	5	32	0	0	0	21	11	0	0	2
21. University of Memphis	37	29	66	0	0	0	55	11	0	0	4
22. University of Pheonix****	1	5	6	0	0	0	5	1	0	0	1
23. University of TN - Chattanooga	20	5	25	0	0	2	15	8	0	2	6
24. University of TN - Knoxville	41	15	56	0	0	1	40	15	6	5	12
25. University of TN - Martin	13	1	14	0	0	0	11	2	0	0	1
26. University of TN Health Science Center	33	5	38	0	0	0	9	29	0	0	3
27. Vanderbilt University	103	22	125	0	0	1	87	37	0	6	8
<b>TOTAL</b>	<b>513</b>	<b>255</b>	<b>768</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>527</b>	<b>167</b>	<b>0</b>	<b>26</b>	<b>79</b>

\*\* Collaborative agreement -VUSN faculty  
 \*\*\* Collaboration with Belmont faculty  
 \*\*\*\*RN-BSN only program; Nashville campus  
 \*\*\*\*\*Masters of Science -focus nurse anesthesia

Schools	Full Time	Part Time	Total RN Fac.	By Highest Credential (in Nursing)					By Highest Credential (not in Nursing)		
				Diploma	AD	BSN	MSN	Doc.	Bacc	Mast.	Doct.
<b>TENNESSEE PRACTICAL NURSING SCHOOLS</b>											
1. Appalachian Regional PN Program	4	10	14	2	7	3	2	0	1	1	0
2. Blount Memorial Hospital	3	2	5	0	3	2	0	0	1	0	0
3. Chattanooga State Technical CC PN Program	4	6	10	3	1	6	0	0	3	0	0
4. Four Rivers PN Program	22	8	30	5	14	10	1	0	0	0	0
5. Jackson Regional PN Program	6	8	14	2	6	6	0	0	0	0	0
6. South Central Regional PN Program	0	3	3	0	1	2	0	0	0	0	0
7. TN Technology Center - Athens	1	2	3	0	1	2	0	0	0	2	0
8. TN Technology Center - Crossville	6	3	9	0	6	3	0	0	1	1	0
9. TN.Technology Center - Dickson	4	4	8	0	6	2	0	0	0	0	0
10. TN Technology Center - Elizabethton	8	8	16	1	6	9	0	0	0	2	0
11. TN Technology Center - Hartsville	1	3	4	0	2	1	0	0	0	1	0
12. TN Technology Center - Hohenwald	0	7	7	0	5	1	1	0	0	0	0
13. TN Technology Center - Knoxville	1	6	7	0	4	3	0	0	0	0	0
14. TN Technology Center - Livingston	1	6	7	0	3	4	0	0	0	2	0
15. TN Technology Center - Memphis	4	5	9	2	2	4	0	0	0	2	0
16. TN Technology Center - Morristown	0	7	7	0	3	4	0	0	1	0	0
17. TN Technology Center - Nashville	3	7	10	1	3	5	1	0	0	0	0
18. TN Technology Center - Paris	3	7	10	2	4	3	1	0	1	0	0
19. TN Valley Regional PN Program	9	11	20	2	12	4	2	0	0	0	0
<b>TOTAL</b>	<b>80</b>	<b>113</b>	<b>193</b>	<b>20</b>	<b>89</b>	<b>74</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>11</b>	<b>0</b>

## FREE

## Help Provide FREE Books to Children Under Age 5

Can a monthly book delivery during a child's earliest years have an impact on the full extent of their formal education? Governor Bredesen and hundreds of Imagination Library volunteers statewide believe strongly in that very premise. Children who are reading at grade level by the end of their third grade year are far more likely to be successful in school, receive a high school diploma and even go on to college. A child who has been exposed to books and reading during his earliest years is far more likely to acquire these essential reading skills by completion

family and regardless of income. The books in the Library are high-quality, chosen by a blue-ribbon panel of early childhood education experts. Gov. Bredesen founded the non-profit Governor's Books from Birth Foundation® (GBBF) to expand Dolly's program statewide and to provide Imagination Library organizers with fundraising, public relations and other support.

Tennessee nurses are essential partners to Imagination Library sponsoring organizations at the county level for helping to maintain momentum in registering children. In many communities,

ing organizations are ready and able to stock your hospital or practice with registration brochures advertising the program. Most of Tennessee's birthing hospitals are routinely sending new parents home with registration brochures, though it always helps to give parents of newborns a friendly reminder about how important it is to read to their children, and that an entire library of up to 60 new children's books is available to their family – absolutely free-of-charge upon registration.

Research shows that children who learn to read early come from families where there are books;



Dolly Parton's Imagination Library mails a new, age-appropriate, hardcover book every month to children from birth to age five, at no cost to the family and regardless of income.

of the third grade.

Consider this: Children who are exposed to books and reading during their preschool years enter kindergarten with a listening vocabulary of approximately 20,000 words, versus 3,000 words for those who don't have this exposure. Kindergarten teachers report they can almost immediately identify those students who have been exposed to books and reading, and those who have not.

Dolly Parton's Imagination Library mails a new, age-appropriate, hardcover book every month to children from birth to age five, at no cost to the

hospital nurses register children for the program the very day they are born. Also, local pediatricians and family physicians offer parents of their preschool patients a "prescription to read."

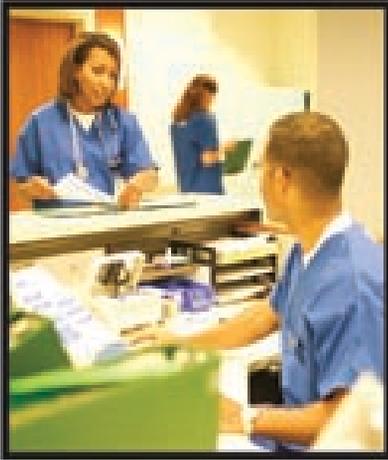
The program is available to all 374,880 Tennessee children under age five. Parents can register a child by way of a simple registration form commonly available at public libraries or online at [www.ImaginationLibrary.com](http://www.ImaginationLibrary.com). (Though, hardcopy registrations are currently accepted in most counties.)

Volunteers with Imagination Library sponsor-

literacy experiences at home contribute to child development; and shared parent-child reading at an early age will lead to higher reading achievement in school. With nearly 194,000 Tennessee children registered, the Imagination Library is helping to foster a culture of literacy -- a genuine love of reading and learning -- in the next generation by putting children's books into the homes of Tennessee families.

Contact information for your county's Imagination Library can be found at [www.GovernorsFoundation.org](http://www.GovernorsFoundation.org) or by calling toll-free, 1-877-99-BOOKS. •

## Saint Francis Hospital



"IS THERE A HOSPITAL THAT UNDERSTANDS THAT TEAMWORK AND MUTUAL RESPECT ARE ESSENTIAL FACTORS IN PROVIDING QUALITY HEALTHCARE?"

**YES**

At Saint Francis Hospital, in Memphis, Tennessee, we're committed to quality patient care and to professionals like you. We also offer extensive training opportunities and a career that is as flexible and mobile as you and your ambitions. We are seeking the following leadership professionals:

- Bedside RNs (All Areas, including Behavioral Health)
- Assistant Nurse Manager (Med Surg, ER/Chest Pain, ICU, Diabetes)
- Nurse Manager (Ortho/Neuro)

**All New Graduate Nurses Welcome!**

For more information, please call our Nurse Recruiter at (901) 765-1951 or apply online at: [www.saintfrancishosp.com](http://www.saintfrancishosp.com)



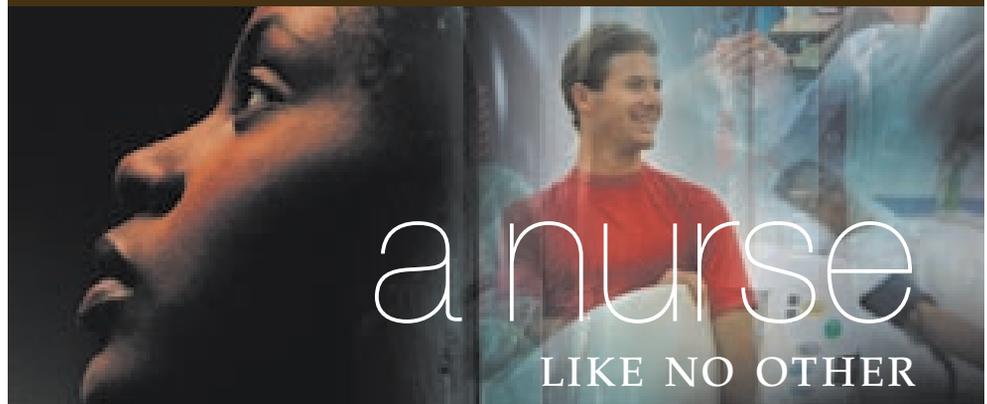
**Saint Francis Hospital**  
**Memphis**

*It's Your Life. Live It Well!*

1001

reserved for ads

[www.fmcnacareers.com](http://www.fmcnacareers.com)



Enjoy more mobility. Greater flexibility.  
A more dynamic career.

Nursing isn't just about the quality of care you give. It's about working with extraordinary team members who share your commitment to learning and staying on the leading edge of healthcare. Those qualities are the cornerstone of our philosophy, ensuring that your compassion and leadership skills can make a difference in the lives of others. If you enjoy caring for others and like working in an environment that promotes learning and professional growth, you belong on the Fresenius team.

We have outstanding career opportunities available throughout the great state of Tennessee! As a Fresenius Medical Care employee, you will be eligible for a competitive salary and benefits package that includes medical and dental, 401(k), short- and long-term disability, tuition reimbursement, paid time off and an annual uniform allocation.

**Bring your talent, dedication and ambition to Fresenius, the world leader in dialysis care.**

Discover the difference between a job and real job satisfaction at [www.fmcnacareers.com](http://www.fmcnacareers.com).

Fresenius Medical Care North America is an Equal Opportunity Employer.



Fresenius Medical Care

Advertisements contained herein are not necessarily endorsed by the Tennessee Board of Nursing or the Tennessee Department of Health.

## Join a team that cares about you and our patients.

*Wellmont employees feel safe, appreciated and respected.*

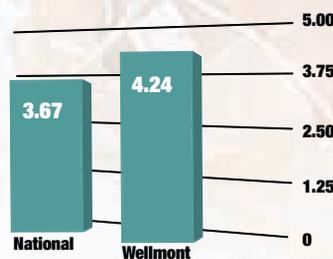
- Generous sign-on bonuses • Great wages • Learning environment
- Career ladder • Shared governance • Flexible scheduling
- Terrific benefits • Free fitness center
- Outstanding quality of life and scenic beauty
- Founding member of the Safest Hospital Alliance

**Karen Kane, RN, System Nurse Recruiter**

**(423) 30-NURSE**

(423) 306-8773

**Apply online at [wellmont.org](http://wellmont.org)**



### My job is satisfying.

In a recent employee satisfaction survey pertaining to key employee issues, Wellmont employees consistently ranked significantly higher than the national average. Survey scale is 1-6.

### Tertiary Referral Centers

**Holston Valley Medical Center**  
Kingsport, Tenn.

- \$100 million renovation underway
- Top 100 Heart Hospital in 2005 and 2007
- Level I Trauma Center
- 75,000-visit ED
- Level III NICU
- PICU

**Bristol Regional Medical Center**  
Bristol, Tenn.

- Modern facility
- CyberKnife
- Accredited Stroke Center
- Critical care residency training
- 700 births annually

### Community Hospitals

**Mountain View Regional Medical Center**  
Norton, Va.

**Takoma Regional Hospital**  
Greeneville, Tenn.

**Lee Regional Medical Center**  
Pennington Gap, Va.

**Lonesome Pine Hospital**  
Big Stone Gap, Va.

**Hawkins County Memorial Hospital**  
Rogersville, Tenn.

**Jenkins Community Hospital**  
Jenkins, Ky.

**Hancock County Hospital**  
Sneedville, Tenn.

