

Iowa Board of Nursing Newsletter



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400 SW 8th St., Suite B
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All You Ever Wanted to Know About the Enhanced Nurse Licensure Compact (eNLC)

The implementation date for the Enhanced Nurse Licensure Compact (eNLC) is January 19, 2018. The following scenarios and information provided by the eNLC Commission and the National Council of State Boards of Nursing (NCSBN) will tell you everything you ever wanted to know about the eNLC!

Scenario I	Scenario II	Scenario III
<p>A nurse holding a multistate license in Colorado, New Mexico, Rhode Island or Wisconsin will have to apply for a single state license to work in Iowa.</p> <p>These four states will retain membership in the current Nurse Licensure Compact and nurses working in these states must obtain single state licenses.</p> <p>Iowa is a member of the Enhanced Nurse Licensure Compact (eNLC).</p>	<p>A nurse currently holding an active Iowa multistate license will be grandfathered into the eNLC; however, if you move to another state that is a member of the eNLC, you will need to meet the Uniform Licensing Requirements (ULRs) (see page 6) to obtain a multistate license. Likewise, all nurses applying for licensure and declaring Iowa their state of residency will need to meet the ULRs.</p> <p>A nurse who does not meet the ULRs may be issued a single state license.</p>	<p>A nurse currently holding an active Iowa multistate license may practice in the following states: Arizona, Arkansas, Delaware, Florida (new to compact), Georgia (new to compact), Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia (new to compact), and Wyoming (new to compact).</p> <p>As with the original Nurse Licensure Compact, if you practice in states other than your home state on your multistate license, you must adhere to the laws and regulations of the state where the patient is located.</p>

[Read more about Enhanced Nurse Licensure Compact on pages 4-6](#)



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Members of the Iowa Board of Nursing MAY 1, 2017 - APRIL 30, 2018

	TERM ENDS
Gwen Suntken, MS, RN Chairperson, Representing Nursing Practice	2020
Nancy Kramer, EdD, ARNP, CPNP, CNE Vice Chairperson, Representing Nursing Practice	2019
Kathryn Dolter, RN, PhD Representing Nursing Education	2018
Mark G. Odden, BSN, MBA, CRNA, ARNP Representing Nursing Practice	2019
BJ Hoffman, Public Member	2020
Patrick Mooney, Public Member	2020
LPN Practice Position	Vacant

Agendas and Minutes on the Web

All Board and Committee agendas are on our website. Agendas are posted at least 24 hours in advance of a meeting. Previous agendas will remain posted until replaced by the current agendas. Board and Committee minutes are posted at our website approximately three (3) months following the meetings.

You can locate our Agendas and Minutes at our website, nursing.iowa.gov, under "About the Board."

You may subscribe to email notification of the first posting of a meeting or conference call agenda by sending a blank email to: ibon.helpdesk@iowa.gov.



Board Meetings

January 10, 11, 12, 2018 (December 20, 2017)

April 4, 5, 6, 2018 (March 14, 2018)

July 11, 12, 13, 2018 (June 13, 2018)

Requests for establishment of new schools, requests for major curriculum change, other special requests, and regular business will be considered at each meeting. Materials must be received in the board office three (3) weeks prior to a scheduled board meeting. For your convenience, behind each board meeting date is the deadline for receipt of materials.

This newsletter is a non-public forum. The Iowa Board of Nursing retains exclusive journalistic discretion over all substantive portions of the newsletter.



<https://nursing.iowa.gov>

Online LPN Supervisory Course

The Iowa Board of Nursing, in February, announced the approval of a new curriculum for the Supervisory Course for Iowa's Licensed Practical Nurses (LPN), offered by the National Healthcare Institute (NHI), IBON approved provider 376. The new course is a completely online course with access to an electronic textbook titled, *Leading and Managing in Nursing*.

NHI launched the curriculum on February 1, 2017. Direct access to the course's description

and registration page can be found at <https://www.celearningnetwork.com/individual-ccourses/state-required-courses/supervisory-course-for-iowa-s-licensed-practical-nurses.html>. Licensees will be sent a detailed registration letter and course navigation guide upon payment for the course. To discuss corporate account information, contact Daniel Campos at dcampos@nhinstitute.com or by telephone at 786.380.5135.

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A Note From the Board

Given the changing landscape of marijuana, including the legalization of recreational marijuana in some states, we want to ensure licensees understand how the use of recreational marijuana may impact their Iowa nursing license. Recreational marijuana remains illegal under federal law and under Iowa law. Use of recreational marijuana, regardless of the location of use, may result in disciplinary action against your Iowa nursing license or privilege to practice. Note that employers and potential employers frequently forward the results of positive drug screens to state licensing boards in states where you have a nursing license. When we receive such a report, a complaint may be opened, even if a positive drug screen was the result of your use of recreational marijuana in a state where recreational marijuana is legal. We encourage all nurses to think about the potential consequences of using recreational marijuana prior to engaging in such conduct.

NHI | National Healthcare Institute

Supervisory Course for Iowa Licensed Practical Nurses

30 CE Hours

www.NHInstitute.com

Continuing Education (CE) Rule Changes – Effective January 1, 2018

Laura Hudson, Associate Director – Continuing Education/Workforce

The Iowa Board of Nursing, on July 11, 2017, adopted new continuing education rules applicable to all Iowa licensed nurses and Iowa board approved providers of nursing continuing education. Changes to the Iowa Administrative Code (IAC) 655 Chapter 5, Continuing Education chapter will become effective January 1, 2018. The new rules may be found by visiting the *Iowa Administrative Bulletin*, pages 623-631, published September 13, 2017. See this link: <https://www.legis.iowa.gov/docs/aco/bulletin/09-13-2017.pdf>

The following table summarizes the changes and pertinent details for nurse licensees and approved providers:

Topic	Rationale
Definitions section	Clarified and added definitions for better descriptions of concepts.
Contact hour change from 50 to 60 minutes	This change brings Iowa rules in line with the American Nurses Credentialing Center's (ANCC) unit of measurement. ANCC is an exemplar agency from which the IBON rules stem. The 50 minute measurement was instituted over 40 years ago when the initial chapter 5 rules were developed, and were based on the formal education semester hour. Effective 1/1/2018, approved providers will award one contact hour for 60 minutes of instruction. For licensees who currently use ANCC self-study coursework, this change will not affect them. Over a three-year period the contact hour award change means licensees will take six extra hours of CE, if the licensee takes only Iowa approved courses. With the changes, Iowa is still in line with other states for CE hour requirements. Additionally, nurses are still in line with the CE requirements for other healthcare professions in the state.
Contact hours are defined in both the approved provider and licensee sections of the rules	Adding the contact hour measurement to both sets of rules clarifies it for all audiences.
Requirement that all licensees (e.g. 2 or 3 year license) need to have 36 contact hours of CE	Eliminates the confusion of 24 contact hours for the first licensure period and then 36 contact hours for all subsequent renewals. Reinstatements will also require 36 contact hours of CE. Currently, licensees may let their license lapse and then only need 12 hours, instead of 36, to renew. The new rule prevents this practice. Licensees, audit staff, enforcement staff, providers, and educators will find this continuity easier to remember and follow.
Expanded the list of acceptable approved providers	Increases the agencies from which licensees may earn their CE credit. Awarding of credit is no longer limited to Iowa-only agencies. See the 655 IAC chapter 5 rule for what is allowed.
Added that ANCC providers without Iowa approval may offer coursework in Iowa without co-sponsorship of an Iowa approved provider	This change removes the restrictions that out-of-state providers who are approved by ANCC also need to go through the steps of finding an Iowa approved provider to hold coursework in the state. Iowa nurse licensees will now be able to count their ANCC credits, earned in Iowa, towards their license renewal. This will also simplify and improve the audit process. Most ANCC certification requirements are extensive. By accepting current certifications related to practice roles, the Board believes these adequately meet the CE requirements of the law.
Removed the restriction that webinars from out of state must be co-sponsored by Iowa approved providers	With internet access the norm, instead of the exception, this change brings the rules in line with acceptable CE delivery methods and allows ANCC providers approved in other states to offer CE credits to Iowa nurses.
Condensed the provider section of the rule	Removed process and procedure information from the rule, to be moved to the Board's website. Provider renewals are still required – but moving the procedural-type information from rules will allow staff to update processes as needed without going through the rules promulgation to make process changes.
Provided specific lists of acceptable courses and certifications by which to earn CE	Removed basic life support (BLS) and cardiopulmonary resuscitation (CPR) from acceptable courses to earn CE. BLS and CPR are seen as basic training. CE content should be education that is above that learned in basic nursing education. Advanced life-saving courses may be offered for nursing CE, at the approved provider's discretion. Areas that have caused confusion in the old rules have been updated for better clarification.
Changed the attempts for submissions for approved provider status from three to two within one year of filing	With the new processes and procedures being posted on our website, providers should be able to make application and get approval in two attempts. The CE Committee and Board staff supplies extensive feedback for providers with each submittal response.
Moved from philosophy, goals and objectives to mission, vision and values, along with strategic planning, in the new provider applications	Mission, vision and values are seen in the ANCC exemplar. Mission vision and values are common business terms and are now frequently used in the healthcare industry. Strategic plans are common in business use, as well. Philosophy, goals and objectives are similar in nature to mission, vision and values but in a slightly different format.
Mechanism to assess the practice gap for approved providers	If changes are needed in the standard of care, a problem is identified in practice, or an improvement opportunity is identified, an educational intervention may be in order. Approved providers need to have the data to validate the need to plan an educational activity. The practice gap is the "difference between the current state of practice and the desired state of practice" (ANCC, 2016, page 24). Approved providers need to have a process in place to indicate how they will determine the learning needs of nurses to fill the practice gaps.

The Iowa Board of Nursing and staff recognizes the chapter 5 changes will require a period of transition and education. We are committed to working with all parties to assure the new rules are followed and met. If you have questions, please email laura.hudson@iowa.gov.

Resources:
American Nurses Credentialing Center (ANCC). (2015). *2015 ANCC Primary Accreditation Approver Application Manual*. Silver Spring, MD: American Nurses Credentialing Center.



NURSE LICENSURE COMPACT

Unlocking Access to Nursing Care Across the Nation

The Enhanced Nurse Licensure Compact (eNLC) Implementation FAQs

1. When does the eNLC go into effect?

The eNLC went into effect July 20, 2017, when 26 states enacted eNLC legislation. The significance of this date is that the compact was officially enacted and the eNLC commission met to draft rules, policies and set an implementation date. The effective date is not the same as the implementation date, which is when nurses can practice in eNLC states that have started issuing eNLC multistate licenses. See this resource for more information: www.ncsbn.org/Difference_Between_Effective_Implementation.pdf for a multistate license.

2. What is the difference between the effective date and the implementation date?

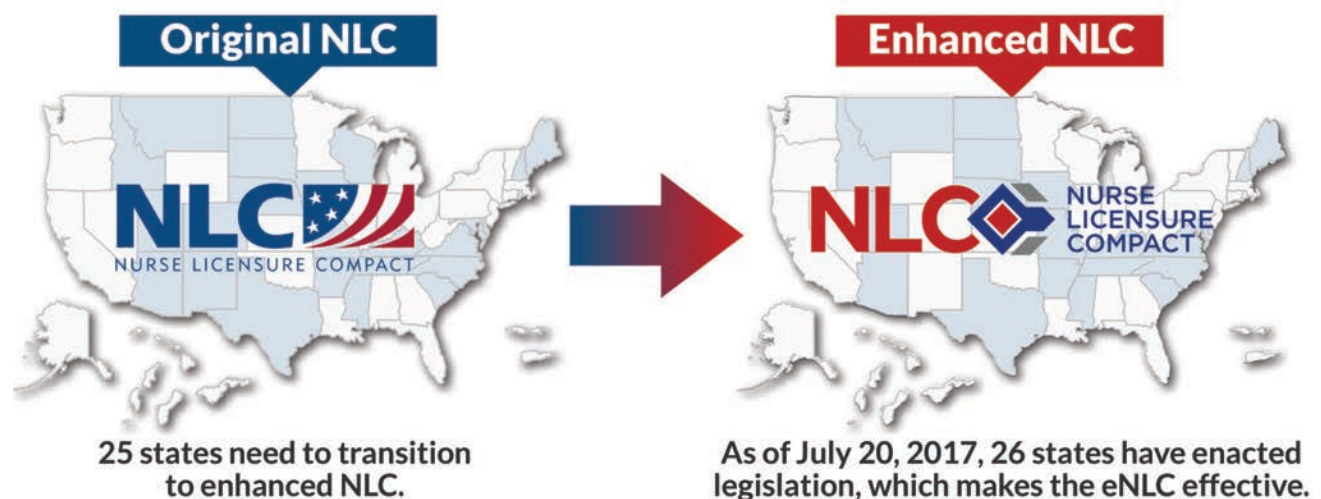
Based on the legislation, the effective date of the eNLC was designated as “the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or Dec. 31, 2018.” The eNLC was enacted in the 26th state on July 20, 2017, so, the effective date was set as July 20, 2017. On this date, the compact’s governing body, the Interstate Commission of Nurse Licensure Compact Administrators (the Commission) was formed and could begin meeting and performing the work of the compact. The Commission is charged with drafting rules and policies to govern the operations and implementation of the eNLC. By contrast, the implementation date, Jan. 19, 2018, is a date set by the Commission on which eNLC states begin issuing multistate licenses and when nurses holding multistate licenses may start to practice in eNLC states. More information is available at www.ncsbn.org/Difference_Between_Effective_Implementation.pdf

3. When will nurses have multistate licenses in eNLC states?

Nurses in the original NLC states that were grandfathered into the eNLC will be able to practice in eNLC states as of the implementation date, Jan. 19, 2018. Nurses in new states that joined the eNLC (Wyoming, Oklahoma, West Virginia, Georgia and Florida) will be able to practice in eNLC states upon issuance of a multistate license. Each eNLC state will notify its licensees by mail of the implementation date and the process by which a nurse can obtain a multistate license.

4. What happens to nurses in the original compact if their state does not pass the eNLC legislation?

States that do not pass the eNLC will remain in the original NLC until: a) the state enacts the eNLC, b) the state withdraws from the original NLC or c) the original NLC ends due to having less than two states as members. As of now, Wisconsin, Colorado, New Mexico and Rhode



Island are members of the original NLC that have not yet joined the eNLC. These states plan to introduce legislation in 2018 or sooner.

5. What happens to the original NLC after the eNLC starts?

Once the eNLC is implemented, the original NLC will continue to operate until there are less than two states as members, at which time it will end. As of Jan. 19, 2018, the 21 states in the original NLC that enacted the eNLC will cease to be members of the original NLC. This means that a nurse in Wisconsin, Colorado, New Mexico and Rhode Island will then hold a multistate license valid in four states rather than 25 states, and will need to obtain additional licensure in order to practice in any of the eNLC states. Conversely, it also means that nurses in the eNLC will no longer have the authority to practice in those four states, and will need to obtain additional licensure in order to practice in the state.

6. Which nurses are grandfathered into the eNLC and what does that mean?

Nurses in eNLC states that were members of the original NLC may be grandfathered into the eNLC. Nurses who held a multistate license on the eNLC effective date of July 20, 2017, in original NLC states, will not need to meet the requirements for an eNLC multistate license. They are automatically grandfathered. Nurses issued a multistate license after July 20, 2017, will be required to meet the eNLC multistate license requirements.

7. Why was there a change to the eNLC from the original NLC?

The original NLC began in 2000 and grew to 24 member states by 2010. From 2010 to 2015, one more state joined. A primary reason identified for the slowed adoption of the NLC was the lack of uniform criminal background check (CBC) requirements among NLC states. As a result, the eNLC requires that all member states implement CBCs for all applicants upon initial licensure or licensure by endorsement. This revision, along with other significant updates, will remove barriers that kept other states from joining. The eNLC will make it possible to get closer to the goal of all states joining the eNLC.

8. How does the eNLC differ from the original NLC?

Primarily, the eNLC adopts 11 uniform licensure requirements

(ULRs) in order for an applicant to obtain a multistate license. One of those requirements is submission to federal and state fingerprint-based criminal background checks (CBCs). The full list of ULRs can be viewed at www.ncsbn.org/eNLC-ULRs_082917.pdf. A fact sheet identifies the key provisions of the eNLC legislation and highlights the differences between the two compacts at: nursecompact.com/privateFiles/NLC_Key_Provisions.pdf

9. Who are the primary proponents of a state’s decision to join the compact?

Most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing. A number of other stakeholder organizations (e.g., AARP, AONE, National Military Family Association, etc.) have played significant roles in advancing the legislation.

10. Why are some states still not members of the compact? What is the opposition?

The minimum number of states (26) for the eNLC to become effective was just met. This includes five states that were not in the original NLC. More states plan to introduce eNLC legislation in 2018 and beyond. The eNLC removes barriers that prevented some states from joining. Support for the NLC is overwhelming in the nursing community. According to 2014 NCSBN nurse and employer surveys, 80 to 90 percent of nurses and greater than 90 percent of employers want their state to be a member of the NLC. The main opposition to the compact, seen in only a few states, has been from nurse union organizations.

11. Why would a nurse need a multistate license? What are the benefits for a nurse?

The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school

Nurse Licensure Compact continued from page 5

Here are some important changes we want you to know about:

- The eNLC has specific licensure requirements, these are called “Uniform Licensure Requirements (ULRs).” As stated above, all nurses previously declaring Iowa their home state and holding a multistate license will be grandfathered into the eNLC; however, if you move to another state that is a member of the eNLC, you will need to meet the ULRs in order to

obtain a multistate license. Likewise, all nurses applying for licensure and declaring Iowa their home state will need to meet the ULRs.

- The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states (see ncsbn.org/enlc for an updated map).
- If you need to practice in a state that is not a member of the eNLC, you need a single state license issued from that state regardless of whether you hold a multistate license.

If you need more information:

- The National Council of State Boards of Nursing has a website (ncsbn.org/enlc) that will provide you with the details you need to know about this new and exciting change for licensure in your state.
- On the website, there are numerous resources available for your use, including written information, videos and infographics.
- The website will also lead you to our state board of nursing website that has state-specific information on it.

Uniform Licensure Requirements for a Multistate License

Requirements:

An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:

1. Meets the requirements for licensure in the home state (state of residency);
2. a.) Has graduated from a board-approved education program; or b.) Has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination (applies to graduates of an

international education program not taught in English or if English is not the individual’s native language);

4. Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);

9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.



NCSBN Releases Two New Videos About the eNLC

CHICAGO – In collaboration with enhanced Nurse Licensure Compact (eNLC) member states, the National Council of State Boards of Nursing (NCSBN) has produced two new videos that provide a quick overview of the eNLC that is due to be implemented on Jan.19, 2018. One version (<https://www.ncsbn.org/10802.htm>) was produced for nurses in states that were part of the original compact and the other (<https://www.ncsbn.org/10799.htm>) was created for nurses in states new to the compact.

Both versions are designed to help nurses, their employers and the general public gain a clear understanding of benefits and requirements for a multistate

license and what steps need to be taken to prepare for eNLC implementation.

Allowing nurses to have mobility across state borders, the eNLC increases access to care while maintaining public protection. The eNLC, which is an updated version of the original NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the authority to practice in person or via telehealth in both their home state and other eNLC states.

The current states in the eNLC include: Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming. Work will continue toward the ultimate goal of having all 50 states in the compact.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 30 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

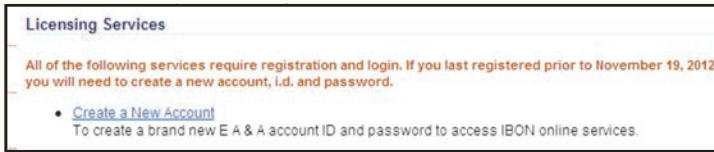
Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Creating an Online User Account

If you have ever done business online with any state agency (such as for college aid), you would use the same account id that you have already created. Otherwise, all license related processes begin with user registration, including updating contact, employment or educational information. Secured Access and ordering a roster also require the visitor to register.

The main menu displays the following option:



If you click on "Create a New Account," you will be taken directly to the registration page and tab that you need in order to register:

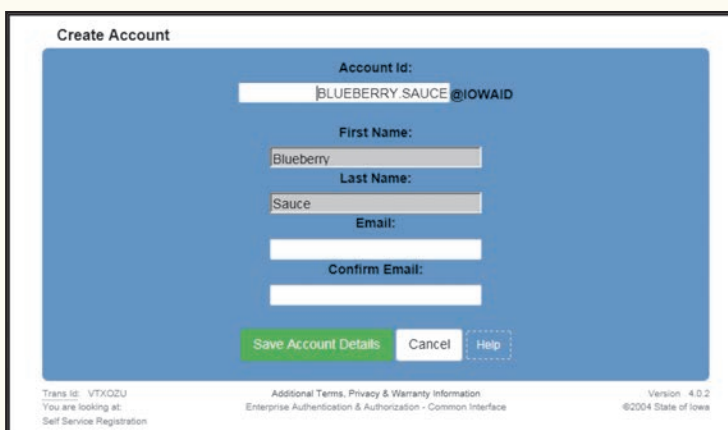


This registration site is maintained by the state's technology division as a global login for the entire state enterprise.

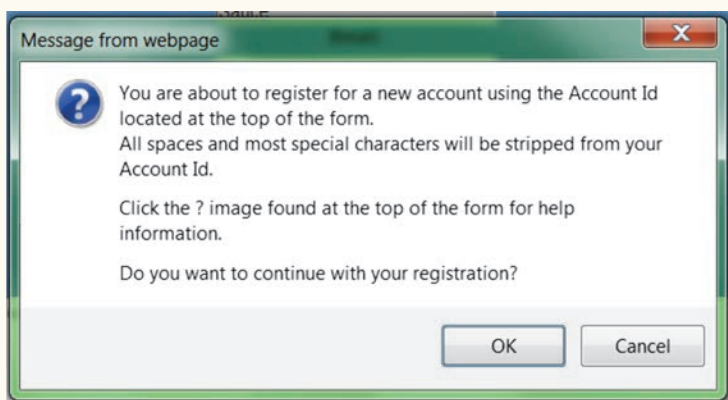
Enter your first and last name:



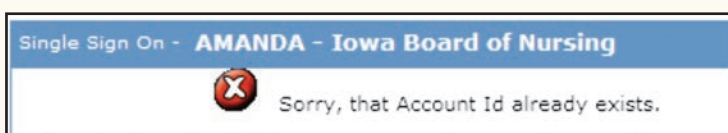
The registration automatically combines first and last names into a suggested user i.d., and appends "@iowaid." But if the first name/last name combination already exists, the i.d. field will appear blank, and you will need to create your own account i.d. In either case, anything can be substituted ahead of the "@", but the i.d. that is created is permanent so it will need to be memorable.



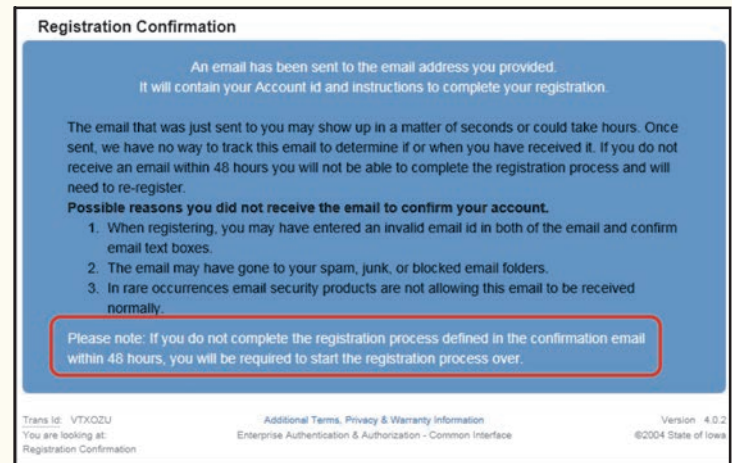
Enter your email address twice in the screen pictured above, and click "Save Account Details." A popup box gives a final caution.



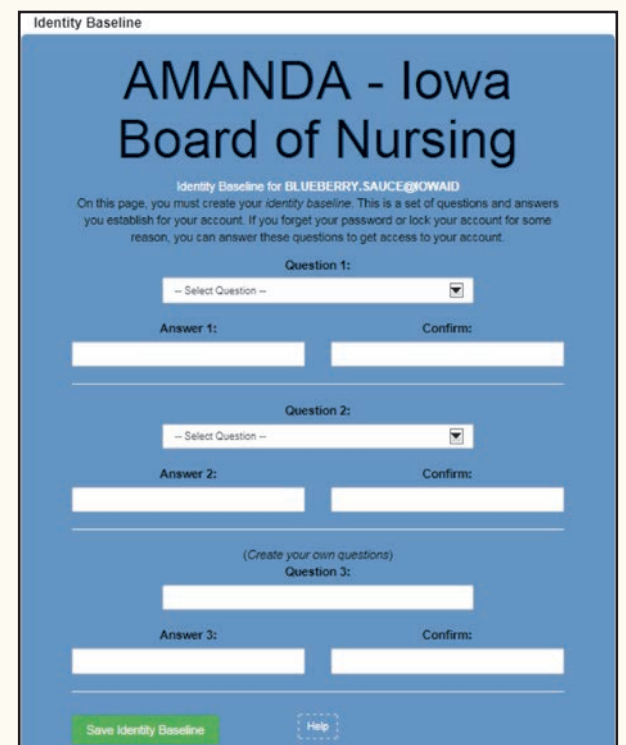
If you created an i.d. with your first name.lastname as your i.d., and someone else with the same first and last name has already registered to do any kind of business with the State of Iowa, you will receive the following error message.



After successfully selecting an i.d., entering the email address twice and clicking "continue," you will see the following screen advising you that an email has been sent with information to complete the registration. Note that there is a time limit of 48 hours to complete the registration.



The email will include a link to come back to the registration site. This is done as verification that the email address is a real one. Clicking the link in the email returns the user to the following screen at the EAA website to complete the registration by selecting security questions and answers.



The next screen requires the user to create their password:



The registration is complete, and the user is taken to the screen where they can actually log in. Note that the above registration process should only be required once. Thereafter, the licensee would use the existing account.

Also note that on most screens there is a "Help" button. This will take you to a help library maintained by the state's Office of the Chief Information Officer (OCIO), and may take you to the relevant portion of an extended FAQ system.

It is only on the login screen itself, that you will find a link to report an issue to the OCIO Help Desk.



This link will take you into the state's OCIO site to submit a service request or inquiry.

THE IOWA NURSE ASSISTANCE PROGRAM CAN HELP

What?



What is the Iowa Nurse Assistance Program (INAP)?

INAP is a new resource for individual nurses who are impaired as a result of alcohol or drug use, dependency, addiction, or by any mental or physical condition.

It is a voluntary, confidential program and provides an opportunity for licensed professionals to receive proper treatment and maintain their professional status, while protecting the safety of the public.

Are programs like this successful?

Yes! Similar programs to INAP currently in practice show that an appropriate combination of treatment and support effectively help participants manage their impairment or condition.

Who?



Who may be eligible for the program?

- Nurses who voluntarily report themselves
- Nurses with any physical or mental condition affecting their practice
- Nurses who use alcohol or drugs to the extent their practice is affected

Referrals may come from:

- Self-referral
- Board referral
- Licensure department
- Enforcement
- Employer complaints

Why?



Impairment can cost your job and license.

INAP Serves Nurses:

- Consultation upon entering program
- Early intervention and treatment referrals to local support services
- Ongoing monitoring and support as an effective alternative to discipline

INAP Serves the Public:

- Public protection through close monitoring to ensure safe practice
- Coordination with employers to assure patient safety and a smooth transition back to nursing practice

Who Runs INAP?

The Iowa Nurse Assistance Program (INAP) is authorized by the Iowa Board of Nursing to assist nurses in the early identification and treatment of impairment and illness. INAP is managed by a committee who works with the program coordinator. Committee members include the director of the Iowa Board of Nursing, substance and mental health professionals, nurses recovering from addiction, and a public member.

IOWA NURSE ASSISTANCE PROGRAM



OFFERED BY THE IOWA BOARD OF NURSING

The INAP committee may:

- 1) Evaluate on a case by case basis whether candidates are appropriate for the program.
- 2) Submit recommendations to the Iowa Board of Nursing.
- 3) Monitor the recovery process of participants.

Contact Us:

Iowa Nurse Assistance Program
400 SW 8th Street, Suite B
Des Moines, Iowa 50309

Email: INAP@iowa.gov
Phone: 515-725-4008
Fax: 515-725-4017
Web: nursing.iowa.gov

Assuring Safe Nursing Care in Iowa

A confidential monitoring program for nurses in need of assistance



Be Counted 10,000 Nurses by 2020

What is the Nurses on Boards Coalition?

The Nurses on Boards Coalition (NOBC) represents national nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions. The coalition's goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

What is this effort about?

The NOBC was created in response to the landmark 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America.

Nurses represent the largest segment of health care workforce, and are considered the most trustworthy of all professions¹ and play a huge role on the frontlines of care in our schools, hospitals, community health centers, long-term care facilities and other places. Their perspective and influence must be felt more at the decision-making tables.

The Coalition's guiding principle is that building healthier communities in America requires the involvement of more nurses on corporate, health-related, and other boards, panels, and commissions.

www.gallup.com/poll/1654/honesty-ethics-professions.aspx

Do you serve on a board?

The NOBC defines a board as a decision-making body with strategic influence to improve the health of communities nationwide. This includes corporate, governmental, non-profit, advisory or governance boards or commissions, panels, or task forces that have fiduciary or strategic responsibility.

Please see the Nurses On Boards Coalition website and be counted. Or, find out how you might be able to serve. Information can be found at nursesonboardscoalition.org

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Fluoroscopy Audit Reminder

The administrative rules governing nursing in Iowa require Advanced Registered Nurse Practitioners (ARNPs) who supervise the use of fluoroscopic x-ray equipment to have the appropriate education and continued annual radiological safety updates. Pursuant to 7.2(d), the initial and annual education requirements are subject to audit by the Board. Therefore, the Board of Nursing will be auditing ARNP's who supervise fluoroscopy.

The initiation of the audit process began January 12, 2015. The process is as follows:

- On the ARNP online and paper renewal application a question is asked if the practitioner provides direct supervision in the use of fluoroscopy. The renewal process is every three years,
- If the practitioner answers yes, they will be required to provide verification of completion of the initial course and yearly safety courses, along with a **copy of the course description and learning outcomes (it is important to submit the specific course description and learning outcomes and not just the course title),**
- Board staff will contact the practitioner if there are any questions about the submitted course work or if the practitioner has not completed their required education,
- At any point in time that board staff identifies the ARNP is not complying with the course requirements and the audit process the information will be submitted to the Enforcement Unit.

The Iowa Board of Nursing recognizes this is a new process for all ARNP's supervising the use of fluoroscopic x-ray equipment. Board staff is committed to assist practitioners in the audit process. Please contact Dr. Jimmy Reyes, Associate Director of Practice/Education with questions and concerns, Jimmy.Reyes@iowa.gov

Change of Address/Name

State law requires you to keep the Board of Nursing apprised at all times of your current mailing address. Notification of NAME changes must be made in writing. For your convenience, you may utilize the following form to submit your address/name change, within 30 days of the change.

Last Name: _____ SSN: _____ / _____ / _____
 First Name: _____ RN/LPN# _____
 Middle Name: _____ Today's Date: _____
 Resident State: _____ Name Change: _____ Yes _____ No
 Email: _____ Previous Name: _____

OLD ADDRESS:
 Home Address: _____

 City _____
 State _____ Zip _____

NEW ADDRESS:
 Home Address: _____

 City _____
 State _____ Zip _____

- Check here if you are on active military duty.
- Check here if you are a Federal Employee.
- Check here if you are an LPN currently in the process of obtaining an RN license.
- Check here if your license expires in less than 2 months and you would like a renewal form mailed to you.

Mail to: Iowa Board of Nursing or e-mail information to: ibon@iowa.gov
 400 SW 8th St., STE B update address online: nursing.iowa.gov,
 Des Moines, IA 50309 select IBON Online Services

Iowa's PRESCRIPTION Monitoring Program (PMP)



What should I consider when prescribing controlled substances?



Dosage

Consider explaining to your patient what Morphine Milligram Equivalents (MME) are and risks associated with exceeding 50MMEs per day. Discuss the possibility of tapering/reducing opioids as well as prescribing naloxone for patients taking 50MME/day or more.



Multiple Providers

Counsel your patient and coordinate care with their other prescribers to improve safety and discuss the need to obtain opioids from a single provider. Check the PMP regularly and consider tapering or discontinuation of opioids or use of other non-pharmacologic methods.



Drug Interactions

When indicated, avoid prescribing opioids and benzodiazepines concurrently. Communicate with other prescribers to prioritize patient goals and weigh risks of concurrent opioid and benzodiazepine use.

Checking the PMP: An important step to improving opioid prescribing practices



What is a PMP?

The PMP is a health care tool for practitioners to assist in identifying potential diversion, misuse or abuse of controlled substances by their patients while facilitating the most appropriate and effective medical use of those substances.

PMPs improve patient safety by allowing clinicians to:

- ✓ Identify patients who are obtaining opioids from multiple providers.
- ✓ Calculate the total amount of opioids prescribed per day (in MME/day).
- ✓ Identify patients who are being prescribed other substances that may increase risk of overdose – such as benzodiazepines.

When should I check the PMP?

The CDC recommends checking:

- Prior to prescribing any opioid or controlled substance.
- Every three months.
- Utilize support staff as your delegates or agents for checking the PMP when a patient arrives to the clinic or hospital to save time.

Check every 3 months!



What should I do if I find information about a patient in the PMP that concerns me?

Patients should not be dismissed from care based on PMP information. Use the opportunity to provide potentially life-saving information and interventions.

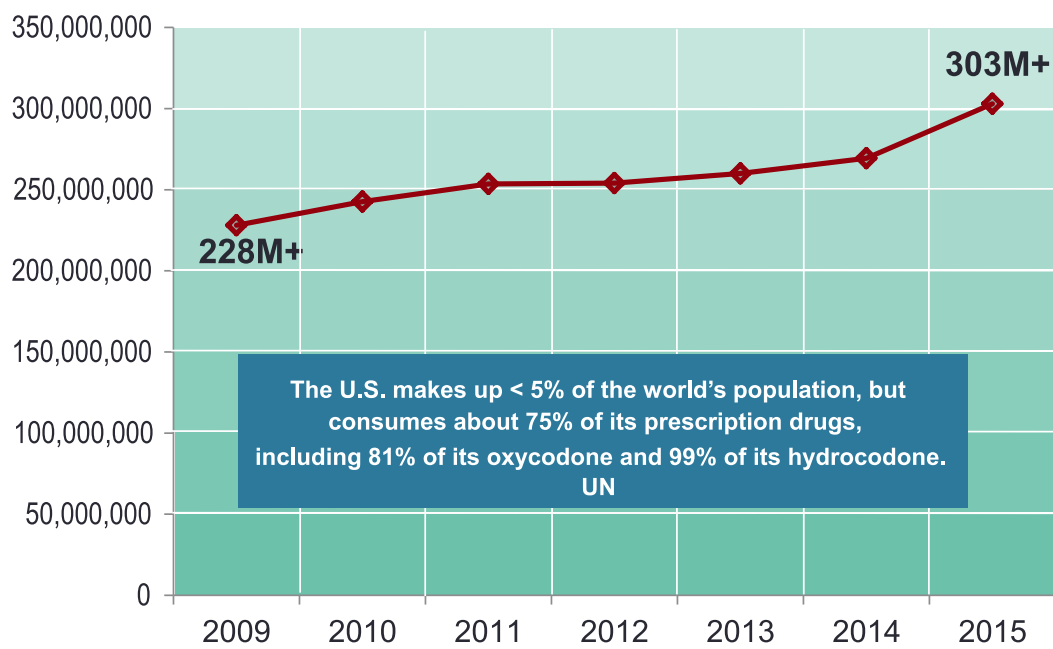
- 1. Confirm that the information in the PMP is correct.** Check for potential data entry errors, use of a nickname or maiden name, or possible identity theft to obtain prescriptions.
- 2. Assess for possible misuse or abuse.** Use a screening process such as SBIRT to assess for possible misuse or abuse with a valid tool: i.e., the Drug Abuse Screening Test (DAST). Assess risk with the Opioid Risk Tool (ORT), then partner with a treatment provider for referral when needed. Visit the www.yourlifeiowa.org website.
- 3. Discuss any areas of concern with your patient and emphasize your interest in their safety.** Consider entering the patient into a formal pain contract, if not already established.

PMP Facts

- You may allow up to six delegates or agents (non-prescribing employees in your practice whom you designate to access the PMP) to register under your supervision.
- Iowa's PMP provides information from all states that utilize a PMP and have an agreement with the state of Iowa to share information.
- Only licensed pharmacies are required to report data to the Iowa PMP.
- With recent legislative authority, the Iowa PMP can connect with your clinic/hospital EHR/EMR software.

Iowa PMP: Doses Dispensed

Controlled Prescription Drugs, Schedule II-IV



Iowa Department of Public Health, Board of Pharmacy, 2016

How can I register and use the Iowa PMP?



Visit this link:

<https://pmp.iowa.gov/IAPMPWebCenter/Login.aspx>



Created August 2017.

Nursing Delegation Guidelines for Nurses and Advanced Practice Nurses

Jimmy A. Reyes, DNP, AGNP, RN
Associate Director of Practice and Education

TABLE 1

Five Rights of Delegation

Right task

- The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

Right circumstance

- The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

Right person

- The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication

- Each delegation situation should be specific to the patient, the licensed nurse, and the delegatee.
- The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation.
- The delegatee must understand the terms of the delegation and must agree to accept the delegated activity.
- The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

Right supervision and evaluation

- The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary.
- The licensed nurse should ensure appropriate documentation of the activity is completed.

Source: National Council of State Boards of Nursing. (1995, 1996).

As healthcare, education, and nursing regulation continues to evolve, it is critical for nurses and advanced practice nurses to become cognizant of the changing landscape and assess the prospective practice and regulatory implications (NCSBN, 2016b). One of these changes is the evolving role and responsibility of licensed health care providers and assistive personnel in regards to the delegation process.

According to the *National Guidelines for Nursing Delegation* published by the National Council of State Boards of Nursing (2016a), the delegation process "begins with decisions made at the administrative level of the organization and extends to the staff responsible for delegating, overseeing the process, and performing the responsibilities" (p. 5). In addition, this process requires sound communication, empowerment of staff to make decisions based on sophisticated clinical judgment, and organizational support. In other words, the employer/nurse leader, licensed individual, and delegatee all have specific roles and responsibilities based on the Delegation Model (see Figure 1). For example, a nurse is responsible to determine client needs and when to properly delegate a task or function to an assistive personnel. Furthermore, it is imperative that the delegation process involves the five rights of delegation: the *right task* shall be performed under the *right circumstances* by the *right person* with the *right direction and communication* and *right supervision and evaluation* (see Table 1) (Mueller & Vogelsmeier, 2013; NCSBN, 1996).

Regardless of the role of the delegatee (i.e. registered nurse, licensed practical nurse, unlicensed assistive personnel), the delegation process may be recapped as follows:

- "A delegatee is permitted to perform a specific nursing activity, skill, or procedure that is outside of the traditional role and basic responsibilities of the delegatee's current position;
- The delegatee has obtained the additional education and validated competence to perform the care/delegated responsibility;
- Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel;
- The licensed nurse who delegates the "responsibility" maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill, or procedure;
- The licensed nurse cannot delegate nursing judgment or any activity (i.e. an assessment) that will involve nursing judgment or critical decision-making;
- Nursing responsibilities are delegated by someone who has the authority to delegate;
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the Nurse Practice Act" (IBON, 2011; NCSBN, 2016a, p. 6).

As previously indicated, the delegator is still responsible for ensuring a specific task/function given to a delegatee is executed entirely, safely, and correctly. That said, it is critical for delegators to evaluate the efficacy of the delegation process and/or determine if a better approach could be used to meet the client's needs. Furthermore, leaders and administrators are advised to implement and evaluate competency validation programs and/or courses for their employees to maintain proficiency and application of current evidence-based practices.

The delegation process is an intrinsic part of patient care. When delegation decisions are made, delegators shall base these actions on patient safety, quality of care, and public protection principles. As new evidence becomes available and care delivery models evolve, it is critical for leaders and health care providers to evaluate the delegation process and determine more effective communication and collaboration approaches, in

Nursing Delegation Guidelines continued on page 13

Nursing Delegation Guidelines continued from page 12

FIGURE 1

Delegation Model



addition, to providing staff guidance, mentorship, and educational resources.

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Opioid Toolkit

The Department of Health and Human Services notes that the U.S. is in the midst of a prescription drug overdose epidemic. "Since 1999, the amount of prescription drugs prescribed and sold in the United States has nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. Overprescribing leads to more abuse and more overdose deaths."

In an effort to prevent overprescribing, associations, governmental organizations and regulators created specific opioid prescribing continuing education materials, guidelines and toolkits. In response to member requests for prescribing guidelines, NCSBN has created a toolkit of these materials for practitioners.

The Opioid Toolkit includes the following:

- Continuing Education materials from organizations like the American Society of Addiction Medicine and the National Institute on Drug Abuse.
- Guidelines for Prescribing Opioids from the CDC and FSMB
- Links to toolkits on Overdose Prevention

NCSBN also continues to offer free resources for nurses – continuing education courses, brochures, posters, and a brief video – as part of its Substance Use Disorder (SUD) Initiative.

BONs are invited to use the following as appropriate:

- Insert a promo box (shown to the right) on their websites to promote free CEs and opioid resources

FREE CE's

NCSBN Learning Extension

Free Substance Use Disorder CE's

NCSBN Learning Extension is offering FREE online substance use disorder CE courses for nurses.

Prescribe Opioids Safely

The NCSBN Opioid Toolkit has the latest resources for safe opioid prescribing and patient-centered care.

Visit ncsbn.org/opioidtoolkit Now!

- Provide links to the educational materials on their website
- Offer these materials (including the toolkit) to Schools of Nursing looking for additional resources on opioids
- Use these materials and state-level work on opioids as examples of current patient protection efforts in meeting with legislators

Are you aware of a resource we should include? Please let us know by sending an email to: opioidsresources@ncsbn.org

www.ncsbn.org/opioid-toolkit.htm
www.ncsbn.org/substance-use-in-nursing.htm





Safe Prescribing of Opioids for Pain, and Reduction of Opioid Misuse EBlast Series

E-blast No. 1 – What is the Role of Medical Professionals in Reducing Opioid Misuse?

Every day, medical professionals care for patients who suffer from pain. Pain is among the most prevalent and debilitating medical conditions; it is also among the most complex to manage. Unmanaged or inappropriately treated pain compromises patients' quality of life, and increases their use of health care services (SAMHSA, 2016). Patients with addictions or in recovery deserve to have their pain treated effectively and safely; however, their pain oftentimes poses a challenge for many medical professionals (SAMHSA, 2016).

Opioid analgesics are most commonly prescribed for the 30 percent of Americans who experience acute or chronic pain (AAPM, 2013). The urgency of patients' needs and the effectiveness of opioids have combined to produce an over-reliance on opioid medications in the United States. In turn, this trend has been associated with alarming increases in diversion, overdose, and addiction, leading to a national epidemic of opioid overdose deaths and addictions (Volkow and McClellan, 2016).

The National Survey on Drug Use and Health (administered by SAMHSA) revealed that from 2004 to 2008, emergency department visits involving non-medical opioid use increased by 111 percent. The most common sources of misused prescription opioids were friends or relatives (whether for free or purchased), or left over from their own prescription provided for a legitimate medical problem (SAMHSA, NSDUH, 2011).

All medical professionals (including **physicians, dentists, nurses and pharmacists**) can play a key role in preventing the diversion, misuse and abuse of prescription opioids:

- **Physicians**, as well as Advanced Registered Nurse Practitioners (ARNP) and Physician Assistants (PA), have an obligation to provide pain relief, while also balancing safety and efficacy. According to the CDC, one in four persons receiving long-term opioids in primary care settings struggle with addiction. Determining whether, when and how to prescribe opioid analgesics for chronic pain; detecting misuse or emerging addiction; and discussing these issues with patients and family members are critical to minimizing public health risks (CDC, 2017).



- **Nurses** are critical for advocating for safe pain management across all treatment settings for patients, and for ensuring that patients with substance use disorders



and pain are treated with the same quality of pain management as all other patients (Oliver et al, 2012). Nurses are key to the assessment of patients, coordination of care, and education and counseling – all of which reduce the potential for harm (Pasero et al, 2016).

- **Dentists** also play a key role in mitigating opioid misuse and preventing addiction. In 2009, dentists prescribed 8 percent (or 6.4 million prescriptions) of opioid analgesics in the United States. The most common cause of prescriptions for opioids is molar removal – providing short-term prescriptions for removal prevents patients from having leftover medication (Densico et al, 2011). Being mindful of the rise in the misuse of medication and using prescription monitoring programs can prevent misuse (ADA, 2017).



- **Pharmacists** are the public's most accessible medication safety experts. They have extensive knowledge about prescription opioid medications (e.g., indication, mechanism of action, dosage, adverse drug reactions and drug interactions) and thus, are ideally situated to decrease opioid overdose deaths through education and monitoring. Pharmacists can review the profile of patients to determine those who are chronically taking controlled substances, note misuse, identify forged prescriptions, and take appropriate steps to correct it (Cochran, 2015). Pharmacists can also play an active role in treating and preventing substance abuse by making recommendations to the prescriber when appropriate (CDC, 2017).



All prescribers, nurses and pharmacists can assure that all persons receive adequate and safe pain relief, and can minimize the potential for drug misuse and diversion by:

- Assessing patients for potential risks of misuse and addiction
- Learning best practices for prescribing opioids and monitoring use
- Educating patients about the benefits and risks of opioid medication, warning signs of

addiction, and proper storage and disposal of medications

- Coordinating care for persons suffering from chronic pain
- Developing referral resources for substance abuse treatment when indicated

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This product has been developed with support from the Iowa Department of Public Health. The information has been endorsed by the Iowa Dental Board, Iowa Board of Pharmacy, Iowa Board of Medicine, and Iowa Board of Nursing.



HAVE YOU BEEN PRESCRIBED AN OPIOID MEDICATION FOR PAIN? HERE IS WHAT YOU SHOULD KNOW!



Living with chronic pain is difficult. Some medications (e.g., prescription opioids) can help relieve pain in the short term. However, they also come with serious risks and potential complications; and must be prescribed and used carefully. Patients taking prescription opioids are at risk for addiction, as well as unintentional overdose or even death. Opioid overdose can occur when a patient misunderstands the directions for use, accidentally takes an extra dose, takes other medications or alcohol at the same time, or deliberately misuses a prescription opioid or an illicit drug such as heroin. Persons who take opioid medications that were prescribed for someone else are also at risk of harmful consequences.

According to a national survey (conducted from 1999 to 2014), more than **165,000 persons** in the United States died from an overdose related to prescription opioids. The most common sources of these prescription opioids were friends or relatives, and the average age of those who overdosed was **20 years**.



WHAT ARE OPIOIDS?

Opioids are synthetic medications (e.g., hydrocodone, morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, and buprenorphine) that reduce feelings of pain by attaching to pain receptors in the body.

A variety of side effects can occur after a person takes opioids, including:

- Addiction
- Confusion
- Constipation
- Depression
- Increased sensitivity to pain
- Itching
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Nausea, vomiting, and dry mouth
- Overdose (in which breathing and heartbeat slow or even stop)
- Physical dependence — symptoms of withdrawal that occur when the medication is stopped
- Pleasure
- Sleepiness and dizziness
- Sweating
- Severe allergic reactions (anaphylaxis)
- Tolerance — increasing amounts of the medication are needed for the same pain relief



IF YOU ARE PRESCRIBED OPIOIDS

Use opioids only as instructed by your healthcare provider. Never take them in greater amounts, or more often than prescribed.

While taking this medication, avoid (unless specifically advised by your healthcare provider):

- Alcohol
- Benzodiazepines (such as Xanax and Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioid pain relievers
- Never use another person's prescription opioid
- Work with your doctor to create a plan on how to manage your pain
- Follow up regularly with your doctor
- Talk to your doctor about any and all side effects, and concerns
- Keep your medication secure



PREVENTING OVERDOSE

Using drugs in any way other than prescribed is illegal, dangerous, and can be fatal. Store opioid pain relievers in a safe place, and out of reach of others. Do not sell or share prescription opioid pain relievers. Find your community drug take-back program, or your pharmacy mail-back program to safely dispose of unused prescription opioid pain relievers.

If you are concerned about your own use of opioids, don't wait — talk with the health care professional(s) who prescribed the medications for you.

If you are concerned about a family member or friend and their use of prescription opioids, urge him or her to talk to whoever prescribed the medication. Effective treatment of opioid use disorder can reduce the risk of overdose, and help a person who is misusing or addicted to opioid medications attain a healthier life.

Remember, your healthcare provider is a partner in your pain treatment plan. It's important to talk about any and all side effects and concerns to make sure you're getting the safest and most effective care.



This product has been developed with support from the Iowa Department of Public Health. The information has been endorsed by the Iowa Dental Board, Iowa Board of Medicine, Iowa Board of Pharmacy, and Iowa Board of Nursing.



The content was excerpted from materials provided by the Centers for Disease Control <https://www.cdc.gov/drugoverdose/prescribing/patients.html> and the Substance Abuse and Mental Health Services Agency <http://store.samhsa.gov/shin/content//SMA16-4742/SafetyAdviceforPatientsAndFamilyMembers.pdf> and <http://store.samhsa.gov/product/TIP-54-Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA13-4671>.



Communicating with the Iowa Board of Nursing

The Iowa Board of Nursing requests that licensees and the public use the board web site <https://nursing.iowa.gov> for 24-hour access to online license renewal and verification, address changes and general information.

Use the following contacts for specific questions. If you inquire about your licensure status or request written materials, provide the following information at the beginning of the call/message: Iowa license number, full name, mailing address, and phone number including area code.

QUESTIONS ABOUT	CONTACT
<ul style="list-style-type: none"> Name/address changes Request application for license renewal, reactivation, endorsement, or exam Inactive status 	Phone 515-281-4826 ibon@iowa.gov
<ul style="list-style-type: none"> Your license renewal or reactivation in process Lost/stolen licenses License Verification 	Phone 515-281-3264 ibon.renewal@iowa.gov
<ul style="list-style-type: none"> Your license by examination in process Initial ARNP application Your ARNP application in process 	Phone 515-281-6488 newnurs@iowa.gov
<ul style="list-style-type: none"> Your license by endorsement in process Your ARNP renewal in process 	Phone 515-281-4827 endorse@iowa.gov Phone 515-281-4827 arnpren@iowa.gov
<ul style="list-style-type: none"> Continuing Education rules Continuing Education provider rules 	Phone 515-201-2509 Laura.Hudson@iowa.gov
<ul style="list-style-type: none"> Special approval of Continuing Education courses Audits 	Phone 515-281-8258 ibon.audit@iowa.gov
<ul style="list-style-type: none"> Disciplinary issues Sanctioned cases 	Phone 515-281-6472 enforce@iowa.gov
<ul style="list-style-type: none"> Editor, Iowa Board of Nursing newsletter Website content 	Phone 515-201-2509 Laura.Hudson@iowa.gov
<ul style="list-style-type: none"> Scope of nursing practice in Iowa 	Phone 515-326-4400 nursingpractice@iowa.gov
<ul style="list-style-type: none"> Formal nursing education in Iowa 	Phone 515-326-4400 nursingeducation@iowa.gov
<ul style="list-style-type: none"> Nurse Licensure Compact Agreement (Multi-state license) NCLEX accommodations Foreign applicants for licensure 	Phone 515-281-3255 ibon.helpdesk@iowa.gov
<ul style="list-style-type: none"> Alternative to Discipline Program (Iowa Nurse Assistance Program) 	Phone 515-725-4008 inap@iowa.gov



Visit us
online
anytime...
anywhere...

<https://nursing.iowa.gov>



TO CHANGE YOUR EMAIL ADDRESS

If your email address changes, it needs to be updated in two different places: your IBON record, and your login account. These are hosted separately.

To update your IBON record:

Although you can wait until you renew your license, it may be wiser to update it immediately, as follows:

1. Go to IBON Online Services and select "Update Contact Information."
2. This will take you to the Enterprise login screen mandated by the State of Iowa.
3. Enter your account i.d. and password, and click "Sign In."
4. You will be returned to the Iowa Board of Nursing Online Services, and the proper screen to update your information.
5. Update all available fields on the screen – including your email address, and click Continue.

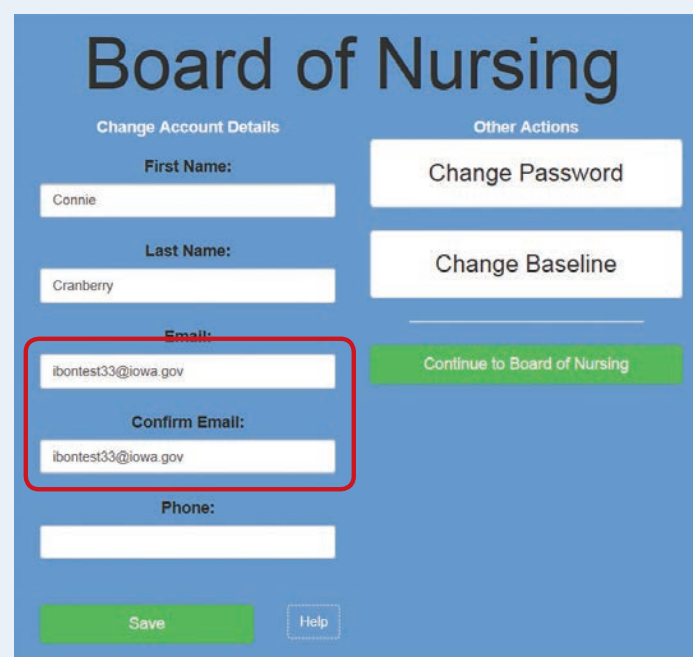
To Update your login i.d.

Your login email is different from the email address in your license record. The login email is used by the state's mandated authentication services for all state business. If you forget your login i.d., the system can send it to you – but it will go to the email address they have on record in the login account, not to the address in your license record.

1. Go to IBON Online Services and select "Update Contact Information." This will take you to the Enterprise login screen mandated by the State of Iowa.
2. On the login screen (below), enter your account i.d. and password, **BUT instead of clicking on "Sign In," click on "Account Details."**



3. This will take you to the following screen, where it is apparent that you need to enter your new email twice and click save.



Additional note:

If you can remember neither your login i.d. nor your password, AND your email address has changed, you have two choices:

1. Create a new and different login i.d. and password. The new login i.d. must be different from the one you initially created, i.e., Suzy.Smith@iowaid could become Suzy.Smith2@iowaid.
2. You can request assistance through the state's Help Desk from the links available in the lower right of the login screen, or by calling 515-281-5703, or 1-800-532-1174.



IOWA CENTER FOR
NURSING WORKFORCE



Building a Culture of Health

Laura R. Hudson, MSN, RN
**Associate Director – Continuing Education/
Workforce**

Following the 2011 report issued by the Institute of Medicine (now the National Academy of Medicine) titled the *Future of Nursing™: Leading Change, Advancing Health*, the national Campaign for Action was started. Work continues in Iowa to help the Campaign reach its goals “to mobilize nurses, health providers, consumers, educators, and businesses to strengthen nursing on multiple fronts” (<https://campaignforaction.org/about/>). Since the release of the report, the Center to Champion Nursing, backed by the AARP Foundation, AARP, and the Robert Wood Johnson Foundation (RWJF), action coalitions were established in every state to implement the recommendations. Areas of work, to name a few, include increasing the number nurses with bachelor’s degrees and doctorate degrees, improving diversity in the nursing workforce, developing nurse residency programs, and allowing advance practice nurses to practice to the full extent of their education and training.

An evaluation of the Campaign’s progress was conducted in 2015, and a new report was published titled *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. Based on the findings in the evaluation report, new goals have been established and developed resulting in an updated campaign focusing on a Culture of Health. All nurses are encouraged to note - the original recommendations are not being forgotten: They are being expanded upon through a new lens.

Members of the Iowa Center for Nursing Workforce on July 12, 2017, heard from guest speaker, Dan Lose, DNP, RN, CNML, University of Iowa nurse manager and a representative from Iowa’s Action Coalition steering committee. Mr. Lose was chosen to take part in the *Campaign’s Breakthrough Leaders in Nursing* program and has been trained as a Campaign Outreach Advocate for a Culture of Health (COACH). In his role as a COACH, Mr. Lose is available to speak to the public about the Campaign’s goals and to help deliver the expanded message that it will take everyone – including all nurses – to improve the culture of health in America. Dan’s presentation informed the workforce committee about the work that has been done, and the work that still remains to advance the progress of the Campaign.

The pillars for the Campaign include education, practice and care, leadership, diversity, interprofessional collaboration, and data. However,

the new vision of the Campaign is as follows: “We, as a nation, will strive together to build a Culture of Health enabling all of our diverse society to lead healthy lives, now and for generations to come.” A good example of a project in Iowa is the study conducted by Karen Crimmings, RWJF Public Health Nurse Leader, about diabetes prevention and self-management education services, now being translated into a comprehensive statewide plan to address the population health issue of Type 2 Diabetes. (See the May, June, July 2017 issue of the

Nursing Newsletter for Crimmings’ article about her project.)

Nurses are seen as critical partners in advancing the Culture of Health. For more information about the Campaign, see their website at <https://campaignforaction.org>. As information becomes available about Iowa’s Action Coalition and work, it will be posted on the site: <https://campaignforaction.org/state/iowa>.

The new Culture of Health Framework can be seen in the picture below:



- Action Area 1: Making Health a Shared Value

We’ll work to create communities where **health is a shared value**—where people appreciate the importance of achieving, maintaining, and reclaiming health as a shared priority.

- Action Area 2: Fostering Cross-Sector Collaboration

We’ll support **cross-sector collaboration** so that health systems, businesses, local health departments, community organizations, individuals, and federal agencies all see opportunities for alignment and success.

- Action Area 3: Creating Healthier, More Equitable Communities

We’ll work to **achieve healthier and more equitable communities** by addressing head-on the chronic environmental and policy conditions that hold back too many Americans from living in good health.

- Action Area 4: Strengthening Integration of Health Systems and Services

Finally, we’ll work to **transform our \$2.7 trillion health care system** so it’s driven by a focus on prevention, the integration of health services and systems, and the delivery of comprehensive, high-value care for all Americans.

Congratulations

to the Iowa Action Coalition Advanced Practice Task Force on their publication in the September 2017 issue of the *Journal of Nursing Administration*, Volume 47, Number 9, pages 465-469. The title of their article is “Scope of Practice Barriers for Advanced Practice Registered Nurses.” See the website: www.jonajournal.com to obtain a copy of the document.

DOI: 10.1097/NNA0000000000000515

The information employers need to protect their patients.



Enroll NOW in the most reliable and efficient nurse licensure notification system available.

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by participating boards of nursing (BONs) and designated by them to be primary source equivalent.

Once you have registered your organization and provided nurse data, you'll **automatically** be notified of nurse licensure expirations, upcoming renewals and any discipline action from your state and others. It's all free of charge, provided as a patient safety initiative by U.S. BONs and NCSBN.

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Renewal Reminder

Licenses should plan to renew their nursing license 30 to 60 days prior the expiration date. A nursing license may be renewed until midnight of the expiration date without penalty, but this practice is discouraged. Online system problems can occur and late fees will be assessed for any renewal completed after midnight of the expiration date.

Expiration Date of Current Renewal	Renewal Dates to Apply for New License	Late Fee Assessed	Inactive Status (if not renewed)
October 15, 2017	August 15, 2017 – October 15, 2017	October 16	November 16, 2017
November 15, 2017	September 15, 2017 – November 15, 2017	November 16	December 16, 2017
December 15, 2017	October 15, 2017 – December 15, 2017	December 16	January 16, 2018
January 15, 2018	November 15, 2017 – January 15, 2018	January 16	February 16, 2018

A \$50 late fee is required for licenses who renew within the 30 days after the license lapses. (See the Nursys ad on this page for renewal reminders.) Licenses that are not renewed will automatically be placed on inactive status on the 16th of the month following the expiration date of the license.

The continuing education requirement for license renewal is 36 contact hours (3.6 CEUs) for the renewal of a full three year license. Licensees renewing for the first time after the license was originally issued, or for the first time after a reactivation, will need 24 contact hours (2.4 CEUs) completed after the effective date printed on the license wallet card. Before you renew, you should have your documentation in-hand to confirm you have what you need. As soon as you renew, you will know if you have been chosen for audit. Remember, if it is not documented – it is not done!

Effective 1/1/2018, all license renewals will require 36 contact hours of continuing education, regardless of the term of the license.

BOARD ORDERS

Previously Named Sanctioned Cases

Sanctioned licenses should be verified through our website to determine current status

* By Licensee RN Number Indicates Licensee is licensed as an ARNP

** In the RN column indicates the Licensee does not have an Iowa License

AUGUST 2017

Last Name	First Name	RN	LPN	Sanction	
Barnes	Shelby	128713	P54261	Fine	\$150
Bygness	Carolyn	065406		Continuing Education	30 contact hours
Chapa	Tasha	135758	P55550	Fine	\$200
Grooms	Laura	098366	P37813	Probation	12 months
Grooms	Laura	098366	P37813	Reinstated	
Larson	Andrea		P31582	Probation	12 months
Larson	Andrea		P31582	Reinstated	
Lorenzen	Holly	117683		Citation and Warning	
Nelson	Rex	133926		Probation	12 months
Nelson	Rex	133926		Reinstated	
St. Joan	Robyn	074825		Fine	\$600
Stahl	Kasi		P46160	Indefinitely Suspended	
Van Berkum	Cassandra		P50359	Voluntary Surrender	
Van Wey	Sheila		P42900	Fine	\$50
Witt	Kathleen	071174	P09748	Voluntary Surrender	
Yeakel	Susan	084016	P28021	Voluntary Surrender	
		*ARNP			

JULY 2017

Last Name	First Name	RN	LPN	Sanction	
Blackmon	Alexandria	*138683		Citation & Warning	
Booth	Joy	086979	P31237	Continuing Education	30 contact hours
Bruns	Pamela	102792	P33072	Continuing Education	60 contact hours
Cranston	Victoria		P33313	Fine	\$400
Damman	Lisa	083286	P27436	Continuing Education	30 contact hours
Dobson	Devonna	072033		Citation & Warning	
Dobson	Devonna	072033		Continuing Education	38 contact hours
Durst	Thomasena		P54692	Indefinitely Suspended	
Fitzgerald	Molly		P52256	Continuing Education	15 contact hours
Gilleland	Tracey	089276		Continuing Education	30 contact hours
Hubbard	Calista	128704	P50253	Voluntary Surrender	
Jasper	Laurie	069517		Fine	\$200
Johnston	Renee		P50316	Continuing Education	36 contact hours
Johnston	Renee		P50316	Fine	\$400
Johnston	Renee		P50316	Indefinitely Suspended	
Jones	Melanie	127951	P53369	INAP Referral	
Katko	Georgia	124183		Fine	\$200
Leonard	Jennifer	*120565		Continuing Education	2 day in person PBI Ongoing Education Course

Continuing Education Offerings

Continuing Education Offerings continued from page 19

November 9; 9 am – 11 am; Council Bluffs, IA
Comprehensive Wound Assessment & Treatment. Spon: Iowa Western Community College, Provider #6. Contact Sheri Splichal, 712-325-3255. Fac: Mandy Jacobsen, RN, BSN, CWON. Aud: Nurses. To provide guidelines for wound assessment and documentation, knowledge to assist with identifying wound etiology, and knowledge regarding application, management, and indications for negative pressure wound therapy. Fee: \$59.00. Reg. by: 11/6/17. CEUs: 0.24.

essential to nursing assessment, promotion, and evaluation of fetal safety during labor. *All participants must have a minimum of 6 months recent experience in fetal heart monitoring. Fee: \$237. Reg. by 10/18/17. CEUs: 1.46 (must attend both days)

program is designed to enhance the nurse's understanding of chemotherapy and care of patients receiving chemotherapy. Fee: \$240. Reg. by 10/26/17. CEUs: 1.32

November 9; 8:00 am – 10:30 am; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 10/19/17. Class size limited. CEUs: none.

November 16; 8:00 am – 4:15 pm; Iowa City, IA
AWHONN Advanced Fetal Heart Monitoring Program. Spon: UIHC Department of Nursing #34. Contact: Melissa Stimmler, CE Coord. Phone 319-356-4304. Fac: Jeana Forman, MSN, RNC. Aud: Nurse/Midwife/ARNP.* Course conveys the application of advanced fetal heart monitoring knowledge and skills in intrapartum clinical practice. *Designed for clinicians who previously completed the AWHONN Intermediate FHM course or a comparable fetal monitoring education program. Fee: \$177. Reg. by 10/26/17. CEUs: 0.84 (must attend both days)

November 9; 11:30 am – 2:00 pm; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 10/19/17. Class size limited. CEUs: none.

November 20; 8:30 am – 4:30 pm; Iowa City, IA
ACLS Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: ACLS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the ACLS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$185.00. Reg. by 10/30/17. Class size limited. CEUs: 0.74

November 9; 3:30 pm – 6:00 pm; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 10/19/17. Class size limited. CEUs: none.

November 29; 8:00 am – 10:30 am; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 11/8/17. Class size limited. CEUs: none.

November 11; 8:00 am – 10:30 am; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 10/21/17. Class size limited. CEUs: none.

November 29; 11:30 am – 2:00 pm; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 11/8/17. Class size limited. CEUs: none.

November 13; 9:00 am – 4:00 pm; Iowa City, IA
Basic Fetal Monitoring Workshop. Spon: UIHC Department of Nursing #34. Contact: Melissa Stimmler, CE Coord. Phone 319-356-4304. Fac: Jeana Forman, MSN, RNC. Aud: RNs working in obstetrics. To provide basic information on methods of fetal monitoring recognition of changes/interventions to assist in the management of patients and documentation issues. Fee: \$110. Reg. by 10/23/17. CEUs: 0.65

December 4; 1:00 pm – 3:30 pm; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 11/13/17. Class size limited. CEUs: none.

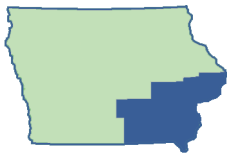
November 14; 8:30 am – 3:30 pm; Iowa City, IA
Site Specific Oncology: Surgical/Procedural/Miscellaneous. Spon: UIHC Department of Nursing #34. Contact: Melissa Stimmler, CE Coord. Phone 319-356-4304. Fac: University of Iowa Hospitals and Clinics Staff. Aud: RN/healthcare professionals. To provide current information on surgeries, procedures, and cares for patient populations on cancer center units. This includes principles of radiation oncology, surgical oncology, and managing oncologic emergencies, delirium in cancer patients, and sexuality related issues. Fee: \$87. Reg. by 10/24/17. CEUs: 0.70

December 4; 8:30 am – 12:30 pm; Iowa City, IA
ACLS Provider Renewal Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: ACLS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the ACLS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$80.00. Reg. by 11/13/17. Class size limited. CEUs: none.

REGION IV

Southeast Counties of Iowa

Appanoose, Cedar, Clinton, Davis, Des Moines, Henry, Iowa, Jefferson, Johnson, Keokuk, Lee, Louisa, Mahaska, Marion, Monroe, Muscatine, Scott, Van Buren, Wapello, Washington.



ABBREVIATIONS

Spon: Sponsor	Reg. by: Register by
Fac: Faculty	TBA: To be announced
Aud: Audience	NG: Not Given
inc: includes/including	NR: Nonresident

November 3; 8:30 am – 3:30 pm; Davenport, IA
Probiotics, Food, & the Immune System. Spon: Institute for Natural Resources (INR). Contact: Customer Services, 800-937-6878, option 1 for registration. Website: www.inrseminars.com. Fac: Dr. Beverly White, PhD, RD. Aud: RN, LPN, NP and Case managers. This course will address the importance of probiotic bacteria and beneficial yeast in the maintenance of health, prevention and management of common conditions, such as inflammatory and allergic syndromes of the gastrointestinal and genitourinary tract, including irritable bowel disease, Crohn's disease, and chronic UTI. Fee: \$81.00. Reg. by: 11/3/17. CEUs: 0.72.

November 7; 11:30 am – 3:30 pm; Iowa City, IA
ACLS Provider Renewal Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: ACLS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the ACLS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$80.00. Reg. by 10/17/17. Class size limited. CEUs: none.

November 8; 8:30 am – 12:30 pm; Iowa City, IA
PALS Provider Renewal Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: PALS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the PALS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$80.00. Reg. by 10/18/17. Class size limited. CEUs: none.

November 8-9; 9:00 am – 4:30 pm both days; Iowa City, IA

AWHONN Intermediate Fetal Heart Monitoring Program. Spon: UIHC Department of Nursing #34. Contact: Melissa Stimmler, CE Coord. Phone 319-356-4304. Fac: Jeana Forman, MSN, RNC. Aud: Nurse/Midwife/ARNP.* To promote the integration of knowledge and skills

November 16; Day 1: 8:00 am – 4:00 pm; November 17; Day 2: 8:00 am – 2:00 pm; Iowa City, IA

Fundamentals of Chemotherapy and the Patient Experience. Spon: UIHC Department of Nursing #34. Contact: Melissa Stimmler, CE Coord. Phone 319-356-4304. Fac: University of Iowa Hospitals and Clinics Staff. Aud: RNs providing chemotherapy. This two-day

December 5; 8:00 am – 10:30 am; Iowa City, IA
Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 11/14/17. Class size limited. CEUs: none.

Continuing Education Offerings continued on page 21

Continuing Education Offerings

Continuing Education Offerings continued from page 20

December 5; 11:30 am – 3:30 pm; Iowa City, IA

ACLS Provider Renewal Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: ACLS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the ACLS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$80.00. Reg. by 11/14/17. Class size limited. CEUs: none.

December 6; 8:30 am – 12:30 pm; Iowa City, IA

ACLS Provider Renewal Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: ACLS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the ACLS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$80.00. Reg. by 11/15/17. Class size limited. CEUs: none.

December 7; Day 1: 7:30 am – 5:10 pm;

December 8; Day 2: 7:45 am – 4:00 pm; Iowa City, IA

TNCC Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: TNCC Approved Instructors. Aud: RNs and Healthcare providers. This intense course will provide standardized training according to the Trauma Nurse Core Course 7th Edition curriculum. Fee: \$300.00 includes all course materials and recording fees. Reg. by 11/16/17. CEUs: 2.1.

December 7; 8:00 am – 10:30 am; Iowa City, IA

Basic Life Support (BLS) Provider Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: BLS Approved Instructors. Aud: RNs and Healthcare providers. Fee: \$50.00. Reg. by 11/16/17. Class size limited. CEUs: none.

December 7; 11:30 am – 3:30 pm; Iowa City, IA

ACLS Provider Renewal Course. Spon: Mercy Iowa City #87. Contact: Mercy On Call or www.mercyiowacity.org, 800-358-2767. Fac: ACLS Approved Instructors. Aud: RNs and Healthcare providers. To successfully demonstrate the ACLS protocols according to the AHA guidelines, prerequisites include a completed self-assessment. Fee: \$80.00. Reg. by 11/16/17. Class size limited. CEUs: none.

inrseminars.com. Fac: Dr. Beverly White, PhD, RD. Aud: RN, LPN, NP and Case managers. This course will address the importance of probiotic bacteria and beneficial yeast in the maintenance of health, prevention and management of common conditions, such as inflammatory and allergic syndromes of the gastrointestinal and genitourinary tract, including irritable bowel disease, Crohn's disease, and chronic UTI. Fee: \$81.00. Reg. by 11/1/17. CEUs: 0.72.

November 3 – November 18; 6:30 pm – 9:45 pm and 8:00 am – 5:30 pm; Des Moines, IA

Faith Community/Parish Nurse Preparation.

Spon: Contemporary Nursing Update #114. Contact: Marabel Kersey, 515-834-2001. Register by email to marabelk@aol.com. Fac: Marabel Kersey, RN. This 33 hour Nurses Christian Fellowship International/Westberg Institute approved course prepares the licensed RN to serve on a church staff by meeting physical, emotional and spiritual needs of church parishioners. Fee includes lunch, breaks, books and CEU with certificate and pin. Fee: \$100.00. Reg. by 10/20/2017. CEUs: 3.3

November 4; 8:00 am – 11:45 am; West Des Moines, IA

9th Annual Fall Conference. Spon: Iowa Heart Foundation. Contact: Cindy Conroy; www.iowaheartfoundation.org; 515-633-3555. Fac: Abbey Modlin, BSN, D-NP. Aud: Family Practice, Internal Medicine, Cardiology nurses. To provide updates regarding management of diabetes, claudication, and medication adherence in patients with cardiovascular disease. Fee: \$20.00. Reg. by 11/1/17. CEUs: 0.3.

November 6; 6:30 pm – 8:00 pm; Des Moines, IA

Central Iowa Functional Medicine: Role of Ketamine for Depression. Spon: Des Moines University #112. Contact: Vanessa Ross; cme@dmu.edu or 515-271-1596; <https://cme.dmu.edu/FunctionalMedicine-Nov6-2017>. Speaker: Daniel Moyse, MD – Pain Specialists of Iowa. Aud: All interested health professionals. Central Iowa Functional Medicine activities focus on the treatment and prevention of various conditions by the use of holistic or alternative medicine. Please call or email to register. Fee: Free. Reg. by 11/6/17. CEUs: 0.1.

December 4; 6:30 pm – 8:00 pm; Des Moines, IA

Central Iowa Functional Medicine. Spon: Des Moines University #112. Contact: Vanessa Ross; cme@dmu.edu or 515-271-1596; <https://cme.dmu.edu/FunctionalMedicine-Dec4-2017>. Speaker: TBD. Aud: All interested health professionals. Central Iowa Functional Medicine activities focus on the treatment and prevention of various conditions by the use of holistic or alternative medicine. Please call or email to register. Fee: Free. Reg. by 12/4/17. CEUs: 0.1.

December 7; 12:00 pm – 5:15 pm; Des Moines, IA

DMU Research Symposium. Spon: Des Moines University #112. Contact: Vanessa Ross; cme@dmu.edu or 515-271-1596. Speaker: Melissa Burroughs Peña, MD, MS. Aud: All interested health professionals. The Research Symposium aims to recognize the research efforts of those at Des Moines University (DMU) and in the surrounding medical and scientific community by providing a forum for the collaboration of ideas, the production of new hypotheses, and

to demonstrate to the attendees the critical role that research plays in the advancement of health care. Please register online at <https://cme.dmu.edu/research2017>. Fee: Free. Reg. by: 12/1/17. CEUs: 0.4.

January 8; 6:30 pm – 8:00 pm; Des Moines, IA

Central Iowa Functional Medicine. Spon: Des Moines University #112. Contact: Vanessa Ross; cme@dmu.edu or 515-271-1596; <https://cme.dmu.edu/FunctionalMedicine-Jan8-2018>. Speaker: TBD. Aud: All interested health professionals. Central Iowa Functional Medicine activities focus on the treatment and prevention of various conditions by the use of holistic or alternative medicine. Please call or email to register. Fee: Free. Reg. by: 1/8/18. CEUs: 0.1.

OUT-OF-STATE

November 8; 8 am – 4:30 pm; Madison, WI

Advances & Updates in Pharmacotherapy.

Spon: UW Madison Interprofessional Continuing Education Partnership. Contact Sandra Galles, 608-265-9003. Aud: All involved in care of older adults. Provide an interprofessional audience with update on treatment of conditions affecting older adults. Fee: \$150, if rec'd by 10/25, \$190.00 after 10/25. CEUs: 0.72 (Iowa) 6 ANCC contact hours.

November 15; 8:30 am to 3:30 pm; Grand Island, NE

Probiotics, Food, & the Immune System.

Spon: Institute for Natural Resources (INR). Contact: Customer Services, 800-937-6878, option 1 for registration. Website: www.inrseminars.com. Fac: Dr. Beverly White, PhD, RD. Aud: RN, LPN, NP and Case managers. This course will address the importance of probiotic bacteria and beneficial yeast in the maintenance of health, prevention and management of common conditions, such as inflammatory and allergic syndromes of the gastrointestinal and genitourinary tract, including irritable bowel disease, Crohn's disease, and chronic UTI. Fee: \$81.00. Reg. by: 11/15/17. CEUs: 0.72.

November 16; 8:30 am to 3:30 pm; Omaha, NE

Probiotics, Food, and the Immune System.

Spon: Institute for Natural Resources (INR). Contact: Customer Services, 800-937-6878, option 1 for registration. Website: www.inrseminars.com. Fac: Dr. Beverly White, PhD, RD. Aud: RN, LPN, NP and Case managers. This course will address the importance of probiotic bacteria and beneficial yeast in the maintenance of health, prevention and management of common conditions, such as inflammatory and allergic syndromes of the gastrointestinal and genitourinary tract, including irritable bowel disease, Crohn's disease, and chronic UTI. Fee: \$81.00. Reg. by: 11/16/17. CEUs: 0.72.

HOME STUDY

Communication for Nurses: Prevent Harmful Events & Promote Patient Safety.

Spon: Kirkwood Community College #30. Contact: Laura Daman. Phone 319-398-5626. Aud: RNs.

REGION V

Central Counties of Iowa
Boone, Dallas, Grundy,
Hamilton, Hardin, Jasper,
Marshall, Polk, Poweshiek,
Story, Tama, Webster.



ABBREVIATIONS

Spon:	Sponsor	Reg. by:	Register by
Fac:	Faculty	TBA:	To be announced
Aud:	Audience	NG:	Not Given
inc:	includes/including	NR:	Nonresident

November 1; 8:30 am – 3:30 pm; Des Moines, IA

Probiotics, Food, & the Immune System.

Spon: Institute for Natural Resources (INR). Contact: Customer Services, 800-937-6878, option 1 for registration. Website: www.inrseminars.com.

Continuing Education Offerings

Continuing Education Offerings continued from page 21

Learn to develop the professional communication skills you need to prevent errors and avoid patient injuries leading to desired outcomes. Fee: \$69.00. Reg: open-ended. CEUs: 0.6

Updates in Diabetes.

Spon: UW Madison Interprofessional Continuing Education Partnership. Contact Sandra Galles, 608-265-9003. Fac. Mary Sinnen, RN, DNP. Aud: All involved in diabetes care. The goal of this class is to provide an update on aspects of diabetes therapy, including management, pharmacotherapy and counseling. Fee: \$150. Reg by: Ongoing. CEUs. 0.96 (Iowa) 8 ANCC contact hrs.

Words Matter

**1232 Lake View Drive
Buckingham, Iowa 50612
Toll-free: 855-227-6784 or 319-404-1782
www.wordsmatternurses.com**

The busy nurse can complete her CE requirements at Words Matter. Simply download a course to your electronic device, read at your leisure, and complete and self-check the Learner Self-Assessment at the end of each course. EASY. CONVENIENT. AFFORDABLE. Upon successful completion, the nurse earns 0.24 CEUs/2.4 contact hours. Each course costs \$4.00!

We accept VISA MasterCard, Discover, American Express and PayPal. Get started with us today at: www.wordsmatternurses.com!

These activities have been submitted to the Alabama State Nurses Association for approval to award contact hours. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Anxiety Disorders in Adults and Children

Spon: Words Matter, LLC. Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Anxiety disorders can be debilitating for both adults and children. The nurse will enhance her understanding of types of anxiety disorders that affect the individual and the different modalities used to treat them. Fee: \$4.00. CEUs: 0.24.

Aortic Aneurysm: A Silent Killer!

Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Health care personnel will enhance their knowledge of aortic aneurysms, including thoracic aortic aneurysms (TAA) and abdominal aortic aneurysms (AAA). Fee: \$4.00. CEUs: 0.24.

Bumpety-Bump: Diagnosis Mumps!

Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Healthcare personnel will enhance their understanding of mumps. Fee: \$4.00. CEUs: 0.24.

Heart Palpitations - A Cause for Concern?

Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Healthcare personnel will enhance their understanding of heart palpitations and differentiate between

benign heart palpitations and more serious cardiac arrhythmias that may cause heart palpitations. Fee: \$4.00. CEUs: 0.24.

"Mommy, I Can't Breathe!" Enterovirus D-68

Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Healthcare personnel will increase their understanding of non-polio enteroviruses, including the enterovirus D68 (EV-D68), which appears to be the pathogen that caused mild to life-threatening illness and deaths in children in multiple states. Fee: \$4.00. CEUs: 0.24.

Opioids: Friend or Foe?

Contact: Linda Fisk, 855-227-6784. Fac: Linda Fisk, RN, BS. Aud: RNs, LPNs, other interested healthcare personnel. Nurses will enhance their understanding of opioids, how they work, limitations, and safe usage. Fee: \$4.00. CEUs: 0.24 (50-min. contact hour) .2 (60-min. contact hour).

Stowaways! Diseases that are Sneaking Across the U.S. Border

Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Healthcare personnel will be introduced to multiple diseases that may accompany immigrant/refugee children and families into the U.S. Fee: \$4.00. CEUs: 0.24.

Vector-Borne Diseases: Identifying and Managing Them

Spon: Words Matter, LLC. Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Healthcare personnel will enhance their understanding of different types of vector-borne diseases, how they are identified, signs and symptoms, diagnosis, and treatment. Fee: \$4.00. CEUs: 0.24.

Zika Virus: What You Need to Know

Contact: Linda Fisk. Fac: Linda Fisk. Aud: RNs, LPNs, Advance Practice Nurses. Healthcare personnel will enhance their understanding of Zika virus. Fee: \$4.00. CEUs: 0.24.

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Child Abuse for Mandatory Reporters

Fac: Linda L. Fisk, RN, BS. Aud: RN, LPN, ARNP. Approved by the Iowa Abuse Education Review

Panel to meet the Mandatory Reporters' requirements for child abuse education by reviewing and updating information on incidence, indications, treatment options and legal implications. Fee: \$23.95. CEUs: 0.24

Child and Dependent Adult Abuse for Mandatory Providers

Fac: Linda L. Fisk, RN, BS. Aud: RN, LPN, ARNP. Approved by the Iowa Abuse Education Review Panel and intended to meet the Mandatory Reporter's requirements for child and dependent adult abuse education by reviewing and updating information on incidence, indications, treatment options and legal implications. Fee: \$23.95. CEUs: 0.24

Dependent Adult Abuse for Mandatory Reporters

Fac: Linda L. Fisk, RN, BS. Aud: RN, LPN, ARNP. Approved by the Iowa Abuse Education Review Panel to meet the Mandatory Reporters' requirements for Dependent adult abuse education by reviewing and updating information on incidence, indications, treatment options and legal implications. Fee: \$23.95. CEUs: 0.24

Nurse Leadership Certificate Program

Fac: Judith K. Orth, RN, CHPN, BSN, MA. Aud: RNs, LPNs, ARNPs. The nine-part certificate program provides an in-depth understanding of the skills and characteristics necessary to be an effective nurse leader. This series is designed to provide nurses at all levels with practical training that can be put to use in any health care environment. Fee: \$199.95. CEUs: 1.44

Social Media Usage in Health Care

Fac: Judith K. Orth, RN, CHPN, BSN, MA. Aud: RNs, LPNs, ARNPs. In this course intended for nursing staff in the long-term care setting you will learn what is social media, what privacy rights residents have related to social media, and types of possible criminal abuse via social media. Fee: \$11.95. CEUs: 0.12

Active Shooter: What You Can Do

Fac: Dorothy de Souza Guedes. Aud: ARNPs, RNs, LPNs. The purpose of this course is to present health care professionals with a comprehensive understanding of how to respond in an active shooter situation wherever they are, including a hospital, nursing home, outpatient clinic, or any other health care facility. Fee: \$11.95. CEUs: 0.12.

Advance Directives and DNRO

Fac: Denise Warren, RN, BSN. Aud: ARNPs, RNs, LPNs. The purpose of this course is to present health care professionals with a comprehensive understanding of advance directives. The medical community must know the various types of advance directives in order to assist patients with their legal right to make their own decisions concerning their care. Fee: \$11.95. CEUs: 0.12

Antipsychotics and the Elderly

Fac: Elizabeth Boldon BSN, MSN. Aud: RN, LPN. The purpose of this course is to increase the knowledge of the health care professional of antipsychotic medications and implications of their use in the elderly population. Fee: \$11.95. CEUs: 0.1

Continuing Education Offerings

Continuing Education Offerings continued from page 22

Autoimmune Disorders

Fac: Mary McGeough BSN. Aud: RN, LPN. This online course will provide an overview of common autoimmune disorders including symptoms and treatment modalities. Fee: \$47.95. CEU's: 0.5

Dealing with Difficult People in Healthcare

Fac: Judith K. Orth, RN, CHPN, BSN, MA. Aud: ARNPs, RNs, LPNs. Health care professionals will learn how to identify and respond to conflict and disruptive behaviors among coworkers. Research on the negative consequences of conflict on staff morale and patient care are reviewed. Various strategies to deal with negative situations that are a part of every workplace are explained. Fee: \$23.95. CEUs: 0.24

Dementia Training Module A

Fac: Mary McGeough RN, BSN and Lisa Eick RN. Aud: RN, LPN, ARNP. All staff working in the long-term care setting will increase their and skills in caring for persons diagnosed with Alzheimer's disease or a related disorder. This bundle of courses includes the following modules: Understanding Alzheimer's Disease, Communication, and Behavior Management. Fee: \$39.99. CEUs: 0.48

Dementia Training Module B

Fac: Mary McGeough RN, BSN and Lisa Eick RN. Aud: RN, LPN, ARNP. All staff working in the long-term care setting will increase their and skills in caring for persons diagnosed with Alzheimer's disease or a related disorder. This bundle of courses includes the following modules: Philosophy of Care Family & Staff Issues, Activities for Persons with Dementia, Activities of Daily Living Medication & Nutrition, and Ethical Issues. Fee: \$39.99. CEUs: 0.48

Dying with Dignity

Fac: Judy K. Orth, RN, CHPN, BSN, MA. Aud: RN, LPN, ARNP. Healthcare providers will place an emphasis on each terminally ill patient's uniqueness that tends to preserve their sense of dignity. Fee: \$11.95. CEUs: 0.12

Elder Justice Act: What it Means for You

Fac: Judy K. Orth, RN, CHPN, BSN, MA. Aud: RN, LPN, ARNP. Healthcare providers will increase their knowledge about the Elder Justice Act of 2010 (EJA) by providing information about its priorities, provisions, and related legal decisions since its enactment in 2010. Elder abuse, neglect, and exploitation are also explained including the five forms of elder abuse. Reporting requirements for covered individuals and penalties for violations are detailed. Fee: \$11.95. CEUs: 0.12

Ethical Principles in Nursing

Fac: Denise Warren BSN and Mary McGeough BSN. Aud: RN, LPN, ARNP. To enhance the nurse's ability to utilize ethical principles in nursing practice. Fee: \$35.95. CEUs: 0.36

Hospice 101

Fac: Judy K. Orth, RN, CHPN, BSN, MA. Aud: RN, LPN, ARNP. The purpose of this course is to educate the learner about the concept of

hospice and the corresponding philosophies and services it provides. Fee: \$11.95. CEUs: 0.12

Infection Control

Fac: Mary McGeough BSN. Aud: RN, LPN. Health care professionals will review and gain knowledge of current and emerging infection control procedures, common health care related infections, and infectious disease outbreaks. Fee: \$23.95. CEU's: 0.24

Influenza: The Basics

Fac: Linda Fisk RN. Aud: RN, LPN, ARNP. The health care practitioner will enhance her knowledge of this season's influenza and best practices for prevention and transmission of the disease. Fee: \$11.95. CEUs: 0.12

Leadership in Health Care: General Principles

Fac: Judy K. Orth, RN, CHPN, BSN, MA. Aud: RN, LPN, ARNP. The purpose of this course is to enhance the knowledge base of the audience in the area of general principles of health care leadership skills. Fee: \$17.95. CEUs: 0.18

Multi-Drug Resistant Organisms

Fac: Denise Warren RN, BSN. Aud: RN, LPN, ARNP. The purpose of this course is to provide a detailed overview regarding the clinical importance of multidrug-resistant organisms in the health care environment. This course will also discuss the most common types of organisms encountered and provide recommendations for preventing their spread. Fee: \$11.95. CEUs: 0.12

Nursing Documentation

Fac: Mary McGeough, RN, BSN. Aud: RN, LPN. Nurses will gain knowledge and skills related to the documentation of information in the patient's medical record. Fee: \$17.95. CEUs: 0.18

Nursing CEUs (100+ HR)

Fac: Mary McGeough RN, BSN. Aud: RN, LPN, ARNP. CE Solutions is pleased to offer over 100 nursing courses in a variety of healthcare areas. Some the areas include, dementia care, legal aspects of nursing, endocrinology, mental health care and autoimmune diseases to name just a few. Fee: \$33.95. CEUs: 10.00+

Pain Management at Life's End

Fac: Judy K. Orth, RN, CHPN, BSN, MA. Aud: RN, LPN, ARNP. The purpose of this course is to integrate recently published pain management evidence into clinical practice and care for the terminally ill. A case scenario approach to this topic will transpire throughout this course to aid in the discovery and application of more effective ways for health care professionals to assist patients and families in the management of pain at life's end. Fee: \$23.95. CEUs: 0.24

Preventing Medication Errors

Fac: Mary McGeough RN, BSN. Aud: RN, LPN, ARNP. The purpose of this online course is to increase healthcare professionals understanding of and skills for eliminating medical errors. Fee: \$11.95. CEUs: 0.12

Staff Retention: Working Together to Achieve Organizational Success

Fac: Vicki Parsons MBA. Aud: RNs and LPNs. To provide a framework of strategies to create

successful organizations through positive, meaningful leadership. Fee: \$11.95. CEUs: 0.12

Stroke

Fac: Mary McGeough RN, BSN. Aud: RN, LPN, ARNP. Healthcare professionals will review and learn new information about caring for the stroke patient. Fee: \$35.95. CEUs: 0.36

Understanding and Supporting Grieving Children

Fac: Judith K. Orth, RN, CHPN, BSN, MA. Aud: ARNPs, RNs, LPNs. To educate the learner about helpful ways to talk with grieving children geared toward the individual's developmental level, respectful of their cultural norms, and sensitive to their capacity to understand the situation. Death is an inescapable fact of life and children will need all the love and support of professionals and caregivers to cope with their loss and reach a constructive grief resolution. Fee: \$17.95. CEUs: 0.18

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Alzheimer's Disease and Dementia Related Disorders.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Provides ways to approach problem areas in direct care of those with Alzheimer's disease or related dementias with extensive suggestions for effective communication. Fee: \$10; \$12 in hard copy. CEUs: 0.2.

Autism Spectrum Disorder.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Reviews changes in diagnostic terminology, common traits, incidence, possible causes & therapies/approaches to help a person with ASD learn & grow in an outer world that differs from inner experiences. Fee: \$15 and \$18 hardcopy + P&H. CEUs: 0.3.

Care of the Alzheimer's Patient.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Presents suggestions and approaches to management of common behaviors and symptoms of A.D. that are not drug based. Fee: \$6. CEUs: 0.1.

Care of Those with Disabilities: Managing Anxious, Aggressive or Combative Behaviors.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Teaches strategies that can help manage anxious,

Continuing Education Offerings continued on page 24

Continuing Education Offerings

Continuing Education Offerings continued from page 23

aggressive or combative behaviors arising from limited emotional, mental or physical abilities. Fee: \$5, \$6 hard copy + P&H. CEUs: 0.1.

Changing Beds: You May Have Made It, But You Don't Have to Lie in It. Mental Emotional Health.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Teaches how to foster mental and emotional health, emphasizing empowerment through self-definition, self responsibility, monitoring thought patterns and dealing with feelings. Fee: \$60. CEUs: 1.0.

Cognito Ergo Sum: Creating an Empowered Image.

Fac: Dr. Linda S. Greenfield. Aud: RNs/LPNs. Teaches how to recognize and create your own internal power by changing the way you think, using the nursing environment as the milieu. Fee: \$30. CEUs: 0.5.

End of Life: Palliative & Hospice Care

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. This course discusses the controversies of end of life care, and presents approaches to meet psychological & physical needs encountered in the dying patient, while empowering the patient. Fee: \$15, \$23 mailed in hard copy. CEUs: 0.3.

Forgiveness: A Fundamental Health Concept.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Incorporates strategies from both mental health and body-based therapies to approach forgiveness as a way to reduce stress-induced physical and mental/emotional disease states. Fee: \$25 (\$30 plus p&h for hard copy). CEUs: 0.5.

Good Grief: Providing Light to Those in Emotional Pain.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Fosters the nurse's ability to listen, console and nurture those involved in loss and changing personal identity, using specific, guided techniques. Fee: \$30. CEUs: 0.5.

Good Vibrations: Recognizing the Healing Energy Within Emotions.

Author: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Explores relationship between the energy of toxic emotions and diseases correlating emotional issues to the human energy system of chakras and studying how the body is designed to manage anger, fear, hate, etc. safely. Fee: \$42. CEUs: 0.7.

HIV/AIDS: A Comprehensive Course.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Provides detailed examination of pathology, transmission, signs and symptoms, prevention, precautions and treatment of HIV. Fee: \$15; \$18 in hard copy. CEUs: 0.3.

Intuition in Healthcare: Fostering a Safer, More Therapeutic Process.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Examines physiologic explanations for intuition and become aware of how to facilitate accessing non-conscious information with greater accuracy and safety. Fee: \$20. CEUs: 0.4.

Mindful Care: Using Positive Thoughts and Emotions as a Catalyst to Healing.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Examines body/mind connection, exploring chemistry that links immune system function to ways we think and feel, and teaching more positive thinking patterns and ways to deal with negative emotions. Fee: \$30. CEUs: 0.5.

Responsible & Compassionate Communication

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Teaches how language helps or blocks relationships & cooperation in meeting healthcare needs, & provides new communication patterns that foster empowerment, collaboration, & mutual respect. Fee: \$15. CEUs: 0.3.

Stroke.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Studies pathology of various kinds and locations of strokes, the related symptoms and approaches to acute and rehabilitative care. Fee: \$30. CEUs: 0.5.

Stuck in a Rut: Helping Patients & Clients Change Habits that are Interfering with Recovery.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Examines anatomy & physiology of habits, teaches necessary factors to change old habits or form new habits & applies information to motor habits, mental & emotional habits, health habits, language habits & other with consideration to diseases that have significant habit connections. Fee: \$15. CEUs: 0.3.

Talking With the Docs: Effective Nurse Physician Communication.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Designed to help you increase your power and effectiveness when communicating

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with physicians in difficult situations. Fee: \$24. CEUs: 0.4.

The Patient in Pain: Why Are We Managing Pain and Not Healing It.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Physiology of acute and chronic pain perception, factors of pain reaction, attitudes toward the patient in pain that may hinder therapy, effective use of medication and use of non-invasive and alternative pain therapies. Fee: \$35; \$42 in hard copy. CEUs: 0.7.

The Prevention of Medical Errors.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Informs nurses of growing national concern over the alarmingly high numbers of errors and provides information to increase patient safety, guidance for reporting and suggestions for systems monitoring. Fee: \$12. CEUs: 0.2.

Working the Numbers: Nursing Interpretation of Laboratory Tests.

Fac: Linda S. Greenfield, RN, PhD. Aud: RNs/LPNs. Examines nursing interpretation of CBC, hematologic studies, iron studies, UA, electrolyte survey, kidney function studies and liver function studies. Fee: \$36. CEUs: 0.6.

