

# NURSING Perspectives

Volume 1 • No. 2 • Ed. 2

A Publication of the Tennessee Board of Nursing, In Collaboration with the Tennessee Center for Nursing



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**Patient Safety**

**Recognizing and Reporting  
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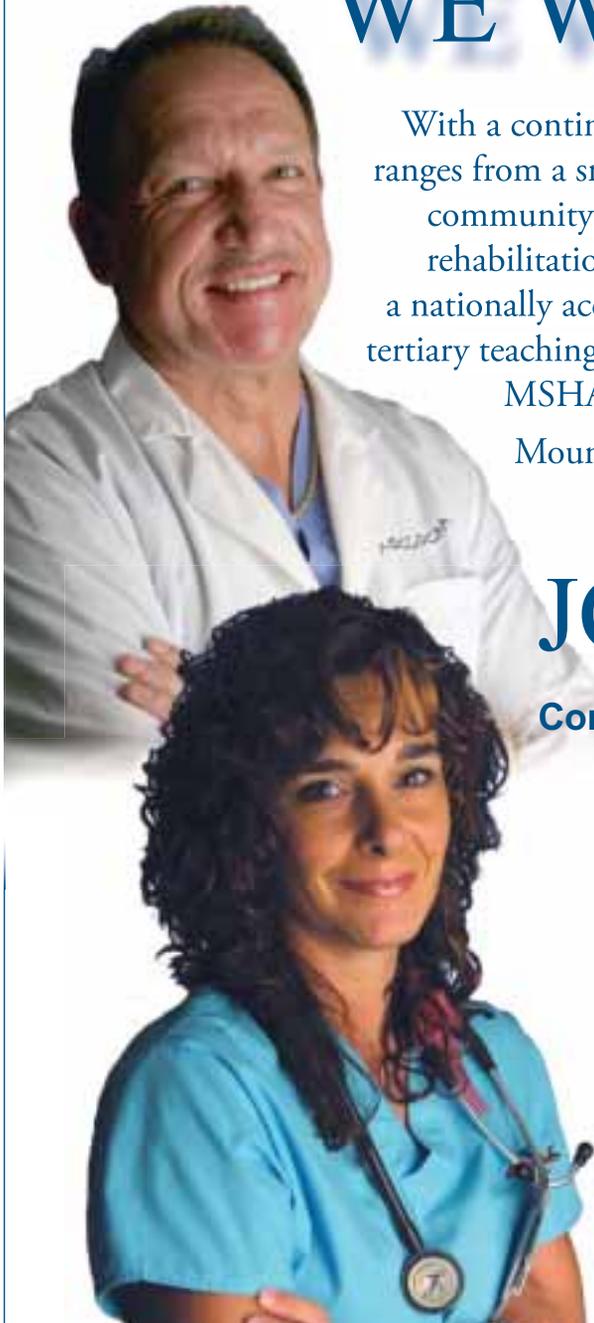
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## CONTENTS FALL 2006

From the Desk of the Executive Director . . . . .	4
School Approval . . . . .	5
Funding for Graduate Nurse Loan Scholarship . . . . .	7
Preparing LPN's to Administer IV Push Medications . . . . .	8
Survey of Newly Licensed Registered Nurses . . . . .	10
Tennessee Nursing Program Students Excel . . . . .	11
Recognizing and Reporting the Addicted Nurse . . . . .	12
Newly Licensed Registered Nurses	14
Legislative Update . . . . .	16
Patient Safety in Tennessee Health Care Facilities . . . . .	18
Responses to Frequently Asked Questions . . . . .	20

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

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## FROM THE DESK

### OF THE EXECUTIVE DIRECTOR

It is with a great deal of pride that I share with you a sample of responses from readers to the inaugural issue of Nursing Perspectives, the board's joint venture with the Tennessee Center for Nursing and Publishing Concepts, Inc. (PCI). From a reader motivated by friendly competition with a sister state, **"I am also licensed in Alabama and am so pleased to have a publication from Tennessee that is professional like the one I received."** An educator writes, **"The information presented will be incorporated into my teaching plans."** **"I plan to save every copy...found the continued competency articles especially helpful,"** writes another. **"The articles will really help me with my professional life. Thank you,"** adds yet another reader. These comments and others both hearten the writers and challenges us to continue to provide you with the information that you want.

#### Board News

The Board participated actively in the legislative process this spring with the final outcome in question until the last days of the General Assembly. Share the drama of this event in an article by guest writer, **Robbie Bell**, J.D., Director, Health Related Boards. School approval proved to be a hot topic this legislative session. The executive director recaps testimony presented on Capitol Hill in an article describing the board's role in the approval process. Readers are encouraged to also take note of Tennessee's #1 ranking in 2005 on the first time writers NCLEX performance.

Patient Safety tops any list of priorities for both health professionals and consumers. **Judy Eads**, Assistant Commissioner, Department of Health (and former nursing board chairman), introduces readers to Tennessee Improving Patient Safety (TIPS). Kudos to the **Tennessee Center for Nursing**, the **Tennessee Nurses Association**, the **Tennessee Hospital Association**, and the **Tennessee Healthcare Association** for their efforts in pursuing funding for the graduate nurse loan/scholarship bill. Do read **Ann Duncan's** update on the bill and look for information on how you can help with the challenge of raising additional funding! In a regular feature on professional assistance, **Mike Harkreader** assists readers on how to identify nurses impaired by chemical dependence.



In other news, **Governor Bresdesen** filled two vacancies on the Board of Nursing with the following appointments in March and April, respectively: **Judy Messick**, LPN, joined the board in the third licensed practical nurse position. A former OB/GYN nurse, Judy now practices at the Veterans Administration Hospital in Murfreesboro. Judy graduated from the Rutherford County practical nursing program in 1976. **Carol Thompson**, Ph.D., RN, APN fills the second advanced practice nurse position on the board. Dr. Thompson, certified by ANCC as both a family and acute care nurse practitioner, serves as professor of nursing at the University of Tennessee Medical Center in Memphis and practices at the Veterans Administration Medical Center. Welcome to Judy and Carol!

Lastly, the Board now officially resides in the new office space in Nashville's convenient and attractive MetroCenter business district. Two words that guests (and employees) love to hear about the new office: "free parking!" Many licensees are familiar with the MetroCenter area because of our neighbors Pearson Vue Testing Center (licensing examination site), the Tennessee Center for Nursing, the Tennessee Professional Assistance Program and the Tennessee Nurses Association.

As always it is our intent to provide you with a magazine that speaks to your practice. Thank you for keeping Tennesseans safe.

Elizabeth J. Lund, MSN, RN

Executive Director

A handwritten signature in black ink that reads "Elizabeth J. Lund". The signature is written in a cursive style.

# SCHOOL APPROVAL

The purpose of this article is to explain the process a nursing program goes through to become and remain “approved” by the Tennessee Board of Nursing (TN BON). As you know one qualification for licensure as a registered or licensed practical nurse is **graduation from or completion of a board approved program of nursing**. In order to operate in the state of Tennessee a school of nursing must seek and receive board approval. Tennessee Code Annotated, often abbreviated T.C.A., authorizes the board to “approve” schools of nursing. Specifically T.C.A. 63-7-117 reads:

An institution desiring to conduct a school of professional nursing, or a school of practical nursing, on ground, distance, online or via other electronic means, must apply to the board for approval, and submit evidence that it is prepared to:

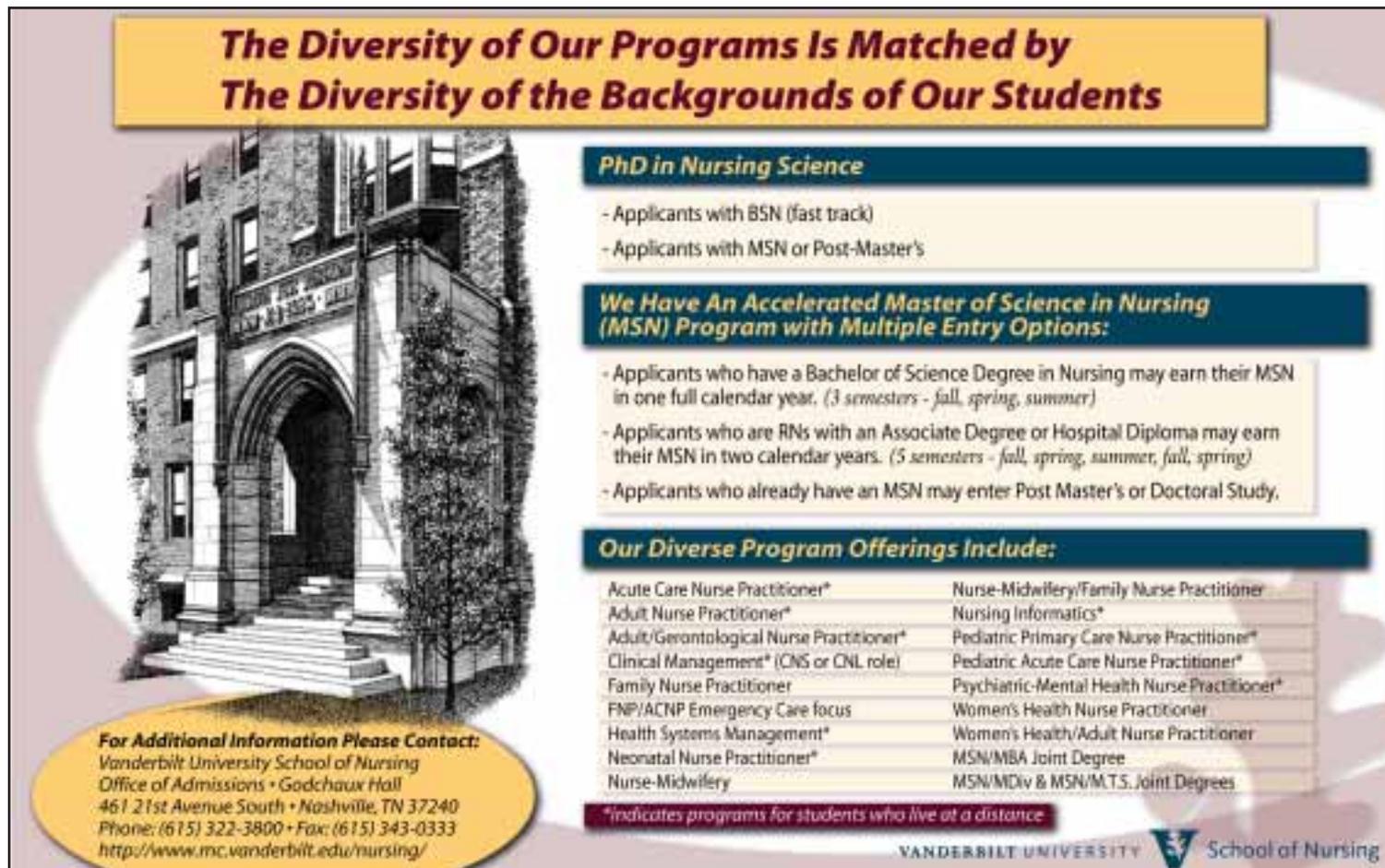
1. Carry out the prescribed basic professional nursing curriculum, or the prescribed curriculum for practical nursing, as the case may be; and
2. Meet other standards established by this chapter, or by the board.

The “other standards” referenced in (2) speak to the rules adopted by the board via a legal process called rulemaking. Board of Nursing rules require a nursing program to **maintain a minimum 85% pass rate on the National Council of State Boards of Nursing Licensure Examination (NCLEX)**. Remarkably, Tennessee ranked # 2 in the nation in 2005 in passing percentage on NCLEX-RN for first time writers.

Keep in mind **the purpose of the board is to protect the citizens of Tennessee** and this purpose underlies all the board’s actions. One reason for board approval includes protecting patients from the practice of students where there are not adequate quality controls. Another purpose is to protect the student from attending a program where there is not a strong possibility

“Board of Nursing rules require a nursing program to maintain a minimum 85% pass rate on the National Council of State Boards of Nursing Licensure Examination (NCLEX).”

REMAINING ON NEXT PAGE



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that once completed, the graduate will be successful on the licensing examination and be able to practice his/her chosen profession.

Examples of quality measures that the board assesses when considering whether to approve a new school include:

- Sufficient numbers of faculty educated and experienced in all clinical areas of nursing (medical-surgical, maternal-infant, mental-health, pediatrics and community health)
- Adequate clinical resources with an adequate number and mix of patients from a variety of clinical experiences
- Teaching methodologies that are supported by evidence as effective
- Financial resources to ensure the continuation of the program
- Administrative support and leadership to ensure a successful program
- A supply of qualified students who wish to attend the program, and
- Educational facilities/equipment/supplies that support the program and provide a sound foundation for learning.

Additionally the board weighs **the impact of a new nursing program on existing programs in the area**. It would be a disservice to the public for the board to approve a new program that would jeopardize the learning environment of students in existing programs. A sample consideration might be scarce clinical resources in pediatrics in a particular geographic area that could only support a particular number of students.

The board approves schools of nursing every year based on an **annual report** prepared by the program head, **correspondence** to the board concerning changes in the program, **reports of survey visits** (conducted every eight years by nurse educator board staff) and **evidence of success** of the graduates on NCLEX. Schools that fail to meet the standards outlined in board rules fall under a graduated policy of board discipline that begins with a letter of warning and progresses, potentially, to removal of approval.

**Currently there are 40 RN schools of nursing and 19 practical nursing programs.** As you know, the RN programs leading to initial licensure are located in associate degree, baccalaureate and masters degree programs in colleges and universities. Another type of program, diploma programs, are operated out of general hospitals and offer no academic degree that can be transferred for further collegiate study. There are no diploma nursing programs in Tennessee today. Practical nursing programs are one year in length and located in general hospitals and vocational-technical schools.

In an ideal world all nursing programs would meet all board requirements all of the time. Unfortunately that is not the reality. The board sent warning letters in 2006 to three (3) RN schools and three (3) practical nursing programs. Further the board placed two (2) registered nurse programs on conditional approval, a form of "probation." Schools placed on conditional approval have one year to meet standards. No practical nursing program is currently on conditional approval.

On the plus side, approved schools of nursing respond positively to board oversight and historically rebound quickly from identified deficiencies.

Requests for new schools of nursing have exploded since 2000. The following table illustrates:

<b>SCHOOL APPROVAL 2000-2005</b>			
	APPROVED	DENIED	DEFERRED
RN	10	1	2
PN	14	3	1
MASTERS	4	1	0
<b>TOTAL</b>	<b>28</b>	<b>5</b>	<b>3</b>

In summary, the board uses a straightforward evidence-based approach in evaluating requests for new programs and monitoring existing programs. Board staff assists potential programs by providing written guidelines, telephone consultation and on-site consultation/survey visits. Additionally, **the board refers schools to the Tennessee Center for Nursing, the research arm of the board, for help in gathering statistical information in developing the assessment of need for a new program**, evidence-based research in nursing education, and white papers prepared and adopted by TCN. A best practice model encourages nursing programs to collaborate with one another to best utilize faculty and other resources.

To find more information about approved schools of nursing, go to [www.tennessee.gov/health](http://www.tennessee.gov/health), click on licensing, health professions, nursing, RN/LPN schools. There you will find a list of approved schools and NCLEX pass rates per school.

Elizabeth Lund, MSN, RN  
Executive Director, TN BON

# FUNDING THE GRADUATE NURSE LOAN SCHOLARSHIP



*Ann P. Duncan*

Executive Director, Tennessee Center for Nursing

Good News! Pursuing a recommendation in “Curing the Crisis in Nursing Education: A Master Plan for Tennessee”<sup>1</sup>, the Tennessee Center for Nursing, the Tennessee Nurses Association, the Tennessee Hospital Association, and the Tennessee Healthcare Association were successful in their efforts to seek passage of a graduate nurse loan/scholarship bill during the final days of the 104<sup>th</sup> Tennessee General Assembly.



The graduate nurse loan scholarship program will address Tennessee’s critical nursing faculty shortage, which is the primary reason schools of nursing have not been able to enroll all of the qualified applicants seeking admission. Tennessee is projected to lose one quarter (119) of its nursing faculty to retirement or alternative career choices in the next 4 years. We need an estimated 383 in order to double the number of RN graduates by 2010. Enrollment in nursing programs would have to **increase immediately by at least 40 percent** to replace those nurses expected to leave the workforce through

retirement, according to research conducted by Dr. Peter Buerhaus, Vanderbilt University<sup>2</sup>. According to the most recent Annual Report of Tennessee Schools of Nursing (2005)<sup>3</sup>, schools have significantly increased enrollment by 51 percent over the past four years; however, the **average increase of the four years is only 13 percent per year**. Averting the projected shortage of 35,300 RNs by the year 2020 requires that we significantly increase educational capacity in our schools of nursing.

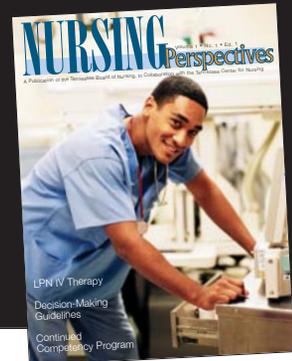
Senate Bill 0447/House Bill 1295, as amended, provides for:

- Private funding along with state funding to be administered by the Tennessee Student Assistance Corporation (TSAC)
- Loan/scholarships to be awarded to RNs who are Tennessee residents for up to 4 years to obtain a masters or doctoral degree in nursing
- Students to receive a credit of 25% of the loan amount for each year of teaching in Tennessee upon graduation, or a proportionate amount for part-time teaching.

We appreciate the sponsors, Senator Randy McNally and Representative JoAnne Favors, their committee members, and all the legislators who supported the bill.

The Challenge! There is currently no funding for the graduate nurse loan/scholarships other than the \$24,000 appropriated for TSAC to administer the program. Governor Bredesen has offered the following challenge. Raise \$1.4 million in private funding between now and the beginning of fiscal year 2007 and he will replenish the equivalent amount of funding in his budget beginning July 1, 2009 to replace those private dollars going forward.

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CONTINUES ON PAGE 10

# PREPARING LPN'S TO ADMINISTER IV PUSH MEDICATIONS:

## THE EAST TENNESSEE STATE UNIVERSITY CURRICULUM

Melessia D. Webb, EdD, RN  
Assistant Professor  
East Tennessee State University  
College of Nursing  
webb@etsu.edu

**Beginning April 3, 2006**, the Scope of Practice for the Licensed Practical Nurse (LPN) was expanded with Rule 1000-2-.15. With this new rule, **LPN's are now allowed to give certain intravenous push (IVP) medications** after meeting specific professional and educational criteria.

The new rule is clear in describing the professional and educational preparation needed of the LPN prior to beginning an educational course on IVP medication administration, as well as the stipulations regulating the LPN's practice of IVP medications. Rule 1000-2-.15 states that:

1. LPN's can deliver IVP medications only as prescribed by a licensed health care professional with legal authority to prescribe;
2. LPN's must have 6 months practice experience as a LPN;
3. Successful completion of an Infusion Nurse Society course or a formal intravenous therapy training course with proven competency is required;
4. A licensed physician, dentist, or registered nurse must supervise the LPN's practice;
5. IVP medications may be administered by LPN's through peripheral lines only;
6. Demonstration of the LPN's competency must be documented and maintained by the facility; and
7. IVP medications may only be administered by LPN's to adults weighing over eighty (80) pounds (<http://www.state.tn.us/sos/rules/1000/1000-02.pdf>).

The new Scope of Practice defines additional limitations for LPN's administering IVP medications. **LPN's may not administer IVP medications to pediatric or prenatal and ante partum obstetrical patients.** There are also specific classifications of drugs that LPN's are prohibited to administer. These include chemotherapy, serums, oxytocics, tocolytics, thrombolytics, blood or blood products; titrated medications; moderate sedation, anesthetics, paralytics, and investigational or experimental drugs (<http://www.state.tn.us/sos/rules/1000/1000-02.pdf>).

Since the Scope of Practice for LPN's has changed, many healthcare facilities have questions and/or concerns regarding the educational preparation of their LPN's, specifically, the curriculum

to be offered and its implementation. As a part of the Board of Nursing's LPN IV Therapy taskforce activities, East Tennessee State University (ETSU) developed a model curriculum and sample competencies that facilities may use to develop their course. **To receive a copy of the model curriculum, contact Chris Clarke at the Tennessee Hospital Association, cclarke@tha.com.** THA is also compiling a list of course providers. Please contact THA if your organization plans to provide training and you want to be added to the list.

The purpose of this article is to describe the current methods of curriculum implementation used by ETSU College of Nursing in teaching LPN's IVP medications. ETSU's model for implementation is soundly based on the new Scope of Practice for LPN's as defined by Rule 1000-2-.15. The curriculum is a 40-clock-hour

course taught in block sessions over a six week period. Classes, which meet one day a week for 7 hours each day, are composed of lecture and discussion with hands-on-lab skills interwoven into the class sessions.

The course content is presented within a series of fourteen modules. Teaching modules are designed based on readings from the two sources: *IV Therapy Made Incredibly Easy* (Moreau, 2006) and *Plumer's Principles and Practice of Intravenous Therapy* (Weinstein, 2001). Within each module, a focus is

placed upon specific drugs selected by the healthcare facility and approved by the course instructor. To teach needed information about specific drugs, a third book, *Manual of IV Medications* (Phillips & Huhn, 1999), is required. Drug specifics are reviewed such as trade and generic names, usual dose, dilution, rate of administration, actions, indications, contraindications, specific precautions, drug/lab interactions, side effects, and antidotes.

In addition to focusing on the characteristics of selected drugs, **dosage calculation skills are also taught using the dimension-**



**al analysis method.** The text is chosen for this portion of the curriculum is *Henke's Med-Math: Dosage Calculation, Preparation, and Administration* (Buchholz & Henke, 2003). Weekly quizzes are given to ensure that students can calculate correct dosages, identify if diluents are needed prior to administration, calculate the total

“...to describe the current methods of curriculum implementation used by ETSU College of Nursing in teaching LPN's IVP medications...”

amount of medication in the syringe prior to administration, ascertain the correct rate of administration, and divide the dose into equal push times.

In order for students to get hands on practice with IVP medication administration, **four two-hour lab sessions are conducted with students.** Psychometer skills covered in lab sessions include: reading a syringe; drawing up medications in syringes with/without dilute; calculating the rate of administration; and accuracy in pushing the medication over a certain period of time in equally divided amounts. Students are responsible for learning how to administer IVP medications through a peripheral intermittent device (INT) and through a peripheral continuous intravenous infusion.

At the end of the six-week-period of classroom lecture and discussion, practice calculating dosages, and lab sessions, **each student is required to pass a final evaluation consisting of a written examination and a two-part Clinical Competency Exam (CCE).** The written examination contains approximately 50 multiple-choice questions and 50 IVP administration questions. The multiple-choice questions cover specific drugs and other critical content covered in the modules. The 50 IVP medication and dilution needed, rate of administration, and the amount to be administered in 15 or 30 second time periods. The two part CCE consists of students administering an IVP medication through an INT and through a peripheral continuous intravenous infusion.

Evaluation criteria are provided to students at the beginning of the course. **No absences are allowed; if students miss class, class time must be made up with the next class of students.** This policy assures that the students complete 40 clock hours of instruction. Students are required to have an 85% average on all quizzes to sit for the final exam and to perform the CCE. In order to successfully pass the course, students must also attain an 85% on the final exam and pass both CCE's successfully.

After written and demonstration performance evaluations are completed, students are assigned to an RN preceptor and given two check-off sheets to be completed. Students must demonstrate, to the satisfaction of his/her assigned RN, five successful

IVP's with an INT and five successful IVP's with a continuous intravenous infusion. Once all check-offs are accomplished, a completion certificate is awarded to the student.

**The first LPN IVP course provided by East Tennessee State University was successfully completed by 26 LPN's on site at a local hospital.** Course evaluations and evaluations by the RN preceptors were very positive. Therefore, in order to implement this new practice successfully, this author recommends the following:

- Classroom content that consists of well-organized lectures focused on reviewing present student knowledge along with an introduction and understanding of new information, hands-on lab sessions and practice in relation to medication administration,



and dosage and calculation review;

- Performance evaluation that encompasses the student's abilities to administer IVP medications safely through peripheral INT's and peripheral continuous intravenous infusions; and

- A preceptorship, with an experienced RN, which will allow LPN's to practice IVP administration in a controlled environment.

## References:

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## Are you a newly licensed RN in Tennessee?

IF SO, WE NEED YOUR HELP!

Tennessee's nursing shortage is projected to grow to a shortage of 35,000 by the year 2020. To address this crisis, the Tennessee Center for Nursing and the Tennessee Board of Nursing are conducting a study to examine workforce patterns of RNs in their first five years of practice.

If you were initially licensed between June 1, 2005 and June 31, 2006 you received a survey asking about your employment experiences as a new RN. Soon you will receive the second in a series of three follow-up surveys.

Please take five minutes to complete the survey and return it in the enclosed stamped envelope. Your information will help us address our nursing workforce crisis and its future impact on nurses and on healthcare in Tennessee.

### THANKS FOR YOUR HELP WITH THIS IMPORTANT PROJECT!

For more information contact:

Lois Wagner  
Associate Director for Research  
Tennessee Center for Nursing  
615-242-5987  
[lois@centerfornursing.org](mailto:lois@centerfornursing.org)

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Tennessee Center for Nursing

*"Strengthening Health Care in Tennessee"*

### CONTINUED FROM FUNDING THE GRADUATE NURSE LOAN SCHOLARSHIP ON PAGE 7

We have much to do over the remaining 11 months to meet this challenge. The Johnson and Johnson "Promise of Nursing" events in 2004 and 2005 raised about \$719,250 in Tennessee for the two-year period. To raise \$1.4 million in 11 months will require that we engage a much larger pool of contributors across the state.

The Nashville Healthcare Council, an association of healthcare industry leaders, states that "Nashville has long been recognized, both nationally and internationally, as a healthcare industry capital". Their membership includes "organizations that are world leaders in hospital management, outpatient services, disease management, pharmaceutical services, academic medicine, medical technology and health information technology. Also represented are professional services firms with wide-ranging expertise in the health care industry". A recent study released by the Council reports **that Nashville's health care industry has a total economic impact of \$18.3 billion in the Nashville Metropolitan Statistical Area.**<sup>4</sup> What astounding numbers! But think what the numbers would be if we knew the total economic impact of the healthcare industry statewide. The Tennessee Hospital Association states **that Hospitals have an annual \$8 billion economic impact in Tennessee**, but that is only one sector in the healthcare industry so the statewide economic impact would be even greater than the very significant \$8 billion contributed by hospitals to the economy.<sup>5</sup>

In a recent Conference Board survey, 51 out of 77 large North American corporations surveyed said that **using their philanthropy to further business goals was one of their top three priorities this year**. These business goals include enhancement of overall corporate image and reputation, positive consumer purchasing and investment decisions, and customer loyalty.<sup>6</sup> What better philanthropy could our healthcare industry in Tennessee have that would advance their business goals than "investing" \$1.4 million to "prime the pump" for a subsequent \$1.4 million investment by the state to assure a vibrant nursing workforce for "the nation's healthcare industry capital"? Let's see...\$1.4 million, \$18.3 billion economy...11 months...seems doable! What can you do to help us meet the challenge?

<sup>1</sup> [http://www.centerfornursing.org/Nursing\\_News\\_and\\_reports/CuringtheCrisisinNursingEducation.pdf](http://www.centerfornursing.org/Nursing_News_and_reports/CuringtheCrisisinNursingEducation.pdf)

<sup>2</sup> P.Buerhaus, D. Staiger, and D. Auerbach, "Implications of a Rapidly Aging Registered Nurse Workforce," *Journal of the Aging Association* 283. mp. 22 (2000): 2948-2954.

<sup>3</sup> [http://www.centerfornursing.org/nursemanpower/LPN\\_Annual\\_Report\\_2005.pdf](http://www.centerfornursing.org/nursemanpower/LPN_Annual_Report_2005.pdf)

<sup>4</sup> <http://www.healthcarecouncil.com/Industry/EIStudy2006.cfm>

<sup>5</sup> <http://www.tha.com/economic-impact.htm>

<sup>6</sup> Stanford Social Innovation Review (SSIR) [[info@ssireview.org](mailto:info@ssireview.org)]

# Tennessee's Nursing Program Students Excel

We commend the nursing programs in Tennessee for their exemplary performance on the NCLEX-RN exam. At the present time, Tennessee demonstrates 2nd place with respect to RN licensing exam performance in the United States. This in part likely reflects the high standards identified in the Rules and Regulations of the Tennessee Board of Nursing and the 85% pass rate for nursing programs to meet the requirements for continuing full Board approval. Students can be extremely proud of their nursing programs in the state of Tennessee. The Tennessee Organization of Deans and Directors of Nursing Programs congratulates our programs for their quality standards and excellent educational outcomes. My sincere thank you to all deans, directors, and faculty who contributed to this distinguished accomplishment!



Ruth Elliott, Chair  
Tennessee Organization of Deans and  
Directors of Nursing Programs

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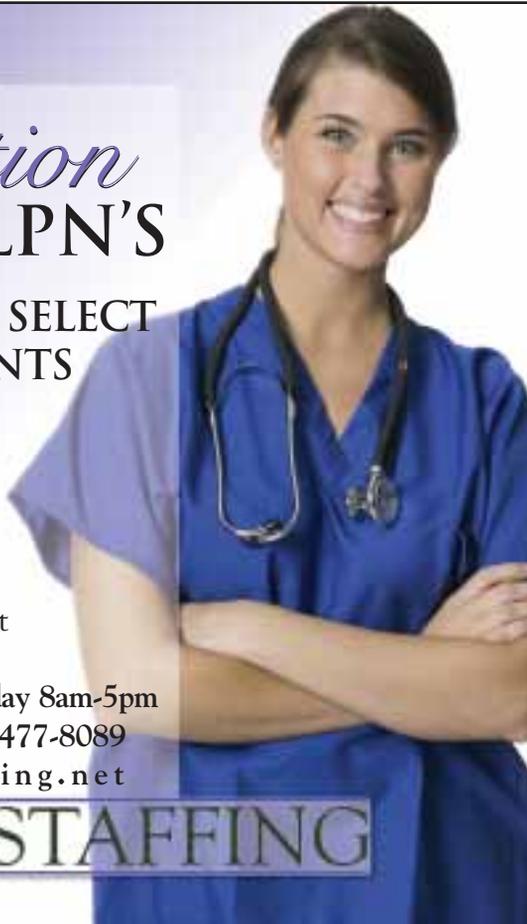
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# RECOGNIZING AND REPORTING THE ADDICTED NURSE:



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

Multiple studies and surveys completed in the past few years indicate that, on average, ten percent (10%) of Americans suffer from the disease of addiction. Studies of nurses indicate that the rate of addiction is at least the same as the general population and could be as high as fifteen percent (15%). In fact, some specialty areas have even higher rates than the general population, likely due to easy access to highly addictive drugs such as fentanyl, ketamine and the various narcotics used for pain management and sedation.

Obviously this is an area of concern as addiction is a progressive disease that if left untreated leads to multiple problems including deteriorating physical, emotional, interpersonal, financial and mental problems that may ultimately end in one's premature death.

Seventy to eighty percent of disciplinary cases brought before the Tennessee Board of Nursing involve drugs and alcohol. In Tennessee we have approximately 98,000 licensed nurses (RN & LPN). If the conservative estimate of 10% is used that means there are close to 10,000 licensed nurses practicing with an addiction issue! Not only is this a huge problem for the individual nurse that suffers from this disease, but it's a huge public safety concern. Suffice it to say that most individuals do not want to be cared for or have a family member cared for by a nurse that is practicing while impaired.

Many nurses are shocked when they find out that a colleague has an addiction issue. Others are suspicious but remain silent for a variety of reasons including fears of retaliation or loss of a close friendship, concerns that the nurse might lose his/her job or license, a concern that maybe their suspicions are not accurate and rationalizing that this behavior isn't really "that big of a deal". In addition, nurses, being caring, supportive individuals to begin with, frequently end up attempting to "help" alcoholics/drug abusers with the end result being one that actually makes it easier for the impaired nurse to continue in the progression of the disease. This behavior is referred to as enabling and includes covering up the consequences, trying to protect them from the logical consequences of their actions, making excuses, or completing the nurse's responsibilities for them.

So how does one recognize an impaired nurse? There are many signs and symptoms, some very subtle in nature, that may give clues that a colleague has a substance abuse problem. There are five broad categories to consider. These are: attendance, performance, behavior, physical signs and the hallmark problem for impaired nurses; narcotic discrepancies. One single problem area may not be indicative of an addiction issue but if a pattern develops then one might be alert to the possibility of a drug or alcohol problem.

Attendance problems include nurses who are often absent on the day following scheduled time off (especially alcoholics) frequent tardiness, last minute requests including "family emergencies" and in the case of a nurse addicted to narcotics, a pattern of volunteering to work overtime or even to return early from scheduled time off.

Performance problems include inconsistent and substandard practice, declining competence, difficulty completing complex assignments and sloppy, illegible documentation.

Behavioral problems may include an increase in conflicts with peers usually due to irritability, rapid mood swings, talking more or less than normal, frequent trips to the bathroom or excuses of having to leave the work area as well as changes in one's normal activity level. For example, a nurse who is normally very calm and "laid back" suddenly becomes hyperactive and can't seem

“...addiction is a  
progressive  
disease ...”

to sit still.

There are many physical signs to consider. These include shakiness/tremors, an unkempt appearance, diaphoresis, watery or bloodshot eyes, dilated or constricted pupils, unsteady gait, sensitivity to heat or cold, slurred speech, weight loss or gain, runny nose, drowsiness and others.

The hallmark feature of the impaired nurse is narcotic discrepancies. When a chemically dependent nurse is unable to obtain drugs from a treating provider, he or she may turn to the workplace for access. Red flags should go up when one observes the following: incorrect narcotic counts, apparent alterations of narcotic vials, large amounts of narcotics wasted,



numerous corrections on narcotics record, patient and/or family reports of ineffective pain management, and variations in patterns of narcotics discrepancies among shifts or days of the week. In addition, close scrutiny on an impaired nurse who is diverting drugs will show patterns of always using the maximum amount of pain medication, always using the minimum frequency of medication administration, volunteering to give medications for other nurses' patients, an unusual interest in pain control medications and discrepancies between patient reports and hospital records of pain medication administration.

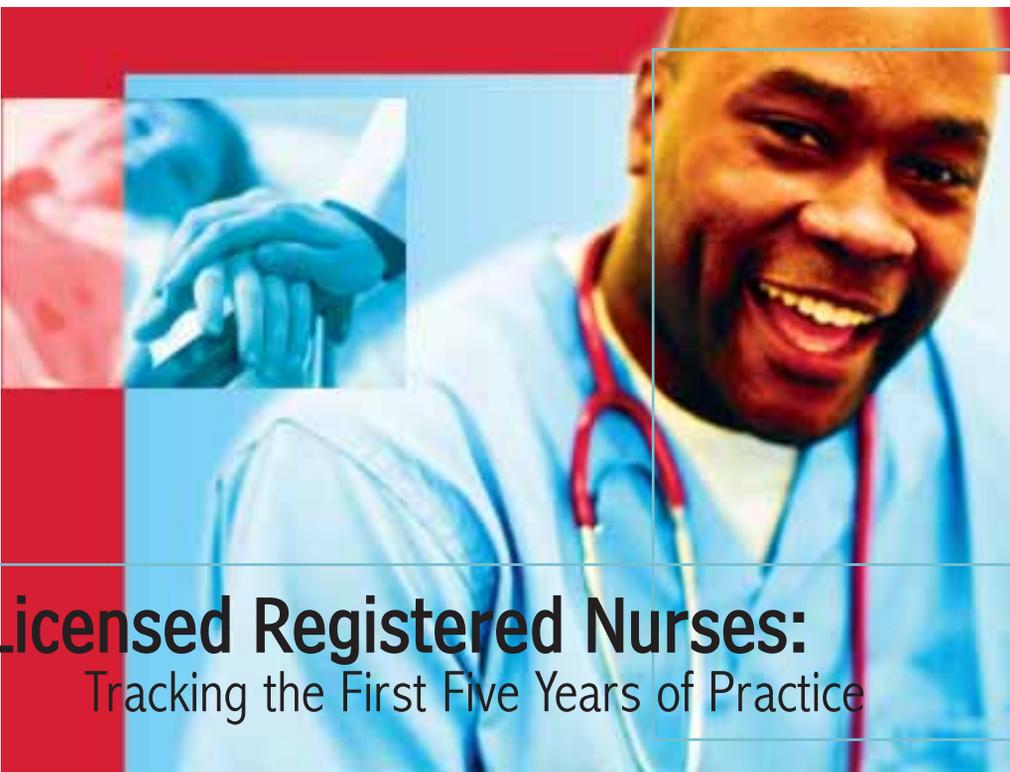
So what is a staff nurse or manager to do when he/she realizes a colleague may have the above signs and symptoms that may indicate an addiction issue? In Tennessee RNs and LPNs are required by state laws and rules to report any health care provider who is believed to be impaired and/or in violation of the Nurse Practice Act.

There are two avenues available to report an impaired nurse: the Tennessee Board of Nursing and the Tennessee Professional Assistance Program (TnPAP). Reporting to TnPAP meets the reporting requirements of the law and is confidential in nature. An impaired nurse may be involved with TnPAP without the Board of Nursing being contacted so long as the nurse receives adequate treatment, maintains documented sobriety through the TnPAP monitoring process and poses no safety threat to the public's welfare. The Board of Nursing authorizes TnPAP to make the decision as to when to allow the recovering nurse to return to practice.

The most logical step for a staff nurse is to report any concern to the direct supervisor. In most cases in a hospital/nursing home setting, the supervisor reports to either the Board of Nursing or TnPAP the concern to the chief nursing officer or administration that, in turn, makes the report to either the Board of Nursing or TnPAP. Alternatively the nurse directly observing the behavior may make a direct report to TnPAP as outlined above. Those in private practice or other non traditional roles without a nursing hierarchy have a choice of reporting their concerns to either the Tennessee Board of Nursing or to TnPAP

It's very important that when one suspects that a colleague may have a chemical dependency issue to document observations and facts. Be very specific in documenting behavior, dates, times, drugs involved, comments made by other staff, patients and families and any other information deemed pertinent.

In the past the discovery of substance abuse by a nurse meant the probable loss of the addicted nurse's license and professional career. Today the profession recognizes that addiction is a treatable disease and through proper treatment and monitoring a nurse can achieve sobriety, maintain recovery, and return to nursing practice without endangering the public's safety.



# Newly Licensed Registered Nurses: Tracking the First Five Years of Practice

Lois J. Wagner, PhD, APN, Associate Director, Research, Tennessee Center for Nursing

The current shortage of nurses in the United States is expected to grow to over one million nurses by the year 2020<sup>1</sup>, 40% of the nursing workforce will be over 50 years of age by the year 2010<sup>2</sup>, and Tennessee's nursing shortage is projected to grow to a shortage of 35,000 by the year 2020.<sup>3</sup> Fundamentally different from previous nursing shortages, the current shortage is the result of several root causes: fewer new nurses entering the profession, the failure of healthcare facilities to recruit and retain new nurses, nurses who leave the workforce early and retirements among the aging nursing workforce.<sup>4</sup> In addition, major changes in healthcare financing and associated changes in the organization and delivery of healthcare at all levels, has resulted in significant changes in the roles, responsibilities and employment of nurses.<sup>5</sup> Concurrently, the population over the age of 65 is expected to double over the next 30 years, decreasing the ratio of potential caregivers to people most likely to need care by 40% between 2010 and 2030.<sup>6</sup>

Given the above, it is no surprise that this nursing shortage is receiving widespread attention from the national media and from investigators seeking to determine the causes of and find solutions to the problem. Intuitively, it would seem clear that recruiting more students to the nursing profession might mitigate the problem. Indeed, major attention has been focused on marketing and recruiting to the nursing profession. However, while schools of nursing are enjoying record numbers of quali-

fied applicants, they are unable to enroll, much less graduate, adequate number of new nurses to meet the demand because of growing shortages of nursing faculty and increasing competition for clinical training sites.

Less attention has been focused on, and very little is known about, how to retain nurses already in the workforce, especially nurses who are just entering the profession or have been in practice for five years or less. What is known is that up to 88% of new RN graduates' first jobs are in an acute care setting, but 35% to 60% of these nurses change jobs within the first year of employment.<sup>7b</sup> It is also known that high turnover rates cost facilities from \$62,000 to \$67,100 per nurse or from 1.2 to 1.3 times the average nurse salary.<sup>9</sup> To address this issue, the Tennessee Center for Nursing (TCN), in conjunction with the Tennessee Board of Nursing, is gathering survey information to examine workforce patterns of newly licensed RNs in their first five years of practice. The goal of the survey is to describe employment characteristics of new RNs over their first five years of practice and determine factors associated with their employment and educational mobility over time.

The first wave of surveys was distributed to the cohort of RNs initially licensed by examination between June, 2005 and June, 2006. The second wave of questionnaires will be distributed over the next year, followed by two more survey periods at three and five years after initial licensure. These confidential surveys are brief, but provide vital information that may inform

important policy decisions related to the future of the nursing workforce in Tennessee. As the primary mission of the TCN is to inform the ongoing development of a diverse and qualified nursing workforce to meet the healthcare needs of Tennesseans, we are grateful to all of the nurses in this cohort who give of their time to share their experiences for the poten-

tial benefit of their colleagues and the health of all Tennesseans. If you have questions about this survey or about other topics related to nursing and the nursing workforce, please contact the Tennessee Center for Nursing at 615-242-8205 or visit the center website at [www.centerfornursing.org](http://www.centerfornursing.org).

- <sup>1</sup>American Hospital Association. (2005, May), *Trends affecting hospitals and health systems: May 2005* (Trend-watch Chartbook, 2005).. Retrieved July 11, 2006 from [http://ahapolicyforum.org/ahapolicy\\_forum/trendwatch/chartbook2005.html](http://ahapolicyforum.org/ahapolicy_forum/trendwatch/chartbook2005.html).
- <sup>2</sup>American Association of Colleges of Nursing. (2005, May). *Factsheet: Nursing shortage*. Retrieved July 11, 2006 from <http://www.aacn.cnhe.edu/media/factsheets/nursingshortage.html>.
- <sup>3</sup>National Center for Health Workforce Analysis. (2002). *Projected supply, demand and shortages of registered nurses: 2000-2020*. Retrieved July 12, 2006 from [http://www.ahca.org/research/rnsupply\\_demand.pdf](http://www.ahca.org/research/rnsupply_demand.pdf).
- <sup>4</sup>Bowles, C. & Candela, L. (2005). First job experiences of recent RN graduates: Improving the work environment. *Journal of Nursing Administration*, 35(3), 130-137.
- <sup>5</sup>Loquist, R. S. (2002). State boards of nursing respond to the nurse shortage. *Nursing Administration Quarterly*, 31, 324-331.
- <sup>6</sup>Woods, T. & Craig, J. (2005). Enhancing collaboration with academic partners. *Journal of Nursing Administration*, 35(12), 519-521.
- <sup>7</sup>South Carolina State Budget and Control Board. (2003). *A profile of the South Carolina nursing workforce, 2003*. Retrieved July 10, 2006 from <http://www.ors2.state.sc.us/manpower/nurs/2003nursing.pdf>.
- <sup>8</sup>Godinez, G. G., Schweiger, J., Gruver, J., & Ryan, P. (1999). Role transition from graduate to staff nurse: A qualitative analysis. *Journal of Nursing Staff Development*, 15(3), 97-110.
- <sup>9</sup>Carroll, T. L., (2005). Stressful life events among new nurses: Implication for retaining new graduates. *Nursing Administration Quarterly*, 29(3), 292-296.



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# LEGISLATIVE UPDATE

## SUMMER OF 2006



**Robbie Bell**  
Director of Health Related Boards  
Tennessee Department of Health

The 104th General Assembly adjourned sine die on May 27, 2006 ending the two year session that saw the filing of **4,052 bills in the Senate, 4,115 bills in the House of Representatives**, and the **enactment of 1,020 bills**. In the 2006 session, bills passed resulting in 512 Public Chapters. Topics ranged from the Cover Tennessee insurance initiative to the naming of bridges.

There were several bills of interest to the Tennessee Board of Nursing in the 2006 session. Some bills impacted the general practice of nursing and others specifically impacted the working of the Board (see chart).

There were several bills that did **not** pass that were, perhaps, as important as those that did pass. Two (2) bills would have allowed the board to license **honorably discharged veterans** who had served as medical specialists advanced, or medical service technicians in the medical corps as registered nurses.

Another bill would have allowed an **online nursing program** to operate in Tennessee without the approval and oversight of the Board. The Board of Nursing voted unanimously to oppose both of these bills, testified

- Public Chapter 560 provides for **liability protection** for health care providers who render services during declared emergencies.
- Public Chapter 564 discusses the requirements for the substitution of generic drugs for brand **named drugs** and allows a patient to request the named prescription drug rather than the generic drug.
- Public Chapter 585 encourages practitioners to offer pregnant patients, before the 35th week of pregnancy, information on the **donation of umbilical cord blood**.
- Public Chapter 744 revises the **reporting requirements for malpractice claims** by every insurance company or risk retention group that provides medical malpractice or professional liability insurance to Tennessee health care institutions or health care professionals to the Department of Commerce and Insurance for the purpose of analyzing trends in health care liability claims.
- Public Chapter 843 requires the practitioner, **diagnosing pregnancy in an unmarried minor**, to report such pregnancy to the Department of Children's Services.
- Public Chapter 846 allows **individuals, employed by mental health or developmental disability service providers**, to assist with the administration of medication other than injections after receiving training.
- Public Chapter 867 is the Cover Tennessee Act of 2006, the Diabetes Prevention and Health Improvement Act of 2006, Access Tennessee Act of 2006, and the CoverKids Act of 2006. This Act is the Governor's initiative to develop **affordable and portable insurance coverage for Tennesseans** through innovative partnerships between the state, small businesses and individuals.
- Public Chapter 882 provides for a **loan scholarship program for graduate nursing students** to be administered by the Tennessee Student Assistance Corporation.

before various committees, and met with many legislators to defeat these bills.

The online program bill was, perhaps, one of the most interesting to watch this year. The bill progressed as all bills do through the process:

- It was introduced In the House of Representatives

- It passed the House Professional Occupations Subcommittee with a recommendation for passage

- It passed the House Health and Human Resources Committee with the same recommendation and passed the House Calendar and Rules Committee

- The bill was voted on and passed on the floor

- In the Senate, it was introduced and, after much testimony and debate, failed in the Senate General Welfare, Health and Human Resources Committee.

- Based on the rules of the Senate, the bill was dead. The issue was resolved.

However, there was another bill pending before the General Assembly, the Board of Nursing sunset bill. **Sunset bills are those bills that allow entities in state government to continue in operation.** Typically, there is no controversy surrounding those bills and they proceed without debate, discussion or question. When the sunset bill came before the House of Representatives, an amendment was placed on the bill that, in essence, reviving the online

program issue. Given that the amendment was placed on the bill on the floor of the House and the **people opposed to the amendment had no notice** of it being placed on the bill, there was no time for anyone to talk to the legislators before the vote and the bill passed. On the Senate side, the sunset bill was still pending, and, in fact, was on the calendar for the next day. **Senator Thelma Harper** was the sponsor of the sunset bill. As the sponsor, she had control of the bill and called the bill from the calendar so that it was not heard. As the result of those actions, **the Board of Nursing sunset bill was not passed and the Board is in “wind down”.** **Technically, wind down means the Board is closing its operations and, at the end of the next fiscal year, will cease to exist. It is fully anticipated that another bill will be filed next year to allow the Board to continue to operate.**

No article regarding legislation is complete without acknowledging the hard work of those individuals who work so diligently in seeing bills get passed or don't get passed. Lobbying efforts can only be successful if interested people get involved. Thank you to those board members, licensees and others who take the time away from their schedules to come to Legislative hearings and give testimony. Special thanks must go to **TNA members** and their lobbyist, **Wilhelmina Davis.**

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# PATIENT SAFETY IN TENNESSEE HEALTH CARE FACILITIES

Judy Eads, Assistant Commissioner  
Tennessee Department of Health  
Bureau of Health Licensure and Regulation

The Health Data Reporting Act of 2002 required licensed health care facilities to **report certain medical errors/unusual events to the Department of Health (DOH)**, and the DOH is required to provide an aggregate report summarizing the type and number of events reported.



This actually sets the stage for the continued efforts of Tennessee Improving Patient Safety Coalition, a voluntary group of concerned stakeholders established in August 2001. Members of the board-based coalition include health care providers, purchasers, associations, consumers, and regulators. Since its inception, nursing representation has played an important role in this coalition. Currently **Cheryl Stegbauer**, Chairperson for the Board of Nursing, represents the Board.

The Department believes that before patient safety improvements can be made, there must be an **awareness and recognition of adverse events by facilities**. Changes in organizational culture, involvement of key leaders, the education of employees, the establishment of patient safety committees, and the development and adoption of safe protocols and procedures are just a few of the necessary efforts needed to reduce medical errors and improve patient safety and the quality of patient care.

The Department's website provides considerable information for health care providers on patient safety. You can access this information by going to [www.state.tn.us/health](http://www.state.tn.us/health) and then selecting **Patient Safety**.

**Information available at this site includes: references, links to public/private safety initiatives, annual aggregate reports, data reports, consumer information, safe practices and much more.**

For those interested in pursuing more information about patient safety/quality issues, you are invited to attend the **2006 Patient Safety Symposium on September 14 and 15, 2006, at the Gaylord Convention Center**. For more information regarding Patient Safety you can go to our web page.



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## Frequently Asked Questions

### How is a license verified?

There are two types of verification:

1. State to State

This applies when a nurse is seeking to obtain licensure in another state by endorsement. Tennessee verification is through NURSYS at [www.nursys.com](http://www.nursys.com). There is a fee for NURSYS verification.

2. Employer Verification

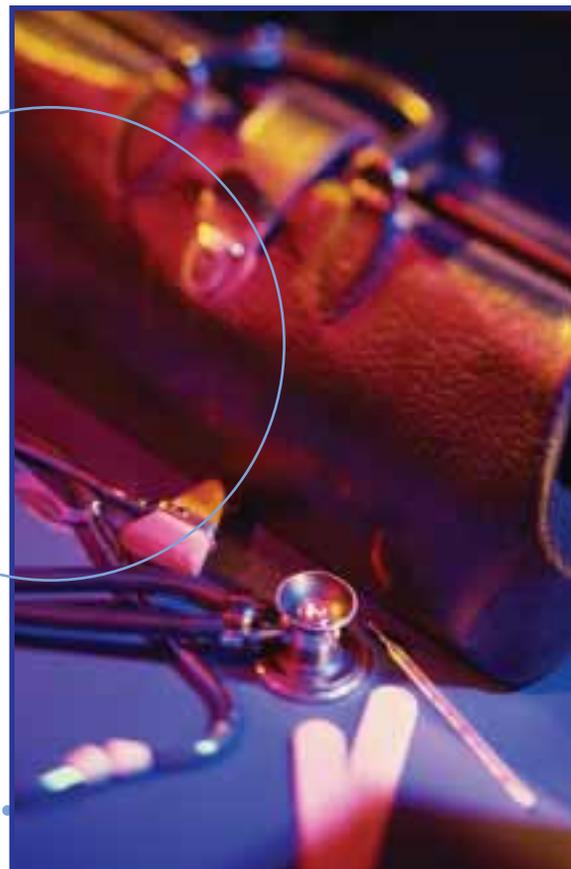
- a. Tennessee licensees - Go to either the phone verification line at 1-800-778-4123 or the web site verification at [www.tennessee.gov/health](http://www.tennessee.gov/health). Any member of the public may use this free verification system.
- b. Licensees practicing in Tennessee on the multistate privilege - Go to [www.nursys.com](http://www.nursys.com). There is a fee.

### May I renew my license online?

Yes, a nurse may renew a license online at [www.tennessee.gov/health](http://www.tennessee.gov/health), click on license renewal and follow the instructions. A license may be renewed up to 120 days prior to expiration. A license may be renewed online up to a month following the expiration date. Online renewals are generally processed within two working days.

### How do I update my contact information such as a change of address?

The suggested method for changing address or other contact information is to change online at [www.tennessee.gov/health](http://www.tennessee.gov/health). Click on license renewal to update the information. If this is not possible the change of information may be mailed to the Board of Nursing office or it may be faxed to the office at 615-741-7899. Verify that change by checking the license verification system.



continues on page 22

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## How do I change the name on my license?

To change your name, provide the board office with a copy of the legal document that changed your name. Provide the office with your profession, current license # and/or social security number, a copy of the name change document (portion that shows name change in case of divorce), and specify how you want the name to read on your license.

**This may be faxed to 615-741-7899 or mailed to the new board address:**

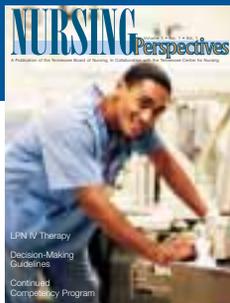
**Tennessee Board of Nursing  
227 French Landing, Suite 300  
Heritage Place, Metro Center  
Nashville, TN 37243**

## How does one become a board member?

Board members are appointed by the governor. Creation of the board and composition of the board are set out in statutes T.C.A. 63-7-201 and 63-7-202. Go to the board's website for links to statutes and rules.

## Got Questions?

The Tennessee Board of Nursing is interested in hearing the voice of our nurses. We would like to address some of your most frequently asked questions pertaining to nursing-related topics. Email your questions to [valda@centerfornursing.org](mailto:valda@centerfornursing.org) and be sure to include "Got Questions?" in the subject window.



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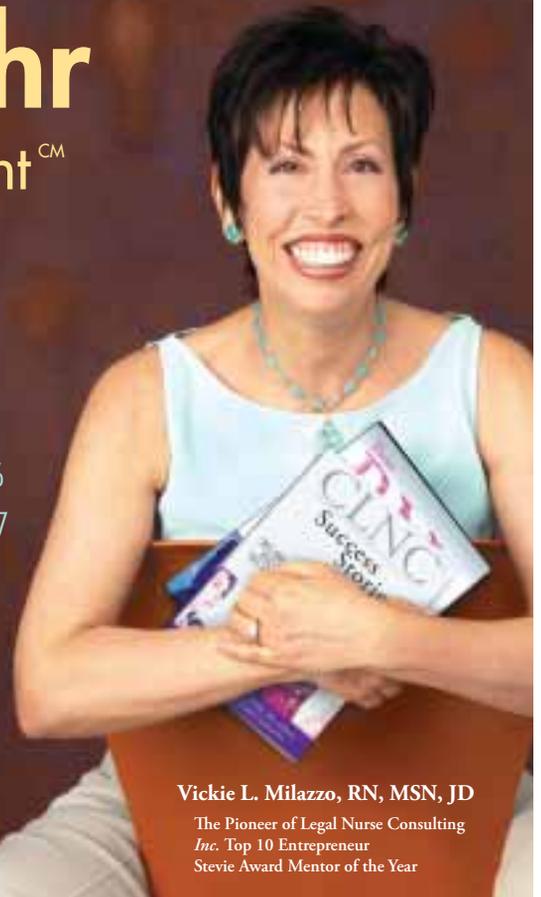
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