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The South Carolina Nurse



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ANA's New President Takes the Helm, Lays out Priorities

The SCNA welcomes new ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN! Cipriano was elected at the ANA Membership Assembly on June 14 to a two-year term. Here is a little more about President Cipriano and her hopes for the future of ANA and the profession. Dr. Cipriano is also a past member of the Board of Directors of SCNA!



Pamela Cipriano

chief of *American Nurse Today*, ANA's official journal, from 2006-14, and is currently a member of the Virginia Nurses Association.

Vision for the Future of ANA

In a recent conversation with *The American Nurse*, Cipriano shared her vision for ANA by outlining three priorities for her presidency.

First, she will focus on ANA's "core strengths," which include: political advocacy, efforts around safe staffing and healthy work environments, and fighting for nurses' rights to control their profession and practice to the full extent of their education and licensure.

Second, Dr. Cipriano will lead membership growth and retention. "I strongly believe in the old saying, 'There's strength in numbers,'" she said.

The third priority for her first term includes positioning nurses to exert greater influence in the transformation of health care. "It's very important for ANA to make sure nurses are in prime positions and key decision-making groups so our voice is there at every turn," she said.

Finally, what does President Cipriano want members around the country to keep in mind? Optimism. "We are making a number of strides," she said. "We're going to need all of our members...if we want to truly achieve a new direction in health care."

To read more about President Cipriano, please visit: www.theamericannurse.org/index.php/2014/06/30/meet-anas-new-president/

Getting to Know ANA's New President

Prior to becoming ANA president, Cipriano served as senior director for health care management consulting at Galloway Advisory by iVantage. She also has held faculty and health system leadership positions at the University of Virginia (UVA) since 2000.

Cipriano is known nationally as a strong advocate for health care quality, and serves on a number of boards and committees for high-profile organizations, including the National Quality Forum and the Joint Commission. She was the 2010-11 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine.

A longtime ANA member, Cipriano has served two terms on the ANA Board of Directors and was the recipient of the association's 2008 Distinguished Membership Award. She acted as the inaugural editor-in-

ANA Membership Assembly Addresses Nursing Issues

Capitalizing on the theme of "Nurses Leading the Way," some 350 representatives and observers to the American Nurses Association's (ANA) Membership Assembly displayed their leadership skills by participating in dialogue forums to offer strategies on three key topics: nurses' full practice authority, access to palliative care and high-performing interprofessional teams. Assembly representatives subsequently voted on specific recommendations for the ANA Board of Directors to consider.

Being able to practice fully

The first forum addressed "Scope of Practice – Full Practice Authority for All RNs," a topic proposed by the South Carolina Nurses Association. Participants engaged in table discussions around legislation mandating physician supervision of APRNs over a certain period of time before APRNs could gain full practice authority; major practice barriers for RNs; and potential strategies to move past "turf" battles as new roles and categories of health care workers evolve.

In discussing practice barriers for RNs, participants commented on a lack of role clarity

and no separate, visible reimbursement for RN services. They also noted that promoting interprofessional, team-based care, valuing all members of the health care team and clarifying nurses' roles could help diminish turf battles.

Representatives then voted to recommend that ANA support interprofessional education, practice and research to promote the full scope of RN practice; encourage nursing research to compare full practice authority states, transition to APRN practice states, and restricted APRN states; educate the public, policy makers and other health professionals about emerging roles and overlapping responsibilities; and support eliminating practice agreements between APRNs and physicians.

Integrating palliative care

In the second forum, guest speakers addressed the "Integration of Palliative Care into Health Care Delivery Systems: Removing Barriers, Improving Access." This topic was proposed by the Ohio Nurses Association (ONA), which voiced ONA members' concerns about a lack of access to and payment for palliative and hospice care.

ANA Membership Assembly continued on page 5

current resident or



President's Column

Vicki Green, MSN, APRN, BC

Well, 2014 is rapidly winding down. These final months bring many opportunities to spend time with family – especially children and grandchildren, making life-long memories. Crisp fall leaves, pumpkin spices, Thanksgiving turkeys, and fresh-baked cookies await the senses. Take time to slow down and enjoy this special time of year!



Vicki C. Green

These months also bring times for reflection of accomplishments of goals for the year. How far has South Carolina come towards addressing the IOM Future of Nursing recommendations from the 2010 report? Nationally, the Affordable Care Act has forced some issues to be addressed within our healthcare system regarding access to care - some resolved, some partially resolved, and some with much more to be done.

For review of where we are in healthcare today, healthcare is comprised of many disciplines - each with unique knowledge, skills and abilities- with much to offer our patients. Each discipline has a unique role at various times in the health care continuum. With technology

advances, patients are better informed, have knowledge of these various disciplines and should be able to access the health care provider of choice, wherever they are on their continuum, without barriers to access.

In South Carolina, IOM recommendations continue to be addressed by efforts of the Center for Nursing, One Voice One Plan. The main recommendation with which I have personally been involved (all levels of nursing to be able to function at the fullest extent of their education and skill level), has much work still to be done.

With the work of USC's College of Nursing – namely Dr. Stephanie Burgess, the SC Department of Health and Human Services increased reimbursement rates for APRNs from 80% to 100% as of July 1 – A MAJOR MILESTONE! In addition, SCDHHS also has a policy ready to finalize that allows for APRN's to be designated as medical homes without requiring referrals from physicians. These are certainly two giant steps forward for the removal of barriers to practice and for access to care.

Also, within the state, the Coalition for Access to Health Care has been meeting with the SC Medical Association and the SC Academy of Family Physicians to address barriers for ARPN's regarding supervision – i.e. signed written protocols, mileage restrictions and limited number of clinicians each physician can supervise. Certainly, the focus of these discussions should be what is best for our patients – the citizens of South Carolina. However, even with successful resolution from discussions, legislation will be required to strike language in the practice laws to assure barriers are removed legally. Sadly, when legislation is involved, turf-wars begin to surface.

With legislation in consideration, discussions related to removal of barriers (which allows all nurses to function to the fullest scope of their knowledge, skills and educational preparation) will be occurring in all areas where nurses practice. These discussions should be focused on the best interests of our patients, remain professional, and avoid personal attacks. Stay alert, stay informed and speak professionally to the issues at hand.

Lastly, if you haven't joined SCNA, please consider it now. The monthly bank draft option makes it very easy and affordable. We need your support during these continued times of change. We *must* remain *united* in our efforts to move nursing forward.

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South Carolina Nurse Copy Submission Guidelines:
 All SCNA members are encouraged to submit material for publication that is of interest to nurses. The *South Carolina Nurse* also welcomes unsolicited manuscripts written by members. Article submission is preferred in MS Word format and may be up to 1000 words. When sending pictures, please be certain to label them clearly since the editors have no way of knowing who persons in the photos might be. Preferred submission is by email to Rosie@scnurses.org. Please do not embed photos in Word files, but use jpg files. All articles submitted are subject to editing by the *SC Nurse* editorial staff.

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CEO Report

**Judith Curfman Thompson, IOM
SCNA CEO and Lobbyist**

Oh, I do hope that by the time this is printed that it is a bit cooler and drier...not complaining you understand, this time IS called the Dog Days of August! While summer time used to be a season of rest, relaxation and refreshment, it seems now to be, just another season to enjoy and move the business of the world.



**Judith Curfman
Thompson**

I am most pleased to announce that after months of working toward it, I am finally in the last process for being a home healthcare provider. It has been a most complex and fascinating process. I hope never to replicate it. What I really discovered is that the work of providing care, even the limited amount that my husband and I provided to our daughter, is exhausting and truly stresses those involved. It does not help that both my husband and I share a trait of never wanting to make a mistake on something as important as the care that we were providing. The “real” homecare nurses and wound care nurses assured us that we were doing exactly what we were instructed to do and doing it well. I was not prepared to accept that great support until I had ample proof of the healing. It has come, just as it was predicted. This whole experience has been mind altering. I shall never hear the words, “home healthcare” again without wondering exactly what will be needed by the provider for the person that is requiring care. It is one thing to read about the wonderful ideas of caring for people in their homes. It is another to experience just what that means. Trust me when I say that we had a great support system, excellent physicians and nurses, a home that was quickly adapted to being able to care easily, access to everything that we needed. It was

still the most continuous level of stress that I have ever experienced. Once notified of what was going on in our lives, our healthcare providers became yet another source of support for both my husband and for me. One cannot have a better system than that. And still the terror and stress continued. I no longer sleep with my Blackberry under my pillow. Ordering strange healthcare products from Amazon is a thing of the past... thanks to the wound care nurse who let us know how to do this and save many, many dollars. My path to Publix is now just to go to the store, not to rush in for yet another new prescription. It is amazing to watch what is taking place... still a road to travel for complete restoration of health, but, most of the journey is complete. My thanks to those of you who have been an integral part of the support team is more than I can ever give.

Meanwhile, I have also been most interested in seeing the word “mindfulness” pop up in many ways and in many places. It is, of course, a marvelous word for a fascinating concept. Imagine devoting one’s full attention to what one is doing in the moment one is engaged in doing it and not being scattered to the winds with all kinds of other thoughts popping up. As with any focusing activity it is a bit harder to do than to read about and write. I was struck recently by what mindfulness might look like when applied to a task at hand. The Credit Union that we use is undergoing major renovations... such as now being in a trailer while a whole new building is being created. The trailer is now functioning pretty well, but, for the first few days, it was not what the employees would have hoped for the level of service that they provide. I drove up to the side of the trailer to deposit a check and the drawer was duly opened to receive the deposit. There was no usual cheery greeting by my name. It suddenly became very quiet. It was apparent that something was not functioning with the computer. The teller, Laurie Rauch, was almost totally still. She was staring in at computer screen with absolute focus. The noise of the drawer retracting did not cause her to shift her gaze by one eyelash. The other teller was talking with a customer inside at the desk. For what

was about four minutes, Ms. Rauch never looked away from the screen. There were no wasted movements as she attempted to bring the screen into compliance with what was needed. There was no chatter... when I am dealing with a computer that is misbehaving one wants to be certain that small children are not present. There was only focus, mindfulness. Finally after what for her seemed an eternity, the stubborn computer regained life and business was back to usual. I was greeted by Ms. Rauch’s usual lovely smile and welcome. She did apologize for the delay and on we went with our day. As I was driving toward the office, it suddenly dawned on me what I had just seen: mindfulness in action. I was back a few days later and after completing my business, I asked her if I could write about her for the SC NURSE. She wondered what it was that I meant. I explained that I had finally put together the experience that I had the last time I was at the credit union: the personification of what mindfulness should look like. She gave her permission to write about the event and then said, “I hope that I am able to do that all day every day.” It was really a remarkable moment.

Now what does my going to the credit union have to do with what the large portion of you who are working in the profession of nursing do? Absolutely everything! You are working in a fast-paced, high stress, demanding world as you provide care for the patients assigned to you each day. Each time you have an encounter you are expected to focus like a laser on the person being cared for at the time. You are expected to have virtually total recall of every moment of the encounter: condition of the patient, what you did, what the patient wanted, what a member of the patient’s family may have wanted... you know all the steps for each encounter. Mindful interaction is part of your everyday professional life. Yet, how often do you believe that you have had the luxury of the time to focus on only one thing at a time in your busy scattered world? Perhaps it is time to look at what a true gift to self and others mindful activity can be. I’m going to try it! ONWARD!

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PAPIN is Here for YOU

The SCNA Peer Assistance Program in Nursing (PAPIN) offers weekly support groups for nurses who are in recovery from addiction to drugs or alcohol. The groups are free and offer peer support for dealing with addiction issues and re-entry into practice.

You Were Represented

- SCNA Board Meeting
- State Board of Nursing
- Advisory Committee on Nursing
- Advanced Practice Committee to the Advisory Committee on Nursing
- Healthcare Collaborative Committee of the BME, BON and BOP
- Deans and Directors
- Coalition for Access to Healthcare
- Healthcare Coordinating Council
- DHEC Board meeting
- SCMA Ethics Committee Meetings

PAPIN Meetings

City	Location	Day & Time Of Meeting
Florence	Doctors Bruce & Lee Library 509 Dargon Street Room 253 (second floor)	Wednesday, 6 PM
Columbia	Palmetto Health Pain Management & Rehab Center 223 Stoneridge Dr. Columbia, SC 29201	Tuesday, 5 PM
Columbia	Palmetto Health Pain Management & Rehab Center 223 Stoneridge Dr. Columbia, SC 29201	Thursday, 5 PM
Charleston	Charleston Center, 5 Charleston Center Dr., Conf. room-Rm. 237B	Monday, 5 PM
Greenville	Hughes Main Library, 25 Heritage Green Place, Greenville, SC 29601	Monday, 6 PM
Myrtle Beach	Office of Dr. Brian Adler 1945 Glenns Bay Rd.	Thursday, 7 PM
Loris	Loris Extended Care Facility 3620 Stevens St.	Tuesday, 7 PM
Rock Hill	Grace Lutheran Church 426 Oakland Ave. Room 106	Wednesday, 6 PM
Spartanburg	Spartanburg Public Library 151 S. Church St.	Monday, 5:30 PM

SCNA Board Meeting Update

August 15, 2014 Meeting (Minutes not yet approved)

This meeting was held by Conference call

A quorum was present...all Board members but one and 3 ex officio members were also present

The Minutes from the May meeting were accepted as edited

The Finance Reports of April, May, June and July were accepted as presented

The final 2013 Audit was presented and accepted as presented

The following actions were approved by the Board following appropriate motions:

- To support the purchase of an exhibit at the SNA-SC Convention.
- To support the SCNF Nurses Walk in November
- To accept the offer of Chip Stanley of the Great South Advisory Group of Janney Montgomery Scott LLC to provide retirement planning services to SCNA members as a member benefit

Commission Reports were received from the Public policy/Legislation, Professional Advocacy and Chapter commissioners.

A robust discussion of membership and future plans for surveying members was held at the end of the meeting.

For details and contact information, go to www.scnurses.org and look for the PAPIN page under Nursing Resources.

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ANA Membership Assembly continued from page 1

Kathryn M. Lanz, DNP, ANP, GNP, ACHPN, director of geriatric services for the University of Pittsburgh Medical Center's Palliative and Supportive Institute, started her presentation with some troubling statistics based on a national survey of Americans. Sixty-five percent of responders reported having loved ones who died in pain, half of older Americans visited an ED in the last month of life, and 70 percent of the public worries about end-of-life issues.

That said, she noted that there are good palliative care models, which take a person-directed approach to care and are value-based. She further reported that implementing those models improves patients' symptoms, quality and length of life, as well as family satisfaction and bereavement outcomes.

Key characteristics of effective models include family and social support, goal setting in which patients' desires match their treatment, and a flexible approach to "dosing" – that is, the appropriate type of care is given at the right time as patients' symptoms wax and wane, according to Lanz.

Marijo Letizia, PhD, RN, APN/ANP-BC, FAANP, professor and associate dean of masters and DNP programs at Loyola University, Chicago, addressed the importance of improving the knowledge and skills of basic and advanced care nurses in the area of palliative care. She noted that both formal preparation and continuing education coursework should be implemented -- for every nurse and specialty.

"We don't have to reinvent the wheel," said Letizia about creating palliative care content. She mentioned helpful educational resources created by the Hospice and Palliative Nurses Association (HPNA), an organizational affiliate of ANA.

For example, HPNA and ANA have worked collaboratively on many initiatives, including developing *Palliative Nursing: Scope and Standards of Practice*.

After sharing information, Assembly representatives formally voted on recommendations asking ANA to promote and support payment models to improve

access to palliative and hospice care, including nursing care provided by both RNs and APRNs; advocate for comprehensive integration of palliative and hospice care education at all levels of nursing educational programs and professional development programs; and support developing and expanding models of nursing care that include advanced care planning for early identification and support of patients' preferences for palliative and hospice services.

Looking at high-performing, interprofessional teams

The final forum explored high-performing, interprofessional teams, and featured presentations by Kathryn Rugen, PhD, FNP-BC, from the VA Centers of Excellence in Primary Care Education, and Tara Cortes, PhD, RN, FAAN, executive director of the Hartford Institute for Geriatric Nursing.

Cortes first addressed the history of team-based care, noting that the Institute of Medicine has been talking about interprofessional education and practice since 1970. She then suggested several strategies to advance high-performing, interprofessional practice, including writing it into organizational policies and procedures and performance indicators; breaking down the silos that exist between academia and practice; and developing and implementing new integrated models of care.

Rugen spoke specifically about the ongoing efforts at the Department of Veterans Affairs Centers of Excellence in Primary Care Education.

She noted that physician residents and NP trainees, along with core clinic members, "learn to work in – and lead – team-based, patient-centered care that they can use in their future practice."

The centers also focus on developing and testing innovative curriculum models, and curricula and learning activities are geared to promote shared decision-making, sustained relationships, interprofessional collaboration and performance improvement, according to Rugen.

Forum participants then weighed in with their comments. Representatives offered ways ANA can support nurses to further engage and assume roles to advance high-performing interprofessional teams across

care settings. For example, participants suggested engaging hospice and mental health professionals, because they have been using this model for 20- 30 years. They also suggested supporting multi-day training for faculty and developing innovative resources that incorporate interprofessional simulation and social interaction opportunities for acculturation, among others.

Assembly representatives ultimately recommended asking ANA to consider educating nurses about the application and impact of evolving patient-centered, team-based care models on patient outcomes, and identify metrics that evaluate the impact of high-performing, interdisciplinary health care teams on patient outcomes.



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South Carolina Nurses Foundation

Announcing Palmetto Gold 2015

April 11, 2015

Presented by the
Palmetto Gold Steering Committee

Plans are underway for the 14th annual Palmetto Gold Nurse Recognition and Scholarship Program. The gala is set for April 11, 2015 at the Columbia Metropolitan Convention Center.

The Palmetto Gold Nurse Recognition and Scholarship Program is under the auspices of the South Carolina Nurses Foundation, a 501-C 3 organization whose mission is to promote high standards of health care by insuring the advancement of the nursing profession through scholarships, grants, and programs of excellence. The purpose of the Palmetto Gold program is to annually salute 100 registered nurses who exemplify excellence in nursing practice and commitment to the profession. A secondary purpose is to provide scholarships to registered nurse students ensuring an adequate supply of nurses for the future.

Palmetto Gold originated in 2001 when a coalition of nurse leaders from major nursing organizations came together to plan a strategy for showcasing the many contributions nurse's make to the health care system. The organizations include South Carolina Nurses Foundation, South Carolina Nurses Association, South Carolina Organization of Nurse Leaders, South Carolina League for Nursing, and Sigma Theta Tau International.

The Steering Committee is preparing for a vast amount of excellent nominations. The selection process undergoes the difficult decision in choosing 100 recipients of this prestigious award. In addition to honoring the 2015 Palmetto Gold recipients, the 2015 Palmetto Gold Scholarship recipients will be featured and formally recognized.

Net proceeds generated from the gala evening are used to provide nursing scholarships for students attending South Carolina registered nurse education programs and to build the Palmetto Gold Scholarship Fund. Palmetto Gold advertising and sponsorship opportunities are available for purchase for any business or individual interested. The Steering Committee is grateful to the many employers and benefactors that have contributed to the success of this program for the past 13 years. The impact of the program has been far-reaching as over \$285,000 in scholarships have been awarded to student nurses. If interested in supporting advertising or sponsorship, please contact Tony Derrick at tderrick@mcleodhealth.org.

Please reserve April 11, 2015 on your calendar for an exciting evening to celebrate nursing excellence. If you have interest in ticket purchase, the registration information is available on the website www.scpalmettogold.org.



6th Annual Nurses Care Walk

The South Carolina Nurses Foundation (SCNF) is celebrating nurses and supporters of nurses again with the 6th Annual Nurses Care Walk. The event, which raises money for nursing scholarships, is scheduled for 8:30 a.m. on Saturday, Nov. 8, 2014 at Earlewood Park in Columbia and James Island County Park in Charleston.

Proceeds from the walk will facilitate the SCNF's major goal, improving the healthcare of all South Carolina citizens by advancing the profession of nursing in the state. Now, we challenge nurses across the state to support the 2013 Nurses Care Walk through sponsorship and participation.

Online registration, pre-event registration forms and information regarding levels of sponsorship are available at www.scnursesfoundation.org. Donations and sponsorship forms must be received by October 2, 2014 for inclusion on publication materials.

Onsite registration will be available the day of the event beginning at 8:30 a.m. in Columbia and Charleston.

Be sure to visit the SCNF's Facebook page ([Facebook.com/SCNursesFoundation](https://www.facebook.com/SCNursesFoundation)) and follow us on Twitter at @SCNurses.

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Advocacy



SCNA Joins the South Carolina Health Coordinating Council

The SCNA Board of Directors voted to have SCNA become a member of the South Carolina Health Coordinating Council, SCHCC, a group of more than 40 leaders of a wide variety of groups in our state. The following article, written by Ana Gallego of the SCHCC is a wonderful introduction to the work being done by this organization. As you read the article, please envision any work that you may already be doing to work to facilitate the goals set by the SCHCC. Feel free to let Judith Thompson know of any activities that are taking place where you are the work toward accomplishment of these important aims.

The SCNA Board of Directors has created the SCNA ADVOCACY FUND to assist in supporting the advocacy work already done by the SCNA on behalf of the profession of nursing. This fund will assist in covering the costs of the advocacy work done by SCNA. These costs have been increasing as opportunities for action have also increased. These opportunities are in all areas of nursing practice. The Fund was unveiled during the SCNA APRN Chapter's workshop recently held in Spartanburg, South Carolina. The attendees were most generous in getting the Fund off to a good beginning.

All members of the SCNA Board of Directors have also been asked to contribute in addition to all the volunteer time that they provide for advocacy on behalf of the nursing profession. SCNA Chapter members will also be challenged to participate in this exciting effort.

The Advocacy Fund will augment the SCNA budgeted amounts that are needed for a variety of costs related to advocacy. Contributions may be made by anyone to SCNA. The Fund is not a tax-deductible item for individuals due to the fact that it will be used for advocacy and lobbying. Donations may be made using the information found on the SCNA WEB site. Donations may be made by check or by credit card and can be made month by month.

Join your peers as they work to ensure that nursing will be a forward moving profession!

Yes, I want to assist the SCNA in its work to move the practice of nursing forward.

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Advocacy

SC General Assembly Bills That Were Followed During the 2013-2014 Sessions

The SC General Assembly completed most of the work of the two year, 2013-2014 term in June of 2014. Elections will be held in November and the General Assembly will convene again in January of 2015 for the next two year cycle.

The South Carolina Nurses Association is represented each day during the sessions of the General with by the Lobbyist, Judith Thompson, or by the lobby firm hired by SCNA, the CIA of Columbia. During the past two years the bills listed were followed by SCNA.

House Bill Status Report as of 6/5/2014 Prepared for SC Nurses Association

Bill	Relating To	House Action				Senate Action				Comments
		1st Read	Comm	2nd Read	3rd Read	1st Read	Comm	2nd Read	3rd Read	
H. 3048	Handicapped Parking/Placards	1/8/2013	ED&PW							
H. 3060	Study Committee on Controlled Substances	1/8/2013	HJud							
H. 3061	DOE Model Policies/Concussions	1/8/2013	ED&PW	3/20/2013	3/21/2013	3/21/2013	SEduc	5/23/2013	5/28/2013	Act No. 33
H. 3096	Patient Protection and Affordable Care Act	1/8/2013	HLCI	1/23/2013	1/24/2013	1/29/2013	SBI			Favorable W/ Amendment 1/17/2013
H. 3101	SC Freedom Of Health Care Protection Act	1/8/2013	HJud	4/25/2013	5/1/2013	5/2/2013	SFC			2nd Reading Failed 03/19/2014
H. 3103	Transfer Patients Records/Patient Requests	1/8/2013	3M							
H. 3167	SC Participate in Medicaid Expansion	1/8/2013	W&M							
H. 3228	Sunset Regulations Every 5 Years	1/8/2013	HLCI							
H. 3236	Cervical Cancer Prevention Act	1/8/2013	3M	5/22/2013	5/23/2013	5/28/2013	SMA			Favorable W/Amendment 05/20/2014
H. 3323	Personhood Act Of SC	1/15/2013	HJud							
H. 3355	Prohibit DHHS From Expanding Medicaid Under ACA	1/17/2013	W&M							
H. 3366	Health Care Providers/Notice For Patient Designees	1/17/2013	3M	4/30/2013	5/1/2013	5/2/2013	SMA			
H. 3368	Require CPR/AED Instruction In High Schools	1/17/2013	ED&PW							
H. 3372	Handicapped Placards Issued By APRNs/PAs	1/22/2013	ED&PW	4/11/2013	4/12/2013	4/16/2013	STrans			
H. 3416	Healthcare Provider/No Questions Re Firearms	1/24/2013	HJud							
H. 3431	Monetary Rewards/Reporting Medicaid Fraud	1/24/2013	3M							
H. 3435	Revisions/Comprehensive Health Education Act	1/29/2013	ED&PW	4/29/2014	4/30/2014	4/30/2014	SEduc			Majority Fav W/Amd Min Unfav 05/29/2014
H. 3489	Medical Laboratory Personnel Act	2/5/2013	HLCI							Subcom Adjourned Debate 1/22/2014
H. 3584	Personhood Act Of SC	2/21/2013	HJud							
H. 3618	Physician Assistants Practice Act Revisions	2/26/2013	3M	4/24/2013	4/25/2013	4/30/2013	SMA			
H. 3725	Safe Access To Vital Epinephrine/Public Schools	2/28/2013	ED&PW	4/24/2013	4/25/2013	4/30/2013	SEduc	5/13/2013	5/14/2013	Act No. 37
H. 3731	SC Lay Midwife Act	2/28/2013	3M							
H. 3764	Nonembryonic & Nonfetal Cell Therapy Act	3/6/2013	HJud	1/22/2014	1/23/2014	1/23/2014	SMA			
H. 3779	SC Telemedicine Insurance Reimbursement Act	3/7/2013	HLCI							Subcom Adjourned Debate 04/01/2014
H. 3823	Controlled Substances/Schedule I-V Drugs	3/19/2013	HJud							Recommitted 1/15/2014
H. 3902	Add Defs/Lewis Blackman Hosp Patient Safety Act	4/9/2013	3M							
H. 3983	Relicensure Of Closed Rural Hospitals/Free Clinics	4/18/2013	W&M	3/20/2014	3/21/2014	3/25/2014	SMA			Majority Fav W/Amd Min Unfav 05/20/2014
H. 4009	Create The Free Health Care Study Committee	4/23/2013	3M	5/30/2013	5/31/2013	6/4/2013	SMA			
H. 4024	SC Licensed Midwife Act	4/24/2013	3M							
H. 4095	Truth In Health Financing/Resp Consumer Health Act	5/2/2013	W&M							
H. 4132	Proof Of Negligence By Licensed Professionals	5/15/2013	HJud							
H. 4145	Immunity For Rendering Emergency Care	5/16/2013	HJud							
H. 4200	Meningococcal Disease Awareness	5/22/2013	HW/O R	5/22/2013	5/22/2013	5/23/2013	SMA	6/5/2013	6/5/2013	Recalled 6/4/2013
H. 4201	Diabetic Peripheral Neuropathy Awareness	5/22/2013	HW/O R	5/22/2013	5/22/2013	5/23/2013	SMA	6/5/2013	6/5/2013	Recalled 6/4/2013
H. 4202	Approve R.4342/BON/Nurse Licensure Compact	5/22/2013	HW/O R	5/28/2013	5/29/2013	5/29/2013	SMA			
H. 4223	SC Pain-Capable Unborn Child Protection Act	5/23/2013	HJud	3/19/2014	3/20/2014	3/20/2014	SMA			Set For Special Order 05/20/2014
H. 4225	Hospital Costs Disparity Study Committee	5/23/2013	3M							Subcom Adjourned Debate 1/22/2014
H. 4347	SC Children's Advocacy Medical Response System Act	1/14/2014	HJud	3/4/2014	3/5/2014	3/5/2014	SJud	3/18/2014	3/19/2014	Act No. 153
H. 4354	Fees For Copies Of Medical Records	1/14/2014	HJud	4/10/2014	4/11/2014	4/15/2014	SMA	5/29/2014	6/3/2014	Conference Committee Appointed
H. 4359	DHHS/Issue Personal Emerg Response Sys Devices	1/14/2014	W&M							
H. 4404	Reuirements For Student Athlete Physicals	1/14/2014	ED&PW							
H. 4463	Free Clinic Health Care Professional Inc Tax Deduction	1/14/2014	W&M							Subcom Adjourned Debate 04/03/2014
H. 4471	Make BME Investigation Reports Public	1/14/2014	3M							
H. 4542	Revise Podiatrist Practice Act	1/22/2014	3M							Subcom Adjourned Debate 03/18/2014
H. 4737	Req Rx For Pseudoephedrine	2/20/2014	3M							
H. 4752	Req Wellness Programs & Premium Incr/Poor Hith Behaviors	2/20/2014	W&M							
H. 4803	Medical Cannabis Therapeutic Trtmt Research Act	2/27/2014	HJud	4/2/2014	4/3/2014	4/3/2014	SMA	5/21/2014		Favorable W/Amendment 05/20/2014
H. 4808	Approve R.4434/Vaccination	2/27/2014	HW/O R	3/5/2014	3/6/2014	3/11/2014	SMA			
H. 4811	SC Overdose Prevention Act	2/27/2014	HJud							
H. 4850	Rights Of The Regulated Act	3/5/2014	HLCI							Moved From Jud To LCI 03/12/2014
H. 4872	SC Medical Marijuana Act	3/6/2014	HJud							
H. 4879	SC Medical Marijuana Act	3/6/2014	HJud							
H. 4901	SC Insurance Reimbursement Telemedicine Act	3/11/2014	HLCI							Subcom Adjourned Debate 04/01/2014
H. 4914	School Personnel Admin Of Seizure Medication	3/12/2014	ED&PW	4/30/2014	5/1/2014	5/1/2014	SEduc			Committee Carried Over 05/28/2014
H. 4947	Further Define "Public Body"/Entities W/ St Health Plan	3/20/2014	HJud							
H. 4995	Approve R. 4447/Board Of Nursing/Ethics	3/27/2014	HW/O R	4/2/2014	4/3/2014	4/4/2014	SMA			
H. 5002	Birth Centers/Accreditation & Requirements	3/27/2014	3M							Subcom Adjourned Debate 05/06/2014
H. 5026	Health Enterprise Zone Act	4/2/2014	3M							
H. 5042	Nurse Practitioner & Certified Nurse Midwife Day	4/3/2014	HW/O R	4/3/2014	4/3/2014	4/8/2014	SW/O R	4/8/2014	4/8/2014	
H. 5154	Revise Definition Of Birthing Centers	4/29/2014	3M							Subcom Adjourned Debate 05/06/2014

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Senate Bill Status Report as of 6/5/2014 Prepared for SC Nurses Association

Bill	Relating To	Senate Action				House Action				Comments
		1st Read	Comm	2nd Read	3rd Read	1st Read	Comm	2nd Read	3rd Read	
S. 0035	HealthCare Sharing Min/Freedom to Share	1/8/2013	SMA	6/4/2013						Favorable W/Amendment 5/21/2013
S. 0083	Personhood Act of SC	1/8/2013	SJud							Subcom Carried Over 04/09/2014
S. 0087	Life Beginning at Conception Act	1/8/2013	SJud							
S. 0102	Freedom of Choice in Health Care Act	1/8/2013	SBI							
S. 0105	Prepaid Medical Service Agreements	1/8/2013	SBI							
S. 0106	Sunset Regulations Every 5 years	1/8/2013	SJud							
S. 0160	Require CPR/AED Instruction In Schools	1/8/2013	SEduc	6/4/2013	6/5/2013	6/6/2013	ED&PW			Favorable Report 05/15/2014
S. 0181	Common Law Duty Of Care/Not For DLLR Lic Alone	1/8/2013	SLCI							
S. 0183	Compounding Pharmacy Revisions/Pharm Prac Act	1/8/2013	SMA							
S. 0204	Hospital Staff Priv/Abortion Doctors	1/9/2013	SMA							Majority Fav Min Unfav Report 03/20/2014
S. 0206	Handicap Plac/Certified by Veterans Officer	1/9/2013	STrans							
S. 0211	Budget Proviso Codification Act	1/10/2013	SFC							Favorable Report 2/20/2013
S. 0256	SC Regulatory Reform Act	1/17/2013	SJud							Majority Fav W/Amd Min Unfav 03/26/2014
S. 0278	Med Assoc Membership Rqmt/Physicians In SC	1/23/2013	SLCI							
S. 0290	SC Telemedicine Insurance Reimbursement Act	1/24/2013	SMA	4/23/2013	4/24/2013	4/24/2013	HLCI			Subcom Adjourned Debate 04/01/2014
S. 0341	Emerson Rose Act/Infant Pulse-Ox Screening	2/6/2013	SMA	4/9/2013	4/10/2013	4/11/2013	3M	5/28/2013	5/29/2013	Act No. 64
S. 0406	Changes To Schedule I-V Controlled Substances	2/20/2013	SMA	4/9/2013	4/10/2013	4/11/2013	HJud			Subcom Adjourned Debate 05/08/2014
S. 0422	Breast Ultrasound Screening/Ins Rqmts	2/26/2013	SBI	5/21/2014	5/22/2014	5/27/2014	HLCI			
S. 0428	Approve R.4259/DHEC/Immunization Registry	2/26/2013	SW/O R	2/27/2013	2/28/2013	3/5/2013	3M			
S. 0447	SC Stop Methamphetamine Production Act	2/27/2013	SMA							Subcom Carried Over 03/27/2014
S. 0448	Physician Assistants Practice Act Revisions	2/27/2013	SMA	4/24/2013	4/30/2013	4/30/2013	HW/O R	5/2/2013	5/3/2013	Act No. 28
S. 0457	Personhood Act Of SC	2/28/2013	SJud							Subcom Carried Over 04/09/2014
S. 0527	Pregnant Women's Protection Act	3/13/2013	SJud							Committee Carried Over 04/29/2014
S. 0565	Concussion Policies & Guidelines	3/21/2013	SEduc							Subcom Carried Over 5/1/2013
S. 0596	Safe Access To Vital Epinephrine Act	4/10/2013	SEduc							
S. 0597	Clarify Calculation/Sales Tax Exemption/Biologics	4/10/2013	SFC							
S. 0618	State Health Plan/Special Ltd Abortion Fund	4/16/2013	SFC	4/25/2013						Polled Favorable 4/25/2013
S. 0623	SC Human Heartbeat Protection Act	4/16/2013	SMA							
S. 0625	Volunteer Health Care Providers/Med Mal Liab	4/16/2013	SJud							
S. 0626	SC Pain-Capable Unborn Child Protection Act	4/16/2013	SMA							
S. 0631	Insurance Payments/On-Call Healthcare Provider	4/17/2013	SBI							
S. 0748	Immunity From Liab For Providing Free Health Care	5/29/2013	SMA	2/26/2014	2/27/2014	3/4/2014	HJud			Favorable W/Amendment 02/18/2014
S. 0769	School-Based Flu Shot Program	6/4/2013	SEduc							
S. 0853	Tort Reform/Remove Some Med Mal Caps	1/14/2014	SJud							
S. 0864	SC Children's Advocacy Medical Response System Act	1/14/2014	SJud							Subcom Favorable Report 02/20/2014
S. 0875	Require Hospital Privileges/Abortions Outside Of Hospitals	1/14/2014	SMA							
S. 0919	Expand Offenses/False Medicaid Claims	1/14/2014	SMA	4/30/2014	5/1/2014	5/6/2014	HJud			
S. 1012	Prescription Drug Trafficking	2/6/2014	SMA							Subcom Carried Over 03/27/2014
S. 1035	Medical Cannabis Therapeutic Trtmt Research Act	2/19/2014	SMA	3/26/2014	3/27/2014	4/1/2014	HJud	5/14/2014	5/15/2014	R. 229
S. 1036	Dental Sedation Act	2/19/2014	SMA	4/3/2014	4/8/2014	4/9/2014	3M	5/20/2014	5/21/2014	R. 230
S. 1113	Rx Drug Importing/Certain Foreign Pharmacies	3/12/2014	SMA							
S. 1196	Nurse Practitioner & Certified Nurse Midwife Day	4/3/2014	SW/O R	4/3/2014	4/3/2014					
S. 1225	Approve R.4437/DLLR/Fee Schedules	4/15/2014	SW/O R							



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Advocacy

South Carolina Health Coordinating Council

Ana Isabel Gallego, MPH
Program Director
South Carolina Health Coordinating Council

The SC Health Coordinating Council (SCHCC) welcomes new member, the SC Nurses Association (SCNA). The SCHCC is a coalition of 40+ senior leaders of the major associations of businesses, consumers, and health care providers, government agencies in human and health services, philanthropic organizations, academics, and policy analysts. Aware of the poor health status of South Carolinians, and the necessity to work together in order to change it, they have spent the last two years researching and reaching agreement on the health priorities that they could impact in the years to come. With a closely aligned purpose of better health and healthcare for all people, The SCNA will be a valued member of SCHCC, providing integral insight and guidance in achieving our mutual goals through collective impact.



Ana Gallego

Goals of the SC Health Coordinating Council

Improve the health of moms and babies from pre-conception to the first year of life.	For all Everyone with the same probability of attaining the best health status, independent gender, race, sexual orientation, neighborhood, ethnicity, educational attainment, or socioeconomic status	At a lower per-capita cost of
Improve the health of children and foster the conditions to enable future healthy decisions		
Prevent chronic disease through the promotion of better nutrition and physical activity		
Improve the access to high quality primary care that allow patients to have better quality of life		
Improve the access to holistic and appropriate services that allow people to achieve and maintain behavioral health wellness		

All SCHCC metrics are in terms of outcomes, and each organization can decide which strategies to use to get there. However, even though there are a thousand ways to get to Rome, some routes are better than others; so the SCHCC invites every organization to be open to discover, share, and learn what are the most effective ways and work together to use those that will help us achieve these goals as soon as possible.

The goals of the SCHCC were developed using the Triple Aim framework, which calls for the simultaneous achievement of,

- better health outcomes for the population, and better distribution of such outcomes within the population
- better experience of care for patients
- lower per capita cost

Nurses' education and practice was in concert with the Triple Aim philosophy even before there was a coined term for it; so there are countless ways for nurses to align with these efforts. Here some of them.

Improve the health of all moms and babies from pre-conception to the first year of life, at a lower per capita cost.

What can you do to help at risk women be healthy before and during pregnancy?

- **Birth Outcomes Initiative (BOI):** South Carolina has a collaborative group that meets every second Wednesday of the month at the SC Hospital Association from 10:30am to 12:30pm. It has over 100 regular attendees who work in services for moms and babies. BOI is responsible for initiatives that led to the reduction of elective deliveries before 39 weeks of gestation, the promotion of baby friendly hospitals, the expansion of Centering Pregnancy Models and the creation of a human milk bank for South Carolina, among others.
- **Safe Sleep Coalition:** Hosted by the Children's Trust of South Carolina, this group convenes the experts in Sudden Infant Death Syndrome and Safe Sleep practices.
- **Home visitation programs:** Healthy Start, Nurse Family Partnership, among others have been successful at improving birth outcomes in at-risk families.

To learn more about strategies to reduce infant mortality and improve the health of mothers and babies in the state, read the *Healthy Mothers Healthy Babies Plan: South Carolina's Plan to Reduce Infant Mortality and Premature Births*

Improve the health of all children and foster the conditions to enable future healthy decisions, at a lower per capita cost.

What can you do to help at risk children and families build protective factors and access good education?

- **Early Childhood Comprehensive Services (ECCS):** This is a forum that convenes practitioners in early childhood. Representatives of the home visitation programs as well as early developmental screenings and child abuse and neglect prevention programs attend this group.
- **Well-child visits:** Annual well-child visits are fundamental to identify needed vaccines, delays in development, health and behavioral issues in children of all ages. Medicaid reimburses for these visits, but there are a surprisingly low number of children accessing it.

- **Palmetto Assessment of State Standards (PASS):** We all live in a neighborhood with an elementary school nearby for which we all pay taxes. In "ed.sc.gov/data/pass," the Department of Education provides data about the performance of each school in general and the performance of specific demographic groups within each school in particular (race, ethnicity, disability, subsidized meals, gender, migration, English proficiency). Reading at grade level in the third grade is the strongest predictor of high school graduation, which in turn is one of the main social determinants of health. Acknowledging that readiness to learn starts at birth, what can we do to support populations of children in our neighborhoods who need help to get on a pathway to academic success?

To learn more about strategies to support children in our state read the *2014 Annual Report of the Joint Citizens and Legislative Committee on Children*

Improve the access to high quality primary care that helps all patients achieve a better quality of life at a lower per capita cost.

What can you do to help patients access care and/or community services/supports they need to maintain good health or manage their disease?

- **Healthy Outcomes Plan:** Each hospital with an emergency department in South Carolina has a Healthy Outcomes Plan which basically aims to screen for behavioral, socioeconomic and health needs of uninsured patients who are chronically ill and have used the ED more than three times in a year. Hospitals along with community partners should then develop a plan to address these needs. Whether you are a primary care nurse, a hospital nurse or a community nurse, there may be a way for you to support the successful implementation of this plan.
- **Patient Centered Medical Homes and Community Health Workers** may provide some of the best resources to help patients obtain the care they need, but PCMHs require changes in the systems of providing care, and CHWs need people in the healthcare delivery system who are willing to work effectively with them to make sure both the clinical and non-clinical needs of patients are recognized and addressed.
- **Benefit Bank:** Complement the clinical care you provide to your patients with a referral to a Benefit Bank volunteer counselor. They can help your patients and their families apply for services such as supplemental nutrition assistance, temporary assistance for families in need, Medicaid, and tax advice, among others.

Improve the access to holistic and appropriate services that allow all people to achieve and maintain behavioral health wellness, at a lower per capita cost.

What can you do to help fight the stigma of mental illness and substance dependence, and to help those in need to live productive lives?

- **The integration of primary care and behavioral health:** Help your clinical practice become an integrated health home so patients who have physical as well as behavioral health needs will be able to receive services for these needs in the same facility.
- **Behavioral health patients may need additional support** to manage chronic diseases. Help them identify who in the family and community can help support them when they need the assistance.
- **Prevent child abuse and neglect:** Connect families at risk with the child abuse and neglect prevention programs such as Strengthening Families and Triple P. There is evidence in the literature that those who experienced toxic stress (such as violence, abuse, fear, and poverty) during childhood are at greater risk for developing chronic disease and mental illness in adulthood unless there are services provided to help remove the causes of the stress and help them develop resilience.

Prevent chronic disease through the promotion of better nutrition and physical activity for all, at a lower per capita cost.

What can you do to help your patients be more physically active and make small changes to improve their diet?

- Make sure you are aware of activities and programs for healthy eating and active living in your community.
- Advocate for policy and environment changes in your organization such as the inclusion of healthier options in the cafeteria and catered meals.

For all

The South Carolina Health Coordinating Council wants to make sure that every South Carolinian has the opportunity to have a healthy life, regardless of their income, age, gender, race, ethnicity or socioeconomic status. We can all work together to:

- Become leaders in our organizations to increase cultural competence.
- Help collect and use data that demonstrates quality outcomes by race, ethnicity, insurance, etc.
- Motivate people in our circles of influence to join is in taking action to do what we can to reduce the differences in outcomes between groups.
- Support and advocate for diversity in its broadest sense at all levels in our organizations.
- Recognize and help address the determinants of health.
- Learn and share information with our patients and colleagues in the community to help connect patients with community supports such as transportation, healthy food, physical activity groups and support groups (we all need somebody to talk to).
- Share decision making with patients.

South Carolina Nurses Association

October-December 2014 SCNA Calendar

October 10, 2014 Election Closes
 October 14, 2014 Officers notified of election results
 October 22 **SCNA STATE CONVENTION Pre-Con Event**
 October 23-25, 2014 **SCNA STATE CONVENTION includes APRN CONFERENCE at Hilton Head**
 October 24, 2014 **ANNUAL MEETINGS OF ALL SCNA CHAPTERS**
 October 24, 2014 **ANNUAL MEMBERSHIP MEETING OF SCNA**
 October 24, 2014 **ANNUAL MEETING OF THE SCNA BOARD**
 November 19, 2014 for programs January 9th or later **CE APPROVER COMMITTEE SUBMISSION DEADLINE DATE**
 November 21, 2014 4:00pm **SCNA BOARD MEETING**
 November 24, 2014 Election Challenge Deadline



For a full calendar see www.scnurses.org

*The Care and Concern
of SCNA...
is sent to the following members:*

Is expressed to **Ann Lee** for a prompt recovery.

To the family and friends on the death of

Edna M. Swartzbeck and Francine Margolis.



Members in the News

Congratulations to Commission Chair for Professional Advocacy and Development, **Dr. Tena McKinney**, for being named the Director of the new Psychiatric/Mental Health Nurse Practitioner Program at the University of South Carolina, College of Nursing. Dr McKinney will serve the state by increasing access to mental health care in the 41 of our 46 counties deemed underserved for mental health services. By offering this program through the SC flagship university, Dr McKinney hopes to attract the brightest and best students emphasizing an affordable and convenient educational program.

South Carolina Office of Rural Health

FNPs and other Primary Care APRNs

Be a true partner to your patients in rural SC! Great Primary Care APRN opportunities in rural communities and other areas of high need across SC. Some FQHC sites in high HPSA areas are competitive for NHSC Loan Repayment. Also, great rural private practice opportunities for those seeking that setting.

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Director of Recruitment at
803-454-3850, ext. 2009 or via email to
stacey@scorh.net and mention this referral.

Sorry, no RN or LPN recruitment at this time.



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“The Times They Are A’ Changin’” - Oct. 23-25

Registration Fees		
Rate Type	Before 9/16/2014	9/16/2014 and After
<i>SCNA Member</i>		
Three Day	\$400.00	\$425.00
Two Day	\$300.00	\$325.00
One Day	\$200.00	\$225.00
<i>Non SCNA Member</i>		
Three Day	\$550.00	\$575.00
Two Day	\$450.00	\$475.00
One Day	\$350.00	\$375.00
<i>Student (Undergraduate)</i>		
Three Day	\$110.00	\$110.00
Two Day	\$75.00	\$75.00
One Day	\$40.00	\$40.00
<i>Student (Undergraduate) Friday General Session and or Annual Meeting NO MEALS</i>	\$0.00	\$0.00
<i>Annual Meeting Only</i>	\$0.00	\$0.00

FOR FULL SCHEDULE, GO TO:
<http://www.scnurses.org/event/2014SCNAStateConvention>



HOTEL INFORMATION

Call the Sonesta Resort Hilton Head Island directly at 843-842-2400 to make your reservation for **GROUP ROOM RATE OF \$129.00 sold out at this price. Rooms are now available while supplies last for \$159.00. Once those are sold out the room rates will go to \$249.00.** Free self parking. Valet parking \$10.00 per day. Sonesta Resort Hilton Head – 130 Shipyard Dr, Hilton Head Island, SC 29928 – 1-843-842-2400.

CANCELLATION POLICY:

Registrants canceling in writing by October 16, 2014 will receive a full refund minus a \$100.00 handling fee. If registration was paid by credit card, it will be refunded by credit card minus the handling fee, within 30 days. If registration was paid by check, refund will be made by check minus the handling fee, within 90 days.

SUBSTITUTION POLICY:

Substitutions are allowed, however no later than three days before the event. Contact SCNA at 803-252-4781 to make arrangements.

For specific CNE credit information go to the Convention’s registration page on www.scnurses.org.

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PRE-CONFERENCE EVENT (extra fee)

Wednesday October 22nd

3:30-6:30PM Pharmacokinetics and Pharmacodynamics of Antiepileptic Agents
 Speaker: Kenric Ware
 See www.scnurses.org for more details.

Registration Opens July 1
www.scnurses.org



Nursing Instructor (3 positions)

General responsibilities are to provide classroom instruction for students, academic advising, develop and implement retention activities. Doctorate or Master’s degree in Nursing and current unencumbered SC nursing license required.

Three positions - each require a minimum 2 years nursing experience; one in obstetric and pediatrics; the second position should have a specialty in Med/Surgical with intensive care/ER experience. The third position requires experience in Psychiatric nursing; all positions should have clinical experience in an emergency room or special care unit desirable. Salary is competitive and determined by evaluating qualifications. Excellent benefits program that includes: employer provided health, dental and life insurance; paid holidays; sick leave; and state retirement. **Copy of transcripts and college application required when applying.** Position is available January 5, 2015.

Persons interested in this opportunity should apply online at www.jobs.sc.gov. Please complete the State application to include current and previous work history and education. A resume’ may be attached, but not substituted for completing work history and education sections of the application. Please submit copies of all College transcripts with your application and resume’. Human Resources Office, Florence-Darlington Technical College, P.O. Box 100548, Florence, SC 29502-0548. EOE/AA



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Member News

\$

MEMBER GET A MEMBER REWARDS!

\$

WANTED: Members of SCNA who will recruit new members to SCNA

REWARD: A check for \$25.00 for each Full SCNA/ANA member OR SCNA Only member.
Not valid for any reduced price memberships

HOW TO COLLECT YOUR REWARDS: Be sure that your new recruit knows to join on line and to put your name in the "referred by" section of the application. It couldn't be easier!

HOW MANY REWARDS MAY A MEMBER COLLECT: There is NO repeat NO limit to the number of reward checks of \$25.00 that current members can earn. Start today and enjoy your rewards!

New SCNA-Only Members

As of May 28 - August 24, 2014

Gwen Beall
Erin Kosak

Charleston, SC
Charleston, SC

New and Returning SCNA/ANA Members

As of May 28 - August 24, 2014

Diane Angelini	Johns Island, SC	Bonita Johnson	Florence, SC	Zacobia Ritter	Simpsonville, SC
Effie Atkinson	Round O, SC	Vincent Johnson	Summerville, SC	David Roseboro	Rock Hill, SC
Teressa Berry	Sumter, SC	Megan Kinard	Walterboro, SC	Julie Schroll	Myrtle Beach, SC
Minerva Boseman	Anderson, SC	Sherry Kolb	Columbia, SC	Donna Smolenski	Myrtle Beach, SC
Elaine Cain	Lexington, SC	Erin Kosak	Charleston, SC	Katie Steidle	Charleston, SC
Donna Causey	Murrells Inlet, SC	Dorit Lamparter	Lake Wylie, SC	Jacqueline Stephens	Lamar, SC
Yaritza Cotto	Simpsonville, SC	Shandel Leonard	Columbia, SC	Anne Stollberg	Greenville, SC
Jacquelyn Cox	Greenwood, SC	Margaret Mcannar	Lexington, SC	Debra Strelvel	Gaffney, SC
Jan Cullipher	Conway, SC	Angela Mearns	Ninety Six, SC	Judy Stuck	Lexington, SC
Tiffany Cummings	Ridgeville, SC	Colleen Miele	Aiken, SC	Heather Tanner	Irmo, SC
Kenneth Davis	Pendleton, SC	Sheila D P Miller	Goose Creek, SC	Angela Tilson	Seneca, SC
Shaquinda Dowdle	Goose Creek, SC	Jacqueline M. Mintz	Columbia, SC	Samantha Wadford	Saint Stephen, SC
Sarah Dressel	Hilton Head, SC	Jessica Mitchell	Simpsonville, SC	Carroll Waiboer	Greenville, SC
Annette Dunphy	Piedmont, SC	Nancy Murphy	Greenville, SC	Meghan Wallace	Florence, SC
Christina Dye	Greer, SC	Sharon Nobles	Kershaw, SC	Julia Watson	Saint George, SC
Christine Ehliès	Belton, SC	Chantal North-		Angela Welker	Johns Island, SC
Robin Elliott	Saint George, SC	Coombes	Charleston, SC	Myra Whiten	Taylors, SC
Sara Ferguson	Duncan, SC	Leigh Pate	Lancaster, SC	Jennifer Willis	Lyman, SC
Jessica Goodright	Charleston, SC	Catherine Pitts	Easley, SC	Marsha Wilson	Blackville, SC
James Gregory	Columbia, SC	Debra Quick	Florence, SC	Martha Wuest	Hanahan, SC
Joyce Hickman	Orangeburg, SC	Joseph Reardon	West Columbia, SC		
Michelle Hutchinson	Sumter, SC	Rebecca Register	Charleston, SC		

Members since the Last Issue Who Have Participated in the "Member Get A Member" Program

- Randy Beckett
- Andrea Coyle

Keep up the great work!

Members We Shall Miss

If your name appears on this list and you think it is error, please call the SCNA office at 803-252-4781.

May 28 - August 24, 2014

Priscilla Adams	Conway, SC	Anna Dickens	Columbia, SC	Charissa Lowe	Bluffton, SC	Regina Rouse	Irmo, SC
Mary Addis	Camden, SC	Sandra Dingler	Rock Hill, SC	Mary Virginia Lucas	North Charleston, SC	Lisa Schwartz	Summerville, SC
Effie Amerson	Mt. Pleasant, SC	Marsha Dowell	Holiday, FL	Kutura Lynch	Conway, SC	Rhonda Shaver	Aiken, SC
Ronni Ayala	Seneca, SC	Barbara Erickson	Columbia, SC	Deborah Marshall	Camden, SC	Patricia Singleton	Cheraw, SC
Marolyn Baril	Aiken, SC	Mary Fairchilds	Anderson, SC	Dwayne Martin	Greenville, SC	Mary Slade	Chapin, SC
Ruthjane Barock	Mechanicsville, VA	Edna Frazier	Rock Hill, SC	Lynsey Maynard	Cottageville, SC	Jocelyn Smith	Summerville, SC
Tracelyn Barton	Mauldin, SC	Laurie Gerhard	Columbus, GA	Donna McClure	Duncan, SC	Kimberly Speer	Anderson, SC
Michael Blew	Columbia, SC	Gina Goddard	Cheraw, SC	Kay McClure	Pauline, SC	Yvette Spees	Mt. Pleasant, SC
Sandra Brehmer	Goose Creek, SC	Kathryn Gordon	Goose Creek, SC	Patricia McConnell	North Charleston, SC	Vanessa Stallworth	Columbia, SC
Terri Bright	Greer, SC	Ana Gosnell	Irmo, SC	Jodie Moore	Florence, SC	Jeanie Stoker	Anderson, SC
Myrtle Campbell	Greenville, SC	Donald Guffey	Columbia, SC	Sheila Myers	Columbia, SC	Brandy Strauss	Felton, DE
Dorris Campbell-		Amanda Hightower	Simpsonville, SC	Natali Patterson	Columbia, SC	Linda Summerall	St. Helena Island, SC
Elmore	Summerville, SC	Theresa Hillary	North Augusta, SC	Patricia Payne	Greenville, SC	Bonnie Treado	Mt. Pleasant, SC
Diane Carper	Taylors, SC	Jessa Hollingsworth	Barnwell, SC	Jennifer Peace	Rock Hill, SC	Clara Tretola	Mt. Pleasant, SC
Scott Carr	Columbia, SC	Jean Hopkins	Columbia, SC	Rondey Peake	Boiling Springs, SC	Linda Van Duys	Columbia, SC
Kimberly Chase	Hilton Head Island, SC	Amanda Jones	Eastover, SC	Lisa Phillippi	Fort Mill, SC	Danielle Ward	Myrtle Beach, SC
Nicolina Clarke	North Charleston, SC	Sonya Justice	Simpsonville, SC	Pam Potts	Hardeeville, SC	Susan Watts	Blythewood, SC
Tina Coffey	Walhalla, SC	Birdella Kane-Crook	Lexington, SC	Mary Ann Powers	Charleston, SC	Melissa West	Awendaw, SC
Sandra Copenhaver	Mount Pleasant, SC	Aimee Kendall	Tega Cay, SC	Cathie Quinn	Reidville, SC	Timothy West	Awendaw, SC
Lauren Dempsey	Greer, SC	Leslie Kennedy	Boiling Springs, SC	Johnnie Louise		Debra Wilcox	Charleston, SC
		Michelle Knight	Columbia, SC	Ramsey	Mt. Pleasant, SC	Evelyn Casey	
		Sherry Kolb	Chapin, SC	Amanda Reynolds	Ridgeville, SC	Williams	Greenville, SC
		Kathryn Kulungowski	Sumter, SC	Renee Rhodes	Barnwell, SC	Rynn Williams	Georgetown, SC
		Dory Kyler	Chesterfield, SC	Virginia Rivers	Summerville, SC	Regina Zaucha	Columbia, SC
		Dianne Landis	Mt. Pleasant, SC	Micah Robinson	Rock Hill, SC		
		Lori Lelong	Lexington, SC	Tina Rosson	Moore, SC		

News You Can Use

Congratulations

SCNA sends congratulations to **Marla Weston**, CEO of ANA on being selected as one of the “Top 100 Influential People in Healthcare” again this year. Dr. Weston is a wonderful advocate for nurses and nursing in everything that she does.



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7 PM Oct 2, 2014	The University of North Carolina at Greensboro Room 201 Margaret C. Moore Building Greensboro, NC
7 PM Oct 29, 2014	Raleigh School of Nurse Anesthesia Suite 200, 3900 Barrett Drive Raleigh, NC

Dr. Susan Denman, Director of DNP / 336.334.4895 / s_denman@uncg.edu

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Have You Ever Served in the Military?

Managed and designed by the American Academy of Nursing, *Have You Ever Served in the Military?* is an awareness initiative to improve veterans' health. The initiative is the Academy's commitment to First Lady Michelle Obama and Dr. Jill Biden's *Joining Forces* campaign. *Have You Ever Served in the Military?* will fundamentally change the manner in which nurses and other healthcare providers conduct health assessments of individuals who have served in the uniformed military.

Nurses—health care's equivalent to the boots on the ground—are uniquely positioned to facilitate this change and ensure that vital information is obtained and recorded to improve the health care provided to our veterans and their families.

To learn how you can be more involved, visit HaveYouEverServed.com.

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Alliance of Nurses for Healthy Environments
Bringing Science and Passion to the Environmental Health Movement

EPA Public Hearing on Clean Power Plan Proposed Rule July 29, 2014

Lillian H. Mood, RN, MPH, FAAN
628 Shallow Cove Court, Chapin, SC 29036
803-345-3460 • lh mood@bellsouth.net

My name is Lill Mood, and I am a retired public health nurse. I spent nearly 10 years of my 32 year public health career working in environmental protection programs as a liaison between the South Carolina Department of Health & Environmental Control and citizens who were concerned about environmental hazards and their effect on the health of children, families, and communities.

I had the privilege of chairing the Institute of Medicine study of *Nursing, Health & Environment*. (1998) The study reaffirmed that the nursing profession is rooted in the understanding that our environment is a primary determinant of health. Nurses have a heritage of facilitating good health and recovery from illness by paying attention to and modifying environmental conditions. The IOM study mapped a path forward for nurses to make a difference by addressing environmental risks as an integral part of practice, education, research and advocacy.

I am pleased to speak today on behalf of the Alliance of Nurses for Healthy Environments (ANHE), a network of individual nurses and nursing organizations bonded in efforts to prevent and alleviate environmental hazards and conditions that contribute to ill health and loss of quality of life.

From our focus on individual patient health, we nurses have broadened our involvement to larger issues that impact the health of individuals, populations, and communities. There is no question of the scientific evidence that climate change is affecting all dimensions of human life, including health. From changing patterns of infection and allergies to new and evolving pathogens and toxic exposures, from devastating storms, floods, and droughts to loss of homes and jobs, people are reaping the consequences of carbon pollution and its widespread impact. We witness increased asthma from carbon emissions and health threats from pollution of water from coal mining and coal-fired power plants. We are active in searching out the specifics of health impacts due to chemical exposures from fracking used to recover natural gas as a solution to energy our needs. We are drawn to sustainable energy sources without the downside of pollution, like solar and wind energy.

ANHE has put its effort into promoting individual and workplace practices that reduce our carbon footprint—clean energy, recycling, public transportation, walking and biking, growing and eating locally grown foods—the multiple strategies that together add up to more than their simple sum, that have a multiplier effect on health.

Nursing is the largest health profession in number, and we are present in more workplaces that put us in contact with people than any other group of health professionals. Even those of us who are officially retired invest our time in disaster relief efforts, community improvement projects, free clinics, civic organizations, and advocacy initiatives. We also enjoy the amazing status of being the “most trusted profession” as determined over and over in an annual Gallup poll.

We are using our capacity to join with other health professionals and environmental colleagues, our elected officials and our community neighbors, to “bend the arc” of progress in reducing carbon pollution, in alleviating the existing effects of climate change, and in preventing further damage to our precious home, the earth.

We stand firmly in support of the EPA Clean Power Plan.

We ask that you listen to and help us find additional ways for the public to hear and heed our trusted voices as we work together on the issue of climate change. We urge you to stand firm and stand tall with us in the commitment to make this earth a safe place to live, work, and play.

Lill Mood, SCNA Member, provided testimony on behalf of the Alliance of Nurses for Healthy Environments this morning at the EPA Clean Power Plan Public Hearing in Atlanta. She heard several favorable testimonies from a wide range of people with different points of emphasis. One that stood out was a man from a business organization who had excellent data on the actual increase in cost of electricity (pennies) to curb carbon emissions vs. the cost to business of a single day of severe weather (billions).

MERCER
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Founded in 1902 as a school of nursing, the Georgia Baptist College of Nursing is the oldest nursing program in Georgia. Over its 111-year history, the College has graduated more than 7,350 nurses. Since its founding, the College remains dedicated to educating the person, fostering the passion and shaping the future of nursing. The College merged with Mercer University in 2001 and offers the following degrees: Bachelor of Science in Nursing, a Master of Science in Nursing, a Doctor of Nursing Practice and a Ph.D. in nursing. The College of Nursing is one of four academic units within the Mercer University Health Sciences Center.

The College of Nursing invites applications for the position of Coordinator of the Doctor of Nursing Practice (DNP) degree program. The DNP Coordinator will assume leadership for recruitment, curriculum oversight, and program evaluation. The successful candidate will also have major responsibility for overseeing and teaching program offerings. In addition, the coordinator will organize, and evaluate courses and clinical experiences for nursing students, in collaboration with other nursing faculty members. The Coordinator will report to the Associate Dean for Graduate Programs, as well as the Dean.

Faculty responsibilities include: plan, implement, and evaluate nursing degree curriculum, participate in university and community service activities, satisfy committee appointments, and engage in professional activities. Teaching, scholarship, and service are components of work expectations of faculty.

The successful candidate is required to have:

- An earned doctoral degree in nursing from an accredited college/university
- An unencumbered Georgia Registered Nurse license
- Prior academic experience required; prior full-time graduate online teaching experience preferred.

Preference will be given for candidates who are eligible for unencumbered licensure as an Advanced Practice RN in Georgia (family nurse practitioner preferred), as well as those with two years of experience in the Advanced Practice role and two years of experience as a DNP.

This position will be on the Mercer University Atlanta Campus.

Applicants must complete the brief online application at <https://www.mercerjobs.com> and attach 1) a curriculum vitae, 2) a statement of research/scholarship interests and professional goals, 3) a statement of teaching philosophy, and 4) the names and addresses of three references. Review of applications will continue until the position is filled. ADA/EEO/Veteran/Disability

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Members

APPLICATION FOR MEMBERSHIP IN SOUTH CAROLINA NURSES ASSOCIATION, A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION * as of January 2014

Last Name/First Name/Middle Initial _____ Basic School of Nursing _____
 Street or PO Box _____ Home Phone _____
 City, State and Zip Code _____ Work Phone _____
 Employer Name _____ Fax _____
 E-mail address _____

MEMBERSHIP DUES INFORMATION
Membership Type (Check One)

Full SCNA/ANA Membership Dues (\$283.00) <input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed	Reduced SCNA/ANA Membership Dues (\$141.50) <input type="checkbox"/> RNs not employed <input type="checkbox"/> RNs in full time study until graduation <input type="checkbox"/> Graduates of basic nursing programs for a first year of membership within 6 months following graduation; <input type="checkbox"/> RNs 66 years of age or older who are not earning more than social security allows without a loss of social security payments	Special SCNA/ANA Membership Dues (\$70.75) <input type="checkbox"/> 66 years of age or over and not employed; <input type="checkbox"/> Totally disabled <input type="checkbox"/> Past NSNA/SNA-SC Members for a first year of membership if membership is initiated within 6 months of licensure NSNA/SNA Member #: _____ Date of Original Licensure: _____
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SCNA State-Only Membership (\$187.00) ANA-Only Membership (\$191.00)

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 Please check for choice of payment

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 By Credit Card
 By Annual Credit Card Payment
 This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize ANA to charge the credit card listed for the annual dues on or after the 1st day of the month when the annual renewal is due.

Automatic Annual Credit Card Payment Authorization Signature _____

METHOD OF PAYMENT
 Visa MasterCard Check payable to ANA

Amount To Charge _____ Expiration Date _____
 _____ / _____

Account # _____

Card Holder's Name (as it appears on card) _____
 Card Holder's Signature _____ Date _____

Monthly Payment
***E-Pay (Monthly Electronic Payment)**
 Checking:
 Please enclose a check for the first month's payment of \$22.83-SCNA/ANA Full, \$11.67-SCNA/ANA Reduced, \$6.09-SCNA/ANA Special, SCNA State-Only \$15.50, or ANA-Only \$15.75 which will be drafted on or after the 15th day of each month using the account designated by the enclosed check. An annual service fee is included in the monthly payments.

Credit Card:
 Please complete the credit card information and enter the monthly amount as stated above. This credit card will be debited on or after the 1st of each month. An annual service fee is included in the monthly payments.

Monthly Electronic Deduction Authorization Signature _____

*By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or charge backs.

Mail application to: South Carolina Nurses Association; 1821 Gadsden Street, Columbia, SC 29201



MEMBER INFORMATION

Return To: SCNA, 1821 Gadsden Street, Columbia, South Carolina, 29201

NAME: _____
 CURRENT TITLE: _____ CREDENTIALS: _____
 RN LICENSE #: _____ US CONGRESS DISTRICT: _____
 GENDER: _____ ETHNICITY: _____ BIRTHDATE: _____
HOME ADDRESS: _____
 CITY: _____ STATE: _____ ZIPCODE: _____
 HOME PHONE: _____ CELL: _____
 HOME EMAIL: _____
 EMPLOYER: _____
PRACTICE AREA: _____
WORK ADDRESS: _____
 CITY: _____ STATE: _____ ZIPCODE: _____
 WORK PHONE: _____ FAX: _____
 WORK EMAIL: _____
 EDUCATION: (circle highest level attained) A.D., Diploma, B.S.N., M.S.N., Ph.D., Other Masters _____ Other Doctorate _____
 GRADUATION YEAR: _____ SNA-SC NUMBER: _____
 LIST ANY PAST SCNA ACTIVITIES: _____
 LIST ANY PAST CHAPTER ACTIVITIES: _____

ODD YEAR OFFICERS TO BE ELECTED
 Secretary
 Commission Chair- Public Policy/Legislation
 Commission Chair-Workforce Advocacy

EVEN YEAR OFFICERS TO BE ELECTED
 President-Elect
 Treasurer
 Commission Chair-SCNA Chapters
 Director Seat 1
 Director Seat 4
 SCNA Nomination Committee

COMMITTEES APPOINTED BY THE BOD
 Finance Committee

COMMISSION ON PUBLIC POLICY/LEGISLATION
 Legislative Support Team

COMMISSION ON PROFESSIONAL ADVOCACY AND DEVELOPMENT
 Continuing Education Approver Committee
 Continuing Education Provider Committee
 Peer Assistance Program Committee

COMMISSION ON CHAPTERS
 Advanced Practice Registered Nurse Chapter
 Community and Public Health Chapter
 Edisto (Clarendon, Calhoun, Orangeburg, and Bamberg Counties)
 Nurse Educator Chapter
 Piedmont (Spartanburg, Cherokee, Union, and York Counties)
 Psychiatric/Mental Health Chapter
 Women and Children's Health Chapter

CONSENT TO PARTICIPATE

I would like to be an active member of the following structural unit(s) above. Please number in order of preference if more than one unit is checked as an area of practice. I understand that all chapters are open to membership, and all committees are either appointed or elected as per the SCNA bylaws.

IF APPOINTED, I CONSENT-TO-PARTICIPATE ON ANY OF THE COMMITTEES/CHAPTERS INDICATED ABOVE. I REALIZE MY CONSENT INCLUDED THE OBLIGATION TO ATTEND THE MEETINGS AND PARTICIPATE ACTIVELY AS A COMMITTEE MEMBER.

SIGNATURE _____ DATE _____

SCETV

SCNA members, staff and friend took part in a recent fund raising driver for SCETV. It was fun, the program was great, Vicki Green did a great job as our "on camera" spokesperson and we raised some money for a wonderful cause here in South Carolina. Pictured with the guest artist are:



First Row L-R: Vicki Green, Sheryl Mitchell, Stephanie Burgess, Ethan Borthnick (Artist for the evening), Rosie Robinson
Back Row L-R: Bruce Williams, Alice Wyatt, Polly Thompson, Judy Thompson





South Carolina Department of Labor, Licensing and Regulation

MISSION OF THE BOARD OF NURSING

The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses, registered nurses or advanced practice registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.

BOARD VACANCIES

There are currently four vacancies on the South Carolina State Board of Nursing. Board members serve terms of four years and until their successors are appointed and qualify. Board members must be appointed by the Governor with the advice and consent of the Senate. Vacancies must be filled for the unexpired portion of a term by appointment of the Governor.

Pursuant to Section 40-33-10(A) of the Nurse Practice Act, when appointing members to the Board of Nursing, the Governor will give consideration to include a diverse representation of principal areas of nursing, but not limited to hospital, acute care, advanced practice, community health, and nursing education. Registered nurse and licensed practical nurse members must be licensed in South Carolina, be employed in nursing, have at least three years of practice in their respective professions immediately preceding their appointment, and reside in the district they represent. Lay members represent the public at large as consumers of nursing services and may not be licensed or employed as a health care provider. No Board member may serve as an officer of a professional health-related state association.

There are two vacancies for Licensed Practical Nurse representatives from the state at large and two Registered Nurse vacancies – one representing Congressional District 1 and one representing Congressional District 6. An individual, group or association may nominate qualified persons and submit written requests to the Governor's Office for consideration and appointment to the State Board of Nursing. If you or someone you know is interested in the licensed practical nurse positions on the Board of Nursing, a letter of request, along with a resume or curriculum vitae, should be submitted to Boards and Commissions, Office of the Governor, Post Office Box 11829, Columbia, SC 29211-1829.

Committee Members Needed

Nomination forms for vacancies on the Advanced Practice Committee, Advisory Committee on Nursing and Nursing Practice and Standards Committee can be found on the Board's website (www.llr.sc.gov/pol/nursing) under Applications/Forms. A list of meeting dates for this year is located in this newsletter.

ADVISORY COMMITTEE ON NURSING (ACON)

The Advisory Committee on Nursing (ACON) assists the Board with long-range planning for nursing and facilitates collaboration between education and practice. ACON meets on the third Tuesday in February, April, June, and October. It meets on the last Tuesday in August and first Tuesday in December each year. There currently are positions open for two ADN Educators and a Nursing Services Administration-Mental Health Representative.

All ACON members must be currently licensed in South Carolina, practicing in the area they represent and not be under a current disciplinary order. Members are appointed by the Board for an initial term of two years with the possibility of reappointment for three years to provide for staggering of terms. All nominations, as well as requests for reappointment, are submitted to the Board for review. Members' perspectives and participation are valued and necessary for continuity, so regular committee meeting attendance is very important. If you or someone you know is interested in serving on the ACON, submit a completed nomination form, along with a curriculum vitae, to LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211.

Advanced Practice Committee (APC)

The Advanced Practice Committee (APC) is a standing, Board-appointed committee established to review current advanced practice registered nursing (APRN) trends and practice. APC advises the Board and nursing community

on the safe and competent practice of APRNs. APC meets quarterly on the first Friday in February, May, August, and November of each year. There currently is a position open for a Clinical Nurse Specialist (CNS) – Psychiatric Mental Health Representative.

All APC members must be currently licensed in South Carolina, not under a current disciplinary order, certified and practicing in the area they represent. APC members are appointed for an initial term of two years with the possibility of reappointment by the Board for three years to provide for staggering of terms. Information from all interested parties is submitted to the Board for review and appointment/reappointment. Members' perspectives and participation are valued and necessary for continuity, so regular committee meeting attendance is very important. If you or someone you know is interested in serving on the APC, submit a completed nomination form, along with a curriculum vitae, to LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211.

Nursing Practice and Standards Committee (NPSC)

The Nursing Practice and Standards Committee (NPSC) assists the Board of Nursing with issues affecting nursing practice in the state. The NPSC is charged with developing and revising advisory opinions and position statements. The NPSC meets quarterly on the third Thursday in January, April, July and October each year. There currently are positions available on NPSC for a Registered Nurse Acute Care Representative, a Registered Nurse Education Representative, a Registered Nurse School Health Representative, and a Licensed Practical Nurse Representative.

All NPSC members must be currently licensed in South Carolina, practicing in the area they represent and not be under a current disciplinary order. Members' perspectives and participation are valued and necessary for continuity. If you or someone you know is interested in serving on the NPSC, submit a completed nomination form, along with a curriculum vitae, to LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211.

TOOLS OF THE TRADE

When is the last time you visited the Board of Nursing's website?

The Board recommends that all nurses licensed by or working in South Carolina visit its website (www.llr.state.sc.us/pol/nursing/) at least monthly for up-to-date information on nursing licensure in South Carolina. The Board of Nursing website contains the Nurse Practice Act (Chapter 33-Laws Governing Nursing in South Carolina), Regulations (Chapter 91), Compact Information, Advisory Opinions, Position Statements, Licensure Applications, Continued Competency Requirements/Criteria, Application Status, Licensee Lookup, Disciplinary Actions, and other valuable tools and information. When a new advisory opinion is issued or a current advisory opinion revised, it is updated on the website after Board approval.

The Advisory Opinions, Position Statements and the Nurse Practice Act are located under Laws/Policies. The Competency Requirement and Competency Requirement Criteria, which includes continuing education contact hours, are located under Licensure.

The Board hopes you will find this information useful in your nursing practice.

BOARD REVIEWS ADVISORY OPINIONS

At its May 2014 meeting, the Board reviewed Advisory Opinions #11, 30, 40, 46, and 56 and Advisory Opinion Supplement on the Nursing Management of Invasive Devices-Cardiovascular RN and LPN and approved with no changes, as recommended by the Nursing Practice and Standards Committee (NPSC). Advisory Opinions can be found on the Board's website (www.llronline.com/POL/Nursing) under Laws/Policies.

REVISED ADVISORY OPINIONS

At its May 2014 meeting, the Board approved revisions to Advisory Opinions #4, 6, 8, 9A, 9B, 10, 16, 17, 23, 28, 38, 42, and 47. These revised Advisory Opinions can be found on the Board's website (www.llronline.com/POL/Nursing) under Laws/Policies.

The following information is published with permission from the National Council of State Boards of Nursing (NCSBN).

NCSBN Provides Nursys e-Notify Free of Charge to Nurse Employers

Chicago – The National Council of State Boards of Nursing (NCSBN) will now provide automatic licensure,

discipline, and publicly available notifications quickly, easily, securely, and free of charge to institutions that employ nurses or maintain a registry of nurses free of charge through Nursys e-Notify.

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating boards of nursing's (BONs) databases (except Alabama, Hawaii, Kansas and Oklahoma) through frequent, secured updates. Nursys is live and dynamic, and all updates to the system are reflected immediately.

Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Institutions who subscribe to this innovative service do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically. The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary actions/resolutions and alerts/notifications.

If a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Institutions can learn more about Nursys e-Notify by viewing an introductory video at www.nursys.com.

For questions, contact nursysenotify@ncsbn.org.

NURSE LICENSURE COMPACT

What Is the Multi-State Nurse Licensure Compact?

Similar to the driver's license model, the Multi-State Nurse Licensure Compact (Compact) allows a Registered Nurse or Licensed Practical Nurse who is licensed in a Compact state to practice nursing in another Compact state without having to obtain a license in the other state. A Compact (or party) state is a state that has passed legislation and has been approved by the NLCA to implement the Compact. The following states have implemented the Compact to date: AR, AZ, CO, DE, ID, IA, KY, ME, MD, MS, MO, NE, NH, NM, NC, ND, RI, SC, SD, TN, TX, UT, VA, and WI. You may visit the National Council of State Boards of Nursing website (www.ncsbn.org) for updates as more states join and implement the Compact.

In May 2005, Governor Mark Sanford signed the Nurse Licensure Compact Act into law. South Carolina implemented the Multi-state Nurse Licensure Compact (Compact) in 2006.

IMPORTANT COMPACT QUESTIONS AND ANSWERS - FOR LICENSEES

How does the Compact affect nurses who live in South Carolina?

A nurse who resides in South Carolina (S.C.) and holds an *unencumbered* S.C. nursing license will have the 'privilege to practice' in any other Compact state with their S.C. multi-state license. Pursuant to Regulation 91-2 (B)(6), when a nurse changes residency from one Compact state to another, he/she is required to apply for and obtain a nursing license in that state **within 90 days**. The Compact license in the previous Compact state will be made inactive. When a nurse changes residency to a non-Compact state, he/she must apply for and obtain a nursing license in that state. The S.C. license will then become "valid in South Carolina only." Nurses must meet the requirements for licensure to obtain and renew the license in the primary state of residence. The Nurse Practice Act and Regulations can be found on the Board's website (www.llr.state.sc.us/pol/nursing) under Laws/Policies.

South Carolina Department of Labor, Licensing and Regulation

LLR Continued from page 18

How is primary state of residence for licensure determined?

Primary state of residence means “the person’s fixed permanent and principle home for legal purposes; domicile.” Compact rules require each nurse to declare in writing his/her primary state of residence upon initial application and licensure renewal. Sources of proof used to verify primary residence include, but are not limited to, 1) Driver’s license with a home address; 2) Voter registration card displaying a home address; 3) Federal income tax return declaring the primary state of residence. 4) Military Form # 2058 - state of legal residence certificate; or 5) W2 from U.S. Government or any bureau, division or agency thereof indicating the declared state of residence. Section 40-33-38(C) of the Nurse Practice Act requires a nurse to notify the Board of Nursing *within* 15 days of a change of address.

How does the Compact affect someone who is in the military or works for the federal government?

Nurses in the military or working for the federal government shall continue to be licensed in accordance with the rules of the military branch or federal agency where employed. If the nurse has a license in a Compact state, the nurse will have the Multi-state licensure privilege to practice in other Compact states. If a nurse has a license in a non-Compact state, Compact rules do not apply. Should the nurse choose to work outside the military or federal agency, the nurse must comply with the licensure requirements of that state.

Does the Compact affect APRNs?

The Compact does not include Advanced Practice Registered Nurses (APRNs). APRNs will need to obtain licensure for advanced nursing practice in every state in which they practice.

How will S.C. APRNs be authorized to practice in other Compact states?

South Carolina APRNs will be authorized to practice as Registered Nurses in Compact states. The South Carolina APRN license will be designated as a multi-state Registered Nurse license with APRN practice privileges in “South Carolina only.”

What is the accountability for practice with a Compact license?

The Compact requires nurses to adhere to the nursing practice laws of the state in which the nursing practice occurs. Boards of nursing have online access to their nurse practice act on their websites. In the case of electronic nursing (telenursing), the nurse must adhere to the practice standards of the state where the client receives care.

IMPORTANT QUESTIONS AND ANSWERS ABOUT THE COMPACT - FOR EMPLOYERS

What are my responsibilities as an employer in a Compact state?

A major responsibility for employers is to assure that every nurse employed by you is properly licensed and practices within the scope of practice defined in the Nurse Practice Act. It is important to visually inspect each license as nurses are practicing from other Compact states. Licenses may appear different from what you are accustomed to seeing. Some states, including South Carolina, have now gone paperless and do not issue license cards. Verification of licensure and disciplinary status is essential to safe nursing practice. Providing information to the nurse on the scope of practice in South Carolina will also be essential to assure safe practice. Additional resources are available through www.ncsbn.org.

What is the process for notifying the Board when a nurse from a party state is employed?

The Board of Nursing has created a Multi-State Licensure Privilege Notification Form available for download on the website located within applications and forms. When a nurse begins employment on a Compact license from another state, the employer is asked to provide the form to the nurse for completion and to forward the form to the Board office for statistical purposes.

How will employers and members of the public verify licensure status of nurses under the Compact?

There are three ways to verify the status of a licensee:

- For S.C. Licensees – Licensee Lookup, go to: www.llr.state.sc.us/pol/nursing/, click on Licensee Lookup and choose Nursing. As you enter information, it is recommended that you enter a portion of the nurse’s name only. You will be provided with the nurse’s name, city and state, license number, license type, date issued/expires, license status, and whether the license is multi-state or single-state.
- Nursys QuickConfirm – Go to <https://www.nursys.com/> click on QuickConfirm and follow the instructions. You will be provided with the Nurse’s name, state of licensure, license type and number, license status, license expiration date and discipline status. The following states participate in QuickConfirm: AK, AZ, AR, CO, CT, DE, DC, FL, ID, IN, IA, KY, LA-RN, ME, MD, MA, MN, MS, NE, NH, NJ, NM, NC, ND, OH, OR, RI, SC, SD, TN, TX, UT, VT, US Virgin Islands, VA, WV-PN, WI, WY. Go to NCSBN.org for updates as states are added.
- Boards of Nursing websites: If verifying a license in a state that does not participate in Nursys QuickConfirm, you may go to that state’s website. There is a map of all states with links to their websites at www.ncsbn.org.

How are complaints about nursing practice handled within the Compact?

The Compact authorizes the nurse licensing board of any Compact state to investigate allegations of unsafe practice by any nurse practicing in the state. Based upon the outcome of the investigation, a remote state licensing board may deny the nurse’s privilege to practice in that state. Only the nurse’s home state (primary state of residence) licensing board may take disciplinary action against the nurse’s license. States will continue to apply the same administrative and due process procedures for imposing discipline as they have always done.

What is the process for obtaining licensure for nurses moving into South Carolina from another party state?

Pursuant to Regulation 91-2 (B)(6), when a nurse changes residency from one Compact state to another he/she is required to apply for and obtain a multi-state nursing license in that state *within 90 days*.

What is the process for obtaining licensure for nurses moving into South Carolina from a non-Compact state?

There is no change in the requirements for obtaining nursing licensure by endorsement. The nurse must have a valid license to practice prior to beginning employment in this state.

HOW CAN MY EMPLOYER VERIFY THAT I HAVE A NURSING LICENSE?

If you need paper evidence of your nursing license and the expiration date, you may gain this information one of two ways:

- 1) Click on Licensee Lookup on the Board of Nursing website. Enter the bare minimum information (i.e. your last/ first name or license number only [no letters like RN, R, etc.]). You may print this page. If you type information in all blocks and it is not entered 100% the way it is in the system, you will receive an error message (appearing as if the nurse doesn’t hold a license in the state).
- 2) Licensees now have the capability, through LLR’s website, to download and print a wallet card as a courtesy after the license has been issued, reinstated or renewed. The cards can be printed from your printer. You will need Adobe Reader installed on your PC to view and print the card. For best results, use card stock instead of copy paper to print a more durable card. To print a wallet card, go to <https://eservice.llr.sc.gov/SecurePortal/Login.aspx>. Click on “Print License Card” and follow the instructions.

HOW CAN I CHECK A LICENSE?

To check a nursing license, you may utilize one or all of the following options:

1. SC Licensee Lookup - Go to <https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17> As you enter information, it is recommended that you enter a portion of the nurse’s name only. You will be provided with the nurse’s name, city and state, license number, license type, date issued/expires, license status, and whether the license is multi-state or single-state.
2. Nursys QuickConfirm - Go to <https://www.nursys.com/> click on QuickConfirm and follow the instructions. You will be provided with the nurse’s name, state of licensure, license type and number, license status, license expiration date and discipline status. The following states participate in QuickConfirm: AK, AZ, AR, CO, CT, DE, DC, FL, ID, IN, IA, KY, LA-RN, ME, MD, MA, MN, MS, NE, NH, NJ, NM, NC, ND, OH, OR, RI,

SC, SD, TN, TX, UT, VT, US Virgin Islands, VA, WV-PN, WI, and WY. Go to NCSBN.org for updates as states are added.

3. Other States - Most states have licensee lookup/ licensure verification on their websites. Links to boards of nursing can be found at www.ncsbn.org.

You may check for discipline against a South Carolina nursing license on the Board’s website at www.llr.sc.gov/pol/nursing/ under Board Orders.

HAVE YOU MOVED?

Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of *any* address change. So you do not miss important time-sensitive information from the Board, such as your courtesy renewal notice, audit notice or other important licensure information, be sure to notify the Board immediately whenever you change your address. Failure to notify the Board of an address change may result in discipline. You may change your address online utilizing the address change form under Online Services found on the Board’s website.

Note: Changing your address with the South Carolina Nurses Association (SCNA) does not change your address on your licensing records with the South Carolina State Board of Nursing.

Board Members

Samuel H. McNutt, RN, CRNA, MHSA, Congressional District 5 - *President*
 Carol A. Moody, RN, MAS, NEA-BC, Congressional District 4 - *Vice President*
 Amanda E. Baker, RN, MSN, MNA, CRNA, Congressional District 2 - *Secretary*
Vacant, Congressional District 1
 W. Kay Swisher, RNC, MSN, Congressional District 3
Vacant, Congressional District 6
 Karen R. Hazzard MSN, RN, NE-BC, Congressional District 7
 Anne Crook, PhD, Public Member
 James E. Mallory, EdD, Public Member
Vacant, (2) Licensed Practical Nurses At Large

Vacancies: [See Section 40-33-10(A) of the Nurse Practice Act for prerequisites and requirements]

S.C. BOARD OF NURSING CONTACT INFORMATION:

Main Telephone Line (803) 896-4550
 Fax Line (803) 896-4515
 General Email nurseboard@llr.sc.gov
 Website www.llr.sc.gov/pol/nursing/

The Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to the office can be found on the website – www.llr.sc.gov – at the bottom of the page. The Board’s mailing address is LLR - Office of Board Services – SC Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.

Normal agency business hours are 8:30 a.m. to 5 p.m., Monday through Friday. Offices are closed for holidays designated by the state.

Board of Nursing Administration

Nancy G. Murphy, nancy.murphy@llr.sc.gov
 Administrator
 Karen Blizzard, Assistant to karen.blizzard@llr.sc.gov
 the Administrator

Office of Investigations and Enforcement

Main Telephone Line (803) 896-4470

BOARD OF NURSING MEETING CALENDAR FOR 2014

Board and Committee meeting agendas are posted on the Board’s website at least 24 hours prior to meeting.

Board of Nursing Meeting	November 20-21, 2014
Advanced Practice Committee	November 7, 2014
Advisory Committee on Nursing	October 21, 2014
Advisory Committee on Nursing Practice & Standards Committee	December 2, 2014
	October 9, 2014

DESIGNATED 2014 STATE HOLIDAYS OBSERVED ON

Veterans Day	November 11, 2014
Thanksgiving Day	November 27, 2014
Day After Thanksgiving	November 28, 2014
Christmas Eve	December 24, 2014
Christmas Day	December 25, 2014
Day After Christmas	December 26, 2014

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Programs, credential levels, technology, and scheduling options are subject to change. South University, Columbia, 9 Science Court, Columbia, SC 29203. © 2014 South University. Our email address is csprogramadmin@edmc.edu.

See SUpograms.info for program duration, tuition, fees and other costs, median debt, federal salary data, alumni success, and other important info.

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