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# The South Carolina Nurse



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## The Year of Ethics... It Is All About You

### Save The Date

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&  
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More information will be  
posted to our website when made available

## President's Column

**Connie B. Varn, MN, RN**



**Connie Varn**

As I write this column, the sun is shining, the birds are singing and the earth is warming! I love spring and summer! I feel revived sitting in the sun getting a healthy dose of vitamin D, with sunscreen of course! Today I feel compelled to continue to expound on the topic of ethics in nursing as the American Nurses Association has designated this year as The Year of Ethics.

Since the beginning of time, there have been rules. In kindergarten, the rules encircled the room and we learned to follow them. As each of us began our career as a nurse, we were mandated to practice nursing under the auspices of the *Code of Nurses*. There have been several revisions of the *Code* over the years. I do recall one of my instructors mentioning the *Code of Ethics* during my nursing education. Unfortunately, the concepts and charges were not discussed nor emphasized. I was unaware of the potential implications of not following the *Code*, how my nursing decisions could impact my nursing practice as well as my license. I know that many practicing nurses are only aware of the *Code*. They may have never really read or understood the *Code* and how it actually impacts their professional nursing practice.

At the past SCNA BOD meeting, officers presented the assigned provisions of the *Code*. The nine provisions were summarized and shared with the group. My assignment was provision nine, "The profession of nursing, collectively through its

professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social injustice into nursing and health policy."

Provision nine incorporates many of the components of the previous eight provisions. The emphasis is on the profession of nursing and the impact on nursing practice, and education. Also, nurses have a responsibility to articulate the principals, values, and standards of the profession in the political arena. To assist not only the public but also elected officials in understanding the impact of nursing on healthcare policy.

The provisions of the *Code* must be acknowledged and upheld in all professional relationships. This charge extends not only to your everyday practice, but also to your community, state, country, and the world. The *Code* serves as a covenant between society and the nursing profession to communicate the beliefs, principals, and standards, the essence of the profession.

Every nurse in all settings must not only be aware of the *Code* and its implications to practice, but must also be vigilant about articulating the values and provisions inherent in the *Code*. South Carolina nurses, the *Code of Ethics* is part of the Laws Governing Nursing in South Carolina! You MUST have a copy of the document, know what is contained therein, and must follow the *Code* in every action and decision made in the practice setting. I implore you to discover the rich provisions of the *Code*. To remember who you are as a nurse and what you stand for in your practice. When you make decisions to "do the right thing" in your nursing practice, then you are practicing the essence of nursing!



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## CEAC Update

For a complete list of Approved Three Year Providers and Approved Individual Activities please visit our Continuing Nursing Education page on [www.scnurses.org](http://www.scnurses.org). You will also find all the information you need to know about how the SCNA CNE process works.



Part of the CE Approver Committee team celebrate during a recent CEAC meeting YEAH!

## Continuing Education Approver Committee GREAT NEWS from ANCC

Heartiest CONGRATULATIONS are due to the SCNA Continuing Education Approver Committee (CEAC) for the excellent outcome to the application to continue as an Approver of Continuing Education through the American Nurses Credentialing Center Program on Accreditation.

The SCNA was awarded Accreditation with Distinction, the highest recognition awarded by the ANCC Accreditation Program. The process was a new one for this application and required a great deal of work by the volunteers, lead by Lawrence Eberlin, PhD, MSN, RN, CCHP, Chair of the CEAC, the volunteers for the program Weatherly Brice, Ann Hollerback, Nelda Hope, Tammy McConnell, Cheryl Neuner, Vanessa Thompson, and Mary Wessinger, the support of the SCNA Board of Directors, Tena Hunt McKinney, in the role of Commission Chair on Professional Advocacy and Development and the staff of SCNA, Rosie Robinson and Judith Thompson, IOM. It was truly a great effort by all.

The award of Accreditation with Distinction is relatively new to the ANCC and this is the first time that SCNA was eligible to be considered for this extra recognition for the CEAC. BRAVO TO ALL!



May 18, 2015

Lawrence Eberlin, PhD, MSN, RN, CCHP  
Nurse Peer Review Leader  
South Carolina Nurses Association A2014  
1821 Gadsden St.  
Columbia, SC 29201

### COMMISSION ON ACCREDITATION ACTION

The American Nurses Credentialing Center's Commission on Accreditation reviewed your application for accreditation as an approver of continuing nursing education on **May 18, 2015**. The Commission is pleased to inform you that accreditation has been granted for four years, from **May 18, 2015 to November 30, 2019**.

South Carolina Nurses Association was awarded Accreditation with Distinction, the highest recognition awarded by the American Nurses Credentialing Center's Accreditation Program. Organizations accredited with distinction have completed a review without any progress report requirement. The web directory of accredited organizations will reflect this special designation.

Please note: Your accreditation expires **November 30, 2019**, which means your re-accreditation cycle is scheduled for **March 2019**.



### 2015 Board of Directors

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CEO and Lobbyist: ..... Judith Curfman Thompson  
Assistant to the CEO: ..... Rosie Robinson

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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](mailto: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.

SC Nurse Editorial Staff:  
Judith Curfman Thompson, Executive Editor  
Rosie Robinson, Assistant Editor



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# CEO Report

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



**Judith Curfman  
Thompson**

Since 2013 I had been hearing about a book, “The Boys in the Boat” from a variety of friends and colleagues. My Book Club had considered reading it and, while it didn’t make our list for 2014, it was high on the list for the year. I finally got to it. I am so really glad that I did.

The outcome of the quest of the boys in the boat was never in doubt, since their wonder filled accomplishments are part of the history that they wrote at the University of Washington and in the 1936, “Hitler” Olympics with their oars and their perseverance. The real story is of the young men and their coaches. The real story is of the overcoming of seeming unconquerable obstacles both personal and public. The real story is epitomized by the motto of the crew, MIB, MIB “Mind in the Boat.” This mantra covered every action from taking the boat out of the boathouse to launching it, to getting into ones locked seats, to every single stroke for the coxswain, from start of race to finish, the only world of the moment was what was going on in the boat.

For those of you who have never rowed a boat, let alone a shell filled with oars and people wielding oars and trying to go in the same direction, the concept of spending inordinate amounts of time and energy to propel a craft across the water might be something that has never

crossed your minds. For those who enjoy the team effort of the event, while knowing full well that each stroke must be synchronized with each other stroke in the boat, each stroke must be at the correct depth to propel forward, but not so deep as to slow the boat down or worse yet, knock it off balance, it is poetry in motion.

I am certain that by now all of you who practice nursing have figured out exactly how and why “Mind in the Boat” could well be applied to every day that you are practicing your art and science. Today we have a wonderful array of terms for how we speak of total focus: focus, mindfulness, conscious attention, total attention, attention to detail, shutting out everything but the task at hand. I am certain that each of you has a favorite one. It is that singular drive for individual performance and performance within a team that propels your practice every time you begin a day of providing expert care for patients. It is that MIB philosophy that carries you through the most complex of days while maintaining your humanity in your work.

So, if you would like to read a really good book, I highly recommend “The Boys in the Boat” by Daniel James Brown. As I wrote earlier, you know the outcome from history, but, the real story is how the achievements were accomplished by a totally committed group of young men who were never “supposed” to achieve the greatness that they did. How each of their individual stories comes together with those of the others is fascinating. How they achieved greatness is a marvelous inspiration to all who read the book. This is the same kind of inspiration that those of us who benefit greatly each day from the art and science of the care that you provide to all of us in your practice area. Thank you and ONWARD!

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# SCNA Board of Directors

## You Were Represented

- SCNA Board Meeting
- State Board of Nursing Meeting
- Advisory Committee on Nursing
- Coalition for Access to Healthcare Meetings
- 3-M Sub Committee on H3078 - Second Meeting
- 3-M Sub Committee on H3508 - Second Meeting
- Convention Planning Meetings

## SCNA Board Meeting Updates May 2015

February 27, 2015

First meeting of 2015 year  
Attendance: Board members 4 of 5 present, 1 Chapter Chair of 4 present, 2 Ex Officio absent  
Minutes were approved, Financial Reports were accepted and reports from the President and CEO were received.

Motions to fill two Board positions for the remaining terms: Teshieka Curtis as Chair, Commission on Public Policy and Legislation and Tami Nielson as Director, Seat 2. Both motions were passed. Both individuals were asked to participate.

Ada Pridemore was appointed as Chair of the Piedmont Chapter  
Anita Korbe was appointed as Chair of the Nurse Educator Chapter

Board voted reluctantly to accept the dissolving of the Edisto Chapter and the Community /Public Health Chapter. The members of each Chapter were polled to determine that action that they wanted to take.

New policies for SCNA were adopted:

- Policy to Determine Convention Leadership
- Policy for Compensation of the SCNA Board to Attend SCNA Convention and Annual Meeting
- Updates to the Criteria for SCNA Organizational Affiliates
- Updates to the Policy for Rental of SCNA Meeting Space
- Update to Policy for Extension of Approval of SCNA CEAC Approved Providers

Discussion and action to ensure that the ballot process for SCNA elections provide a secure ballot

A report was received on the mailing of "Imagine A Nation Without Nurses" and "Looking To Improve Health Care," two products that were co-branded with both ANA and SCNA, to all members of the SC General Assembly

Updated information about legislative activities was received

The Board then engaged in Orientation using the SCNA Manual and the ANA Standards for Excellence: An Ethics and Accountability Code for ANA and C/SNA's

Following the Orientation members volunteered to prepare a group review of the 2015 ANA Code of Ethics for the Board meeting in May

May 15, 2015

Second meeting of the year-Held by Conference Call  
7 of 7 Board members in attendance; 3 of 5 Chapter Chairs in attendance; two ex officio members not in attendance

Form 990 was read by members prior to the meeting for mailing by the due date of May 15, 2015

Minutes were approved, Finance Reports were accepted and reports of the President and CEO were received

New ANA Personal Benefits for members were discussed. SCNA voted to sign on to all, except the financial planning group since we have a product in this area. The group approved includes: Liability Insurance, Anchor Health (LTC) Term Life Insurance and Auto Insurance. CEO was instructed to transmit the wishes of the Board to ANA

Mobile Bank prospectus: Board voted not to participate in the offer made to SCNA. May look at possible product in SC later

A member Awards Program from the YourMembership group was accepted. It is a variety of options and will be up to each member to sign up or not as the member chooses

A report from the Chair of Nominations Committee was shared with the Board

Plans for the Convention were received

Discussion of the Virtual Visit of the ANCC for the CEAC program was held

Decision was made to hold the SCNA 2015 election using the old paper ballot system was made

Policy to establish the cut-off date for members being eligible to vote in the 2015 SCNA Election was set

Policy to establish the cut-off date for eligibility of members to vote at the SCNA Annual Meeting, October 23, 2015 was set

Proposed change to the Role of the SCNA Chapter Executive Committee Members were presented and approved. This change will allow the Chapters to hold their annual meetings anytime during the year before the SCNA Annual Meeting

It was reported that to date there are no proposals for Bylaw changes and no proposed Resolutions received

All policy proposals that were requested as a result of the February Board meeting were created and submitted for Board approval. All were adopted as proposed

A brief discussion of the creation of a task Force to look at Membership issues took place. While we are looking at issues of Millennials, other groups must also be included in any work going forward

As planned in February, a review of the 2015 Code of Ethics was conducted by those members who had volunteered to take on this role

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# Peer Assistance Programs in Nursing

## In Appreciation of PAPIN Volunteers

**Sheryl Mitchell, DNP, APRN, FNP-BC, ACNP-BC, PAPIN Steering Committee Member**



The Peer Assistance Program in Nursing (PAPIN) is a program of the South Carolina Nurses Association (SCNA) that is conducted as a part of SCNA's commitment to nurses in our state. The purpose of PAPIN is to provide support groups for nurses who are dealing with addictions.

PAPIN began its formation during the mid 1980's after a new awareness of the issues of addictions diseases and the effects on the profession



**Sheryl Mitchell**

of nursing. During this time, laws were in place that made it not only a crime to practice in an impaired condition, but also a crime to have addictions. Through collaborative efforts between SCNA and representatives of South Carolina State Board of Nursing, language was removed from the law that criminalized the condition of having addictions disease.

Efforts were made to provide services to nurses with addictions disease. These services included: education and peer support groups. All services provided were confidential and offered at no cost to the nurse. However, the need for support groups for nurses dealing with addictions has continued.

There are currently nine weekly peer support groups for nurses throughout South Carolina. These groups would not be possible without the volunteers who lead the groups. Group leaders dedicate their time helping nurses deal with addiction. The group leader serves as a facilitator for the PAPIN support group, assisting their fellow nurses in getting their professional and personal lives back on track. The group leader collaborates with the Recovering Professionals Program (RPP) and the PAPIN Steering Committee to sustain the recovery abilities of nurse participants across the state. Group leaders encourage regular attendance at meetings.

The PAPIN Committee would like to thank our volunteers for their dedication and their service.

City	Location	Day & Time Of Meeting
Anderson	Anderson Public Library 300 N. McDuffie St. Anderson, SC	Monday, 7 PM
Charleston	Charleston Center 5 Charleston Center Dr. Conf. room-Rm. 237B (call for code information)	Monday, 5 PM
Columbia	Adolescent Recovery Center / Stephenson Center 720 Gracern Rd., Ste. 120 Columbia, SC 29210 Group room 5	Tuesday, 5 PM
Columbia	Adolescent Recovery Center Stephenson Center 720 Gracern Rd., Ste. 120 Columbia, SC 29210 Group room 5	Thursday, 5 PM
Florence	Doctors Bruce & Lee Library 509 Dargon Street Florence, SC Room 253 (second floor)	Wednesday, 6 PM
Greenville	SC Favor 355 Woodruff Rd., Suite 303 Greenville, SC	Monday, 6 PM
Myrtle Beach	Office of Dr. Brian Adler 1945 Glens Bay Rd. Myrtle Beach, SC	Thursday, 6:30 PM
Rock Hill	North Rock Hill Church 2562 Mt. Gallant Rd. Rock Hill, SC 29732	Tuesday, 5:30 PM
Spartanburg	Westside Cyrill Library 525 Oak Grove Rd. Spartanburg, SC	Tuesday, 5:30 PM

## The Palmetto Gold Nurse Recognition and Scholarship Program Announces the 2015 Recipients

The Palmetto Gold Steering Committee and all affiliates would like to congratulate the 2015 Palmetto Gold recipients. The 100 recipients received formal recognition during the March 28, 2015 fourteenth annual celebratory Gala. The night was filled with joyous reception and elegance as each recipient was recognized individually. The 2015 Palmetto Gold Scholarship winners were recognized during the celebration as well. The 100 Palmetto Gold Recipients are:

Cynthia M. Aguirre-Hughes  
Tabitha Aldridge  
Susan Alexander  
Darlene Amendolair  
Natalie Ward Ankney  
Teresa Atz  
Deborah Bailey  
Sue Boeker  
Lori Taylor Boyd  
Timothy Brendel  
Mary Lauren Brodie  
Karen Bryson  
Cheryl Bullard  
Stacey Bumgardner  
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Lisa Duggan  
Susan Braun Duggar  
Annette Dunphy  
Catherine Durham  
Catherine Etori  
Rebecca Robertson Franey  
Jessica Geddings  
Alison Gibson  
Lynette Maxine Gibson  
Shannon Godwin  
John Goldizen  
Brian Michael Greig  
Elizabeth Deenihan Harmon  
Reanna Henderson  
Winnie S. Hennessy  
Jessica Hewitt  
Ali S. Hill  
Darlene Brown Hoyle  
Stephanie A. Isaacs  
Sherry Buie James  
Curt Keefe

Dawn Keller  
Toshua Kennedy  
Lisa Langdale  
Ursula Lawrence  
Debbie Leigher  
Lisa Lewis  
Spring Lewis  
Amelia Little  
Kaycie Lockamy  
Mary Arnold Long  
Vicki Elizabeth Long  
Susan Low  
Terry Lupo  
Rosario "Rose" Martinez  
Tena Hunt McKinney  
Brittany Medlin  
Demerise (Dee) Ott Minor  
Sheryl L. Mitchell  
Catherine Sikkema Murton  
Deidre Nall  
Sylvester LeNorris Owens  
Kisha Penn  
Leah Ploeg  
Christy Porter  
Marilyn Reaves

Maribeth Reid  
Sarah Richards  
Valerie Richardson  
Janice Skipper  
Janice Davenport Scott  
Curtis Brandon Smith  
Sabra Smith-Custer  
Whitney Smith  
Doris O. Street  
Rhonda Stubbs  
Sheryl Sturkie  
Beverly E. Summer  
Tammy Taylor  
Thais Thomas  
Shannon Thornton  
Amber Leigh Triplett  
Yvette M.Twum-Danso  
Suzanne Vaughn  
April Wach  
Paula Ward-Thompson  
Rebecca White  
Myra Whiten  
Linda Williams  
Karen Worthy  
Don Martin Wright

The Palmetto Gold Steering Committee would like to thank all who participated in preparation of the 2015 Gala. Please mark your calendars for the 2016 Gala set for April 16, 2016. Nominations will be received this fall for the 2016 Gala.

*Written by the Palmetto Gold Steering Committee*

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# Members

## Just Because You Received This Publication, It Doesn't Mean You Are A SCNA Member

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 \_\_\_\_\_  
 Street or PO Box \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_

SOUTH CAROLINA NURSES ASSOCIATION

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

**MEMBERSHIP DUES INFORMATION**  
Membership Type (Check One)

<b>Full SCNA/ANA Membership Dues (\$283.00)</b> <input type="checkbox"/> Full time employed <input type="checkbox"/> Part time employed	<b>Reduced SCNA/ANA Membership Dues (\$141.50)</b> <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	<b>Special SCNA/ANA Membership Dues (\$70.75)</b> <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)

**PAYMENT INFORMATION**  
Please check for choice of payment

**Annual Payment**  
 By Check  
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 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 1<sup>st</sup> 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) \_\_\_\_\_  
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**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 15<sup>th</sup> day of each month using the account designated by the enclosed check. An annual service fee is included in the monthly payments.

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

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\*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

**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 \_\_\_\_\_

## Members in the News

Dr. Cameo Green successfully defended her DNP project and graduated 5/15/2015

Dr. Kahlil Demonbreun elected as South Carolina Board of Nursing Advanced Practice Committee Chair

Dr. Kahlil Demonbreun elected as AANP State Representative for South Carolina

USC College of Nursing faculty members receive awards: De Anna L. Cox received the USC Clinical Practice Teaching Award; DeAnne K. Hilfinger Messias received the 2015 Carolina Trustee Professorship awarded by the USC Board of Trustees; and Laura C. Hein received the USC Service Award

The following SCNA members became Amy V. Cockcroft Fellows for 2015-2016: Deborah Hopla and Andrea Coyle.

The following SCNA member were awarded the SCNF Palmetto Gold Award: Darlene Amendolair, Lori Taylor Boyd, Timothy Brendel, Karen Bryson, Stacey Bumgardner, Susan Braun Duggar, Annette Dunphy, Jessica Geddings, Lynette Maxine Gibson, Lisa Langdale, Amelia Little, Tena Hunt McKinney, Sheryl L. Mitchell, Catherine Sikkema Murton, Valerie Richardson, Janice Skipper, Janice Davenport Scott, Sabra Smith-Custer, Thais Thomas, Rebecca White, and Myra Whiten.

SCNA wants to help celebrate the "wins" of our members so please keep us informed – info@scnurses subject line: Members in the News!



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# South Carolina Nurses Association

## Greetings from SCNA Director Seat 2

Tami Nielson

I am beyond excited to join the South Carolina Nurses Association Board of Directors in the Director 2 position! I graduated from Trident Technical College in December 2014 where I served as the SNA-TTC President. During my time in school, my board was able to make a big impact on our community, introduce our students to the benefits of being involved in a professional organization, and show our students all the possibilities in nursing! Now that I have graduated nursing school and passed the NCLEX (thank the Lord!), I want to continue to make an impact. I am currently working on the cardiovascular floor at Medical University of South Carolina and serving on the Nurses Alliance Reward & Recognition Council at MUSC.

We all chose to be nurses in order to make an impact. When you began nursing school, you might have only thought of the impact that you could make in your patient's life. What you may not have known at the time, is that you have the capability to reach far beyond the bedside. As nurses, we have the opportunity to make an impact on our state and our nation. The SCNA is a wonderful avenue to make an impact. My plan is to educate the nursing students across the state on the benefits of being a member and get them involved!

Do you know a new grad or a graduate nursing student? Do you know another nurse? I know...that is a silly question. When you tell your nursing friends about the SCNA and they join you might be able to get a \$25 rebate! See "Get A Member Awards Program" information for full details. There is no limit to how many friends that you can refer! WOW! Just be sure that your friend places your name in the referral field when they join!

I am looking for graduate nursing students and new grads that have a passion for their career and would like to make an impact. SCNA is creating a task force to reach out to our new nurses! Please email me at [taminielson@gmail.com](mailto:taminielson@gmail.com) and we can discuss what your talents are so we can plug you in! Together, we can make a difference!

### 2015 SCNA Calendar

#### SCNA BOARD MEETINGS: 2015

August 21, 2015 1:00pm-4:00pm  
 October 22, 2015 Board Gathering Evening at Convention  
 October 23, 2015 Annual Membership Meeting of SCNA at Greenville  
 October 23, 2014 Annual Meeting of the SCNA Board at Greenville  
 December 10, 2015 4:00pm Conference Call for Budget

#### SCNA STATE CONVENTION includes APRN CONFERENCE at Greenville

October 21 Pre Con  
 October 22-October 24, 2014

#### SCNA ANNUAL MEMBERSHIP MEETING

October 23, 2015

#### CHAPTER CHAIRS MEETING

August 21, 2015 12:00pm-1:00pm

#### SCNA ELECTIONS: 2015

July 1, 2014 Date of eligible membership to vote in election  
 September 14, 2015 Election Notice Mailed  
 September 18, 2015 last day to file consent to participate as officer on file at SCNA  
 September 18, 2015 List of members eligible to vote posted on SCNA website  
 September 21, 2015 Election Opens  
 October 9, 2015 Election Closes  
 October 12, 2015 Officers notified of election results  
 November 23, 2015 Election Challenge Deadline

#### CE APPROVER COMMITTEE SUBMISSION DEADLINE DATE

August 12, 2015 for programs October 2nd or later  
 November 11, 2015 for programs January 1st or later

#### APRN CHAPTER MEETINGS

August 16, 2014 10:00AM

## Advocacy

### Stay Informed....

There are two places on the SCNA website where you can stay informed of what is going on at the SC State House on behalf of YOU! Click on the APRN Legislative Information 2015 Session from the home page. Members of SCNA click on the Action Alert tab from the Advocacy Menu.



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.

Donor Name: \_\_\_\_\_

SCNA Member  Yes  No

Donor Address: \_\_\_\_\_

Member of \_\_\_\_\_ Chapter

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contributions can be made by check (made out to SC Nurses Association marked Advocacy Fund) or credit card with this form or online from [www.scnurses.org](http://www.scnurses.org)

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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Authorized Signature: \_\_\_\_\_

Contributions of:  \$50.00  \$100.00  \$500.00

Other Amount

Mail form and payment to  
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# Chapters

## Mother Friendly or Baby Friendly, Should We be Both?

**Mary Wessinger, RN, MN, B.C.**  
**Women and Children's Health Chapter**

I have practiced for many years in the OB-Mother/Baby, GYN specialty areas and find the current trends to be ethically uncomfortable. The members of the Women's and Children's Chapter of SCNA discussed this in our annual meeting in October, 2014. I volunteered to write an article for our publication.

The Mother Friendly Designation was published in July 1996 by CIMS (Coalition for Improving Maternity Services.) The principles of empowerment, autonomy, do no harm and responsibility, protects and promotes mother-friendly maternity services. Empowerment is the first in the list. A woman's confidence and ability to give birth and to care for her baby are enhanced or diminished by every person who gives her care. A mother and baby are distinct yet interdependent during pregnancy, birth and infancy. Pregnancy and childbirth and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect women, babies, fathers and families, and have important and long-lasting effects on society.

Autonomy is the opportunity to have a healthy and joyous birth experience for herself and her family, to give birth as she wishes in an environment in which she feels nurtured and secure, and her personal preferences are respected. She should have access to the full range of options for birth and nurturing her baby and accurate information on all available birthing sites, caregivers and practices. She should receive accurate and up-to-date information about the benefits of all procedures, drugs, birth and the postpartum period, with the right to informed consent and informed refusal. The mother should receive support for making informed choices about what is best for her and her baby based on her individual values and beliefs.

The concept of "Do No Harm" means that interventions should not be applied routinely during pregnancy, birth, or the postpartum period. Standard medical procedures, technologies and drugs carry risks to both mother and infant and should be avoided in the absence of specific indications for their use. If complications arise, all medical treatments, care, should be evidence based. The concept of responsibility means that each caregiver is responsible for the quality of care she or he provides. The maternity care practice should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and infant. Through the government and the public health establishment society is responsible for ensuring access to maternity services for all women and for monitoring the quality of those services. Individuals are ultimately responsible for making informed choices about the health care they and their babies receive. (You can research "The Mother-Friendly Designation" on the internet.)

Now we are receiving guidelines and evaluation criteria for the U.S. Baby Friendly Hospital Initiative (updated 11-28-11). We all know that "breast is best" and that every mother who chooses to breastfeed should be supported in every way possible. We also know that breastfeeding education should be started in the first trimester during their prenatal care and should be an ongoing process during the pregnancy. We know that skin to skin right after birth is ideal if there are no complications. These are no strange concepts to any nurse practicing in these areas. This has been in maternity textbooks for many years and has been practiced. When a mother states she does not want to breast feed for whatever her reasons, we are still to question her as to why she does not want to breast feed and to explore her concerns and to offer more education on the benefits and techniques of breastfeeding. Research indicates that by the time the birth occurs, the mother has already made up her mind as to the method of infant feeding she is going to use. Some patients and their families are not very pleased with the constant "encouraging and talking about the advantages of breastfeeding."

This goes back to the concept of autonomy, the mother does have choices and her choice should be respected. She



**Mary Wessinger**

should be empowered and feel comfortable with what she feels is best for her and her circumstances/lifestyle. Nurses who practice in this area are well aware of the advantages and will help and encourage all women who want to breast feed their infants. No mother should be made to feel that she is not a good mother because she chooses not to breastfeed her infant. The staff should offer education on the preparation and feeding of infant formula after the mother has been educated on the advantages of breastfeeding. These guidelines may be downloaded from the internet under the title of "Guidelines & Evaluation Criteria for the U.S. Baby-Friendly Hospital Initiative 2010 (updated 11-28-11)."

Infants who are not appropriate for "rooming in," i.e. Low birthweight, near term, preterm or has other risk factors, are cared for in Special Care/NICU Nurseries, and are brought out to the mother if appropriate for feeding, and bonding. All other newborns are to remain in the mother's room for 24 hours or at least 22 hours per day. All procedures if possible are to be done in the mother's room, with the exception of circumcisions. These new mothers are always encouraged to breast pump their milk for their infants. Staff are educated in this process and know how to assist the patient in doing this

Rooming in has become a common practice in maternity care, with many hospitals not offering or having any area designated as a nursery. Is this the best practice for all postpartum patients? Not all deliveries are without complications of some degree. Many mothers may labor 15-20 hours, then have a caesarian delivery, which we all know is major surgery. Does this new mother have the energy, or the well-being to provide infant care within a few hours after birth? Is there always going to be a spouse, significant other, or family member available to care for the infant in the room while the mother recuperates? Is there going to be enough nursing staff to provide all care for the newborn in the absence of any family members? Can safety of the mother and infant be guaranteed in all circumstances? AWHONN Smart Brief which is a biweekly internet resource for clinical news and career development in Jan. 27-2015; (Association of Women's Health and Neonatal Nursing) reported on the topic of infant drops. According to a study in the Pennsylvania Patient Safety Advisory: Anywhere from 600 to 1,600 falls are reported nationally, but the numbers tend to be underreported, according to the co-author of research on the topic in Nursing for Women's Health. Having increased rounds between 3 and 6 AM and intervening when mothers seem groggy or have no support person present, are strategies used to prevent drops. This research can be accessed at Philly.com (Philadelphia)

Newborn safety following cesarean birth is addressed in Olds and London's Maternal-Newborn Nursing & Women's Health, 9th edition, page 1045. One of the primary concerns regarding the nursing care of the couplet is the promotion of safety. Mothers who have experienced cesareans, particularly unanticipated ones that follow lengthy labors, may be fatigued, sleep deprived and under the influence of medication that alter their LOC. Vigilant attentions must be paid to the mother's LOC and ability to stay awake when holding her infant, providing care and breastfeeding. Some mothers will require constant support and observation to complete these activities safely, particularly if the father/support person is sleep deprived as well, or no family member, support person is present.

Relief of fatigue is also addressed on pages 1036-37 – Following birth some women feel exhausted and in need of rest, others are euphoric and full of psychic energy. The

nurse should evaluate the individual's needs. Additional sleep deprivation prior to delivery related to late pregnancy, discomforts, caring for toddlers, children at home may have an effect on her ability to adjust to the demands of the postpartum period. Adequate rest is essential to a smooth postpartum transition. The nurse can encourage rest by organizing patient activities to allow time for the new mother to rest/sleep. If there is no family member available to watch the newborn while the mother sleeps, the infant should be taken to a nursery or area where the baby will be safe while the mother sleeps. Postpartum fatigue can be severe and extended in some women. Severe or prolonged fatigue potentially interferes with the recovery process, the ability to care for herself and her baby, slows her return to social and work obligations, and puts her at increased risk for postpartum depression.

Sleep deprivation and fatigue can also influence the patient's ability to cope with pain. Pain from a surgical delivery, perineal trauma, lacerations, and repairs from the involution of the uterus postpartum are a part of the postpartum experience. It is always amazing to see how much better these new mothers feel after a nap. One experience I will always remember is when the patient and the infant had been discharged by 8:30 AM, I went in to do the discharge teaching, both parents and the infant were sleeping. I did not wake them up. I checked every 30 min. and all were still sleeping. At 11:30 when I checked, all had just woken up and were smiling and happy. The infant started to breastfeed. Both parents expressed their gratitude for being allowed to sleep. Both said they had slept very little the night before and were not looking forward to going home exhausted. This is patient centered care.

This same information on fatigue and sleep deprivation can be found in other textbooks. One of the obligations the nursing profession has is to be a patient advocate, and to do no harm. Do we have the ability to advocate for individual needs of our patients during the childbirth experience and recovery? I have had patients tell me, they could not wait to go home where they could get some rest, they were so tired. Is this a wake-up call for nursing to return to "Patient Centered Care;" to meet the needs of the individual patient and the family to keep the infant in a designated place during the night if requested, and for nursing to bring the baby to the mother when feeding cues are present. Some hospitals offer a nursery at night for this purpose. Mothers should always have the choice of keeping their infants with them 24 hours a day, but is that what all new mothers request and need? Shouldn't we be both mother and baby friendly? For the nurses completing their graduate education in the Women's Health areas, these topics would be wonderful for research.

### References

Davison, Michele R. Olds Maternal-Newborn Nursing and Women's Health Across the Lifespan, 9th Ed. 2012

## Women and Children's Chapter

The chapter will host a presentation at the SCNA convention in October on "Gestational Diabetes." The speakers are Mary Wessinger and Anita DeWeese. The chapter will also hold a service project at the convention. We will be collecting toiletries (shampoo & conditioner, soap, toothpaste, tooth brushes, lotion, razors, etc.) for Mary's House in Pickens County. Mary's House provides emergency shelter and services for families fleeing domestic violence. Mary's House will send a representative to the Convention to accept the donations. We encourage everyone attending the convention to bring donations.

We will be electing a new Chapter co-chair and secretary at the SCNA Convention. I encourage you to consider getting more involved with the chapter and to run for office. If you are interested contact the current chair, Dr. Bonnie Holaday ([holaday@clermson.edu](mailto:holaday@clermson.edu)). The other chapter officers are Gloria Bacote ([gbacote@carolinahospital.com](mailto:gbacote@carolinahospital.com)) co-chair and members-at-large Lois Hasan ([Lois.Hasan@PalmettoHealth.org](mailto:Lois.Hasan@PalmettoHealth.org)) and Heather Marlow.

### Women and Children's Chapter Continues Tradition of a service project at the SCNA Convention Service Project

**Donate toiletries such as shampoo / conditioner, soap, lotion, toothpaste, toothbrushes, floss, deodorant, razors, personal hygiene products for Mary's House in Pickens County.**

**Mary's House provides shelter and services for families fleeing domestic violence.**

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

The care and concern of SCNA is extended to **Ellen Riddle** at the death of her husband Gerald Riddle in April.

“The Student Nurses’ Association of South Carolina would like to send our condolences to those affected by the tragedy at Georgia Southern University. As fellow nursing students, our hearts go out to the friends and families of **Emily Clark, Morgan Bass, Abbie Deloach, McKay Pittman, and Caitlyn Bagget**, who were victims in the crash, as well as **Brittney McDaniel** and **Megan Richards**, who were injured in the crash.

It is truly a tragedy to have the lives of these students taken before their journey as a registered nurse officially began. We cannot pretend to fully understand the hurt and pain those affected must be feeling, but we know it takes a special person to decide to follow the calling to become a nurse and that each of these ladies were very special people. They decided to dedicate their lives to selflessly and tirelessly serve and care for others- a choice not for the faint of heart.

It is our sincerest hope to honor these five women in our future service as nurses. Our thoughts and prayers go out to all affected by this tragedy.”

Thank you,  
Savannah Turner  
SNA-SC President  
[president@sna-sc.org](mailto:president@sna-sc.org)

## Organizational Affiliates

### South Carolina Faith Community Nurses Association

The **Mission** of the South Carolina Faith Community Nurses Association (SCFCNA) is to encourage and support the development and sustainability of faith community nursing and health ministries throughout the state of South Carolina. We encourage you to visit our website for information on membership and upcoming events at [www.scfcna.com](http://www.scfcna.com).

The South Carolina Faith Community Nurses Association is a 501-c-3 non-profit organization. Donations to the organization are tax-deductible and are used to further the mission and purposes of the organization. Donations are appreciated and can be made by visiting the website ([www.scfcna.com](http://www.scfcna.com)).

We invite any one interested in learning more about this specialty practice and gather information to launch a ministry to attend our quarterly meetings. You may visit our website for details of meetings, membership forms, and to get additional information on upcoming events.

#### Newly Elected Officers for 2015

**Chair: Erica Belton**  
**Chair Elect: Christy Porter**  
**Secretary: Anita Boland**  
**Treasurer: BJ Roof**  
**Immediate Past Chair: Renatta Loquist**

#### SCFCNA Meeting Dates for 2015

**January 13, 2015**  
**April 14, 2015**  
**July 14, 2015**  
**October 13, 2015**

The meetings are held at the SCNA Headquarters, 1821 Gadsden Street, Columbia, SC from 11:00 am to 2:00 pm. There is a program for each meeting that provides

vital information for faith community nurses and health ministry program development.

#### Save the Date – August 7, 2015

The SCFCNA will host its Annual Conference August 7, 2015 at Northeast Presbyterian Church, 601 Polo Road, Columbia, SC 29223. The conference is open to all Faith Community Nurses and Health Promoters as well as clergy and anyone interested in health ministry in faith communities.

This year’s conference theme is “**Pursuit of Wellness: Connecting the Dots—Mind, Body and Spirit.**” The keynote speakers will be representatives from the South Carolina Hospital Association’s grant project PART (Preventing Avoidable Readmissions Together). This project is a community partnership to improve community health. The afternoon sessions will focus on successful practices in faith communities that promote health and wellness as well as the impact the faith community can have in preventing hospital readmissions.

Please visit our website for additional details on registration and program development.

#### We Continue to Seek Your Help

The SCFCNA desires to become a repository for Faith Community Nursing Practices in South Carolina. We continue to receive inquiries regarding where programs are established. Since this is a growing ministry and practice area, we would like to invite anyone who has developed a program in their faith community to share your information with us. The name of the faith community and a contact person along with contact information is needed. Please send information to Renatta Loquist at [rloquist@gmail.com](mailto:rloquist@gmail.com). We appreciate your assistance in helping us develop this database.

## News You Can Use

### Social Security Retirement Q&A

#### Should I retire now at age 62 and collect Social Security benefits?

There’s no right time to begin collecting Social Security benefits, but the age at which you begin receiving benefits will affect how much retirement income you have, so you should weigh the consequences carefully. Keep in mind that if you collect Social Security before your full retirement age, your benefit will be permanently reduced. Depending on the year you were born, you’ll receive between 25 and 30 percent less per month if you collect benefits at age 62 than if you wait until full retirement age to begin collecting benefits. However, this doesn’t necessarily mean that collecting benefits at age 62 is unwise. In fact, unless you live to an especially old age, you may actually end up with more money if you start collecting Social Security benefits at age 62 than if you wait until full retirement age, because you’ll receive more benefit checks. However, there are also good reasons to wait until full retirement age (or beyond) to start collecting benefits. For example, if you work full-time past age 62, you’ll have the opportunity to increase your eventual retirement benefit, particularly if you are in your peak earnings years, because your benefit will be figured using your 35 highest earnings years. Additionally, if you’ll barely scrape by after you retire, you may want to receive as much as possible from Social Security each month. If you can wait past full retirement age to begin collecting benefits, you will receive delayed retirement credits (up until age 70) that will permanently increase your benefit. Other things to consider include whether other people will be eligible to receive benefits



Chip Stanley

based on your work record, your eligibility for Medicare, your estimated life expectancy, and taxes.

#### My husband and I are divorcing. Will I continue to receive Social Security based on his record?

Yes. If you already receive Social Security based on his earnings record, you’ll continue to receive it as long as you live (or in some cases, until you remarry). If you don’t receive Social Security yet, you can apply for a reduced benefit when you turn 62 or wait until your full retirement age if you want to receive an unreduced spousal retirement benefit. If you’ve been divorced for more than two years, you can apply as soon as your ex-husband becomes eligible for benefits, even if he hasn’t started receiving them (assuming you’re at least 62). However, if you’ve been divorced for less than two years, you must wait to apply for benefits based on your ex-husband’s earnings record until he starts receiving his own benefits.

You don’t have to worry about losing your benefit even if your ex-husband remarries. Benefits for a divorced spouse are calculated separately from those of a current spouse.

#### About Great South Advisory Group

The Great South Advisory Group is the approved retirement income planning firm to the South Carolina Nurses Association. As a benefit of membership in the SCNA, you can receive your personalized Retirement Income Analysis report for no charge. Simply call to schedule your complimentary appointment at **803.223.7001**. Visit their website at [www.greatsouthadvisorygroup.com](http://www.greatsouthadvisorygroup.com).

Janney Montgomery Scott LLC. Member: NYSE, FINRA, SIPC. Portions of this article were prepared by Broadridge Investor Communication Solutions, Inc. Copyright 2015

**UNIVERSITY HEALTH CARE SYSTEM**

**Home Health Admissions RN I - North Augusta**  
Weekends - Admissions Nurse\*  
**\*Ask about \$5,000 Sign On Bonus**  
RN required, 3+ years of experience

**Home Health RN I - Edgefield**  
Part-Time – RN required, 1+ years of experience

For additional job information, visit our website [www.universityhealth.org](http://www.universityhealth.org) Careers Page or contact Carol Shikle, [carolshikle@uh.org](mailto:carolshikle@uh.org) phone: 706-774-2944 • fax: 706-774-8977

**Nursing Instructor (Medical/Surgical)**

Provide classroom and clinical instruction for ADN students; teaching role includes didactic and seminar style teaching, clinical supervision of students; simulated clinical environment instruction. 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, cover letter, curriculum vitae and college application required when applying.** Position available immediately.

Visit our website at [www.jobs.sc.gov](http://www.jobs.sc.gov) for job requirements and employment application. Resumes will not be accepted in lieu of college application. Please submit cover letter, curriculum vitae and copies of (un)official transcripts with application, or mail to Human Resources Office, Florence-Darlington Technical College, 2715 W. Lucas Street, P.O. Box 100548, Florence, SC 29501-0548, or Fax to (843) 661-8371, or e-mail to [Employment@fdtc.edu](mailto:Employment@fdtc.edu). EOE/AA/ADA

# YEAR OF ETHICS...IT IS ALL ABOUT YOU

## Pre-Conference Event

(extra fee)

**Wednesday, October 21st**

3:30-5:30

Option 1: Ophthalmic Pharmacology

Option 2: Trigger Point Injections

Option 3: Knot Just Suturing (Suturing, Punch Biopsies, Skin Tags Removal)

Option 4: Nexplanon Certification (no SCNA CNE Credits)

See [www.scnurses.org](http://www.scnurses.org) for more details.

Registration Opens July 1

[www.scnurses.org](http://www.scnurses.org)

New Additions to this year's Convention.... Poster Presentations, Morning Yoga, & Invite a Colleague Rebate \*(for SCNA/ANA or SCNA-Only Members Only) Watch [www.scnurses.org](http://www.scnurses.org) for more details.

New this year! Retired member rate for SCNA members who do not need continuing nursing education. Contact SCNA for more information.

Deans and Directors and Nursing School Faculty please encourage your students to attend the Convention on Friday, October 23rd. Students may attend the General Session and the SCNA Annual Meeting at no charge (no meals) advanced registration is required. Students may purchase lunch tickets in advance. Don't miss this great opportunity to hear ANA's Executive Director, **Debbie Hatmaker**.

The 2015 CEAC Consumer/Client Update will take place during the SCNA State Convention on Saturday October 24th. Registration information will be sent to all current SCNA CEAC Approved Individual Activity Nurse Planners as well as all SCNA CEAC Approved Provider Units closer to the event.

### Call for 2015 Exhibit - Supporters for SCNA State Convention & APRN Pharm Conference Exhibitors Welcome!

You are cordially invited to participate in the 2015 South Carolina Nurses Association State Convention & 22nd Annual APRN Fall Pharmacology Conference: *The Year of Ethics ... It Is All About You*, October 22-24 at the Marriott Greenville in Greenville, SC.

**Exhibits will take place on Friday, October 23rd and Saturday, October 24th.**

Attending the SCNA State Convention will be RNs and APRNs in the following specialty areas: Nurse Educators, Psychiatric-Mental Health, Women's and Children's Health, and APRNs in all practice types.

Student nurses will be in attendance, many looking to network with potential employers.

Go to <http://www.scnurses.org/event/2015SCNAConventionExhibits> for registration and details.



## Call for Poster Abstracts

The South Carolina Nurses Association planning committee invites the submission of poster abstracts for the South Carolina Nurses State Convention and APRN Pharmacology Conference, October 22-24, 2015 in Greenville, SC.

- Have you made a practice change that you believe has implications for the future of nursing?
- Have you implemented a practice change that is showing improved patient and/or nurse outcomes?
- Have you conducted research that you believe has implications for the future of nursing?

### Submission Deadline

**Abstracts must be submitted no later than July 31, 2015.** Please submit your abstract to [info@scnurses.org](mailto:info@scnurses.org). Notice of acceptance will be sent to applicants no later than August 30, 2015.

### General Information

- Abstracts must be submitted electronically. Abstracts must be 300 words or less. Do not place your name on your abstract.
- Posters may be for a completed project or a work in progress.
- Please indicate whether the content of the abstract best fits the category of "research" or "clinical practice."
- For research abstracts, the following sections are required: Purpose, Review of Literature, Methodology, Results and Implications for Registered Nurses or Advanced Practice Registered Nurses.
- For clinical practice abstracts, the following sections are required: Purpose, Review of Literature, Summary (of the innovation or practice), and implications for Registered Nurses or Advanced Practice Registered Nurses.
- Bio-sketch(es) must be provided as part of the submission process. Include: name, credentials, position, and title of abstract. Submit the bio-sketch(es) as a separate page from the abstract.
- If accepted, presenter(s) must register for the conference. At least one author must be available at the poster during poster session times for questions and discussion with participants. Handouts and your contact information are recommended for attendees. Poster session times do not occur during any educational presentation at the conference.

### Selection Process

All abstracts submitted prior to deadline and adhering to the guidelines will be considered. A limited number of abstracts will be accepted. The selection will be made by blind review. Please do not include your name on the abstract page. Include the title of your abstract on the bio-sketch page.

Because the number of abstracts that will be accepted is limited, SCNA members will be given precedence, all other things being equal.

A registration discount to attend the conference will be offered for accepted poster abstracts.

## SCNA Election Eligibility Information

For this election that is strictly for officers of SCNA all members of SCNA/ANA or SCNA Only will be eligible to vote for all offices for which they qualify according to information below.

In order to vote in the 2015 SCNA Election you must be a current member as of July 1, 2015 and meet the membership requirements for licensure found in the current SCNA and ANA Bylaws. The July 1st date was established based in the election beginning September 18, 2015. The election process of SCNA requires each eligible voter to be a member in good standing at least two (2) full months from the 1st of the month prior to the month the election is held. (Example: Election begins August 14th therefore two (2) full months from the 1st of the month is June 1st.)

A list of current members will be published on the SCNA website prior to the first day of balloting. It is up to the individual members to validate the information

and to contact the SCNA staff during regular business hours (as stated on the website) prior to voting if the member believes that he/she was omitted from the voting list in error so that a correction can be made. Any SCNA members in good standing may present evidence that there is an error in the list of current members prior to the voting and up to the closing of the election. Failure to notify SCNA of an error in the voting list prior to the closing of the vote is considered a waiver of the member's right to challenge the voting list or the election. Failure to notify SCNA that the member is not on the voting list prior to the closing of the vote is considered a waiver of the individual's right to challenge the voting list or the election.

## 2015 Election Process

The 2015 SCNA Election will be via a mailed ballot to every eligible voter. Ballots should be received by September 18th and are due back to SCNA on or before October 9th to be included in the tally.

SC Nurses Be Sure to Visit the Website Below To View The New Code of Ethics and Take The Ethics Pledge- REMEMBER THE CODE OF ETHICS IS IN THE NURSING LAW OF SOUTH CAROLINA



Have you read the revised Code of Ethics for Nurses with Interpretive Statements? If yes, it's time to use the Code in your practice and then sign the pledge to support nursing ethics: <http://www.nursingworld.org/ethicspledge>

**Because You Are A Nurse – SCNA!**

# YEAR OF ETHICS...IT IS ALL ABOUT YOU

Registration Fees		
Rate Type	Before 9/16/2015	9/16/2015 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 / General Session Only</i>	\$0.00	\$0.00

### HOTEL INFORMATION

Call Greenville Marriott directly at 864-297-0300 to make your reservation for ROOM RATE OF 129.00, plus applicable taxes, before September 30th.

Book your hotel rooms today.

Greenville Marriott  
One Parkway East  
Greenville, SC 29615  
864-297-0300



### CANCELLATION POLICY:

Registrants canceling in writing by October 15, 2015 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](http://www.scnurses.org)

SCNA is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE-MSD), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## 2015 South Carolina Nurses Association State Convention & 22<sup>nd</sup> Annual APRN Fall Pharmacology Conference: *The Year of Ethics...It Is All About You*

### SCHEDULE AT A GLANCE

#### Wednesday October 21st

3:00-6:00 PM Registration – Attendee Packet Pickup  
3:30-5:30 PM **PRE-CON EVENT EXTRA REGISTRATION**  
Option 1: Ophthalmic Pharmacology  
Option 2: Trigger Point Injections  
Option 3: Knot Just Suturing (Suturing, Punch Biopsies, Skin Tags Removal)  
Option 4: Nexplanon Certification (no SCNA CNE Credits)

#### Thursday October 22nd

7:30 AM Registration Attendee Packet Pickup  
1st Time Attendee / New SCNA Member Breakfast (must RSVP in advance)  
8:30AM-12:00 PM Pharmacology Update  
12:00-1:30 PM LUNCH  
12:00-1:30 PM Poster Presentation see <http://www.scnurses.org/?page=2015PosterAbstract> for details  
1:30-3:00 PM Risk Management for RNs and APRNs  
1:30-3:00 PM Nurse Educator Chapter Session  
1:30-3:00 PM Mindfulness-Based Stress Reduction  
1:30-3:00 PM Street Drugs and What You Need To Know In Your Practice  
3:00-3:30 PM Break  
3:30-5:00 PM Policy and Regulations 101  
3:30-5:00 PM ADHD  
3:30-5:00 PM Retirement Seminar  
3:30-5:00 PM Issues of Capacity in Elders  
5:00-6:00 PM APRN Specific Legislative Update (NO CNE)

#### Friday October 23rd

7:30 AM Registration – Attendee Packet Pickup  
7:30 AM Exhibit Setup  
8:00 AM Exhibits Open  
8:15-9:15 AM General Session: ANA Year of Ethics **Debbie Hatmaker, ANA Executive Director**  
9:15-9:45 AM Break with Exhibits  
9:45-10:45 AM General Session: Ethics... It Is All About You  
11:00 AM-12:00 PM SCNA Annual Meeting  
12:00 PM Annual Meeting of the SCNA Board of Directors  
12:15-1:30 PM Luncheon Presentation Motivational Interviewing  
1:30-3:00 PM Women's Health Update with a Hot Flash  
1:30-3:00 PM Autism Spectrum Disorders  
1:30-3:00 PM Proteinuria: When to Worry or Not?  
1:30-3:00 PM Insomnia: Sedatives and Hypnotics  
3:00-3:30 PM Break with Exhibits  
3:30-5:00 PM An Update on Common Otolaryngology Problems in Children  
3:30-5:00 PM Cardiology Update  
3:30-5:00 PM Second Chance Nurse  
3:30-5:00 PM Get Well Network

#### Saturday October 24th

7:30AM Registration — Attendee Packet Pickup  
8:00 AM Exhibits Open  
8:00-10:00 AM Medication Mania: Understanding Polypharmacy in the Geriatric Population  
8:00-10:00 AM Medical Spanish  
8:00-10:00 AM Neurology Update  
8:00-10:00 AM Chronic Kidney Disease  
10:00-10:30 AM Break with Exhibits  
10:30 AM-12:30 PM Antibiotic Stewardship  
10:30 AM-12:30 PM Pharmacologic Management of Sleep Disorders  
10:30 AM-12:30 PM Incision and Drainage  
10:30 AM-12:30 PM CEAC Update  
12:30-1:30 PM Lunch  
12:30-1:30 PM Poster Presentation see <http://www.scnurses.org/?page=2015PosterAbstract> for details  
1:30-3:00 PM Diabetes Update  
1:30-3:00 PM STD Update  
1:30-3:00 PM HIV Update  
1:30-3:00 PM Subarachnoid hemorrhage: Non-traumatic  
3:00-3:15 PM Break with Exhibits  
3:15-4:45 PM ALS and other movement disorders  
3:15-4:45 PM Gestational Diabetes  
3:15-4:45 PM The Ins and Outs of Using Opioids & Co-Analgesics to Treat Chronic Pain

~ ALL TOPICS AND SPEAKERS ARE SUBJECT TO CHANGE WITHOUT NOTICE ~

# YEAR OF ETHICS...IT IS ALL ABOUT YOU

## South Carolina Nurses Association Annual Meeting October 23, 2015

### Preparations

#### Resolution Committee Report / Bylaws Committee Report / Nomination Committee Report

##### Annual Meeting Update

The Annual Meeting of SCNA will take place on October 23, 2015 at the Marriott Greenville in Greenville, South Carolina. All members are welcome and encouraged to attend. There is no cost to attend the Annual Meeting, unless one wishes to stay for the luncheon that will follow the meeting. Actions of the Annual Meeting will include the annual reports to the membership of the Board of Directors of SCNA and the announcement of the 2015 election results. All SCNA/ANA and SCNA-Only members who meet the qualification to vote and are in attendance at the Annual Meeting may vote during that meeting. There is no proxy voting. The qualification is membership in SCNA/ANA or SCNA-Only as of October 9, 2015 and continue to hold membership after that date.

##### Resolutions

The official call for Resolutions was made in January issue of the SC Nurse. Resolutions must have been

received by May 1, 2015. To date not one has been received. There is a process for the presentation of Resolutions during the Annual Meeting. This process includes any Resolutions not previously forwarded to SCNA. The full explanation of the process may be found in the Standing Rules in the Annual Book of Reports. The Annual Book of Reports will be posted to the SCNA website no later than October 13, 2015. Copies of The Annual Book of Report will be provided to attendees.

##### Proposed Bylaw Changes

There are no proposed Bylaw Changes

##### Report of the SCNA Nomination Committee

This article represents the initial report of the Nomination Committee for the 2015 election. The following offices are open for election. In keeping with the SCNA Election Policy write-ins will be permitted for a member whose name does not appear on the ballot by writing in the name of that member ONLY if the member being written-in is a member in good standing and has

consented to serve if elected. The consent to serve must be filed before the election opens. The election will open September 18, 2015 and close October 9, 2014.

Each candidate was invited to submit biographical information, a statement as to why they are running for a particular office, and a picture.

The statements appear as received by the SCNA prior to publication of this issue of the SC Nurse. The SCNA Nominating Committee has called for the member suggestions for the 2015 elections.

In 2015, members will elect:

##### Full (SCNA/ANA) & SCNA Only Election

- Secretary/Treasurer
- Commission Chair- Public Policy/Legislation
- Commission Chair-Professional Advocacy and Development

##### SCNA Chapters will also hold elections for:

- Vice Chair
- Secretary/Treasurer

## 2015 Ballot

#### SECRETARY / TREASURER

**Stanley Harris of Orangeburg, SC**  
**Place of Employment:** South Carolina State University  
**Current Title:** Program Coordinator/Assistant Professor



##### Statement of Why Running For Office:

I am running for the office of Secretary for SCNA to help promote change, collaboration, and growth in the nursing profession. I am also running to continue to be an effective, yet positive advocate and change agent for nurses in the State of South Carolina. Nursing practice and nursing education are very important to me. Both help to drive the level of quality care received by patients and families.

#### COMMISSION CHAIR – PUBLIC POLICY / LEGISLATION

NO NOMINATIONS

#### COMMISSION CHAIR – PROFESSIONAL ADVOCACY AND DEVELOPMENT

**Selina McKinney of Columbia, SC**  
**Place of Employment:** USC College of Nursing  
**Current Title:** Director Psychiatric/Mental Health Nurse Practitioner Program



##### Statement of Why Running For Office:

It has been an honor to work with the SCNA Board of Directors on behalf of SC nurses over the past two years. I have learned about the needs of recovering nurses, the processes of ANCC CE accreditation, the arduous work of approving applications for CE credits and the high level of leadership needed to advocate on behalf of nurses in SC. I would like to serve as Commission Chair of Professional Advocacy and Development again in order to capitalize on the knowledge I have gained to be even more effective and impactful in the role of Commission Chair. I believe my contributions on behalf of nurses at SCNA will be far greater as a more seasoned member of the Board. Thank you for the opportunity of SCNA service over the past two years. I appreciate your consideration of my nomination for Commission Chair for another term.

#### CHAPTER NOMINATIONS

##### ADVANCED PRACTICE REGISTERED NURSE CHAPTER VICE CHAIR

**Bruce Williams of Columbia, SC**  
**Place of Employment:** Sisters of Charity Providence Hospitals  
**Current Title:** ACNP-BC, ENP-BC  
**Statement of Why Running For Office:** I want to help with the management and operation of the APRN Chapter



##### ADVANCED PRACTICE REGISTERED NURSE CHAPTER SECRETARY / TREASURER

NO NOMINATIONS

##### NURSE EDUCATOR CHAPTER VICE CHAIR

NO NOMINATIONS

##### NURSE EDUCATOR CHAPTER SECRETARY / TREASURER

NO NOMINATIONS

##### PIEDMONT CHAPTER VICE CHAIR

**Pam Collins of Rock Hill, SC**  
**Place of Employment:** CMC-Mercy, Charlotte, NC \*I am also a self-employed Education/Medical-Legal Consultant  
**Current Title:** Clinical Educator  
**Statement of Why Running For Office:** I have always had an interest in serving the Nursing Profession and would welcome the opportunity to give back what I have been blessed to receive. I genuinely believe in the voice of Nursing and this opportunity provides an avenue.



##### PIEDMONT CHAPTER SECRETARY / TREASURER

**Norma Gaffney of Duncan, SC**  
**Place of Employment:** Spartanburg Regional Healthcare System  
**Current Title:** Bariatric Navigator  
**Statement of Why Running For Office:** none provided



#### PSYCHIATRIC – MENTAL HEALTH CHAPTER VICE CHAIR

**Sylvia Whiting Mallory of Sumerville, SC**  
**Place of Employment:** Retired  
**Current Title:** Retired  
**Statement of Why Running For Office:** none provided



#### PSYCHIATRIC – MENTAL HEALTH CHAPTER SECRETARY / TREASURER

**Julia Coons of Anderson, SC [NO Pic at this time]**  
**Place of Employment:** Harris Psychiatric Hospital  
**Current Title:** Nurse Educator  
Coordinator of Staff Development  
**Statement of Why Running For Office:** none provided

#### WOMEN AND CHILDREN'S HEALTH CHAPTER

##### VICE CHAIR

**Mary Wessinger of Chapin, SC**  
**Place of Employment:** Department of Nursing at Newberry College and Palmetto Health Baptist  
**Current Title:** Clinical Faculty, Staff RN  
**Statement of Why Running For Office:** none provided



#### WOMEN AND CHILDREN'S HEALTH CHAPTER SECRETARY / TREASURER

NO NOMINATIONS

# SCNA Involvement

The following three articles are from organizations which SCNA partners with and is involved in on behalf of nurses in South Carolina.



**One Voice, One Plan**  
Future of Nursing Action Coalition

## Nurses on Boards.... Are You Serving on a Board?

The IOM Report of 2011, *The Future of Nursing: Leading Change, Advancing Health* recommended increasing nurses' role in the boardroom. Thereby calling for health care decision makers to ensure that leadership positions are available to, and filled by, qualified nurses. Private, public, and governmental health care decision makers should include a representative from nursing on boards.

Nurses have a unique and singular perspective on patient care, quality and safety that occurs daily in hospitals. The nurses training and experience can help lead organizations to improve healthcare decisions. Now is the time for nurses to become "Influencers" in decisions. "Without a nurse trustee, boards' lack an authority on the patient experience, quality and safety, as nursing is the largest part of the hospital workforce," (Trustee Magazine, 2014). This fall, a coalition of national nursing organization was announced, our charge is to increase nurses presence on corporate and nonprofit health related boards, to read more go to <http://campaignforaction.org/news/national-coalition-launches-effort-place-10000-nurses-governing-boards-2020>.

The SC OVOP Future of Nursing Action Coalition is aggressively and strategically working to identify nurses who are serving on local, statewide and national Boards and/or have the desire to serve on a Board. The Coalition would appreciate your participation in a short survey (see insert in this issue) regarding your current and potential future involvement on Boards and/or organization's Board of Directors. Please feel to contact us with any questions at [nursovp@mailbox.sc.edu](mailto:nursovp@mailbox.sc.edu)

Susan Outen, RN, MN  
SC OVOP Action Coalition Coordinator

John Whitcomb, PhD, RN, CCRN, FCCM  
Nurses on Boards, Chair

The SC OVOP Future of Nursing Action Coalition is working to identify nurses who are serving on local, statewide and national Boards and/or have the desire to serve on a Board. We would appreciate your participation in a short survey regarding your current and potential future involvement on Boards and/or organization's Board of Directors. The Board/organization does not need to be health related. We will use the information gathered to help us understand how interested in board membership at all levels.

Please complete the five questions below, tear off the prepaid postage provided and return.

Do you currently serve on any decision-making boards or bodies? (For example: professional organization, church, school, nonprofit, agency, city or county health, healthcare organization, etc.)  Yes  No

Are you interested in serving on a decision-making board/body?  Yes  No

Do you feel prepared to serve on a decision-making board/body?  Yes  No

Would you be interested in receiving support of some kind (decision-making board/body)?  Yes  No

What type of assistance would be most helpful? Check all that apply.

Help in identifying an organization to which to serve

Understanding what to expect as a professional nurse

General training on expectations, roles, responsibilities

Mentoring by an experienced nurse

Other:

## Ethical-Legal Issues and Disruptive Behavior

by SC Coalition on Disruptive Behavior

The SC Coalition on Disruptive Behavior is dedicated to promoting healthy workplace environments free of any form of disruptive behavior ranging from incivility to outright bullying. The information in this article is presented with the hope that nurses everywhere will become more aware of the ethical and legal aspects of disruptive behavior as they are addressed in the foundational documents for nursing in the United States. We especially hope that nurse leaders and educators will utilize the summary below as they work to teach and develop codes of conduct for individual workplace situations.

Throughout its history, the American Nurses Association (ANA) has established standards to promote optimal practice by nurses. Since the first Code for Professional Nurses was adopted in 1950, ANA has produced documents that have been used by both the profession and those external to nursing to define appropriate behavior by nurses in all settings. In early 2015, the ANA published an updated version of *The Code of Ethics with Interpretive Statements* (ANA, 2015, hereinafter referred to as *The Code of Ethics*).

In order to help nurses understand the application of the *Code of Ethics* to situations involving any form of disruptive behavior, we have identified specific language in the revised edition that addresses such behavior. The revised edition places much more emphasis on the vital importance of professional behavior for the safety of patients and nurses. [Note: For ease of reading, selections from the *Code of Ethics* that are direct quotes appear in a different font below.]

The very first provision of the *Code of Ethics* describes the fundamental principle that is the foundation for everything we do as nurses and makes a very strong statement about our relationships with each other.

**Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.**

**Interpretive Statement 1.1: Respect for Human Dignity**

*A fundamental principle that underlies all nursing practice is respect for the inherent worth, unique attributes, and human rights of all individuals.*

*Nurses consider the needs and respect the values of each person in every professional relationship and setting; they provide leadership in the development and implementation of changes in public and health policy that supports this duty.*

**Interpretive Statement 1.5: Relationships with Colleagues and Others**

*Respect for persons extends to all individuals with whom the nurse interacts. Nurses maintain professional, respectful, and caring relationships with colleagues and are committed to fair treatment, transparency, integrity-preserving compromise, and best resolution of conflicts.*

*The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students and others with dignity and respect. This standard of conduct includes an affirmative duty to act to prevent harm. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable behaviors.*

Building on the foundation of respect, Provision 2 states the nurse's primary commitment is to the patient and recognizes the importance of collaboration in order to honor this commitment.

**Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.**

**Interpretive Statement 2.3 Collaboration:** *The complexity of healthcare requires collaborative effort that has the strong support and active participation of all health professions. Nurses should foster collaborative planning and safe, high-quality, patient-centered, healthcare.*

*Collaboration intrinsically requires mutual trust, recognition, respect, transparency, shared decision-making and open communication among all who share concern and responsibility for health outcomes.*

*Collaboration within nursing is essential to address the health of patients and the public effectively.*

**Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and provide optimal care.**

**Interpretive Statement 4.1:** *Additionally, nurses must always comply with and adhere to state nurse practice acts, regulations, standards of care, and ANA's Code of Ethics for Nurses with Interpretive Statements.*

**Interpretive Statement 4.3:** *Nurses have a responsibility to define, implement, and maintain standards of professional practice. Nurses must plan, establish, implement, and evaluate review mechanisms to safeguard patients, nurses, colleagues, and the environment.*

**Interpretive Statement 4.4:** *Nurses in management and administration have a particular responsibility to provide a safe environment that supports and facilitates appropriate assignment and delegation. Nurses in management or administration should facilitate open communication with healthcare personnel allowing them, without fear of reprisal, to express concerns or even to refuse an assignment for which they do not possess the requisite skill.*

Provision 5 focuses on the responsibility of the nurse to care for self. Disruptive behavior is stressful to all involved and ultimately impairs practice and jeopardizes patient safety.

**Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.**

**Interpretive Statement 5.1:** *Moral respect accords moral worth and dignity to all human beings regardless of their personal attributes or life situation. Self-regarding duties primarily concern oneself and include promotion of health and safety, preservation of wholeness of character and integrity...*

**Interpretive Statement 5.2:** *As professionals who assess, intervene, evaluate, protect, promote, advocate, educate, and conduct research for the health and safety of others and society, nurses have a duty to take the same care for their own health and safety.*

**Interpretive Statement 5.3:** *Sound ethical decision-making requires the respectful and open exchange of views among all those with relevant interests.*

**Interpretive Statement 5.4:** *Verbal and other forms of abuse by patients, family members, or coworkers are also threats; nurses must be treated with respect and need never tolerate abuse.*

**Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.**

*Ethical-Legal Issues continued on page 15*



### Clinical Nursing Instructors

Clinical Instructors needed for the Nursing Assistant, the Associate Degree and Practical Nursing Programs

Qualifications: Nursing Assistant Instructors must have an Associate's Degree in Nursing or higher with 1 year long term care experience. Practical and Associate Degree Instructors must have a Baccalaureate Degree in Nursing; Master's degree preferred. Two years recent clinical experience required in Med/Surg, OB, or Pediatrics. Must have current South Carolina Registered Nurse license. Contact Kimberly Cochran at [cochrnk@midlandstech.edu](mailto:cochrnk@midlandstech.edu) for more information.

Interested persons should submit resume and unofficial transcripts stating Social Security Number to:

Midlands Technical College  
Nursing, Kimberly Cochran  
PO Box 2408, Columbia, SC 29202

AA/EOE/ADA

# SCNA Involvement

## Ethical-Legal Issues continued from page 14

**Interpretive Statement 6.1:** Nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous. Such moral milieu fosters mutual caring, communication, dignity, generosity, kindness, moral equality, prudence, respect, and transparency. These virtues apply to all nurses, colleagues, patients, or others.

**Interpretive Statement 6.2:** Nurses, in all roles, must create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations.

Environments constructed for the equitable, fair, and just treatment of all reflect the values of the profession and nurture excellent nursing practice.

**Interpretive Statement 6.3:** Nurses are responsible for contributing to a moral environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues, which includes ongoing professional development of staff in ethical problem solving. Nurse executives have a particular responsibility to assure that employees are treated fairly and justly, and that nurses are involved in decisions related to their practice and working conditions. Unsafe or inappropriate activities or practices must not be condoned or allowed to persist.

The workplace must be a morally good environment to ensure ongoing safe, quality patient care and professional satisfaction for nurses and to minimize and address moral distress, strain, and dissonance.

**Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.**

**Interpretive Statement 7.2:** Contributions through Developing, Maintaining, and Implementing Professional Practice Standards

Nurse executives establish, maintain, and promote conditions of employment that enable nurses to practice according to accepted standards. Professional autonomy and self-regulation are necessary for implementing nursing standards and guidelines and for assuring quality care.

Nurse educators promote and maintain optimal standards of education and practice in every setting where learning activities occur. Academic educators must also seek to ensure that all their graduates possess the knowledge, skills, and moral dispositions that are essential to nursing.

**Interpretive Statement 7.3: Contributions through Nursing and Health Policy Development**

Nurse executives and administrators must foster institutional or agency policies that reinforce a work environment committed to promoting evidence informed practice and to supporting nurses' ethical integrity and professionalism.

Nurse researchers and scholars must contribute to the body of knowledge by translating science; supporting evidence informed nursing practice; and advancing effective, ethical healthcare policies, environments, and a balance of patient-nurse interests.

**Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.**

**Interpretive Statement 9.2: Integrity of the Profession**

The values and ethics of the profession should be affirmed in all professional and organizational relationships whether local, inter-organizational, or

international. Nursing must continually emphasize the values of respect, fairness, and caring within the national and global nursing communities in order to promote health in all sectors of the population.

A fundamental responsibility is to promote awareness of and adherence to the codes of ethics for nurses (the American Nurses Association and the International Council of Nurses and others).

### Application to South Carolina Law

In South Carolina, the Board of Nursing uses violations of the *Code of Ethics with Interpretive Statements* (ANA, 2015) as the definition of unprofessional behavior.

### South Carolina Nurse Practice Act, Laws and Policies, Chapter 33

**Section 40-33-20(62)** "Unprofessional conduct" is defined as acts or behaviors that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one's fitness to practice nursing, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

**Section 40-33-70.** Code of ethics. Nurses shall conduct themselves in accordance with the code of ethics adopted by the board in regulation. (Since the ANA *Code of Ethics* is the code of ethics for nursing, it becomes the regulation in SC.)

### Other Supporting Documents

The American Nurses Association also publishes documents defining the Scope and Standards of Nursing Practice. In the 2010 edition of *Nursing: Scope and Standards of Practice* (ANA, 2010), one of the 5 basic Tenets Characteristic of Nursing Practice identifies that "a strong link exists between the professional work environment and the registered nurse's ability to provide quality health care and achieve optimal outcomes."

In *Nursing: Scope and Standards of Practice* (ANA, 2010), several of the Standards of Professional Performance relate to the duty of the nurse to maintain a civil work environment. Each Standard has specific competencies listed that every nurse is expected to follow.

**Standard 7- Ethics** addresses the expectation that the nurse uses the *Code of Ethics* at all times. It specifically mentions that the nurse takes appropriate action whenever there are illegal, unethical or inappropriate behaviors going on that could jeopardize a situation.

**Standard 8- Education** speaks to the need for self-reflection and personal growth as competencies of every nurse. This means that we all should regularly ask ourselves if we are part of the incivility problem and seek to learn and practice healthier workplace behaviors.

**Standard 11- Communication** requires the nurse to continually assess her or his own communication skills

and to continuously improve both communication and conflict resolution skills.

**Standard 12- Leadership** specifically mentions the expectation that nurses treat colleagues with respect, trust and dignity.

**Standard 13- Collaboration** cites the expectation that nurses will adhere to standards and applicable codes of conduct to create a work environment that promotes cooperation, respect and trust.

**Standard 14- Professional Practice Evaluation** discusses at length the obligation of the nurse to obtain feedback on one's practice and to take action on any goals identified during the evaluation process. The goal is clearly toward continuous improvement of both nursing practice and role performance.

We would encourage all nurses to familiarize themselves with the *Code of Ethics with Interpretive Statements* (ANA, 2015) as well as *Nursing: Scope and Standards of Practice, 2nd Edition* (ANA, 2010).

### References:

- American Nurses Association. (2015). *The Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: Nursesbooks.org.
- American Nurses Association (2010). *Nursing Scope and Standards of Practice*. 2nd ed. Silver Spring, MD: Nursesbooks.org.
- American Nurses Association House of Delegates. "A Code for Professional Nurses," adopted 1950.

## Legislative Update

Judith Curfman Thompson, IOM  
CEO and Lobbyist  
As of May 26

Samuel's Law, S.371: WAS amended and then heard in Full Committee. The Full Medical Affairs Committee of the SC Senate sent it back to the sub-committee for further work.

APRN Legislation: H: 3078 and H.3508-See the article written by Stephanie Burgess and Debra Hopla. Short status: both bills have been heard twice in sub-committee of the House 3-M Committee. Both bills still reside in the sub-committee until further work is completed. Work continues to create a bill that will be satisfactory.

At this time in the General Assembly, these two bills have occupied much of the time and efforts of SCNA in terms of lobbying. They are both very important bills not only for nurses in South Carolina, but, also for the healthcare needs of the people of the state!

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\*Some restrictions apply

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# SCNA Involvement

## Moving Forward: Heroes in South Carolina

**Debbie Hopla, DNP, APRN, FNP-BC**  
**Judith Zink, MSN, APRN, FNP-BC**  
**Sheryl Mitchell, DNP, APRN, FNP-BC, ACNP-BC**  
**Stephanie Burgess, PhD, APRN, FNP-BC, FAANP**  
**Lesley Rathbun, MSN, APRN, CNM**  
**Nancy Durham, DNP, APRN, FNP-BC, CDE**  
**Randy Beckett, DNP, APRN, FNP-BC, PMHNP-BC**

Professional Nurses are voted once again the most trusted profession for 2015. Why? Professional Nurses put patients, families, and communities first by applying the best practice, research, and policy in order to improve the quality of life. This same motivation led a group of Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs), representing the South Carolina Nurses Association, Capitol NPs, the Coastal NPs, the Pee Dee NPs, the Upstate NPs, the Low-Country NPs, and the SC Affiliate of the American College of Nurse Midwives to convene the Coalition for Access to Healthcare as a spring board for health policy and statute changes that would increase access to care, improve outcomes, and increase the quality of life for patients.

Currently, the SC health status shows that 42 out of 46 SC counties are designated as rural or medically underserved by the federal government. According to the U.S. Health Report Card, South Carolina ranks “F” in overall health status, emergency care, primary care, chronic disease management, mental health, and prenatal care. According to the CDC website SC ranks 4th highest state for preterm birth and low birth weight babies. SC infant mortality rate is the 3rd highest in the US. In rural counties the infant mortality rates are higher than many third world countries. Only 14 counties in SC have an OB/GYN. American College of OB/GYN and American College of Nurse Midwives have a joint statement endorsing independent practice for CNMs to fill the gap of OB/GYN and improve maternity outcomes. Our state ranks 4th highest in the nation in low birth weight. Social determinants of health such as a lack of access to healthcare providers contribute to our poor health status.<sup>1</sup>

To underscore the critical lack of access to health care providers, as of 2015, the American Medical Colleges Center for Workforce states that there is a national shortage of about 63,000 primary care physicians. Despite Graduate Medical Education funding contributions to physician education (185 million for physician education in SC), South Carolina ranks 40th for lowest ratio of primary care physicians.<sup>2</sup> Perhaps more pressing is the misdistribution of primary care physicians. Although SC boasts strong medical schools and high resident retention rates, SC struggles to attract and retain physicians to serve rural or underserved populations, thus, compounding impediments to access to care. There are some SC counties that don't even have psychiatric mental health providers, women's health providers (such as obstetrics), and only one primary care physician. One solution to boosting access is to increase the Advanced Practice Registered Nurse (APRN) workforce, specifically Nurse Practitioners and Certified Nurse Midwives.<sup>2</sup> Another solution is to remove the barriers to practice for these APRNs in order to increase access to care.<sup>3-6</sup>

SC has an estimated 3500 APRNs. Among these APRNs are Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs).<sup>7</sup> These APRNs hold at least a master's degree in nursing with advanced education and clinical training to autonomously assess, diagnose, and manage a patient's health care at the primary care entry while working collaboratively in teams for the optimal patient outcome. By allowing a patient to have the option to select an NP or CNM as their primary provider, South Carolinians could have access to over 1600 additional providers. SC public Universities are stepping up to the plate to increase APRN primary care providers by growing our own supply that will remain in SC post-graduation. Successfully, some SC Universities boast that 90% of NP graduates remain in SC after graduation, 71% choose primary care, and 52% work in rural or with underserved populations in SC but constraints impede further efforts to increase access.

To remove constraints and increase access, Coalition APRN representatives met with representatives from the South Carolina Medical Association (SCMA) and the South

Carolina Academy Family Physicians (SCAFP). For over a year spanning 2013-2014, four APRNs and four physicians met to achieve a compromise in changes in the Nurse Practice Act that would improve access to care for patients in South Carolina. Unfortunately, every compromise suggested by the APRNs did not meet the approval or support by physician groups. Thus, the Coalition developed legislation which was introduced in January 2015, House Bill 3078 and Senate Bill 246.

Heroes in the legislature stepped up to lead the charge, recognizing that our current state nurse practice act is archaic and riddled with regulations that impede practice, care, and access. The lead sponsor in the House is **Representative Jenny Horne**. Other Heroes in the House are Representatives **Nanney, Allison, Clary, Robinson-Simpson, R.L. Brown, Sottile, Toole, Jefferson, Gilliard, Williams, Wells, Corley, Herbkersman, Daning, Long, Southard, G.R. Smith and George**. From the Senate, **Senators Tom Davis and Kevin Bryant are leading the charge**. These honorable and courageous legislators recognize the critical need to increase access to care and improve the quality of life of SC communities.

To date, the physician groups vigorously oppose any efforts to rid our state of these archaic barriers, despite an abundance of evidence to support the need to change laws and policy. Physician groups contend that physicians must remain in charge of the patient's care in order to maintain safety and quality of care. Overwhelming evidence refutes these claims and demonstrates that APRNs increase access to care while delivering safe and quality care with improved patient outcomes, even in autonomous or independent practices. The argument from physician groups that APRNs provide lesser quality or unsafe care is simply not true. Since 1993 only six APRNs have been sanctioned in South Carolina due to “safety” practice issues. Since 2000, 338 physicians have been disciplined or ordered into a substance abuse program. Only 15 APRNs have been disciplined or ordered into a substance abuse program since 2000.<sup>8</sup>

In addition to the SC Legislature Heroes, supporters came from APRNs, patients, physicians, dentists, the American Association of Retired Persons (AARP), Universities, and other agencies. NP/CNM Legislative Day February 2015 witnessed several hundred APRNs and other supporters at the State House. The numbers of APRNs returned when the physician groups duped several House legislators to introduce a retaliatory Bill, House Bill 3508, which is opposed strongly by APRNs, patients, physicians, dentists, AARP, and other agencies. House Bill 3508 places APRNs under the Medical Board, which the Federal Trade Commission states is anticompetitive.<sup>6</sup> House Bill 3508 places more restrictions on APRNs, which in turn, impedes access and burdens the patient.

It is time to use common sense and do what is right for patients. Join the SC Legislators in support of House Bill 3078 and Senate Bill 246. Please thank these **OUTSTANDING HOUSE HEROES: Representatives Horne, Nanney, Allison, Clary, Robinson-Simpson, R.L. Brown, Sottile, Toole, Jefferson, Gilliard, Williams, Wells, Corley, Herbkersman, Daning, Long, Southard, G.R. Smith and George**. From the Senate, please thank these **OUTSTANDING SENATE HEROES: Senators Tom Davis and Kevin Bryant**.

What else can you do? Join the South Carolina Nurses Association!!!! <http://www.scnurses.org/>. Join the Coalition for Access to Healthcare!!!! <http://www.coalitionforaccesstohealthcare.com/>. Remember to “Friend” both groups on Facebook and Twitter! Donate your time, money and efforts. SC, your patients, your communities, and your fellow professional nurses need your help with this important issue. Thank you for being a “HERO” too.

1. United Health Foundation, 2014. <http://www.americashealthrankings.org/reports/annual>.
2. Leveraging Graduate Medical Education to Increase Primary Care and Rural Physician Capacity in SC. GME Advisory Group Report in response to Proviso 33.34E, 2014
3. IOM Report (2010) <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
4. National Governors Association. (2012). The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care. Washington, DC, <http://www.nga.org/cms/home/nga>
5. Federal Trade Commission, 2014. Competition and Regulation of Advanced Practice Nurses.
6. Supreme Court of the US. NC State Board of Dental Examiners versus Federal Trade Commission. Feb 2015, #13-534.
7. Nursing Workforce Data, 2012-2013. Office of Healthcare Workforce Research.
8. Labor, Licensing, and Regulation. 2015.



Debbie Hopla



Judith Zink



Sheryl Mitchell



Stephanie Burgess



Lesley Rathbun



Nancy Durham

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# South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211-2367  
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## 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 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 Advisory Committee on Nursing can be found on the Board's website under Applications/ Forms at [www.llr.sc.gov/pol/nursing](http://www.llr.sc.gov/pol/nursing). 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 Educator Representatives, a Nursing Services Administrator-Hospital (Sm/ Rural) Representative and a Nursing Services Administrator-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.

### JOB OPPORTUNITIES – SC LLR'S BOARD OF NURSING STAFF POSITIONS

The SC Department of Labor, Licensing and Regulation has job opportunities on its Board of Nursing staff.

#### Nurse Administrator/ Manager I

Working in conjunction with the Nursing Board Administrator, the Nurse Administrator/Manager I manages the practice, advance practice and collaborative practice programs of the Board of Nursing and coordinates the practice, advance practice and collaborative practice processes/procedures to ensure compliance with the Nurse Practice Act, the Compact and LLR laws/policies/procedures. The Nurse Administrator/Manager I administers the APRN, RN, and LPN audit program/processes; composes/edits newsletter articles; assists with the Board's disciplinary processes and supervision of licensure/APRN activities; manages the flow of practice and advanced practice activities through the Nursing Practice

and Standards Committee (NPSC) and Advanced Practice Committee (APC) and the Board; and coordinates with the Nursing Board Administrator and Committee Chair on the preparation/scheduling of meetings to include:

- Scheduling and coordination of rooms/equipment
- Preparing agenda/materials/public notices of meetings in accordance with FOIA requirements
- Compiling/preparing meeting materials/website postings and mail outs
- Researching and providing information and arranging appearances

The Nurse Administrator/Manager I also prepares meeting minutes; administers the Board's procedures for Advisory Opinions and Position Statements to include coordinating the on-going review; coordinates all aspects of the NPSC and APC meetings; and coordinates travel reimbursement for committee members.

#### Minimum and Additional Requirements:

Graduation from an accredited school of nursing and related nursing experience.

#### Preferred Qualifications:

Master's degree in nursing and two (2) years of clinical nursing practice experience. Degree must be from appropriately accredited institution. Must be licensed as a registered nurse by SC Board of Nursing.

#### Other Related Comments:

This position may occasionally require overnight travel, weekend work, and moving equipment, including tables and chairs up to 25 pounds. There will be daily use of computers.

#### To apply:

Complete an application on-line at <http://www.jobs.sc.gov>. You may look up - by Agency - SC Labor, Licensing and Regulation or by nursing positions.

#### Program Coordinator II

Working in conjunction with the Nursing Board Administrator, the Program Coordinator II manages the education services of the Board of Nursing to assure compliance with the Nurse Practice Act to include conducting statewide program on-site surveys. The Program Coordinator II coordinates the approval of nursing programs, evaluates testing statistics, provides consultation services to nursing programs regarding statutes/ regulations,

LLR Continued on page 18

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## South Carolina Department of Labor, Licensing and Regulation

LLR Continued from page 17

composes/ edits newsletter articles, evaluates biennial nursing program reports for compliance with Agency/ Board laws/ regulations and ensures current nursing education website information. The Program Coordinator II manages the Board's survey procedure for initial and continuing approval of nursing education programs to include conducting site visits, preparing reports of findings for Board review/action and collaborating/ preparing reports with the site team chair for proposed new program surveys conducted. The Program Coordinator II manages the flow of educational activities through the Advisory Committee on Nursing (ACON) and coordinates with the Nursing Board Administrator and Committee Chair on the preparation/ scheduling of meetings to include:

- Scheduling and coordination of rooms/equipment
- Preparing agenda/materials/public notices of meetings in accordance with FOIA requirements
- Compiling/preparing meeting materials/website postings and mail outs
- Researching and providing information and arranging appearances

The Program Coordinator II coordinates all aspects of the ACON meetings to include preparing meeting minutes and travel reimbursement for committee members.

### Minimum and Additional Requirements:

Bachelor's degree and relevant program experience.

### Preferred Qualifications:

Master's degree in nursing education, nursing or education with a minimum of 3 years experience in nursing education or curriculum development in a higher education setting. Degree(s) must be from appropriately accredited institutions.

### Other Related Comments:

This position may occasionally require overnight travel, weekend work, and moving equipment, including tables and chairs up to 25 pounds. There will be daily use of computers.

### To apply:

Complete an application on-line at <http://www.jobs.sc.gov>. You may look up – by Agency – SC Labor, Licensing and Regulation or by nursing positions.

### BOARD APPROVES NEW ADVISORY OPINIONS

At its March 2015 meeting, the Board approved new Advisory Opinion #66 as recommended by the Advanced Practice Committee (APC) and new Advisory Opinion #64 as recommended by the Nursing Practice and Standards Committee (NPSC). Advisory Opinions can be found on the Board's website at [www.llronline.com/POL/Nursing](http://www.llronline.com/POL/Nursing) under laws/policies.

### BOARD APPROVES REVISED ADVISORY OPINIONS

At its March and May 2015 meetings, the Board approved revisions to Advisory Opinions #48 and #32 respectively, as recommended by the Nursing Practice and Standards Committee (NPSC). Advisory Opinions can be found on the Board's website at [www.llronline.com/POL/Nursing](http://www.llronline.com/POL/Nursing) under laws/policies.

### APRN Written Protocols and/ or Guidelines Audit FAQ

§40-33-34 (D)(2) and §40-33-34(H)(3) require the Board to conduct a random audit of approved written protocols and guidelines at least biennially.

### Q. Why was I chosen for the APRN Protocols and/ or Guidelines audit?

The names for the audit were selected randomly by computer.

### Q. What authority does the Board have to perform the audit of APRN Protocols and/ or Guidelines?

The Nurse Practice Act Chapter 33 Sections §40-33-34(D)(2) and §40-33-34(H)(3) require the Board to conduct a random audit of approved written protocols and guidelines at least biennially.

The South Carolina State Board of Nursing (SC BON) Nurse Practice Act Section Sections and §40-33-34(D)(2) and §40-33-34(H)(3) stipulate that the original protocol(s) and/ or guideline(s) and any amendments must be reviewed at least annually, dated and signed by the nurse and physician and made available within seventy-two hours of request.

### Q. How many APRNs are selected for the audit?

The South Carolina Board of Nursing (SC BON) has directed that a total of 5% of the APRN credentials be randomly selected for the audit of written guidelines and/ or protocols. All audit response packets submitted to the SC BON from each nurse will be carefully reviewed for compliance with requirements.

### Q. How many times can an APRN be selected for the audit?

There is no limit to the number of times an APRN could be selected for audit. If a nurse has an active APRN credential, then he/she is eligible for audit selection.

### Q. May I send my audit response documents by fax or email to the Board office?

Documents sent by fax /or email will not be accepted. Mail all documentation together in one envelope. Do NOT mail items separately. Audit response packets must arrive at the Board no later than the due date provided in the audit notification letter.

### Q. To what address do I mail my audit response packet and how can I ensure it arrives at the SC BON by the deadline?

Mail the full and complete audit response packet to:  
South Carolina Board of Nursing  
PO Box 12367  
Columbia SC 29211

Due to the large volume of documents which arrive daily, the SC BON Board staff will not be able to provide confirmation of receipt of the audit packet. However, each audited nurse will be sent an email notification regarding the outcome of his/ her audit. To ensure the nurse receives this important message, please be sure to provide an updated e-mail address or alternate method of contact to the Board.

If the nurse wishes to have confirmation of the day the audit response packet arrives at the SC BON office, the packet may be mailed at the licensee's expense to the SC BON using an overnight or 2nd day delivery service that provides the nurse with a tracking number he/she can utilize to monitor delivery with the shipping provider. Documents in this case should be mailed to:

South Carolina Board of Nursing  
110 Centerview Drive  
Columbia, SC 29210

**Remember** – Determination of compliance (or non-compliance) with the SC BON requirements will be based on the first and initial audit response packet received by the Board; therefore, it is imperative for each nurse to read and provide the requirements of the Nurse Practice Act Chapter 33 Sections §40-33-34 (D) and §40-33-34(H).

Documents sent by fax and/or email **will not be accepted. Mail all documentation together in one envelope. Do NOT mail items separately.** Audit response packets must arrive at the Board no later than the due date provided in the audit notification letter.

### Q. When did the Board send out notification of audit to the APRNs selected this year?

General information regarding the upcoming audit was provided via e-blast to all licensees holding an active APRN credential in January 2015.

Individual nurses selected for the audit will receive written notification/ instructions to their address of record as reported to the Board.

### Q. What is the penalty for not submitting a complete audit response packet – OR – if my audit response packet does not arrive at the SC BON by the deadline?

An audited nurse who is unable to provide valid documentation demonstrating proof of the required written protocols and/ or guidelines by the deadline, will be considered non-compliant with the audit and may be issued disciplinary action, including invalidation of APRN credential.

### Q. What documentation do I mail to the SC BON in my response packet?

For APRN Written Protocols

(D)(1) Delegated medical acts performed by a nurse practitioner, certified nurse-midwife, or clinical nurse specialist must be performed pursuant to an approved written protocol between the nurse and the physician and must include, but is not limited to:

- (a) this general information:
  - (i) name, address, and South Carolina license number of the nurse;
  - (ii) name, address, and South Carolina license number of the physician;
  - (iii) nature of practice and practice locations of the nurse and physician;
  - (iv) date the protocol was developed and dates the protocol was reviewed and amended;
  - (v) description of how consultation with the physician is provided and provision for backup consultation in the physician's absence;
- (b) this information for delegated medical acts:
  - (i) the medical conditions for which therapies may be initiated, continued, or modified;
  - (ii) the treatments that may be initiated, continued, or modified;
  - (iii) the drug therapies that may be prescribed;
  - (iv) situations that require direct evaluation by or referral to the physician.

(2) The original protocol and any amendments to the protocol must be reviewed at least annually, dated and signed by the nurse and physician, and made available to the Board for review within 72 hours of request. Failure to produce protocols upon request of the Board is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written protocols must be conducted by the Board at least biennially.

### B. For CRNA Written Guidelines

(H)(1) Nothing in this section may be construed to require a CRNA to obtain prescriptive authority to deliver anesthesia care.

(2) A CRNA shall practice pursuant to approved written guidelines developed with the supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted and must include, but are not limited to:

- (a) the following general information:
  - (i) name, address, and South Carolina license number of the registered nurse;
  - (ii) name, address, and South Carolina license number of the supervising physician, dentist, or the physician director of anesthesia services or the medical director of the facility;
  - (iii) dates the guidelines were developed, and dates the guidelines were reviewed and amended;
  - (iv) physical address of the primary practice and any additional practice sites;
- (b) these requirements for providing anesthesia services:
  - (i) documentation of clinical privileges in the institutions where anesthesia services are provided, if applicable;
  - (ii) copy of job description;
  - (iii) policies and procedures that outline the pre-anesthesia evaluation, induction, intra-operative maintenance, and emergence from anesthesia.

(3) The original and any amendments to the approved written guidelines must be reviewed at least annually, dated and signed by the CRNA and physician or dentist, and must be made available to the Board for review within 72 hours of request. Failure to produce the guidelines is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written guidelines must be conducted by the Board at least biennially.

### Q. What if I have had an address change of which I failed to notify the SC BON, and I'm worried that I was chosen for the audit?

Section 40-33-38 (c) requires that a licensee notify the Board in writing within 15 days of any change of address.

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LLR Continued on page 19

# South Carolina Department of Labor, Licensing and Regulation

## LLR Continued from page 18

Failure to notify the Board of a current mailing address will not absolve the licensee from the audit requirement, and may result in adverse action.

All actively licensed nurses are required to maintain current contact information on file with the SC BON. Verifying and updating a personal mailing address and/or email address is fast and easy online through the SC BON website under Online Services and is available to all nurses 24/7 free of charge.

If a nurse has recently moved or changed his or her email address and is concerned that he/she may have been selected for the audit and would not receive notification, the nurse should:

1. Immediately go to the Board website under Online Services and update his/ her nursing file with the most current mailing address and email address.
2. E-mail [NurseBoard@llr.sc.gov](mailto:NurseBoard@llr.sc.gov) and request the SC BON Board staff check the licensure file to determine whether the licensee has been selected for the APRN written protocols and guidelines audit. If the file indicates the nurse was selected for audit of written protocols and guidelines, then he/she must mail a full and complete audit response packet to the SC BON for arrival at the Board office no later than the due date stipulated in the audit notice;
3. Read the full FAQ list prior to submitting the audit response packet to the SC BON for review

### APRN CERTIFICATION, RE-CERTIFICATION OR RENEWAL

You must notify the Board of your certification, re-certification or renewal.

- Are you licensed as an advanced practice registered nurse (APRN)?
- Have you renewed your certification?
- Did you know the Board does not automatically receive notification you have renewed your certification?
- Did you know it is the licensee's responsibility to provide the Board with a copy of his or her current certification/recertification?

If you have recently become certified, recertified, or renewed your certification, mail a copy of your current certification card to: LLR-Board of Nursing, Attn: Advanced Practice Licensure, P. O. Box 12367, Columbia, SC 29211. You may also scan your document and email to [NurseBoard@llr.sc.gov](mailto:NurseBoard@llr.sc.gov) or send your document by fax to 803-896-4515.

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

1. If you need paper evidence of your nursing license and the expiration date, you may obtain this information one of two ways: 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.]). 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). You may print this page.
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](http://www.ncsbn.org).

You may check for discipline against a South Carolina nursing license on the Board's website under Board Orders at [www.llr.sc.gov/pol/nursing/](http://www.llr.sc.gov/pol/nursing/)

### CHANGING YOUR NAME ON YOUR NURSING LICENSE

If you have had a legal name change, submit your written request, along with a copy of the legal document(s) (copy of marriage certificate, divorce decree, court order, etc.), to LLR – Board of Nursing, Post Office Box 12367, Columbia, SC 29211 or you can send the request and documents by fax to 803-896-4515 to the attention of Board of Nursing. Please indicate in your request whether you will use your middle name or maiden name for your middle initial or if you wish to hyphenate your name. For example, if Jane Ann Doe marries John Smith will she use Jane Ann Smith? Or Jane Doe Smith? Or Jane Ann Doe Smith? Or Jane Ann Doe-Smith? Your request will be processed within five business days of receipt in Board offices and will be reflected on Licensee Lookup within three to five business days after the change is made.

You may verify that your name change request has been processed on Licensee Lookup on the Board's website ([www.llr.sc.gov/pol/nursing/](http://www.llr.sc.gov/pol/nursing/)). When utilizing Licensee Lookup, you do not have to enter complete names. For example, "J" and "Smith" will search for records with a last name of "Smith" and a first name beginning with "J." Refer to Section 40-33-36(B) of the Nurse Practice Act regarding statutory requirements for your name on your license. You may view the Nurse Practice Act – Chapter 33 located under Law/Policies on the Board's website.

### 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

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

### SOUTH CAROLINA BOARD OF NURSING CONTACT INFORMATION:

Main Telephone Line (803) 896-4550  
Fax Line (803) 896-4515  
General Email [NurseBoard@llr.sc.gov](mailto:NurseBoard@llr.sc.gov)  
Website [www.llr.sc.gov/pol/nursing/](http://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](http://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, Administrator [nancy.murphy@llr.sc.gov](mailto:nancy.murphy@llr.sc.gov)

### OFFICE OF INVESTIGATIONS AND ENFORCEMENT

Main Telephone Line (803) 896-4470

### VISIT THE BOARD WEBSITE OFTEN

The Board recommends *all* nurses licensed by or working in South Carolina visit its website ([www.llr.sc.gov/pol/nursing/](http://www.llr.sc.gov/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 helpful information. The Nurse Practice Act, Regulations, Advisory Opinions and Position Statements are located under Laws/Policies. The Competency Requirement and Competency Requirement Criteria, which includes continuing education contact hours, are located under Licensure. You will also find Board Meeting Calendar, Agendas, Minutes and Board Member names and the area they represent.

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

### Board of Nursing Meeting Calendar for 2015

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

<u>Board of Nursing Meeting</u>	July 30-31, 2015
<u>Board of Nursing Meeting</u>	September 24-25, 2015
<u>Board of Nursing Meeting</u>	November 19-20, 2015

Advanced Practice Committee	August 7, 2015
Advanced Practice Committee	November 6, 2015

Advisory Committee on Nursing	June 16, 2015
Advisory Committee on Nursing	August 25, 2015
Advisory Committee on Nursing	October 20, 2015
Advisory Committee on Nursing	December 1, 2015

Nursing Practice & Standards Committee	July 9, 2015
Nursing Practice & Standards Committee	October 8, 2015

### Designated 2015 State Holidays Observed On

Confederate Memorial Day	May 11, 2015
National Memorial Day	May 25, 2015
Independence Day	July 3, 2015
Labor Day	September 7, 2015
Veterans Day	November 11, 2015
Thanksgiving Day	November 26, 2015
Day After Thanksgiving	November 27, 2015
Christmas Eve	December 24, 2015
Christmas Day	December 25, 2015
Day after Christmas (Expected Observance)	December 28, 2015

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