This is an exciting time to be a nurse! The Future of Nursing Coalition is making amazing progress in moving forward with the goal of increasing the number of baccalaureate nurses by 2020. The brave work of the Advanced Practice Nurses and Lobbyists to move nursing forward in our state will continue. As you receive this issue of the South Carolina Nurse, we will be coming together in Hilton Head for the 2016 SCNA State Convention and 23rd APNN Fall Pharmacology Conference! Welcome to Hilton Head! I hope that you will be taking advantage of this opportunity to meet with colleagues during the Chapter offerings, and attend the CE opportunities.

This APNN emphasis on safety continues throughout this year! Please be aware of the broad and varied definition of safety in the workplace! We must make changes in how we socialize new nurses! They are the future of nursing! They will be providing care for our loved ones and us! I implore you to reflect on your approach to new nurses in the work place! We also need to be astute to changes in the workplace which could jeopardize our safety as well as the safety of our patients! Please be diligent in your approach as you advocate for your patients!

Thank you for the honor and privilege to serve as president of SCNA! This has been a very excellent journey! I look forward to seeing you in Hilton Head!

Connie Varn, MN, RN

2016 SCNF Nurses Care Scholarship Recipients

<table>
<thead>
<tr>
<th>Undergraduate Recipients</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taylor Curtis</td>
<td>Lander</td>
</tr>
<tr>
<td>2. Danielle Glass</td>
<td>USC-Columbia</td>
</tr>
<tr>
<td>3. Lauren Haynes</td>
<td>Lander</td>
</tr>
<tr>
<td>4. Shelby Jenkins</td>
<td>MUSC</td>
</tr>
<tr>
<td>5. Jessica Mathias</td>
<td>MUSC</td>
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<td>6. Amelie McDow</td>
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<tr>
<td>7. Ava Torman</td>
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<tr>
<td>8. Cortney Trotter</td>
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</tr>
<tr>
<td>9. Stacey Wilson</td>
<td>Clemson</td>
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<tr>
<td>10. Allison Wharton</td>
<td>Clemson</td>
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<table>
<thead>
<tr>
<th>Graduate Recipients</th>
<th>School</th>
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<tbody>
<tr>
<td>1. Cheryl Allen</td>
<td>MUSC</td>
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<tr>
<td>2. Paula Haynes</td>
<td>University of South Alabama</td>
</tr>
<tr>
<td>3. Maribeth Reid</td>
<td>MUSC</td>
</tr>
<tr>
<td>4. Sidney Eskew</td>
<td>Clemson</td>
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<tr>
<td>5. Kristen Smith</td>
<td>USC-Upstate</td>
</tr>
</tbody>
</table>

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

Kelly Arashin Bouthilet on the recent death of her mother-in-law.

**Aiken Regional Medical Center (ARMC), located in Aiken, South Carolina, is a 245-bed acute care facility providing quality healthcare to the residents of Aiken and surrounding communities. If you’re a dedicated RN, ARMC Regional invites you to join a growing healthcare provider with an outstanding local and national reputation!**

**NEW HOPE TREATMENT FACILITY in Rock Hill, SC**

(7am-7pm)

- Applicants must possess a current license to good standing as a RN in a state with compact privileges
- Two-years nursing experience required
- Competitive Pay and Benefits (Medical/Dental/Vision Plans, 401K, etc.)

*tamacib@NewHopeTreatment.com*

**RNs for Psychiatric Residential Treatment Facility in Rock Hill, SC**

**SCNA Annual Meeting Oct. 21**

---

**2016 Board of Directors**

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President-Elect: Sheryl Mitchell
Secretary/Treasurer: Stanley Harris
Commission Chair: T. K. Curtis
Public Policy/Legislation: Kahlil Demonbreun
Commission Chair - Professional Advocacy and Development: Selina Hunt-Kinney
Commission Chair - SCNA Chapters: Vacant
Director, Seat 1: Alice Wyatt
Director, Seat 2: Tami Nelson
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Piedmont District Chair: Avia Pridemore
Psychiatric-Mental Health Chapter Chair: Maggie Johnson
Women and Children’s Health Chapter Chair: Bonnie Holiday
SNA-SC President (Ex-Officio): Shawn Guernet
SCNP President (Ex-Officio): Pat Macaruso
CEO and Lobbyist: Judith Culfman Thompson
Assistant to the CEO: Rosie Robinson

The South Carolina Nurses Association is a 501C3 non-profit organization established to advocate, advance, and support the profession of nursing in South Carolina. SCNA is an affiliate of the American Nurses Association. SCNA promotes the health and well-being of the public and its members through advocacy, education, and promotion of the highest standards of nursing practice.

The South Carolina Nurse is published quarterly every January, April, July and October by the South Carolina Nurses Association, a constituent member of the American Nurses Association, 1821 Gadsden St., Columbia, SC 29201, (800) 252-4781, website: www.scnurses.org.

Subscription fees: Members $2 per year included in dues as a membership benefit, Institutional subscriptions, $40 per year. Single copies $10.

Readers: Send address changes to South Carolina Nurses Association, 1821 Gadsden St., Columbia, SC 29201.

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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 submission@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 Culfman Thompson, Executive Editor Rosie Robinson, Assistant Editor

**www.scnurses.org**

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Published by: Arthur L. Davis Publishing Agency, Inc.
This may be the shortest message that I will ever share with you. The months from the last issue of the SC Nurse and this issue have been among the busiest ones that I can remember. If all goes as planned SCNA shall:

- Sell its headquarters building
- Move materials to the archives in Georgia and to storage in Columbia
- Donate excess/old furniture to several non-profit organizations who can use the items
- Hold the annual SCNA election
- Move to a new location in downtown Columbia, catty-corner from the State House
- Prepare for a Convention
- Prepare for an Annual Meeting of SCNA
- Continue work with the Access to Healthcare Coalition to advance APRN practice in SC
- Negotiate 2 new members benefit programs: a loan program and a new SCNA credit card program. Each of these will provide royalty income to SCNA while providing services to persons who choose to use them
- Begin preparations for 2017 SCNA year – “Stay tuned”

So, I wish to each of you a very happy fall season…. may it be a great time for each of you, your practice and your next steps in life whatever they may be!

CONGRATULATIONS

Congratulations to Kathrene Brendell, of Columbia, on the acceptance of her abstract “Neuroscience & Psychotherapy: Implications for Practice” as a podium presentation at the American Psychiatric Nurses Association’s 30th Annual Conference in Hartford, Connecticut.

Congratulations to Lydia Zager, of Ridgeway, for winning the “People’s Choice Award” for her poster “Patient Safety Requires Concept Master” at the QSEN Forum 2016.

Congratulations to Ashley Sirriani, of Columbia, for passing her ANCC Family Nurse Practitioner Boards.

Congratulations to Carolyn Harmon, of Rock Hill, for being elected to serve on the board of directors for the American Nursing Informatics Association as the Education Director.

Congratulations to Carolyn Harmon, of Rock Hill, for being selected as the Director of the MSN Nursing Administration Program for USC’s College of Nursing.

Nurses can gain extraordinary experience, enjoy excellent benefits and earn a world of respect serving part-time in America’s Navy Reserve. All while maintaining a civilian career. You can work in any of 19 specialization areas or roles — from critical care to nurse anesthetist. And depending on the specialty, you may receive a bonus ranging from $10,000 to $25,000 per year for up to three years, nursing school loan repayment assistance or specialty pay.*

* Contact a Navy Reserve Medical Recruiter for details. ©2015. Paid for by the U.S. Navy. All rights reserved.

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Contact us!
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Kathy Simmons
863-661-3392
kathymsn@usc.edu

RN to BSN
Karen Morgan
863-661-3277
karenmo@usc.edu
Nursing: A Kaleidoscope of Practices

SCNA Convention, Annual Meeting, and APRN Fall Pharm Conference

October 19-21, 2016
Sonesta Hilton Head Resort
Hilton Head, SC

Registration is open, go to http://www.scnurses.org/event/2016SCNAStateConvention.

Calling all Artists!
Calling all artists to display their work depicting Nursing: A Kaleidoscope of Practices. Materials in all mediums are encouraged. Art will be displayed in SCNA's Gallery of Arts and Science of Nursing on Thursday and Friday of the State Convention. Look for more details on the registration form.

Do you knit or crochet?
We would like to make a "Kaleidoscope" lap blanket (or two) at the Convention. Bring a completed 5 inch x 5 inch square of any pattern with you to the Convention. The lap blanket(s) will be assembled and presented during the luncheon on Friday.

Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>SCNA Member (SCNA/ANA and SCNA Only)</th>
<th>Non SCNA Member</th>
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<tr>
<td></td>
<td>Discount 1 April 1 – July 1</td>
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<td>Three Day Rate</td>
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<td>Two Day Rate</td>
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<td>One Day Rate</td>
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<td>Annual Meeting Only</td>
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<td>Pre-Con (10/18)</td>
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</tbody>
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Contact SCNA for retired member rate for SCNA members who do not need continuing nursing education

SCNA State Convention Agenda / Schedule

Tuesday, October 18, 2016

3:00 PM
- Pre-Con Registration — Attendee Packet Pickup

3:30 PM - 5:00 PM
- Pre-Con Session One [extra registration and registration fee]

Wednesday, October 19

9:30 AM - 10:00 AM
- Pre-Con Registration — Attendee Packet Pickup

10:00 AM - 12:30 PM
- Pre-Con Session Two [extra registration and registration fee]

12:00 PM - 5:45 PM
- Convention Registration — Attendee Packet Pickup

1:30 PM - 3:30 PM
- Street Drugs and What Healthcare Providers Need to Know (2 CH/PH)
- A to Z Arthropods to Zika: A Look at the Threats From Mosquitoes, Spiders and Ticks (2 CH/PH)
- Psychopharmacology Update (2 CH/PH/CS)
- Education and Practice and How They Work Together for the Future of Healthcare in South Carolina (2 CH)

3:30 PM - 4:00 PM
- Break

4:00 PM - 5:30 PM
- Anticoagulation: What is best for my patient? (1.5 CH/PH)
- The Secret Blood Method: Cutting Edge Approach to Medicine with PRP - Platelet Rich Plasma (1.5 CH/PH)
- Autism Across the Life Span (1.5 CH/PH)
- Wound Assessment and Treatment (1.5 CH/PH/CS)

5:45 PM - 6:45 PM
- Legislative Update

6:45 PM
- SCNA Board of Directors Meeting

Thursday, October 20

7:00 AM - 5:30 PM
- Convention Registration — Attendee Packet Pickup

7:00 AM - 8:00 AM
- New Member and 1st Time Attendee Breakfast

7:30 AM
- Exhibits Set Up

8:00 AM - 9:30 AM
- Recognition and Treatment of Pediatric Burns (1.5 CH/PH)
- Pushing Pills: Avoiding Prescribing Pitfalls in the Geriatric Population for the APRN (1.5 CH/PH/CS)
- Fostering Healthy Family Reproductive Options, Nationally and in South Carolina (1.5 CH)
- Kaleidoscope of Injuries (1.5 CH/PH)

9:30 AM - 10:00 AM
- Break with Exhibits

10:00 AM - 12:00 PM
- Everything You Need to Know About Peripheral Neuropathy...and Then Some (2 CH/PH)
- Behavioral Health and Emotional Wellness for Veterans: PTSD and More (2 CH/PH)
- Hep C and HIV from the Primary Care Perspective (2 CH/PH)
- Non-Insulin Treatment of Diabetes (2 CH/PH)

Contact SCNA for retired member rate for SCNA members who do not need continuing nursing education

Announcing Pre-Con Sessions – Extra Fee – Separate Registration Process

go to http://www.scnurses.org/event/2016Pre-ConSessions

Member Rate $50.00 Per Session
Non Member Rate $75.00 Per Session

Tuesday, October 18th
3:30PM-5:00PM
Choose One
- Radiology for Sticks and Stones (1.5 CH/PH) Speaker Bruce Williams
- CDC’s 2016 Opioid Prescribing Guidelines for Primary Care (1.5 CH/PH/CS) Speaker Crystal Endsley

Wednesday, October 19th
10:00AM-12:30PM
Choose One
- Advanced STEMI Recognition for the APRN (2.5 CH/PH) Speaker Tom Bouthillet
2:00 PM - 3:30 PM
• Poster Sessions
• Exhibits Open
• Lunch
2:00 PM - 3:30 PM
• Retirement Seminar (1.5 CH)
• Policy 101 (1.5 CH)
• Seeking Nursing Excellence Through Structured Programs (1.5 CH)
• Having the Last Word (1.5 CH)
• Risk Management for APRNs (1.5 CH)
3:30 PM - 4:00PM
• Break with Exhibits
4:00 PM - 5:30 PM
• Pharmacology Update Part A (must attend Part B on Friday for Credit)
• New Graduate Session
• Nursing Pitfalls – Roadmap for Successful Navigation (No CNE)

Friday, October 21
7:30 AM - 8:30 PM
• Convention Registration— Attendee Packet Pickup
7:30 AM
• Exhibits Open
8:15 AM - 9:15 AM
• General Session: Safety 360 – Taking Responsibility Together! (1 CH)
9:15 AM - 10:15 AM
• General Session: ANA’s New Scope of Practice (1 CH)
10:45 AM - 11:00 AM
• Break
11:00 AM - 12:00 PM
• Annual Meeting of SCNA
12:00 PM - 1:30 PM
• Luncheon MACRA and MIPS What You Need to Know for Quality Reporting (75 CH)
1:30 PM - 2:00 PM
• Break with Exhibits
2:00 PM - 3:30 PM
• Pharmacology Update Part B (must attend Part A on Thursday for Credit)

Convention Purpose: is to provide updated information across the practice spectrum of registered nurses and advanced practice nurses. State, regional, and nationally recognized speakers will be presenting topics relevant to all. The Convention will provide Continuing Nursing Education. The content is designed to meet the needs of registered nurses and advanced practice nurses practicing in SC. If Continuing Nursing Education is your chosen form of meeting the South Carolina Nurse Practice Act requirements, Chapter 33, Section 40-33-40, Continuing Competency for your biannual license or for your certification on the national level, this convention will be acceptable for those purposes. All session topics and speakers will be announced July 1st. Attendees of the Convention will be awarded up to 14.25 contact hours (18.25 including Pre-Con Event). The number of hours that have pharmacology and controlled substance content will vary depending on the breakout sessions attended. In order to receive contact hours you must attend a session/breakout in its entirety and complete a CNE evaluation form.

Hotel Information:
Sonesta Resort
130 Shipyard Drive, Hilton Head Island, SC 29928, USA

The Nightingale Tribute

Those to be Honored at the 2016 Time of Remembrance

Cheryl Diane Eastlake of Columbia, South Carolina. Born in Heidelberg, Germany, she was a graduate of the University of South Carolina. As a registered nurse she worked at Palmetto Health Baptist for 38 years in the neonatal intensive care unit. Ms. Eastlake died on January 7, 2016.

Dr. Ida Latisha Johnson Spruill of Charleston, South Carolina. Dr. Spruill was an Associate Professor Emerita of the College of Nursing at the Medical University of South Carolina. She was also active in the Tri-County Black Nurses Association. Dr. Spruill died on March 16, 2016.

The Anderson University School of Nursing proudly announces the addition of Master of Science in Nursing and Doctor of Nursing Practice.

Offered primarily online and no GRE required

Master of Science in Nursing (MSN)
• Family Nurse Practitioner
• Psychiatric Mental Health Nurse Practitioner
• Executive Leadership
• Nurse Educator

Doctor of Nursing Practice (DNP)
• Family Nurse Practitioner
• Psychiatric Mental Health Nurse Practitioner
• Executive Leadership

For more information contact Jendi Knobles by email at JKnobles@AndersonUniversity.edu or by calling 864-231-5639.

www.andersonuniversity.edu/nursing/gradnursing South Carolina

PAPIN Meetings

<table>
<thead>
<tr>
<th>City</th>
<th>Location</th>
<th>Day &amp; Time of Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
<td>Anderson Public Library</td>
<td>Monday, 7 PM</td>
</tr>
<tr>
<td>Charleston</td>
<td>Charleston Center, 5 Charleston Center Dr., Conf. room Rm. 237B</td>
<td>Monday, 5 PM</td>
</tr>
<tr>
<td>Columbia</td>
<td>Adolescent Recovery Center Stephenson Center 720 Gracern Rd., Ste. 120, Group room 5 Columbia, SC</td>
<td>Tuesday, 5 PM</td>
</tr>
<tr>
<td>Columbia</td>
<td>Adolescent Recovery Center Stephenson Center 720 Gracern Rd., Ste. 120, Group room 5 Columbia, SC</td>
<td>Thursday, 5 PM</td>
</tr>
<tr>
<td>Florence</td>
<td>Doctors Bruce &amp; Lee Library 509 Dargan Street Room 253 (second floor) Florence, SC</td>
<td>Monday, 6 PM</td>
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<tr>
<td>Greenville</td>
<td>SC Favor 355 Woodruff Rd., Suite 303 Greenville, SC</td>
<td>Monday, 6 PM</td>
</tr>
<tr>
<td>Myrtle Beach</td>
<td>Office of Dr. Brian Adler 1945 Glenns Bay Rd. Myrtle Beach, SC</td>
<td>Thursday, 6:30 PM</td>
</tr>
<tr>
<td>Rock Hill</td>
<td>North Rock Hill Church 2562 Mt. Gallant Rd. Rock Hill, SC 29732</td>
<td>Tuesday, 5:30 PM</td>
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<tr>
<td>Spartanburg</td>
<td>Westside Cyrill Library 525 Oak Grove Rd. Spartanburg, SC</td>
<td>Tuesday, 5:30 PM</td>
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</table>
SCNA Board of Directors Update
May to August, 2016

April 25, 2016 Special called Board meeting:
* Presentation of offer to purchase the SCNA Building was made. Philip Vann and Taylor Wolfe, realtors were present on the call
* Board approved moving forward with the sale and that the CEO would continue to negotiate with the realtors for the execution of a sales contract.
* Board also approved motion that any final action to sell the SCNA property would be shared with the Board by the CEO

Board Meeting July 15, 2016:
* Ratification for Proposed Bylaws done by Consent since original motion was an electronic vote
* Updates about the Continuing Education Approver Committee and the Continuing Education Provider Committee were given.
  - CEAC now approved as Provider through the Tennessee Nurses Association.
  - CEAC now has the 2015 Manuals for Approved Providers and Individual Applicants on line for application
* Motion to add Bylaws proposal in order to conform with ANA Bylaws changes for the SCNA Annual Meeting
* Motion to begin consideration of moving to the newest ANA logo. Motion to continue to look into this issue
* New policy for assistance with member research adopted
* Series of motions to support activities from the ANA Membership Assembly on
  - Healthy Nurse/Healthy Nation program
  - Presentation to SCNA Annual Meeting of 3 items from ANA meeting on Gun Violence, Substance Abuse Disorder and Advocacy for Sexual Minority and Gender Diverse Populations receiving healthcare

August 10, 2016 Special called Board meeting:
* Motion to support hiring of Tyler Gregg, attorney with Bell Carrington to review lease for future SCNA space.
* Motion to approve new policy for Biennial Update of SCNA Legislative Priorities
* Motion to move forward with an agreement between SCNA and First Bankcard to create a new SCNA credit card program

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39TH ANNUAL CROSS CULTURAL CONFERENCE
SAVE THE DATE
FEBRUARY 16TH - 19TH, 2017
LANDMARK RESORT, MYRTLE BEACH

Collaborating Among Professions:
Embracing Today, Empowering Tomorrow

THE ACTION COUNCIL FOR CROSS CULTURAL MENTAL HEALTH AND HUMAN SERVICES

AMAZING REMARKABLE AWESOME

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Our Staff Make the Difference!
Opportunities for dialysis nurses in the Columbia area.
Fax resume to Donna at 978-232-8188

Anchor Rehabilitation and Healthcare Center of Aiken
is looking for RNs & LPNs
Apply at www.orianna.com
550 Eastgate Drive, Aiken SC, 29803
803-643-3694

SCNA Annual Meeting Oct. 21
The 2015-2016 General Assembly is in the history books. The SCNA and the Coalition for Access to Healthcare worked diligently to support improved practice laws for nurses who are Advanced Practice Registered Nurses. It was a two year span of intrigue, learning, exceptional turnout at House 3-M and Senate medical affairs hearings and really great work by those interested in seeing the forward progress of nursing and healthcare delivery in South Carolina. We lost this round! We shall return! Efforts at refining a proposed future bill have been underway during the summer months. A great deal of discussion has continued to happen. We are optimistic about future progress. This is South Carolina. Things happen slowly. Remember all that lovely beach sand that many of us love so much may well have been large rocks or boulders at one time in the history of the world. Many drops of water….

Your help and understanding of the support needed will be vital to each step that we take. This is not an issue that is only for those practicing as APRNs, this is an issue for the people of South Carolina. None of the changes that are being suggested are ones that are truly ground-breaking. We are part of a small handful of states that is truly behind the current times in delivering healthcare. It is a great pity that all healthcare providers are not working together to move the practice of nursing forward…think of what could be accomplished!

The Bill that was named Samuel’s Law was appended to a hospice bill. We shall await seeing what the next session of the General Assembly brings in reference to this proposed legislation that could be extremely damaging to nurses of all levels as they practice in our state.

While this may read as if it is a sad commentary on the events of the 2015-2016 General Assembly, it is a step wise movement as we introduce new concepts and protect hard working nurses in the practice of the art and science of nursing. You can join us in several ways: Donate to the Advocacy Fund; join the Legislative support Team, and/or actively join with others to promote legislation at the State House as the next session gets underway.

The SCNA Advocacy Fund is now two years old. This fund assists in covering costs of the advocacy work done by SCNA. Costs increase as opportunities for action increase. There are opportunities for advocacy in all areas of nursing practice.

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 have also been challenged to participate. The Advocacy Fund augments 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 should be made using the information found on the SCNA WEB site www.scnurses.org. Donations may be made by check or by credit card and can be paid monthly.

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

A Patient and Family Promise, A Promising Nursing Career.

At Wake Forest Baptist Medical Center, our Patient and Family Promise is at the center of everything we do. It means always putting the needs of others first, within an academic medical center environment of safety, quality and respect.

Join us in delivering patient-and-family-centered care at Wake Forest Baptist, where you’ll experience a culture of collaboration, take part in daily huddles and clinical rounds, and have access to the latest in cutting-edge technology. You’ll also enjoy life in the beautiful Triad Area of North Carolina – where the future looks more promising than ever.

Learn more and apply now!  www.wakehealth.edu/HR

The Citadel, the Military College of South Carolina, invites applicants to apply for the position of Department Head of Nursing for a new Bachelor of Science in Nursing program.

The position is a full-time, 12-month position beginning January 1, 2017 (pending program approval by the South Carolina Board of Nursing). The Department Head has responsibilities for teaching, scholarship, and administration. Academic rank at appointment will be commensurate with academic experience and qualifications.

Qualifications

- PhD in a related field with a Minimum of a Master’s Degree in Nursing or a PhD in Nursing; Unencumbered active license to practice as a registered nurse in the state of South Carolina or a Compact state; Minimum of two years of clinical experience as a registered or advanced practice nurse within the primary area of courses that may be taught by the Department Head; Minimum of two years of teaching experience.

Application materials required are: a cover letter detailing how the candidate meets the required and preferred qualifications; a CV; a brief statement that describes your leadership vision, teaching philosophy, and scholarly activity; and the names and contact information of three references.

For complete position information or to apply, please visit www.citadel.edu/careers
New and Reinstated SCNA/ANA Members
May 24, 2016 – August 23, 2016

Iman Abdul-Ali Elgin, SC
Cindy Aragon Goose Creek, SC
Lorraine Archer West Union, SC
Betty Barnett Camden, SC
Deborah (Debbie) Bennett Mount Pleasant, SC
Treva Blanton Six Mile, SC
Candice Bollaills Greenville, SC
Elisha Brimmage Spartanburg, SC
Kendall Brinkmann Hilton Head Island, SC
Anjette Brodie Greenville, SC
Sharon Ballard Charleston, SC
Editha Butler Beaufort, SC
Lori Cameron Fort Mill, SC
Jennifer Campbell Hanover, SC
Sheron Capers Irmo, SC
Natisya Capers-Howard North Charleston, SC
Scott Carr Columbia, SC
David Cernisky Mouldin, SC
Angela Childers Lexington, SC
Kendall Cole Williamson, SC
Kimberly Creebie West Columbia, SC
Melissa Danielson Port Royal, SC
Tiffanie Daudelin Summerville, SC
Harnetha Dean Spartanburg, SC
Veronica Deas Columbia, SC
Anjanette Brodie Greenville, SC
William Hendricks III Greenville, SC
Gwendolyn Jensen Laurens, SC
Elizabeth Ann Jensen Mount Pleasant, SC
Elizabeth Rhoades Charleston, SC
Cynthia Rohman West Columbia, SC
Patricia Roth Isle Of Palms, SC
Lisa Russ Myrtle Beach, SC
Linda Shaffer Greer, SC
Deborah Shelley Inman, SC
Kimberly Smith Walterboro, SC
Debra Smith Lugoff, SC
Glenda Snyder Easley, SC
Donna Garrett Pickens, SC
Laura Hampton Seneca, SC
John Garren Greenville, SC
Sharon Hart West Union, SC
Melinda Dowden Summerville, SC
Malinda Drawdy Summerville, SC
Margaret Diamond Charleston, SC
Tina Williams West Columbia, SC
Tanisha Dawkins Columbia, SC
Tanakia Wilson Summerville, SC
Rebecca Maxwell Columbia, SC
Rianna Tillman Sumter, SC
Tina Williams Mount Pleasant, SC
Sonia Lindo Simpsonville, SC
Terry Varvin Taylors, SC
Elsie Hartigan Rock Hill, SC
Heather Hannon Lyman, SC
Sara Gibson Collection Island, SC
Beverly Hannon Pickens, SC
Elizabeth Halicki Charleston, SC
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Nurse Practitioner No’s and Knows
Kahil A. Demonbreun, DNP, RNC-OB, WHNP-BC, ANP-BC, FAANP
SCNA APRN Chapter Chair

The transition from student or novice Nurse Practitioner to becoming an expert holds many challenges. Particularly in a time when there is a disproportionate number of experienced Advanced Practice Registered Nurse preceptors to educate and socialize potential clinicians. This issue is further compounded by a reality of so many choosing the role as a career option. Thus there is an enormous burden occurring in academic institutions and within the profession as a whole.

Hence there are questions related to role insight and role misconceptions.

Because even though the expected mastery and sound foundation for the practice of Nursing may exist, there is still much to learn. Yet the Nurse Practitioner role is vastly different from responding to, executing and oc­curring in academic institutions and within the profession as a whole.

With these expectations in mind, the following highlights key areas of fundamental importance toward appreciating the stark difference between “No” and what one should “Know.”

I. No - there should be no Nurse Practitioner or student who does not know who Dr. Loretta Ford is.

II. No - there should be no Nurse Practitioner or student who does not know that the Nurse Practitioner role was not created because of a physician shortage, to fill a gap for physicians, or to help out physicians.

III. No - should there be no Nurse Practitioner or student who does not know that a Nurse Practitioner is an Independent Provider, not a Staff Nurse on steroids or one that gets to do more than a Staff Nurse.

IV. No - there should be no Nurse Practitioner or student who does not know that they alone are responsible for the care of their patients, not any other provider such as a collaborator or supervising physician.

V. No - there should be no Nurse Practitioner or student who does not know that they are educated, certified and licensed to autonomously provide care to patients, not serve as a scribe or assistant for any other provider such as a physician.

VI. No - there should be no Nurse Practitioner or student who does not know the critical significance of Full Practice Authority for patients or the profession.

VII. No - there should be no Nurse Practitioner or student who does not know that they are not a “midlevel.”

VIII. No - there should be no Nurse Practitioner or student who does not intimately know the Nurse Practice Act or the law in the state(s) in which they may be licensed to practice.

IX. No - there should be no Nurse Practitioner or student who does not know that they are nurses who practice Advanced Practice Nursing not Medicine.

X. No - there should be no Nurse Practitioner or student who does not know all of the above.

Dr. Kahil Demonbreun is the women’s health medical director at the WJB Dorn VAMC in Columbia, SC.
Impact of Economic Trends and Disparities on South Carolina Children’s Health and Well-being: An Analysis of the 2016 KIDS COUNT Profile

Ariel Moore de Peralta, MD, PhD, MPH, MD, Assistant Professor, Department of Youth, Family & Community Studies, School of Public Health, University of South Carolina, and School of Languages, Clemson University

Bonnie Holaday, PhD, RN, FAAN, Professor, School of Nursing, School of Nursing, University of South Carolina, and Department of Youth, Family & Community Studies, Clemson University

Introduction

There are many approaches to conceptualizing and measuring the well-being of children. These indices vary considerably depending on the goals of the scale. However, all of these indices share similar characteristics in that they are multi-dimensional and take into account the complexity of children’s lives. One of the best known of these measures is the Annie E. Casey Foundation’s national KIDS COUNT Data Book (http://www.aecf.org/resources/the-2016-kids-count-data-book/). Each year since 1990 the Casey Foundation has released the KIDS COUNT Data Book. This data provides key information about dimensions of child well-being in the following areas: economic well-being and family and community. During the past 10 years the KIDS COUNT project has provided a web-based data tool of more than 100 state level measures of child well-being, and also provides county level data for each state.

Child well-being is intertwined with their parents’ or caregivers’ economic well-being and sociodemographic status among parents contributes to poor childhood health outcomes in the next generation. Subsequently, poor childhood health contributes to lower socioeconomic status in adulthood (Cowell, Luo, & Masuda, 2009). According to Perreira and Ornelas (2011) this cycle can be particularly malicious for vulnerable and low-income minority populations as health status is a vital aspect of human capital. States play a key role in assisting parents and caregivers in providing adequate or acceptable living conditions. This work is typically transferred into the community through publicly-funded safety net programs (Wheaton, et al., 2016).

The Casey Foundation’s KIDS COUNT Index’s four domains (The Annie E. Casey Foundation, 2016) are: (1) Economic well-being; (2) Education; (3) Health; and (4) Family and community. The KIDS COUNT Index arranges 16 indicators, four per each domain. The index measures the status of child well-being at the state and national levels. KIDS COUNT’s domains premise is that to create effective programs practitioners must work collaboratively across sectors to address the unique needs of communities. The purpose of this article is to examine South Carolina (SC)’s data on dimensions of child well-being in health, education, economic well-being and family and community areas using the KIDS COUNT framework (2016).

Overview of South Carolina 2016 KIDS COUNT data

In 2014, 23% of South Carolina’s population were children under 18 years of age (South Carolina Department of Health & Environmental Control, 2016). The 2016 KIDS COUNT Data Book showed that SC ranked 41st in the nation in child well-being. SC improved from 45th in 2014 and 2013. The largest gain (5 spots) was in health care. Only six percent (national average) of SC children lacked health insurance in 2014. This is down from 13 percent in 2008. A year earlier, the state legislature passed a law that allows parent’s income to reach 200 percent of the poverty level. This is down from 13 percent in 2008. A year earlier, the state legislature passed a law that allows parent’s income to reach 200 percent of the poverty level. This is down from 13 percent in 2008.

Children in poverty is the percentage of children under age 18 who live in families with incomes below 200% of the national poverty threshold, as issued each year by the U.S. Census Bureau. In calendar year 2014, a family of two adults and two children fell in the poverty category if their annual income fell below $24,008. In South Carolina children can be found at https://www.scchildren.org/advocacy_and_media/kids_count_south_carolina/data_by_county/. A similar indicator by counties is the percentage of South Carolina’s children living in families where no parent is in labor force (KIDS COUNT SOUTH Carolina, Children’s Trust of South Carolina, 2014).

Children in poverty is the percentage of children under age 18 who live in families with incomes below 200% of the national poverty threshold, as issued each year by the U.S. Census Bureau. In calendar year 2014, a family of two adults and two children fell in the poverty category if their annual income fell below $24,008. In South Carolina children can be found at https://www.scchildren.org/advocacy_and_media/kids_count_south_carolina/data_by_county/.

Children’s well-being is measured by looking at the 16 indicators included in each of the four domains. These indicators assess the status of children’s well-being in each of the four domains. Among the four domains, Family and Community is represented by four indicators: (1) Family and economic well-being; (2) Education; (3) Health; and (4) Family and community. The KIDS COUNT index’s four domains (The Annie E. Casey Foundation, 2016) are: (1) Economic well-being; (2) Education; (3) Health, and (4) Family and Community is available online at http://www.aecf.org/resources/the-2016-kids-count-data-book/.

The percentage of low-birth weight infants dropped in SC from 9.7% to 9.4%, and there was also a drop (6% to 5%) in adolescents who abuse drugs and alcohol from 2013 to 2014. There was also a drop in child and adolescent deaths from 35 per 100,000 in 2008 to 31 per 100,000 in 2015. The teen birth rate fell from 51 to 1,000 in 2008 to 28 per 1,000 in 2014. However, SC continued to lag behind in the country in other indicators. Since 2008 more children are living in poverty (27%), and the percentage of data enrolling in Medicaid (42%). The Annie E. Casey Foundation, 2016). Economic pressures such as low wage jobs and a lack of secure employment are particularly malicious for vulnerable and low-income minority populations as health status is a vital aspect of human capital. States play a key role in assisting parents and caregivers in providing adequate or acceptable living conditions. This work is typically transferred into the community through publicly-funded safety net programs (Wheaton, et al., 2016).

In education, where the state ranks 43rd, it is clear that SC is lagging behind much of the nation. Seventy percent of 4th graders are proficient in reading, 69% of 8th graders are proficient in reading, 69% of 8th graders are proficient in math, 59% of children are not attending preschool, and 28% of high school students are not graduating on time. The statistics are even worse for children of color. African American 4th and 8th graders are proficient in reading and math, and one-third of black students are not graduating from high school in South Carolina. Only 13% of African American 4th graders and 11% of African American 8th graders are proficient in math. This last figure represents more than 16 million children living in poverty in the U.S. SC ranked 37th across the nation as it increased from 18% of nation’s children living in poverty in 2008, to 22% in 2014. This mass poverty is due to children’s economic well-being, and reflects its own equality across race-ethnicities in SC. The percentage of children living in poverty in the U.S. SC ranked 37 in terms of child economic well-being in the nation. According to Perreira and Ornelas (2011) this cycle can be particularly malicious for vulnerable and low-income minority populations as health status is a vital aspect of human capital. States play a key role in assisting parents and caregivers in providing adequate or acceptable living conditions. This work is typically transferred into the community through publicly-funded safety net programs (Wheaton, et al., 2016).

Economic hardship was found to be the most common indicator. A report by the Children’s Trust of South Carolina, 2015) showed that South Carolina is lagging behind much of the nation 70% of children live in poverty level. This county is closely followed by Marion (53.5%) and Williamsburg (49.3%). Children whose parents lack secure employment Secure parental employment is the share all children under the age of 18 living in families where no parent has regular, full-time, year-round employment. A rise in the poverty rate is largely due to the loss of parental employment increases family income and reduces poverty. Among poor families, children with working parents are more engaged academically, and less likely to repeat a grade or to be suspended or expelled from school than children with non-working parents (Federal Interagency Forum on Child and Family Statistics, 2015). The percentage of children in SC who lack secure employment increased from 19% in 2008 to 23% in 2010. Representing more than 22 million children living with parents with no secured employment, 28% of the U.S. In SC 13% of children were living in this condition in 2014 (The Annie E. Casey Foundation, 2016).

Children living in households with a high housing cost burden Children living in households with a high housing cost burden is the percentage of children under age 18 who live in households where more than 30% of monthly household pretax income is spent on housing-related expenses. Children living in households with a high housing cost burden; and, teens not in school and not working. Children in poverty Adverse childhood experiences (ACEs) range from physical, emotional or sexual abuse to parental divorce. Economic hardship was found to be the most common ACE reported in the U.S. (Sacks, Murphy & Moore, 2014). Poverty is related to every KIDS COUNT indicator. A report by the Children’s Trust of South Carolina for KIDS COUNT (2014) showed the state’s children, especially those of color, are falling behind in important milestones. Therefore, poverty does not express itself equally across race-ethnicities in SC. Between 2010 and 2012, while 64% of White non-Hispanic children lived in families with an income at or above 200% of the poverty level in South Carolina, only the 42 ranking in 2013, this figure is expressed within communities as social conditions of poverty (Lopez, 2015). Social conditions of poverty, inadequate housing, and a lack of early childhood care, and a high rate of single parent households are experiences shared today by most minority U.S. families. The KIDS COUNT Index (2016) identifies four indicators into the economic well-being domain. These indicators will be explained including children in poverty; children whose parents lack secure employment; children living in households with a high housing cost burden; and, teens not in school and not working.

Children in poverty Adverse childhood experiences (ACEs) range from physical, emotional or sexual abuse to parental divorce. Economic hardship was found to be the most common ACE reported in the U.S. (Sacks, Murphy & Moore, 2014). Poverty is related to every KIDS COUNT indicator. A report by the Children’s Trust of South Carolina for KIDS COUNT (2014) showed the state’s children, especially those of color, are falling behind in important milestones. Therefore, poverty does not express itself equally across race-ethnicities in SC. Between 2010 and 2012, while 64% of White non-Hispanic children lived in families with an income at or above 200% of the poverty level in South Carolina, only 52% of African-American and Latino children lived so. Similarly, 77% of White non-Hispanic children lived in low-poverty areas (poverty <20%), only 47% of African American children in low-poverty areas in SC were living in low-poverty areas in this state (KIDS COUNT SOUTH Carolina, Children’s Trust of South Carolina, 2014),
Similarly, in SC 8% of teens were not in school and not working in 2014. The indicator disaggregated by race/ethnicity in SC showed that while 85% of White non-Hispanic youths ages 19 – 26 were in school or working in the period 2010-2012, only 70% of African Americans, and 78% of Latinos were in school or working during this period (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). In the nine months preceding the year ending March 2014, SC had the lowest percentage of high school students not graduating on time in the Education Domain. The KIDS COUNT Index identifies four indicators in the Education domain. These indicators will be explained including children not attending pre-school; fourth graders not proficient in reading; eighth graders not proficient in math; and, high school students not graduating on time.

Children not attending preschool
Young children not in school is the percentage of children ages 3 and 4 who were not enrolled in school (The Annie E. Casey Foundation, 2016). Children ages 3 and 4 who were not enrolled in school for the same period (2012-14, 53% of U.S. children were not enrolled in school students not graduating on time .

Fourth-graders not proficient in reading
Fourth-graders not proficient in reading is the percentage of fourth-grade public school students who did not reach the proficient level in reading as measured by the National Assessment of Educational Progress (NAEP). The percentage of fourth-graders not proficient in reading decreased nationwide from 68% in 2007, to 65% in 2015. In SC, this percentage was higher than the national average of 18% (The Annie E. Casey Foundation, 2016). The lower percentage of high school students graduating on time in SC was 60% for African Americans, and 22% of Hispanic Whites on eight grade in this state (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014).

High school students not graduating on time
High school students not graduating on time is the percentage of high school students who did not graduate on time in the period 2012-13 was 26%, 10% higher than the national average of 18% (The Annie E. Casey Foundation, 2016). The lower percentage of high school students graduating on time in SC was 60% for African Americans, and 22% of Hispanic Whites on eight grade in this state (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014).

Health Indicators and Child Well-Being
South Carolina ranks 37th in the Health domain (The Annie E. Casey Foundation, 2016). This is the domain where SC had the lowest percentage in the 2014-15 KIDS COUNT Index.

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reading as compared to White non-Hispanics (39%) (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). This indicator decreased from 10% in 2008, to 6% in 2014 (The Annie E. Casey Foundation, 2016). Children who have health insurance coverage are healthier and have fewer preventable hospitalizations. They are more likely to receive preventive medical and dental care, and for the achievement of developmental milestones, obtain needed timely treatment, have access to prescription medications, and miss fewer days of school (Majerel, Newkirk, & Garfield, 2015).

Child and teen deaths per 100,000
In SC, the number of deaths, from all causes, to children between ages 1 and 19 per 100,000 children in this age range. SC registered a rate of 31 child and teen deaths per 100,000 in 2014. This rate is lower than the U.S. percentage of eight graders not proficient in math as measured by the National Assessment of Educational Progress (NAEP). Students’ high school students not graduating on time in SC was 60% for African Americans, and 22% of Hispanic Whites on eight grade in this state (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2015). The percentage of children under age 18 living in single-parent families is the percentage of third graders testing below state standards in reading. The percentage of children not attending pre-school; fourth graders not proficient in reading; eighth graders not proficient in math; and, high school students not graduating on time.

Children in single-parent families
Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parent, either in a family or subfamily. In this definition, single-parent families include cohabitating couples. SC had only 25% of children living in a single-parent household in the 2010-12 period. SC had only 25% of children living in a single-parent household in the 2010-12 period. This figure increased in 2014 to 34% of children living in this situation (The Annie E. Casey Foundation, 2016). This figure varied by race-ethnicity in SC. African Americans had the greater percentage (65%) of children living in this situation. Whereas White non-Hispanics had the greater percentage (65%) of children living in this situation. Whereas White non-Hispanics had the greater percentage (65%) of children living in this situation. SC’s children’s reading skills is the percentage of third graders testing below state standards in reading. The national gap in school readiness between children ages 3 and 4 who were not enrolled in school (The Annie E. Casey Foundation, 2016). The indicator disaggregated by race/ethnicity in SC showed that while 85% of White non-Hispanic youths ages 19 – 26 were in school or working in the period 2010-2012, only 70% of African Americans, and 78% of Latinos were in school or working during this period (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). In the nine months preceding the year ending March 2014, SC had the lowest percentage of high school students not graduating on time in the Education Domain. The KIDS COUNT Index identifies four indicators in the Education domain. These indicators will be explained including children not attending pre-school; fourth graders not proficient in reading; eighth graders not proficient in math; and, high school students not graduating on time.

Children not attending preschool
Young children not in school is the percentage of children ages 3 and 4 who were not enrolled in school (e.g., nursery school, preschool, or kindergarten). In the period 2012-14, 53% of U.S. children were not attending school. In SC, 56% of young children were not attending school, ranked 45th among the 50 states and the District of Columbia. Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parent, either in a family or subfamily. In this definition, single-parent families include cohabitating couples. SC had only 25% of children living in a single-parent household in the 2010-12 period. This figure increased in 2014 to 34% of children living in this situation (The Annie E. Casey Foundation, 2016). This figure varied by race-ethnicity in SC. African Americans had the greater percentage (65%) of children living in this situation. Whereas White non-Hispanics had the greater percentage (65%) of children living in this situation. Whereas White non-Hispanics had the greater percentage (65%) of children living in this situation. SC’s children’s reading skills is the percentage of third graders testing below state standards in reading. The national gap in school readiness between children ages 3 and 4 who were not enrolled in school (The Annie E. Casey Foundation, 2016). The indicator disaggregated by race/ethnicity in SC showed that while 85% of White non-Hispanic youths ages 19 – 26 were in school or working in the period 2010-2012, only 70% of African Americans, and 78% of Latinos were in school or working during this period (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). In the nine months preceding the year ending March 2014, SC had the lowest percentage of high school students not graduating on time in the Education Domain. The KIDS COUNT Index identifies four indicators in the Education domain. These indicators will be explained including children not attending pre-school; fourth graders not proficient in reading; eighth graders not proficient in math; and, high school students not graduating on time.

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Children living in high-poverty areas

Children living in high-poverty areas is the percentage of children under 18 years who live in census tracts where the poverty rates of the total population are 30% or more. In the U.S., this indicator increased from 11% in 2006-10 to 14% in 2010-14. In SC, 15% children were living in high-poverty areas in 2010-14 (The Annie E. Casey Foundation, 2016). SC’s African American communities had the highest percentage of children living in high-poverty areas (55%), followed by Latinos (44%). White non-Hispanic children registered the lower percentage (23%) (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). The counties with the higher percentage of children living high-poverty areas were: Allendale (100%); Williamsburg (58%); and, Marion (51%) (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2015).

Teen births per 1,000

Teen births is the number of births to teens between ages 15 to 19 per 1,000 females in this age group. In 2014, the rate of teen births was 28 births per 1,000. Thus, greater than the national average of 24 per 1,000 (The Annie E. Casey Foundation, 2016). In SC, 88% and 87% of African Americans and Latinos respectively reported plans to delay childbearing until adulthood, as compared to 94% of White non-Hispanics in 2010 (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). The indicator of birth to teens 15 to 19 years per 1,000 by counties in SC showed that Allendale (78.3/1,000), Jasper (63-4/1,000), and, Dillon (62.7/1,000) were the counties with higher rates of birth to teens 15 to 16 years (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2015).

Conclusions

Based on these results, we are recommending a shift in thinking about child well-being policy to a “whole child perspective.” We are also recommending a shift in thinking from disease and treatment-centered health care to one of promoting health and well-being. For too long, health and well-being have been in a silo apart from school and education. This analysis demonstrated that health and education are intertwined when examining child well-being outcomes from a whole child perspective. SCNA members should actively work within their communities and with branches of State government to adopt programs and legislation that will enhance the well-being of all South Carolina children.

References


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Chapter Section

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References


Retirement Q&A

Are 529 college savings plans a good way to save for college?

Yes, they can be an excellent way to save for college. College savings plans are established by states and typically managed by an experienced financial institution designated by the state. Each plan has slightly different features. A 529 college savings plan lets you save money for college in an individual investment account that offers federal tax advantages. You (or anyone else) open an account in your child’s name and thereafter contribute as much money as you wish, subject to the plan’s limit.

The state’s selected money manager takes your contribution and invests it in one or more of the plan’s pre-established investment portfolios, which typically consist of mutual funds. Some plans automatically place your contribution in a portfolio that’s tailored to the age of your child. (The younger your child, the more aggressive the percentage of assets. As your child grows older, the portfolio gradually shifts to more conservative investments.) Other plans let you choose the portfolio you want at the time you join the plan, without regard to your child’s age. This lets you take into account your risk tolerance and other factors that may be important to you.

College savings plans are popular because they combine many desirable tax features with the ability to use any money at any accredited college in the country or abroad. Your contributions grow tax deferred, and if withdrawals are used to pay the beneficiary’s qualified education expenses, the earnings are completely free from income tax and federal gift tax.

Many states also add their own tax benefits, such as tax deductions for contributions and exemption of the earnings from state income tax. Moreover, a 529 plan doesn’t have to be used to pay college or gets a full scholarship, the money in the plan can be transferred to a qualified family member without penalty.

But investment returns aren’t guaranteed. If your investment portfolio performs poorly, you’re still bound by the investment decisions of the plan’s money manager, unless the plan lets you change the investment strategy for your existing contributions, which it may do once per calendar year. College savings plans are also free to let you change your investment option for future contributions. If your plan doesn’t provide this flexibility, then you are allowed by federal law to roll over your college savings plan account to a different 529 plan (college savings plan or prepaid tuition plan) without penalty once every 12 months.

You are not limited to your own state’s college savings plan. Most states allow anyone to participate in their plan. You may also participate in the college savings plan of more than one state.

Note: Investors should consider the investment objectives, risks, charges, and expenses associated with 529 plans before investing. More information about 529 plans is available in each issuer’s official statement, which should be read carefully before investing. Also, before investing, consider whether your state offers a 529 plan that provides residents with favorable state tax benefits.

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 Evaluation report for no charge. Simply call to schedule your complimentary appointment at 803.223.7001. Visit their website at www.greatsouthadvisorygroup.com.

Janney Montgomery Scott LLC. Member: NYSE, FINRA, SIPC. Portions of this article were prepared by Broadridge Investor Communication Solutions, Inc. Copyright 2016

Avoiding Investment Fraud

Think securities fraud only happens to wealthy investors on Wall Street? Think again. Investment scams can take many forms, including trading programs that falsely guarantee high returns, Ponzi schemes, and advance fee fraud. These schemes can target all members of the investing public, from all types of backgrounds and all ages. Fraudsters are counting on investors to not investigate before investing their hard-earned money. Below are five common red flags that investors should be on the lookout for when making an investment decision.

Promises of High Returns with Little or No Risk. Nearly every investment scheme will involve the promise of high returns and little to no risk. Promoters may claim that an investment is “guaranteed” or “can’t lose,” and they may promise exorbitant returns in a relatively short period of time. Investors should be cautious when promised a high return/low risk combination. Every investment carries some degree of risk, and as a general rule, when potential returns increase, so do the risks.

Unregistered Salespeople. Investors should always research a person offering any sort of investing opportunity, even if that person is a close friend. A large number of securities schemes are perpetrated by unregistered and unlicensed individuals. Investors can contact the South Carolina Securities Division at (803) 734-9916 to research a person or firm offering securities or investment advice in South Carolina.

Pressure to Make an Immediate Decision. All financial advisors are working the time to thoroughly research. Most legitimate investment opportunities are not going to disappear overnight. However, con artists with investor money in hand often do, which is why they frequently pressure or even intimidate their victims into handing over their money as quickly as possible. If a person is pushing for a financial commitment without providing an opportunity to research the investment, walk away.

Resistance to Questions. Investors should always be able to ask reasonable questions and receive reasonable answers. Deflections, non-answers, and other conduct that doesn’t satisfy those questions may be signs that the promoter doesn’t understand the product, the product is a fraud, or perhaps even both.

Nothing in Writing. Legitimate investments will always include supporting documentation, such as agreements and regular statements. In fact, registered investment professionals are required by law to give investors certain key information and disclosures in writing. These writings are meant to increase transparency and create a record of the investing process. If a securities professional refuses to produce adequate documentation or the documentation is misleading, incomplete, or incorrect, investors should contact the South Carolina Securities Division immediately.

The South Carolina Securities Division has provided this information as a service to investors. It is neither a legal interpretation nor a statement of policy of the Office of the South Carolina Attorney General, the State of South Carolina, or any division thereof. For questions concerning the meaning or application of a particular law or rule, please consult with an attorney who specializes in securities law.

This article was supplied by Anna Rushton, Outreach Coordinator for the South Carolina Securities Division. For more information, please contact the Securities Division at 803-734-9916.
CONSUMER ALERT

It has been pointed out to the South Carolina Nurses Association staff that some nurses in South Carolina may have been sent a letter from a company for long term care insurance that may have been mistaken for the insurance program that the South Carolina Nurses Association has endorsed for the past three years.

A careful look at the two letters below will show readers the major differences between the real letter from the South Carolina Nurses Association and the letter that was sent to South Carolina Nurses. Both advertise long term care insurance. Both are for nurses in South Carolina. Only one is endorsed by SCNA, on SCNA letterhead and signed by the current SCNA President. Only one provides a discount on the insurance for members.

The South Carolina Nurses Association is making no claims against the quality of the product represented by the letter that is not from SCNA. The purpose of this alert is to be certain that any of who are interested in this very important insurance product are aware of a product that is being endorsed by SCNA so that you know that the association is standing behind the advertising of the product.

Anncouncing Palmetto Gold 2017
April 22, 2017
Presented by the Palmetto Gold Steering Committee

Plans are underway for the 16th annual Palmetto Gold Nurse Recognition and Scholarship Program. The gala is set for April 22, 2017 at the Columbia Metropolitan Convention Center.

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

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

The Steering Committee is preparing for a vast amount of excellent nominations. The selection process undergoes the difficult decision in choosing 100 recipients of this prestigious award. In addition to honoring the 2017 Palmetto Gold recipients, the 2017 Palmetto Gold Scholarship recipients will be featured and formally recognized.

Net proceeds generated from the gala evening are used to provide nursing scholarships for students attending South Carolina registered nurse education programs and to build the Palmetto Gold Scholarship Fund. Palmetto Gold advertising and sponsorship opportunities are available for purchase for any business or individual interested. The Steering Committee is grateful to the many employers and benefactors that have contributed to the success of this program for the past 15 years. The impact of the program has been far-reaching as over $342,000 in scholarships have been awarded to student nurses. If interested in supporting advertising or sponsorship, please contact Tony Derrick at tderrick@mckoolhealth.org.

Please reserve April 22, 2017 on your calendar for an exciting evening to celebrate nursing excellence.

Nurse’s Health Study – by The Harvard School of Public Health and Brigham and Women’s Health

One of the longest running studies of health is expanding, and needs your help!

The Harvard School of Public Health and Brigham and Women’s Hospital are excited to announce that the Nurses’ Health Study, for the first time, is now accepting both male and female participants! Previous cohorts taught us much of what we currently know about how diet and lifestyle can affect risk of developing cancer and other serious health conditions, and you can help by completing simple web-based surveys every 6 months.

If you are 19 or older, and born after January 1st, 1965, JOIN the study! It only takes 40 minutes a year, and participation can be applied to your clinical ladder.

WHAT ELSE CAN YOU DO?
Your encouragement will go a long way to help explain how a small commitment to a study like this is of extraordinary value for promoting healthy living.

- Encourage your colleagues to JOIN
- Like and Share us on Facebook, Twitter and LinkedIn
- Forward this email to the nursing coordinator at work
- Reach out to nurses in other ways. For example:
  - Through other nursing groups or organizations
  - Posting information about the study at your job
  - Local or national media contacts you may have
  - If you are in a union, ask if they can help spread the word

For more information, visit www.nhs3.org or email rns3@channing.harvard.edu

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REGISTED NURSES

The South Carolina Department of Health and Human Services is currently seeking licensed Registered Nurses to join its team. The Department’s mission is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.

Medicaid is South Carolina’s grant-in-aid program by which the federal and state governments share the cost of providing medical care for needy persons who have low income.

Nurses in the Program integrity program assist in identifying waste, fraud and abuse in the Medicaid program by performing reviews on providers of Medicaid services.

Nurses in the Long Term Care program conduct pre-admission screening for persons seeking Medicaid sponsored nursing home placement and for persons seeking admission to various Medicaid waivers and programs. Nurses may also monitor the residential activities associated with the Optional State Supplementation (OSS) program and determine the medical level of care of residents participating in OSS, Optional Supplemental Care for Assisted Living Program, Complex Care service, and the nurse aide program.

Salary may range from $40,000 - $65,000, depending on position and experience.

https://agency.governmentjobs.com/sc/default.cfm?&promotionaljobs=0&transfer=0
Evidence Based Practice / Evidence Based Education

Practicing according to evidence-based standards is an expectation. We know that evidence based practice means using the best available information, nursing expertise, and the context of the patient’s current condition and needs to guide our care. All of these components are important. What does the research say? What evidence do we have that a planned strategy is the best one? What have we done before that has worked, and we want to do it again? What have we done before that has not worked, and we want to avoid the same problem happening again? What is going on with this patient right now? What are the patient’s preferences, values, and goals? All of these factors guide our decision-making and our actions. The outcome is that we provide the best, most appropriate care for each patient.

Similarly, there are evidence-based standards that guide continuing education. The American Nurses Credentialing Center’s Accreditation Program is the internationally recognized body that establishes the standards for quality continuing education, based on evidence related to adult learning, education theory, implementation science, and quality improvement methodology. Accreditation criteria have been modified in 2015 to reflect updated scientific evidence and focus on outcomes that validate how learning contributes to practice improvement. Accredited and approved providers of continuing nursing education in the ANCC system now must plan educational activities with these factors in mind:

1. Professional practice gap – what is the problem in practice or opportunity for improvement?
2. Evidence to support the practice gap – why does this problem exist?
3. Learning Outcome – what will the learner know, do, or apply in practice differently once the gap has been closed?
4. Content – what is the content for the activity and how is it based on best-available evidence related to the topic?
5. Criteria for Successful Completion – how will the provider know when that learning outcome has been achieved?
6. Evaluation Method – how will the provider measure change in knowledge, skill, or practice?
7. Content Integrity – how do we assure that the educational activity will be presented fairly and without bias or prejudice?

When an accredited or approved provider plans an activity, the nurse planner considers much the same information as the clinician does when planning patient care. What does the evidence say is the best way to approach this educational need? What evidence validates whether the need is in knowledge gain, skill improvement, or application of knowledge and skill in practice? What are the learners’ preferences, needs, and goals? What outcomes are we looking for to show that nursing care has been improved or professional development enhanced?

When you attend an educational activity offered by an ANCC accredited or approved provider, you are assured that evidence-based standards have been used to develop an educational activity that is relevant to your practice, meaningful to nursing professional development and quality patient care, implemented with integrity, and focused on achieving measurable outcomes.

Evidence based care for your patients? Absolutely! Evidence based education for you? Absolutely!

Pam Dickerson, PhD, RN-BC, FAAN
Director of Continuing Education
Montana Nurses Association

Reprinted from the June 2016 Ohio Nurse with permission of Pam Dickerson, PhD, RN-BC, FAAN
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.

APRN Written Protocols and/ or Guidelines Audit FAQs

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/or guidelines at least biennially. The South Carolina State Board of Nursing (SC BON) Nurse Practice Act Section Sections §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 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 packet 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/date 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). The names for the audit were selected randomly by computer.

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 of compliance 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 his/her 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 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 supporting practice locations.
(b) these requirements for providing anesthesia services are:
(i) documentation of clinical privileges in the institutions where anesthesia services are authorized and available; and
(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, and dated 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.

APRN CERTIFICATION, RE-CERTIFICATION OR RENEWAL
You must notify the Board of your certification, recertification or renewal.

Are you licensed as an advanced practice registered nurse (APRN)?

• Have you renewed your certification?

• Did you properly notify the Board if you do 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, you may send a copy of your current certification card to: LRL-Board of Nursing, Attn: Advanced Practice Licensure, P. O. Box 12367, Columbia, SC 29202-3671. You may also scan your document and email to NurseBoard@llr.sc.gov or send your document by fax to 803-896-4515.

BOARD APPROVES NEW ADVISORY OPINION
At its May 19-20, 2016 meeting, the Board of Nursing approved a new Advisory Opinion # 68 as proposed/ recommended by the Advanced Practice Committee. Advisory Opinions can be found on the Board website at www.llr.sc.gov/POL/Nursing/index.asp?F=AdviceOp/advisoryop.htm.

ADVISORY OPINION # 68 FORMULATED: May 2016 ADAPTED: October 2016
The role and scope of practice for the Certified Nurse Midwife (CNM) who is out of the acute care setting to assist in the performance of a vaginal birth after cesarean (VBAC) delivery?

The South Carolina Board of Nursing recognizes that it is within the scope of practice for CNMs with competency based education and preparation to perform VBAC deliveries. Certification is one way to demonstrate skill competency and to have applicable written guidelines in accordance with, Section 30-33-34 Performance of delegated medical acts; qualifications; protocols; and prescriptive authorization of the Laws Governing Nursing in South Carolina, Chapter 33, Section 40-33-34.

In accordance with such legislation, because VBAC deliveries require continuous electronic fetal monitoring and attendance by licensed health care personnel familiar with potential complications, the South Carolina Board of Nursing determines that CNMs will be able to perform VBAC deliveries out of the acute care setting and acknowledges that VBAC deliveries only require personnel qualified in the performance of implementing emergency and surgical interventions.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe legal nursing practice.

REPORTING MISCONDUCT AND VIOLATIONS OF THE NURSE PRACTICE ACT
It has come to the attention of the SC Board of Nursing that there is reluctance on the part of some employers to report violations of the Nurse Practice Act by their employees.

Section 40-33-111(A) of the Nurse Practice Act states that:

(A) An employer, including an agency, or supervisor of nurses, shall report any instances of the misconduct or the incapacities described in Section 40-33-110 to the State Board of Nursing not more than fifteen business days from the discovery of the misconduct or incapacity. A nurse supervisor who fails to timely report the misconduct or incapacity shall be considered misconduct and subjects the nurse to disciplinary action. A nurse supervisor who fails to timely report the misconduct or incapacity shall pay a civil penalty of one thousand dollars per violation to the South Carolina Board of Nursing. The Board believes it is important to note there are possible sanctions for employers who fail to report reported violations of the Nurse Practice Act.

The Board believes it is important to note there are possible sanctions for employers who fail to report reported violations of the Nurse Practice Act.

To file a complaint against an NP you can file a complaint with the NPSC at www.ncsbn.org.

ChANGING YOUR NAME ON YOUR NURSE’S LICENSE
To change your name to the name you will use in the practice of nursing, you must file a request for changing your name on your nursing license. You may check for discipline against a South Carolina licensed nurse by going to the SC Licensee Lookup - Go to https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?id=7. 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/expired, license status, and disciplinary action, if any.

2. Nurses QuickConfirm - Go to www.llr.sc.gov/pol/quickcpf. Click on ‘QuickConfirm’ and follow the instructions. You will be provided with the nurse’s name, city and state, license number, license type, date issued/expired, license status, discipline expiration date and discipline status. The following states participate in the nurse’s name change project: AK, AR, CA, CT, DE, DC, FL, ID, IN, IA, KY, LA, MN, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NC, ND, OH, OR, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY, and PR. You can check for discipline against a nurse in these states by going to the NCSBN.org website for updates as states are added.

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

You may check for discipline against a South Carolina licensed nurse by going to the Board’s website under Board Orders at www.llr.sc.gov/pol/nursing/.

CHANGING YOUR NAME ON YOUR NURSE’S LICENSE
To change your name to the name you will use in the practice of nursing, you must file a request for changing your name on your nursing license. You may file a change of name request with the South Carolina Board of Nursing. If you have had a legal name change, submit the following in a letter addressed 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 use both names. For example, Jane Doe Smith would be Jane Ann Smith or Jane Doe Smith, or Jane Smith Doe. If you are married, John Smith will be Jane Ann Smith or Jane Doe Smith?

You may call the South Carolina Board of Nursing at 803-896-4515.

You may check for discipline against a South Carolina licensed nurse by going to the Board’s website under Board Orders at www.llr.sc.gov/pol/nursing/.

To change your name to the name you will use in the practice of nursing, you must file a request for changing your name on your nursing license. You may file a change of name request with the South Carolina Board of Nursing. If you have had a legal name change, submit the following in a letter addressed 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 use both names. For example, Jane Doe Smith would be Jane Ann Smith or Jane Doe Smith, or Jane Smith Doe. If you are married, John Smith will be Jane Ann Smith or Jane Doe Smith? You must notify the Board of your certification, recertification or renewal.

Is it within the role and scope of practice of CNMs with competency based education and preparation to perform VBAC deliveries out of the acute care setting and acknowledges that VBAC deliveries only require personnel familiar with potential complications, the South Carolina Board of Nursing determines that CNMs will be able to perform VBAC deliveries out of the acute care setting.
**South Carolina Department of Labor, Licensing, and Regulation**

You may verify that your name change request has been processed on Licensee Lookup on the Board’s website (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/Laws on the Board’s website.

**HAVE YOU MOVED?**

Section 40-33-35(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**

Carol A. Moody, RN, MAS, NEA-BC, Congressional District 4 - President
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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) 896-4520
Fax Line (803) 896-4515
General Email NurseBoard@llr.sc.gov
Website www.llr.sc.gov/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 - 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

**Office of Investigations and Enforcement**

Main Telephone Line (803) 896-4470

**VISIT THE BOARD WEBSITE OFTEN**

The Board recommends all nurses visit their website (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 the 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 2016**

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

**Board of Nursing Meeting**

- September 29 - 30, 2016
- November 17 - 18, 2016

**Advanced Practice Committee**

November 4, 2016

**Advisory Committee on Nursing Education**

October 18, 2016

**Nursing Practice & Standards Committee**

October 13, 2016

**Designated 2016 State Holidays**

- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Day after Christmas (Expected Observance)

**SCNA State Convention Pharm Conference / Annual Meeting Oct. 19-21 Sonesta Resort, Hilton Head, SC**

**Hilton Head Hospital**

Hilton Head Hospital offers a broad array of specialty programs and services, including cardiac care, spine surgery, orthopedics, dedicated breast health center, women’s health and surgical services. Our dedicated physicians and caregivers are committed to providing quality care.

To search and apply for opportunities at Hilton Head Hospital please visit us at hiltonheadregional.com.

**Coastal Carolina Hospital**

Coastal Carolina Hospital, a fully accredited facility, has been providing quality care for our community for over ten years. Services include our Emergency Care, Imaging, Rehabilitation, Surgical Services, and more.

To search and apply for opportunities at Coastal Carolina Hospital please visit us at coastalhospital.com.
Why make Providence Health your next step?
When you’re a leader you want the best. Providence Health, the Midlands’ leader in cardiovascular and orthopedic inpatient care, is accepting applications for experienced nurses in these positions/units:
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Join a leader.
To learn more or to apply online, visit YourProvidenceHealth.com or email, Jami.Overcash@ProvidenceHospitals.com

Columbia College announces a new 100% online RN to BSN nursing program beginning Fall of 2016. Eligible students must have an Associate's Degree in nursing from a recognized Institution, must have passed the NCLEX examination, and currently hold an unencumbered license to practice. Columbia College's Bachelor of Science in Nursing Degree will require a total of 127 hours of undergraduate courses (inclusive of ADN transfer credits up to 72 hours, and 30 hours of core nursing courses in the BSN program and electives), all of which are offered online. The Bachelor's program can be completed in 20 months. Courses will begin every five weeks. All course content is available on the laptop provided by Columbia College after your enrollment. The curriculum aligns with the Nine Essentials of Baccalaureate Education for Professional Nursing Practice required by the American Association of Colleges of Nursing, and the key nursing principles and learning outcomes promulgated by national accreditation organizations, including the commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN).

The process is easy, APPLY ONLINE TODAY! We will take care of the rest, including ordering your transcripts.

1 Candidates with a Diploma Program RN may apply and will be evaluated on a case by case basis.
2 Received full accreditation.