Students had an informative and fun filled day visiting exhibitors and learning about legislative processes. Students also had the opportunity to see in person the new Nurse Specialty License Plates available now. The most important part of SNPAD was the opportunity for the students to hear about multiple bills that are before the House of Representatives and the Senate that affect nurses, nursing students and their patients. Speakers included Dan Fraczkowski MSN, RN, ANA-Illinois President, Melissa Strube, SNAI Legislation Director, Lauren Underwood RN, Candidate for the U.S. House of Representatives, Illinois Representative Natalie Phelps Finnie APRN, Amanda Buechel BSN, RN, Jennifer M Grenier DNP, RN-BC, Melissa Lara-Angulo DNP, APRN, AG-ACNP, SCRN and Sue Clark, ANA-Illinois Lobbyist. Six students (Faith Wanjujir – Aurora University, Victoria Nguyen – Loyola University, Kimberly Otabash – Rasmussen College School of Nursing, Hayley Rogers – Milikin University, Amy Postin – Frontier Community College, Jenn Norieko – Kishwaukee College, Michael Overstreet – Blessing-Rieman College) led a march to the Illinois State Capitol building where many had appointments with their local legislators to discuss the bills of importance. The march was featured on the local news station letting the viewers in Springfield know that political activism is important to the nursing profession.

In the evening, nurse leaders from several different nursing organizations and colleges/schools of nursing gathered for our 4th Annual Evening with the Legislators. The event brought together nurse leaders and legislators as an opportunity to have an open dialogue about the state of healthcare in Illinois. Legislators got an opportunity to mingle and talk about the issues important to healthcare with nursing leaders from across Illinois. This is always a great event that showcases the work happening throughout the state as nursing organizations strive to improve access and quality of healthcare for the citizens of Illinois.

Nurse Lobby Day

The next day on April 18th, 2018 was Nurse Lobby Day. Registered nurses and advanced practice registered nurses gathered to hear updates about the current bills that are in the House of Representatives and the Senate. The nurses then visited the Illinois State Capitol to meet with their legislators to discuss the bills, create awareness, and become a resource on nursing issues.

Both events were once again an overwhelming success that helped to bring awareness to nurses and nursing students of the importance of political activism for nursing. If you would like more information on any of the bills listed and their status, please visit the Illinois Nurses’ Grassroots Coalition website. The most updated information can be found there along with talking points for anyone to help discuss the bills with their legislators. The 50th Annual National Black bills running this year and will continue to provide updates through our Legislative Reports given by Sue Clark and Debbie Broadbifield.

List of Colleges participating in SNPAD 2018

- Aurora University
- Blessing-Rieman College of Nursing
- Carl Sandberg College
- Chicago State University
- Chamberlain College of Nursing
- Graham Hospital School of Nursing
- Harper College
- Illinois Wesleyan University
- Kishwaukee College
- Lewis & Clark Community College
- Lincoln Trail College – Illinois Eastern Community College
- Loyola University, Chicago
- Mennonite College of Nursing, Illinois State University
- Millikin University
- North Park University, Chicago
- Northern Illinois University
- Rasmussen College School of Nursing
- Robert Morris University
- Rockford University
- Sauk Valley Community College
- Southern Illinois University Edwardsville
- Southwestern Illinois College
- St John’s College of Nursing
- St Xavier University
- University of Illinois @ Chicago College of Nursing – Chicago, Springfield & Urbana Campus
- Western Illinois University, School of Nursing

Student Nurse Political Action Day & Lobby Day

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The Illinois Nurses Foundation has been accepting nominations for the 4th Annual 40 Under 40 Emerging Nurse Leader Awards. The awards will recognize 40 Illinois nurses younger than 40 who positively represent their profession by actively participating in the community and/or a professional organization. Nominations were due by April 15th.

Winners will be chosen by their peers based on the following criteria:

- Positively represent the nursing profession by actively participating in the community and/or a professional organization.
- Awards will be presented on September 13th at the Hilton Lisle/Naperville Hotel.
- Winners will be notified in mid June.
- Watch for the announcement and the opportunity to recognize and celebrate an employee by placing an ad in the program book.

September 13, 2018
3003 Corporate W. Drive
Lisle, Illinois 60532

5 P.M. - 6:30 P.M. Networking with cocktails and hors d’oeuvres
6:30 P.M. - 8 P.M. Awards Ceremony

We want to celebrate and encourage exemplar dedication to the nursing profession, dedicated service within the community and the promise to grow in leadership for the advancement of nursing in Illinois.

Planning Committee
Stephanie Mendoza RN, MSN
Shannon Halloway PhD, BSN, RN
Dan Fraczkowski MSN, RN
Carment Veni RN, MPH, RN
El Heicher MSN, RN - CHAIR

Advisory Group
Susana Gonzalez MHA, MSN, RN, CNIM
Linda B. Roberts MSN, RN
Susan Y. Swart EdD, RN, CAE
Toni Scott MSN, RN, CYT

The Nursing Voice

MESSAGE FROM THE INF PRESIDENT

The Reverend Martin Luther King, Jr. said “life’s most persistent and urgent question is, What are you doing for others?” I think, as nurses, we are very attuned to doing for others. As nurses, we do for our patients but also for family members and friends who call with questions and ask for advice and assistance. It is very often the nurse in the family or who is a friend who is there during a health crisis. My question to you, my fellow nurses, is whether we do for others as much as we do for ourselves? I ask this on two levels, for the individual and for the collective Nursing as the other. Because nurses tend to think of others first I would guess that doing for others does not often include self or nursing! Participation in association/organizational work allows us to do for others as well as do for ourselves. Let me explain. First, on the individual level, it is hard “to do” for others if we, as individuals, are not at our best in all ways – physically, emotionally and spiritually! Our professional association, ANA-Illinois, offers many opportunities to help us, as individuals, become the best we can be through the Healthy Nurse-Healthy Nation initiative as well as through programming on self-advocacy and workplace safety.

The professional association also offers us many opportunities “to do” for the collective nursing. Setting practice standards, promoting a code of ethics and advocating on behalf of positive health policy and legal and regulatory protection of practice and practice environments is what appreciation in the professional association allows us to do for our profession and what we do for nursing also benefits us as individual nurses.

We also have the opportunity “to do” for nursing through the Illinois Nurses Foundation. If every nurse who receives this communication donates just $10 we would have an endowment of over a million dollars to use to benefit professional development and fund research. If nurses purchase the Illinois nurse license plates we would have an even greater endowment since each plate generates an automatic donation.

Participation in an organization like ANA-Illinois Foundation allows an individual a sense of satisfaction and fulfillment while doing good for self and others. The wisdom of Supreme Court Justice Ruth Bader Ginsburg tells us “Whatever community organization, whether it’s a women’s organization, or fighting for racial justice … you will get satisfaction out of doing something to give back to the community that you never get in any other way.” I think The Notorious RBG would agree that this can be extended to include our nursing organizations.

As a long time active member of several nursing organizations and the current President of the Illinois Nurses Foundation I urge all of you, my nurse colleagues, to GET INVOLVED AND GET DOING for yourself and for nursing! On a personal note, this will be my last column as the INF President. While I will remain a Board member, it is time to look to the future and pass the reins of leadership to others. I hope you will join me as I promise to continue to make a difference for nursing in Illinois as an INF supporter!
Greetings! First, I’d like to wish every nurse and nursing student a very happy Nurses Week. Your dedication to our patients and the profession is recognized as nurses continue to be rated by the public as the most trusted profession by the Gallup poll.

With summer in full swing I’d like to highlight our outreach efforts in what ANA has declared the Year of Advocacy. We need your help in knocking on doors and canvassing for candidates in the November 2018 election who are advocates for the profession. Two of these candidates who need your help are nurses! Lauren Underwood is a Registered Nurse running for U.S. Congress in the Illinois 14th District, and Family Nurse Practitioner Representative Natalie Phelps Finnie who serves in the Illinois State Legislature 118th House District are both on the ballot for the November 2018 election. We will also be canvassing for other candidates who are supporters of Nursing. If you would like to join us in this effort, please sign up for notifications at our Advocacy Portal, which can be accessed from our website, on the Health Policy link or via www.ill nurses.com. The ANA’s virtual lobby day is being held on Thursday, June 21st. I hope you can participate. To learn more, visit www. action.org and sign up for Federal action alerts from ANA. Don’t forget to share your photos by posting #HeardOfAdvocacy!

As the weather is nicer outside, we are hosting Healthy Nurse, Healthy Nation events again. Be sure to request to join our “Healthy Nurse Healthy Nation – ANA-IL” Facebook group, which is a closed page for participant privacy. Information about our in person events and virtual engagement will continue to be shared via the Facebook group and all our social media channels. We invite all nurses and nursing students alike to join us at the events we are hosting and participate virtually. If you would like to host an event in your area- please contact us.

This summer we will again open the consent to serve process for ANA-Illinois Board positions, with elections being held in the fall. I would like to especially encourage nurses who practice in direct patient care to consider running for a Board of Directors position.

Finally, before you know it Fall will be here and our annual Professional Issues Conference, will be held in Lisle, IL on Saturday, November 3rd, 2018. Please do not forget that we are here to serve the profession, through advocacy, outreach, and education. Let us know how we can help advance the Nursing community here in Illinois!

Sincerely,
Dan Fraczkowski MSN, RN-BC
President- ANA-Illinois
@NurseDanF

On March 24th, the Student Nurses Association of Illinois (SNAI) held their Annual Leadership Conference at Chamberlain College of Nursing’s Chicago Commons. Each year, SNAI’s Leadership Conference provides speaker-driven guidance and connects students with their peers. This year’s theme was Mission: It’s Possible – Be an Action Hero through Nursing Leadership. Over 100 attendees soaked up wisdom from Alysha Hart, Michelle Heyland and Amanda Buechel. Alysha Hart provided valuable advice on overcoming adversity in leadership. Michelle Heyland discussed the importance of being open to opportunities from all directions and the need to hone these opportunities toward one’s ultimate leadership direction. Amanda Buechel offered students the courage needed to be leaders. She proved that one doesn’t need years of experience before they can enter the leadership arena. What is needed is the motivation to make change and the willingness to work hard for it.

After these rousing speeches, students split into breakout groups to discuss leadership attributes and skill improvement. Lunch provided students with a great opportunity to network and to visit with vendors. SNAI would like to extend their great appreciation for exhibitor participation from: Rasmussen College, Hurst Review, Aurora University, Illinois Emergency Nurses Association, Memorial Health System, Rosalyn Johnson, Marquette University, University of St. Francis, Sanford Health, Indiana Wesleyan University, American Nurses Association, and Chamberlain College of Nursing.

The second half of the day highlighted peer support and interaction. The SNAI Board of Directors sat as a panel for attendees who asked questions regarding time management, avenues for leadership entry, and barrier elimination, among many others. Afterward, students attended two collaborative hour sessions of their choice on 10 different topics, including: social media, student to nurse leadership transitions, and fundraising. The event closed out with a proud celebration of current leadership accomplishments among nursing students. Samantha Brinley of Waubonsee Community College was awarded the Pinnacle Student Nurse Leader Award and Jeff Coburn from Lakeview College of Nursing took home a $500 scholarship.
Exhibitors included:
- Alzheimer’s Association Illinois Chapter
- Aurora University
- Blessing-Rieman College of Nursing & Health Sciences
- Grand Canyon University
- Herzing University
- IDFPR/Illinois Nursing Workforce Center
- Illinois Association of Nurse Anesthetist
- Illinois ENA
- Illinois Nurses Foundation
- Indiana Wesleyan University
- Memorial Health System
- Northern Illinois University Graduate School
- Nurses PAC
- Olivet Nazarene University
- Purdue University Northwest
- Student Nurses Association of Illinois
- University of Michigan School of Nursing
- University of St. Francis
- Western Governors University
- Millikin University
- Illinois Public Health Association
- Kaplan University
- ISU Mennonite College of Nursing

Student Nurse Political Action Day & Lobby Day

continued from page 1
SAINT XAVIER UNIVERSITY
SCHOOL OF NURSING AND HEALTH SCIENCES

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Bachelor of Science in Gerontology Studies (Degree Completion)

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• Executive Leadership (EL) – 100% online
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The BSN and MSN programs at Saint Xavier University are accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington DC, 20001, (202) 887-6791.

The M.S. degree in speech-language pathology at SXU is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 220 Research Boulevard, 410, Rockville, MD 20850, (800) 498-2071.
SILVER SPRING, MD – The ANA Enterprise announced the appointment of Dr. Loressa Cole as its new Chief Executive Officer (CEO). She assumed this role on May 7, 2018.

In this role, Cole, DNP, MBA, RN, NEA-BC, FACHE, will provide strategic leadership and have responsibility for the operating activities of the Enterprise including management of staff and implementation of programs for the American Nurses Association (ANA), American Nurses Credentialing Center (ANCC), and American Nurses Foundation.

Dr. Cole is an accomplished senior executive who brings more than 30 years of progressively higher leadership and management experience, most recently as Chief Officer and Executive Vice President of ANCC. ANCC promotes excellence in nursing and health care globally through credentialing programs, of which she brings proven leadership as a seasoned healthcare executive and as the current Executive Vice President of ANCC. She demonstrates the vision, creativity, passion for nursing, and strong business acumen to leverage the strengths of ANA’s entities to enhance and grow the Enterprise.

“I am very honored and excited to assume this prestigious position. The American Nurses Association is the professional association for all registered nurses, and a recognized leader in ensuring quality care for all Americans,” said Dr. Cole. “At 4 million and growing, America’s nurses outnumber all other health-care professionals and serve an essential role to protect, promote, and improve health for all ages. I am humbled to lead the organization that for more than a century has nobly represented and served our nation’s nurses.

I look forward to working with the dedicated staff and volunteers who contribute tirelessly to maintain and grow the exceptional programs and credentialing products offered by the ANA Enterprise.”

Dr. Cole earned an associate degree in nursing from Bluefield State College in Bluefield, WV, a bachelor’s degree in nursing from Virginia Commonwealth University in Richmond, VA, a master’s of business administration from Averett University in Danville, VA, and a doctorate in nursing practice from Case Western Reserve University in Cleveland, OH. She is a member of ANA, Virginia Nurses Association, American Organization of Nurses Executives, and the American College of Healthcare Executives, where she holds Fellow status. Additionally, she currently serves on the Journal of Nursing Administration’s Editorial Board and the Board of Directors of the College of Healthcare Executives, where she holds Fellow status. Additionally, she currently serves on the Joint Commission’s Nursing Advisory Council. A past President of the Virginia Nurses Association and the Virginia Partnership for Nursing, Dr. Cole has also served on multiple boards, including The Bradley Free Clinic of Roanoke (VA), The Free Clinic of the New River Valley, and the Daily Planet (Richmond, VA).

Where can you find the most current version of the Illinois Nurse Practice Act (NPA)? Is there a list of pre-licensure nursing education programs approved by the Illinois Board of Nursing? When did Illinois first have more than 10,000 APRNs licensed? Is there a page that has all the nurse licensing information?

The answer to all the above questions can be found on the Illinois Nursing Workforce Center (INWC) website http://nursing.illinois.gov/. As a part of the Illinois Department of Financial and Professional Regulation (IDFPR), the INWC has links to the Licensing Section, ensuring up-to-date information. The tabs on the left side of the page link to both licensing and regulatory information, as well as items unique to the INWC.

For example, all pre-licensure nursing education programs are approved by the Board of Nursing. This page includes links to the schools, as well as student pass rates on the national nursing licensure (NCLEX) examination. Schools that are on probation are also listed http://nursing.illinois.gov/PreEducation.asp. There is a separate tab for post-licensure nursing education which includes the type of education specialization focus each school offers.

The tab ‘licensure/renewal’ links directly to the Licensing Section’s “Nurses” page https://www.idfpr.com/prof/nursing.asp. This page includes license applications, resource documents for foreign educated nurses, links to file a complaint and renew a license if the license is in the biennial renewal period. This page also provides licensing information, including a link to the current version of the NPA.

What was the first year that there were more than 10,000 APRNs licensed in Illinois? Answer: 2015. The tab ‘Data/Reports’.http://nursing.illinois.gov/PreEducation.asp has current and retrospective information on the number and type of nurses licensed in Illinois. This includes all reports on the statewide data that have been collected voluntarily during the license renewal process. Recent reports include both the 2016 RN and APRN reports. Recent reports have been written by the INWC board, and reports, such as the supply-demand regional analysis, were created through state coalitions.

The INWC was initially established through legislative action in 2006, and placed within IDFPR to address issues of supply and demand in the nursing profession. Comprised of eleven members with diverse expertise, the INWC is administered by a managing director. Since its inception, the INWC has established multiple coalitions with regional, state, and national organizations to address the statutory mandate.
Hektoen Nurses and Humanities Team Up with Goodman Theater For Oral Stories of Nursing Workshop

When was the moment that you first knew you wanted to be a nurse? What was it that drew you to that one patient you can never forget?

We all have stories. They are the way we learn about ourselves and about each other. They teach us, soothe us. Help us heal. Who tells your story?

Learn to tell those stories in a personal narrative storytelling workshop on Saturday, September 22nd, 2018. The Hektoen Nurses and Humanities Group and Goodman Theatre are teaming up to help you bring your memorable moments to life. The workshop will be six hours total with a lunch break. The morning will guide you through exploration and outlining your story. In the afternoon, we will learn how to engage, entertain, and move our listeners to be with us in the moment.

Due to the nature of this workshop, registration will be limited to 20 participants. We hope this will be the first in a series of workshops so we may gather an oral working history of Chicago nurses and important stories they have to tell about the ever changing world of nursing.

Mark your calendars now! For further information, contact Sandra Gaynor PhD, RN at dgaynor@sbcglobal.net or Tel: 773-774-9276.

Follow us on Facebook: Hektoen Nursing and Humanities.

Registration will open in June. Watch the ANA-Illinois website for details. If you have questions, please contact Joanne Buckley: JBuckley@ana-illinois.org.

The workshop topics stem from the 2017 PHN conference evaluation. Registration will begin at 9:30am, program at 10am. Snippets and planning tools will be presented in an interactive fashion. Topics include: advocacy-story telling-strengthening the nursing workforce, organizing to write for publication, raising awareness in the public health arena, measuring for success. Strategies will be explored for use in Illinois as we work to build healthier communities in a changing public health system.

Participants will hear from local and national experts, exploring opportunities to build healthier communities, innovative partnerships that benefit the nurses, students, public health, nursing as a practice, and the community. Who should attend: all nurses and leaders working in public health, community health clinics or centers and all faculty working in nursing education. We encourage existing and newly formed academic-practice partners to attend as a team for enhanced learning.

This activity has been submitted to Ohio Nurses Association for approval to award contact hours. Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Due to the generous support of the Robert Wood Johnson Foundation and the Illinois Nurses Foundation, the Public Health Nurse Workgroup is able to offer this conference at no charge to a limited number of faculty currently teaching in public health nursing and public health leaders in the community setting. We will hear from local and national experts, and will explore innovative public health nursing academic-practice partnerships.

Registration will open in June. Watch the ANA-Illinois website for details. If you have questions, please contact Joanne Buckley: JBuckley@ana-illinois.org.

Implementing and Sustaining Successful Public Health Nursing Academic-Practice Partnerships

The Illinois Public Health Nurse/PHN Academic-Practice Partnership Workgroup invites you to a day of interactive workshops designed to provide tangible tools to both develop and sustain academic-practice partnerships in the public health and community health settings. These workshops will be held at Illinois Wesleyan University School of Nursing, Bloomington, Illinois, the day prior to the Illinois Public Health Association 77th annual conference, also being held in Bloomington, Illinois.

When: Tuesday, September 4, 2018, 09:30am – 4:00pm
Where: Illinois Wesleyan University, 1312 Park Street, Bloomington, Illinois 61701
Registration to open in June watch the ANA-Illinois website for details

Illinois Wesleyan University Campus Map: https://www.iwu.edu/map/

The workshop topics stem from the 2017 PHN conference evaluation. Registration will begin at 9:30am, program at 10am. Snippets and planning tools will be presented in an interactive fashion. Topics include: advocacy-story telling-strengthening the nursing workforce, organizing to write for publication, raising awareness in the public health arena, measuring for success. Strategies will be explored for use in Illinois as we work to build healthier communities in a changing public health system.

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Registration will open in June. Watch the ANA-Illinois website for details. If you have questions, please contact Joanne Buckley: JBuckley@ana-illinois.org.
Social media missteps could put your nursing license at risk

Reprinted with permission from the American Nurses Association American Nurse Today March 2018 Vol. 13 No.3

Learn the rules and what to do if you make a mistake.

**Takeaways:**
- For nurses, social media use has daily applications in their personal and professional lives, facilitating conversations with colleagues about best practices and advancing healthcare.
- Inappropriate use of social media can create legal problems for nurses, including job termination, malpractice claims, and disciplinary action from boards of nursing (BON), which could negatively impact their nursing license and career.

Without a doubt, social media has become an integral part of modern life. Today, seven in 10 Americans use social media to get news, connect with others, and share information. Facebook leads the way with more than 2 billion users worldwide, followed by other popular platforms such as Twitter, Instagram, LinkedIn, and YouTube. For nurses, social media use has daily applications in their personal and professional lives, facilitating conversations with colleagues about best practices and advancing healthcare.

Although social media offers many benefits, inappropriate use can create legal problems for nurses, including job termination, malpractice claims, and disciplinary action from boards of nursing (BON), which could negatively impact their nursing license and career.

**What to avoid when posting**

Remember that professional standards are the same online as in any other circumstance. And although you should approach all social media posts with caution, several high-risk areas deserve closer examination.

**Breaches of patient privacy and confidentiality**

Whether intentional or inadvertent, social media posts that breach patient privacy and confidentiality are the most egregious. They include patient photos, negative comments about patients, or details that might identify them, the healthcare setting, or specific departments. Even when posted with the best intentions, such as trying to get professional advice from colleagues about patient care, these posts are discoverable and can lead to legal problems, with potential fines and jail time for Health Insurance Portability and Accountability Act (HIPAA) violations, termination or other discipline from your employer, action taken against your license by a BON, civil litigation, or professional liability claims.

According to the 2015 nurse professional liability exposures claim report update from the Nurses Service Organization, examples of civil litigation and closed claims in connection with inappropriate electronic and social media use include:

- An RN who took a picture of a man getting an electrocardiogram and posted it on Facebook.
- An RN who sent text messages to another nurse and physician describing a sick child and his mother in an unfavorable light.
- Staff members at a long-term-care facility who videotaped and photographed a certified nursing assistant colleague who was in labor. They allegedly mocked the woman, posting photos, including of her vaginal area, on various social media sites.

**Unprofessional behavior**

A second high-risk area are posts that could be considered unprofessional or reflect unethical conduct—anything defined as unbecoming of the nursing profession. For example, negative comments about your workplace, complaints about coworkers and employers, or threatening or harassing comments fall into this category.

The highly publicized firing in 2013 of an emergency department nurse at New York–Presbyterian Hospital demonstrates the risks connected with posting workplace photos. The nurse shared a photo on Instagram depicting an empty trauma room where a patient had been treated after getting hit by a subway train. Although the post didn’t violate HIPAA rules or the hospital’s social media policy, she was terminated for being insensitive.

Posts about your personal life also can negatively affect your professional life. Posting photos or comments about alcohol or drug use, domestic violence (even comments about arguing with a spouse) and use of profanity, or sexually explicit or racially derogatory comments could lead to charges of unprofessional behavior by a BON. And keep in mind that complaints can come from anywhere, including employers and coworkers, family and friends, and intimate partners, so the privacy setting on the social media platform won’t protect you.

Court rulings have supported disciplinary actions by BONs against nurses for unprofessional behavior in their personal lives. A key example is the 2012 decision by the California Supreme Court, which left intact an appellate ruling (Sulfa v Board of Registered Nursing) that allowed a state board to discipline a nurse who was caught driving drunk, even though his arrest had nothing to do with his job. The BON placed the nurse on 3 years’ probation after his arrest. The appeals court ruled that state laws authorize disciplinary action against a nurse who uses alcohol, on or off the job, in a way that endangers others. The result is that nurses in California who are convicted of driving under the influence will have their nursing license suspended by the BON. This has clear implications for social media posting about alcohol use (or any high-risk topic) in your personal life. (See How to avoid social media pitfalls.)

**If you hear from the BON**

If you receive a letter from the BON about an investigation, don’t represent yourself. Hire an attorney who specializes in administrative law and procedure—ideally one who’s familiar with your state BON. Decisions about a complaint can take from several months to more than a year, and outcomes can range from case dismissal for lack of merit or insufficient evidence to referral to the state’s attorney general office for prosecution. If no settlement is reached, you and your attorney will argue the case at a hearing with potential outcomes that include public admonition/reprimand, restriction, probation, suspension, or revocation of your nursing license.

Other serious repercussions are possible. Decisions made by BONs are communicated via Nursys.com, a national database for verification of nurse licensure, discipline, and practice privilege administered by the National Council of State Boards of Nursing. If disciplined, you also could receive a letter from the U.S. Department of Justice restricting your ability to work in any facility that receives reimbursement from Medicare and Medicaid. In addition, disciplinary action...
The 30th Annual National Black Nurses Day Ceremony

“The highest honor that one can achieve is to be honored by one’s peers”

Celebrating Nurses in Community Health, Public Health, Correctional Health and Health Care Advocacy

The 30th Annual Celebration of the National Black Nurses Day honoring nurses in Public Health, Community Health, Correctional Health and Healthcare Advocacy was held on February 23, 2018. This event has been held at the Apostolic Faith Church for the past thirteen years, where the Bishop Horace-Smith, MD is the Bishop. This event was previously held at the University of Illinois College of Nursing, City Colleges of Chicago-Dawson Skills Institute, Provident Hospital and Cook County Hospital School of Nursing. The National Black Nurses Day Planning Committee, a coalition of professional nursing organizations consisting of the Chicago Chapter National Black Nurses Association (CCNBNA), Alpha Eta Chapter of Chi Eta Phi Sorority, Inc, Beta Mu Chapter of Lambda Pi Alpha Sorority, and the Provident Hospital Nurses, Alumni Association organized and sponsored the program. Dr. Sandra Webb-Booker, National Black Nurses Day (NBND) Planning Committee Chair was also the Mistress of Ceremonies. Opening remarks were given by Ellen Durant, RN, President Chicago Chapter National Black Nurses’ Association, Rev. Dr. Patricia Price, RN, President of Beta Mu Chapter of Lambda Pi Alpha Sorority; Toni Oats, RN, President of Alpha Eta Chapter of Chi Eta Phi Sorority, Inc., and Louise Broadnax, RN, President of Provident Nurse’s Alumni Association.

The National Black Nurses Day was proclaimed on February 3, 1989 to applaud black health care practitioners. Congressman Charles Rangel stated that “February is the month that we set aside to honor the contributions made by black Americans to this country, therefore it is fitting that black nurses be recognized and honored for their outstanding contributions to our community and country.”

“A nurse everyone needs to know.”
Iris Shannon, PhD, RN, FAAN, nurse advocate, leader and educator.

Iris Shannon, PhD, RN, FAAN, nurse advocate, leader and educator was honored as a nurse everyone needs to know. June Crayton, MSN, RN highlighted the more than 60 years of Dr. Shannon’s work in the areas of public health, academia and leadership. Dr. Shannon has worked on the community, state, national and international levels, where she is known as the “Queen of Public Health.” Dr. Shannon spent 40 plus years working at Rush University in numerous roles. Dr. Iris Shannon has recently authored a book titled “Lifetimes of Dedications and Service, Meharry Medical College School of Nursing Graduates” of which she is a graduate of the class of 1948.

2018 Nurse Honorees

National Black Nurses Day Honorees: Left to Right- Mary Muse, RN, Janice Phillips, PhD, RN, Monique Reed, PhD, RN, Jen’nea Sumo, PhD, RN, Valeria Hubbard, RN, Donna Feaster, RN, Evonda Thomas-Smith, RN, Veleda M. Shaver, LPN, Shawn Withers, RN, Pamela S. Robbins, RN, Kim Anderson, RN, Carolyn Boyd, RN, Agnes Jones-Perry, RN, Diane Morrison, LPN, and Janet James-Benson, RN.
Preparedness of Illinois School Nurses to Manage Complementary, Alternative, and Integrative Therapies for Students

Lizbeth P. Sturgeon, PhD, RN, CNE, Grace Lartey, PhD
Dawn Garrett-Wright, PhD, PMHNP-BC, CNE
Western Kentucky University
1906 College Heights Blvd.
Bowling Green, Kentucky, 42101

According to the latest National Health Interview Survey (NHIS), one out of every ten children less than 18 years of age have used some type of complementary therapy (Black, Clarke, Barnes, Stussman, & Nahin, 2015). Most often, students indicated these therapies were used to relieve back/neck pain, colds, anxiety/stress, or attention-deficit/hyperactivity disorder. Since children spend a third of their day in a school setting, it is important for school nurses to have knowledge and training for the use of non-mainstream treatments. Of particular concern is a recent review where Chang and Chang (2015) reported that less than 25% of nurses felt sufficiently educated on complementary and alternative medicine. Of the 15 studies included in their review, none of these included school nurses. Therefore, there is an immediate need to determine if school nurses are adequately prepared to administer complementary, alternative, and integrative therapies (CAI) to school-aged children.

The purpose of this study was to describe school nurses' knowledge and perception of CAI therapies. Additional research questions included: 1) feelings about preparation to administer these therapies, 2) degree of CAI use in their schools, and 3) awareness of policies related to administration of CAI therapies to students.

Methods

The researchers developed an instrument to evaluate school nurses' knowledge and perceptions of CAI therapies after a thorough search for relevant literature. Demographic data and questions regarding education and certification were also included in the instrument. Content validity was analyzed using content and research design experts. Reliability was determined by piloting the revised instrument with a small sample of school nurses. The study was approved by the Western Kentucky University Institutional Review Board prior to data collection.

The Illinois Association of School Nurses (IASN) was contacted about collaborating and conducting this research with their constituents. After a memorandum of agreement was signed, the IASN provided the researchers with prepared mailing labels to facilitate the mailing of the questionnaires to members of the association. All members of IASN (428) received a packet containing a cover letter explaining the purpose of the study and assuring confidentiality, a copy of the questionnaire, and a first-class prepaid return envelope. Two reminder emails were sent to members of the association at three and five week intervals to encourage participation. Data was analyzed using IBM SPSS Statistics 24 and frequencies, means, and standard deviations were used to describe the responses.

Results

One hundred and eleven IASN members responded to the survey. The majority of participants were educated at the Master’s level (62%), were employed full time (94%) in suburban schools (66%), and 96% had a school nurse certification. Participants were asked if they believed the importance of CAI education for school nurses, student rights and accountability for reporting CAI use, and assessment of the use of CAI therapies. Approximately 81% of respondents reported that school nurses should receive CAI education; however, only 15% felt comfortable with their knowledge of CAI therapies. In fact, when queried about the definitions of complementary, alternative, and integrative medicine, the majority of respondents demonstrated a lack of knowledge about the definitions of integrative medicine (56%) and complementary medicine (57%), whereas 96% correctly identified the definition of alternative medicine.

A majority believed that children under the age of 12 (62%) and between the ages of 13-19 (68%) have a right to integrate CAI therapies with their conventional treatments. With respect to student and caregiver disclosure of the use of CAI therapies, 68% of the respondents believed students should tell their school nurse and 70% felt caregivers should inform the nurse of the student’s use of CAI therapies.

Fifty percent of the participants believed school nurses are accountable for assessing the use of CAI therapies in their students. Less than half of the respondents (45%) reported that they assessed students for CAI use and only 23% felt comfortable in doing so. School nurses’ level of education and assessment of CAI use was statistically significant (χ² = 6.93, df = 2, p < 0.05). Seventy-seven percent indicated that CAI therapies in the school were an important part of the nurses’ role in their practice, with only 26% indicating that they were allowed to administer CAI therapies, and 77% reported that they were not familiar with the Board of Nursing regulation or school district policy on administration to students.

The survey also contained questions related to twelve CAI therapies (acupuncture, chiropractic, herbal medicines, homeopathic medicine, hypnotherapy/hypnosis, massage, yoga, psychotherapy, prayer/spiritual interventions, meditation, art therapy, and music therapy) to capture school nurses’ beliefs and attitudes about specific CAI therapies. Their opinions of the legitimacy of CAI therapies varied tremendously. Meditation was most often considered a legitimate therapy (58%) while homeopathic medicine was considered least legitimate (18%). Of the therapies listed, a small percentage of school nurses (1.8% – 28%) saw them in use in their practice with yoga being the most common. Safety concerns for using these therapies ranged from 1.8% for art and music therapy to 32% for herbal medicine and hypnotherapy/hypnosis. In terms of their comfort level in administering or assisting in the administration of CAI therapies, less than 25% were comfortable with delivering any of these therapies. Approximately 50% of the respondents indicated that acupuncture, herbal medicine, homeopathic medicine, and hypnotherapy/hypnosis were prohibited by the Board of Nursing or their school district policy.

Discussion

Illinois school nurses participating in this study felt that CAI education and knowledge were important aspects of their role but reported they were inadequately trained in these therapies. Nurses in this study did not feel comfortable for the most part in administering or assisting with administration. In addition, the respondents were unsure if they were even permitted to administer CAI therapies per the state board of nursing or their school system policy.

In a position statement about medication administration in schools drafted by the National Association of School Nurses (NASN), it was recommended that policies and procedures should address complementary and alternative medicines and should be in alignment with state nurse practice acts and school district guidelines (NASN, 2017). It is evident from this study that Illinois school nurses require more information and training in their scope of practice related to CAI therapy assessment and administration.

In summary, school nurses should contact their local school districts if they are unsure of policies regarding the administration of non-FDA approved medicines or therapies since these policies are legally binding. However, it is important to note that the policies may depend on the state nurse practice act and its rules in terms of the scope of practice of a nurse in the school settings. As a result, a consultation with a nurse attorney or attorney of the school nurse’s choice may be helpful. Also, nurses interested in learning more information about their role in administering CAI therapies may also contact a state nurse consultant who is also knowledgeable about this topic at http://www.schoolnurseconsultants.org/.

References


ANA Launches the New and Improved nursingworld.org!
Find an opportunity to address workplace civility.

Healthy work environments

Nurse leader talks about respectful, healthy work environments

Find an opportunity to address workplace civility.

Healthcare is a team sport. At Christiana Care, our values statement supports this from the top: “We serve together, guided by our values of excellence and love.” We continue to implement and innovate with the full support of our leadership.

We’ve started using aspects of the tool-kit and established a task force to promote a healthy, respectful workplace. Our “Heavenly Seven” survey assesses the experiences of our float pool and nurses required to float from their units — whether they felt welcomed on the unit, if they were recognized the signs of bullying and emotional distress, - Refuse to be a silent bystander; take a stand.

Create a mechanism for staff to confidentially report issues in the workplace without fear of retaliation. What’s happened recently in Hollywood and the political world is extremely empowering to others who may be suffering in silence.

What are pressing issues that nurses should be leading on or advocating for?

Appropriate nurse staffing is the number-one issue. Advocating for healthy work environments, governance structures, patient safety, quality indicators, and the ability for nurses to practice to the top of their license in all settings leads to appropriate staffing.

Final comments?

I encourage nurses to embrace lifelong learning, become certified in their specialty, lean in to new opportunities, and get involved in professional practice issues. I also believe we must be courageous, perhaps even more today, to speak truth to power.

Program outcomes results of panel discussion:

1. Effectiveness of the program to understand the impact of IPV among cultures was rated as Excellent or Good by 100% of the participants.
2. Effectiveness of the program to identify resources for IPV among cultures was rated as Excellent or Good by 96% of the participants.
3. Overall quality of the program was rated as Excellent or Very Good by 99% of the participants.

Selected references


NAHN-Illinois

Our affiliate member, NAHN-Illinois is witnessing a great progress in providing our members with outstanding opportunities and activities for their members to get involved with, including the All of Us Research Launch here in Chicago which took place on May 6th at Millenium Park. “It’s an exciting time to be part of this chapter,” says Treasurer Gloria E. Barrera, MSN, RN, PEL-CSN. Stay in the know with NAHN-Illinois via https://www.nahnillinois.org/ and follow up on Twitter @NAHN_Illinois.

Leading the Way

Nurse leader talks about respectful, healthy work environments

Find an opportunity to address workplace civility.

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American Nurse Today April 2018 Vol. 13 No. 4

Ric Cuming, EdD, RN, NEA-BC, FAAN, is senior vice president and chief nurse executive at the twice Magnet®-recognized Christiana Care Health System in Wilmington, Delaware, and a Delaware Nurses Association member.

Among his passions is promoting respectful, healthy work environments. An alumnus of the prestigious Robert Wood Johnson Foundation (RWJF) Nurse Executive Fellows program, he codeveloped the Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying (stopbullyingtoolkit.org).

As a nurse leader, do you face consistent challenges?

Challenges are really opportunities in disguise. One of the biggest is the pace of change in healthcare, which is exponential. Another is having sufficient resources — staff and supplies — so we can provide the safest, highest quality patient care. What really keeps me up at night is the importance of regard for other workers. We’ve reached a very wide audience locally, nationally, and internationally through ongoing presentations.

Can you describe your work around the Civility Tool-kit and its importance?

We wanted to provide a resource for nursing and health-care leaders that focused on creating and sustaining healthy work environments that staff, educators, and others can access free online. The American Nurses Association also has done important work addressing workplace incivility, bullying, and violence, which has become a national epidemic in healthcare. For the tool-kit (with tip sheets, assessments, and strategies), we defined workplace incivility broadly to include any negative behavior that demonstrates a lack of regard for other workers. We’ve reached a very wide audience locally, nationally, and internationally through ongoing presentations.

Illinois Nurse Foundation’s (INF) recently awarded Saint Xavier University, School of Nursing and nurses from Cook County Department of Public Health and nurses from Saint Xavier University who coordinated this program.

Program outcomes results of panel discussion:

1. Effectiveness of the program to understand the impact of IPV among cultures was rated as Excellent or Good by 100% of the participants.
2. Effectiveness of the program to identify resources for IPV among cultures was rated as Excellent or Good by 96% of the participants.
3. Overall quality of the program was rated as Excellent or Very Good by 99% of the participants.

Comments:

• Excellent, well promoted, attended and organized. Presenters and students were great.
• Having different perspectives/aces on the panel discussion helped better understand that IPV exists throughout different cultures and every race faces different challenges.
• Great presentation, I have been attending presentations for years and this was a great cross-section of presenters who surfaced vital information.
• Wonderful experience, excited to carry out this knowledge in practice.
• Each of the speakers provided powerful information and have inspired me to become more involved in helping victims of IPV.
• Outstanding program, nurses as well as average citizens need to be aware of this problem.

Social media missteps continued from page 8

in one state may affect your license in another. After you’ve been disciplined, each state in which you hold a license can review or open the case.

To protect yourself, carry your own malpractice/disciplinary insurance (don’t rely on the insurance carrier for your hospital or private practice). This is especially important with the anticipated increase in medical professional liability claims associated with social media use.

Think twice

Social media is a great way to connect personally and professionally. But remember that online posts live forever and that social media missteps could negatively affect your license and ability to practice. To protect yourself, think twice before you post content that could be judged as unprofessional.

Melanie L. Balestra is nurse practitioner and has her own law office in Irvine, CA and Newport Beach, California. She focuses on legal and business issues that affect physicians, nurses, nurse practitioners, and other healthcare providers and represents them before their respective boards.

Selected references


Background on Sunset

The new Act through a collaborative process that engaged community came together through the Illinois Coalition recent “Sunset” of the Illinois Nurse Practice Act, the nursing profession to support cutting edge practice, improve patient health outcomes and bring nursing in Illinois to the cutting edge of patient care. Thus, the Illinois Nurse Practice Act sunsets or becomes ineffective January 1, 2018, but the rules to implement the Act have not yet been presented for public comment and finalized. Until those rules are published some definitions support delineation of the scope of practice for APRNs. These definitions support the new Act through a collaborative process that engaged hundreds of nurses, including LPNs, RNs, and APRNs in Illinois, using their collective expertise in writing the new Illinois Nurse Practice Act.

Every Sunset of the Illinois Nurse Practice Act (the Act) enables the Illinois nursing community to advance the profession to support cutting edge practice, improve patient outcomes, and enhance the quality of nursing education to strengthen the nursing workforce in Illinois.

New Changes, New Definitions, and New Terms in the Illinois Nurse Practice Act

Advanced practice nurses in Illinois will now be identified as APRNs (advanced practice registered nurses) instead of advanced practice nurses (APNs) to include nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. This change is consistent with language used in nursing throughout the country.

Revisions in the new Illinois Nurse Practice Act

Practical nursing (licensed practical nurse/LPN in Illinois) means the performance of nursing interventions and assisting in the nursing process under the guidance of a RN or APRN. An LPN may work under the direction of licensed physician, dentist, podiatric physician or other healthcare professional determined by the Department.

Registered professional nursing (RN) practice is a scientific process founded on professional knowledge, including but not limited to, the appraisal of an individual’s status and current situation, contributing to the implementation and guiding the nursing plan of care. This change is consistent with language used in nursing throughout the country.

In community-based or in-home care settings, delegation of medication administration to unlicensed personnel is authorized under Section 80 of this Act or otherwise specifically authorized by law; RNs from delegating nursing judgment, comprehensive patient assessment, development of care plans, and the evaluation to licensed or unlicensed personnel; LPNs who have been delegated a nursing intervention from re-delegating a nursing intervention.

Qualifications for LPN Licensure ($55-10) include:

• A requirement that within 3 years of initial application, applicants who have not taken their licensure exams, refused to take an exam, or failed to pass the exam will be denied their application.

• Following denial, the applicant must take an additional educational course as defined by rule prior to submitting a new application. New qualifications require the fee, evidence of meeting all requirements at time of new submission and evidence of completing mandated educational course.

RN Education Program Requirements ($60-5) are:

• As of 12/31/22, the Act requires all RN education programs to obtain accreditation by a national accrediting body. This requirement is to ensure the quality of an RN or APRN program as recognized by the US Department of Education and approved by the Department (IDFP).

The Act allows RNs or APRNs to:

• Delegate nursing interventions to other RNs, LPN, and unlicensed personnel based on the comprehensive nursing assessment that includes, but is not limited to: stability and condition of patient; predictability of outcomes; complexity of nursing intervention to be delegated; and predictability of outcomes; competence of individual to whom the nursing intervention is delegated.

• Delegate medication administration to other licensed personnel.

• In community-based or in-home care settings, delegate the administration of medication (limited to oral or subcutaneous dosage and topical or transdermal application to unlicensed personnel if all the conditions for delegation set forth in this Section are met).

• Refuse to delegate, stop or rescind a previously authorized delegation.

• In community based or home care settings, delegate, guide, and evaluate implementation of nursing interventions based on the plan of patient care coordination after completion of comprehensive patient assessment based on nursing assessment data and analysis. Coordination may occur in person, by electronic or telecommunication.

In addition, the Act prohibits:

• An individual or entity from mandating that the RN delegate nursing interventions if the RN determines it is inappropriate to do so. Nurses shall not be subject to disciplinary or any other adverse action for refusing to delegate;

• Directing medication administration to unlicensed personnel in any institutional or long-term care facility, including, but not limited to, those facilities licensed under the Hospital Licensing Act, University of Illinois Hospital Act, state-operated mental health hospitals or state-operated developmental centers except as authorized under Section 80 of this Act or otherwise specifically authorized by law;

• Refuse to delegate nursing judgment, comprehensive patient assessment, development of care plans, and the evaluation to licensed or unlicensed personnel;

• LPN or unlicensed personnel who has been delegated a nursing intervention from re-delegating a nursing intervention.

Delegation is defined and discussed in the Act at: http://ilga.gov/litigation/lcs/4c4asp?DocName=02250060Hart%7C+%7C08Act%7C1312&chapterID=246&seqStart=1310000&SeqEnd=1480000.

LPN licensure and scope of practice are found in the Act at: http://ilga.gov/litigation/lcs/4c4asp?DocName=02250060Hart%7C+%7C08Act%7C1312&chapterID=246&seqStart=1310000&SeqEnd=1560000.
• The Commission on Nursing Education Accreditation (CNEA) is in the process of seeking federal approval as a specialty accrediting body for the full spectrum of education and begun accrediting programs as part of the application process. This agency also seeks to accredit the full spectrum of nursing education programs: from LPN/LVN to clinical doctoral programs (DNP); it is a wholly owned subsidiary of the National League for Nursing.

• Programs must notify IDPR and the Board of Nursing within 30 days of losing accreditation. The Department may adopt rules regarding a warning process and re-accreditation.

Qualifications for RN Licensure (§60-10)
• Mandates that within 3 years of initial application, applicants who have not taken their licensure exams, refused to take an exam, or failed to pass the exam will be denied re-application.
• Following denial, the applicant must take an additional education course as defined by rule prior to submitting a new application. New applications require the fee, evidence of meeting all requirements at time of new submission and evidence of completing mandated educational course.

RN Scope of Practice (§60-35)
• Practice as RN means full scope of nursing, with or without prescriptive authority as defined in §60-35. The collaborating physician may delegate prescriptive authority as part of the collaborative provider agreement for APRNs.

Physician’s Role in Collaborative Practice
• Requires that collaborating physicians provide professional oversight of the practice of APRNs.
• Requires that collaborating physicians maintain current knowledge and skills as an APRN.
• Requires that collaborating physicians be involved in the practitioner and practice regulation.

Written Collaborative Agreements (WCA)
• Written Collaborative Agreements (WCA) for APRNs (§65-35) and Written Collaborative Agreements and Prescriptive authority may include prescriptive selection, order, administration, storage, acceptance of samples and dispensing OTC meds, legend drugs, medical gases, and controlled substances III – V.
• The collaborating physician must have valid current Illinois controlled substance license and federal registration to delegate authority to the collaborating provider.

• To prescribe under this section APRN must obtain a mid-level practitioner controlled substance license. 
• Medication prescribed and orders shall be reviewed periodically by collaborating physician.
• Collaborating physician must file a notice of delegation of prescriptive authority and termination of such delegation (Section 244.5b-117, 244.5b-118) and the Prescriptions Monitoring Program. Once received by IDPR, the licensed APRN will be eligible to register for a mid-level practitioner controlled substance license under section 303.05 of the Illinois Controlled Substance Act.

• In addition to requirements of above, a collaborating provider must follow the provisions of Schedule II substances to APRN if all of the following conditions apply:
  Specify oral, topical, or transdermal applications delegated Schedule II drugs by generic or brand name that are routinely prescribed by the collaborating provider.
• The collaborating provider must not delegate Schedule II by IV route or other routes than ones specified here.
• Any delegation must be for a controlled substance that the collaborating provider prescribes.
• Must be limited to no more than 30-day supply.
• Collaborative providers must deny the request if prior approval by collaborating provider.
• Patient condition must be discussed w/ collaborating provider.
• Patient condition must be discussed w/ collaborating provider.
• APRN must be licensed and certified as nurse practitioner, midwife or midlevel nurse specialist to practice without a WCA and to be fully accountable;
• To patients for quality of advanced nursing care rendered;
• For recognizing limits of knowledge and experience; and for planning for the management of situations beyond the APRN’s expertise.

To be granted FPA, an APRN certified as nurse midwife, clinical nurse specialist or nurse practitioner must:
• File with IDPR a notification of completion of at least 250 hours of continuing education or training and at least 4000 hours of clinical experience after first attaining national certification.
• Identify generic and brand name that are routinely prescribed by APRNs in that area
• APRNs who have not taken a certification examination must be attested to by collaborating provider and APRN.

To be granted FPA, an APRN certified as nurse midwife, clinical nurse specialist or nurse practitioner must:
• File with IDPR a notification of completion of at least 250 hours of continuing education or training and at least 4000 hours of clinical experience after first attaining national certification.
• Identify generic and brand name that are routinely prescribed by APRNs in that area
• APRNs who have not taken a certification examination must be attested to by collaborating provider and APRN.

APRN Practice in Hospitals, Hospital Affiliates and ASTCs (§65-45).

• APRN FPA scope of practice does not include operative procedures beyond the APRN’s expertise.
• Use of only local anesthetic.

• The APRN and physician must discuss the condition of the patient, the specific Schedule II narcotic must be identified by the collaborating provider, and the appropriate physician committee of the hospital affiliate or ASTC (ambulatory surgical treatment center) without a WCA with privileges recommended by the hospital medical staff and granted by the hospital; or by the consulting medical staff committed to inpatient ASTC.

• The medical staff shall periodically review the services of all APRNs granted privileges.

• An APRN practitioner may not prescribe medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the APRN and attending or discharging physician.

• APRNs practicing in hospital or ASTC are not required to obtain a mid-level controlled substance license to order controlled substances.
• APRNs certified as nurse practitioners, midwives, or clinical nurse specialists practicing in a hospital affiliate may be privileged to prescribe Schedule II by IV route or other routes than ones specified here.
• APRNs granted these privileges in a hospital affiliate must follow the provisions of Schedule II substances as provided in Section 303.05 of the Illinois Controlled Substance Act.

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• Identify generic and brand name that are routinely prescribed by APRNs in that area
• APRNs who have not taken a certification examination must be attested to by collaborating provider and APRN.

Written Collaborative Agreements and Prescriptive Authority (§65-40)

• Allows, but does not require, the collaborating physician to delegate prescriptive authority as part of WCA for APRNs.

• Prescriptive authority may include prescription, selection, order, administration, storage, and at least 4000 hours of clinical experience after first attaining national certification.

• Continuing education or training hours required above shall be in APRNs area of certification as set forth by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate.

• Clinical experience must be in APRNs area of certification, in collaboration with physician or physicians who are not certified by the PMP website.

• Authority to obtain an Illinois Controlled Substance license and federal DEA (Drug Enforcement Agency) number.

• Use of only local anesthetic.

• APRN FPA scope of practice does not include operative procedures beyond the APRN’s expertise.
• Use of only local anesthetic.

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• Use of only local anesthetic.

**Grounds for Disciplinary Action for LPNs, RNs, and APRNs (170-5).**

- Revises prior “physical illness,” deleting deterioration through the aging process or loss of motor skills.
- Adds new grounds for:
  - Willfully failing to report an instance of suspected abuse, neglect or financial exploitation or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.
  - Being named as an abuser in verified report by Department of Aging and under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected or financially exploited an eligible adult a defined in the Adult Protective Services Act.


The Act is accompanied by Rules for the implementation of the Act. The Rules for the current Act are still in development and will be promulgated later in 2018.

**CE Offering**

- **3.0 Contact Hours**
- **This offering expires in 2 years:** June 15, 2020

**LEARNER OUTCOME:**

Attendees will be able to 1. identify the recent changes in the Illinois Nurse Practice Act that went into effect on January 1, 2018 and 2. determine how these changes will impact their nursing practice and the nursing practice of LPNs, RNs, and APRNs in their workplace.

**HOW TO EARN CONTINUING EDUCATION CREDIT**

This course is 3.0 Contact Hours

1. Read the Continuing Education Article
2. Go to [https://ilnursesfoundation.wufoo.com/forms/jun-2018self-study/](https://ilnursesfoundation.wufoo.com/forms/jun-2018self-study/) to complete the test and evaluation. This link is also available on the INF website [www.ilnursesfoundation.org](http://www.ilnursesfoundation.org) under programs.
3. Submit payment online.
4. After the test is graded, the CE certificate will be emailed to you.

**HARD COPY TEST MAY BE DOWNLOADED** via the INF website [www.ilnursesfoundation.org](http://www.ilnursesfoundation.org) under programs.

**DEADLINE**

**TEST AND EVALUATION MUST BE COMPLETED BY June 6, 2020**

Complete online payment of processing fee as follows: ANA-Illinois members: $7.50 Non members: $15.00

**ACHIEVEMENT**

To earn 1.0 contact hours of continuing education, you must achieve a score of 80%.

If you do not pass the test, you may take it again at no additional charge.

Certificates indicating successful completion of this offering will be emailed to you.

The planners and faculty have declared no conflict of interest.

**ACCREDITATION**

This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. [ISBN-001-91], #21695, 6/15/2020

**CE quiz, evaluation, and payment are available online at** [https://nursesfoundation.wufoo.com/forms/jun-2018self-study/](https://nursesfoundation.wufoo.com/forms/jun-2018self-study/) or via the INF website [www.ilnursesfoundation.org](http://www.ilnursesfoundation.org) under programs.
Nurses want to provide quality care for their patients.
The Nurses Political Action Committee (Nurses-PAC) makes sure Springfield gives them the resources to do that.

Help the Nurses-PAC, help YOU!
So . . . . . . if you think nurses need more visibility . . . . . . if you think nurses united can speak more effectively in the political arena . . . . . . if you think involvement in the political process is every citizen's responsibility.

Become a Nurses-PAC contributor TODAY!

- I wish to make my contribution via personal check (Make check payable to Nurses-PAC).
- I wish to make a monthly contribution to Nurses-PAC via my checking account. By signing this form, I authorize the charge of the specified amount payable to Nurses-PAC be withdrawn from my account on or after the 15th of each month. (PLEASE INCLUDE A VOIDED CHECK WITH FORM)

- I wish to make my monthly Nurses-PAC contribution via credit card. By signing this form, I authorize the charge of the specified contribution to Nurses-PAC on or after the 15th of each month.
- I wish to make my annual lump sum Nurses-PAC contribution via a credit or debit card. By signing this form, I authorize ANA-Illinois to charge the specified contribution to Nurses-PAC via a ONE TIME credit/debit card charge.
- Mastercard  □  VISA  □

Credit card number  Expires  CVV
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Date: ________________________________
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