

The South Carolina Nurse



SOUTH CAROLINA NURSES ASSOCIATION

The Voice of South Carolina Nurses for Over 110 Years

Brought to you by the South Carolina Nurses Association (SCNA), whose dues paying members make it possible to advocate for nurses and nursing at the state and federal levels.

Volume 26 • Number 2

CIRCULATION 75,000 TO ALL REGISTERED NURSES, LPNS, AND STUDENT NURSES IN SOUTH CAROLINA.
A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION

March, April, May 2019

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LEADERS



SCNA Board Members, Chapter Officers, and Staff In Attendance at the January 2019 SCNA Board Meeting
Front Row Left to Right: Debra Stokes, Elaine Reimels, Amy Joseph, Mary Wessinger
Second Row Left to Right: Tena McKinney, Jaime Cuff, Angela Dykes, Vanessa Thompson, Kim Gilmore, Lynne Hutchison **Back Row Left to Right:** Jada Quinn, TK Curtis-Pugh, Jessica Stricklin, Kahlil Demonbreun, Kelly Bouthillet, Judith Thompson

This issue of the SC Nurse will begin a series of small "get to know" the SCNA Leaders. Each Board Member will have a picture and asked to provide a brief introduction. We begin this series with the Executive Committee of the SCNA Board of Directors:

- President
- President-Elect
- Secretary/Treasurer



President

Name: Selina ("Tena") Hunt McKinney, PhD, APRN

City/Town where you live: Columbia

Are you a SC native or did you move here on purpose: I am a SC native so I love fried chicken, oysters, grits, and rice and gravy!

Area of nursing that you are practicing now: Psychiatric/Mental Health Nurse Practitioner at Carolina Family Practice and Academic Nursing at USC College of Nursing.

Education: BSN from USC; MSN in PMHNP from USC; PhD in Public Health/Health Services Policy, Management from USC; Research Post-doc at Duke University.

Favorite thing about being a nurse: My favorite thing about being a nurse is the variety of opportunities! I do at least five to six different 'jobs' at my job at the USC College of Nursing. I have never been bored in my career as a nurse!

Area of nursing that you are practicing now: I am a dual-boarded advanced practice nurse and work full time as graduate faculty, however I also practice in the acute & critical care setting as an ACNP Hospitalist and continue to do special projects or consulting as a CNS.

Education: I earned my original nursing degree at Anne Arundel Community College in MD. I attended Duquesne University for both my BSN and MSN (acute and critical care clinical nurse specialist program). I then graduated from the post-master's program as an Acute Care Nurse Practitioner at Saint Louis University. Finally, I obtained my doctorate (DNP) from Georgia College and State University.

Favorite thing about being a nurse: I am not sure that I can pick a single favorite thing about nursing! If had to pick a profession all over again, I would happily do it again! I still love taking care of patients, even though my role is different than when I first began as a nurse. My other 'favorite' thing about nursing is our numbers; four million strong, in various nursing roles, working together to advance health care and improve patient outcomes.

Secretary/Treasurer

Name: Amy Joseph

City/Town where you live: West Ashley



Are you a SC native or did you move here on purpose: I'm from CT and I moved here for work.

Area of nursing that you are practicing now: Academia

Education: BSN from Southern Connecticut State University; MBA from The Citadel (go Bulldogs); PhD in nursing from The University of South Carolina (go Gamecocks)

Favorite thing about being a nurse: The ability to make a difference in the lives of others.



President-Elect

Name: Kelly Bouthillet
DNP, APRN, CCNS, ACNP-BC

City/Town where you live: Hilton Head Island

Are you a SC native or did you move here on purpose: I moved to HHI from Maryland in 1999. This year marks 20 years!

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What so all these leaders have in common? – They have all agreed to participate as members of SCNA in leadership roles. Leadership is open to those who CHOOSE IT!

President-Elect's Column

The Nursing Tribe

Kelly A. Bouthillet, DNP, APRN, CCNS, ACNP-BC

It is hard to believe that the first months of 2019 have passed and we are finally moving into Spring. This year started off with excitement and a commitment from your SCNA leadership to advocate for all nurses and to work tirelessly to advance health care in the state of South Carolina. One of the ways in which we can accomplish this, is through real conversations with active listening and empathy. As nurses, we are masters at both when interacting with patients and their families; however, we sometimes fall short when we are asked to do the same for our colleagues.

Being a nurse is an amazing privilege and career path. But is also hard work. It does not make any difference in the type of 'nursing' that you do. Each specialty or area of nursing has its unique set of challenges and requires a specialized skill set. No one corners the market on how difficult it can be at times. It does not matter if you are an RN or an APRN; both have their own job-related stresses. A new graduate or a seasoned nurse of years may both experience hardships in their work; albeit different. The point is, the career we have chosen, while a noble one, can be a difficult one. And there are days that we all need someone to listen. To have empathy. To help and guide us. We need a tribe.

If you have ever watched children playing together, you will find that they often imitate or 'copy' each other. One child may act out a behavior and soon others will follow. Sometimes it is simply harmless play with the first child leading the others in good, clean fun. Other times, however, members of the group engage in mean-spirited behaviors such as exclusion and bullying.

So what does this have to do with professional nursing? Everything. We as RNs and APRNs often forget that we unwittingly model behaviors every day to our family, friends, peers, colleagues and patients. Both good and bad. From how we communicate with others, to our appearance, our health and wellness



Kelly A. Bouthillet

practices to professionalism, we are constantly demonstrating and projecting behaviors; and most of the time we are unaware of who is watching or learning from us. Why should we care and is this even important? We are just trying to do our jobs, right? My answer is, yes and yes.

Just as it is a healthy practice to look over our personal finances or future plans, it is also important that we reflect on our actions and behaviors, especially those we may unknowingly be exhibiting. Do actions match the professional image that we want to others to esteem us by?

The only way to ensure that RNs and APRNs are viewed in both a positive and professional perspective, is to ensure that we exhibit behaviors that achieves those goals. This does not mean we have to be "prim and proper" – it means that we should be mindful of how we refer to ourselves, our colleagues and the individuals and communities we serve.

There are many impressionable students and newly graduated nurses that look to seasoned nurses for guidance and see them practicing from a position of cynicism and negativity, creating an environment of hostility, fear and isolation. This places patients at risk and contributes to overall poor job satisfaction. We must not allow our own dissatisfaction or stress influence those that have not even had a chance to fully learn and appreciate the profession.

Last year I was at a conference where much of the week's discussion was spent on how nursing could "move mountains." It was quite clear that it takes determination and focus; but most importantly it takes persistence and a clear message when projecting positive images of RNs and APRNs; clearly not those found on social media memes and dramatic television shows. It amazes me that despite the skewed portrayal in the media, nurses are once again regarded as the most trusted and ethical profession. I believe that this is because of our commitment to patients and their families, demonstrated through our actions every day.

In the beginning of this column, I told you that our jobs can be hard and that sometimes, just like our patients, we need to be heard and need empathy and understanding. We need to be better at building each other up and creating a community of encouragement and support.

I challenge you to look inward and ask yourself, "What behaviors do I want other nurses to model from me? How can I be a better advocate for my nursing tribe?"

I [We] would love to hear from you and how you are advocating for your nursing colleagues so that we can better care for our patients.

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Qualifications:

- **Practical and Associate Degree Instructors:** Minimum of BSN, MSN preferred with 2 years recent clinical experience and current and valid SC nursing license.

Interested persons should submit resume and unofficial transcripts to Kimberly Cochran at cochrank@midlandstech.edu.

AA/EOE/ADA



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President – Selina Hunt-McKinney

President-Elect – Kelly Bouthillet

Secretary/Treasurer – Amelia Joseph

Commission Chair –

Public Policy/Legislation – Jessica Stricklin

Commission Chair – Professional Advocacy and Development – Teshieka Curtis-Pugh

Director, Seat 1 – Jada Quinn

Director, Seat 2 – Christina Branham

APRN Chapter Chair (Ex-Officio) – Jaime Cuff

Clinical Nurse Leader (Ex-Officio) – Vacant

Nurse Educator Chapter Chair (Ex-Officio) – Andrietta Barnett

Piedmont District Chapter Chair (Ex-Officio) – Vacant

Psychiatric-Mental Health Chapter Chair (Ex-Officio) – Kim Gilmore

Women and Children's Health Chapter Chair (Ex-Officio) – Mary Wessinger

SNA-SC President (Ex-Officio) – Haleigh Clutters

SCNF President (Ex-Officio) – Elaine Reimels

CEO and Lobbyist – Judith Curfman Thompson

Assistant to the CEO – Rosie Robinson

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South Carolina Nurse Editorial Staff:

Judith Curfman Thompson, Executive Editor
Rosie Robinson, Assistant Editor

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OPPORTUNITY



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

Current Officers Eligible to run again:

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- Jessica Stricklin
- TK Pugh

Current Board Members Eligible to run for office other than the one they currently hold:

- Not applicable at this time.

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Note that both the nominator and nominee for the SCNA 2019 elections must be SCNA members in good standing. Call SCNA at 803-252-4781 if you would like more information on any of these positions.

Go to www.scnurses.org to fill out a nomination form. The link to the nomination form can be located under "About SCNA" on the "Elections" page <http://www.scnurses.org/?page=SCNAElections>

SCNA Annual Meeting

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SCNA's Annual Meeting for 2019 will be called to order at 5:40PM October 24, 2019 at the Hilton Greenville in Greenville, SC .

Christine Pabico, MSN, RN, NE-BC Director,
Pathway to Excellence® Program American Nurses Credentialing Center

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Judith Curfman Thompson, Executive Editor
Rosie Robinson, Assistant Editor

CEO Column

**Judith Curfman
Thompson, IOM, CEO**

Hello, I am certain that you have noted that there are two people in the picture instead of the usual one. The person on the left is me. The Person on the right is Rosie Robinson who is Assistant to the CEO. Rosie's contributions to SCNA are remarkable. Since we were in the process of introducing new members of the Board and Chapter Officers, I wanted to be certain that you know what the two of us look like as well.



Meanwhile, we are busily engaged in the planning for the October Convention and Annual Meeting of SCNA. This includes the APRN Pharmacological sessions as well. So mark your calendars now for October 23rd - 26th and plan to be in Greenville, SC with us for great CE and even better fellowship and professional interactions!

Enjoy the warming days of spring and ONWARD!

CALL FOR NOMINATIONS

The SCNA Nominating Committee has called for member suggestions for the 2019 election. Nominations are due May 1st.

In 2019, members will elect:

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

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ANCC



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November 28, 2018

Judith Thompson, IOM (CEO)
Executive Director
South Carolina Nurses Association
1301 Gervais St Ste 802
Columbia, SC 29201-3362

Dear Ms. Thompson:

As Director of the Pathway to Excellence® Program of the American Nurses Credentialing Center I am pleased to inform you that The Commission on Pathway to Excellence has voted to award Pathway to Excellence re-designation to GHS- Patewood Medical Campus in Greenville, South Carolina.

This letter will serve as formal notification to the South Carolina Nurses Association about the Pathway to Excellence re-designation for this healthcare organization. Please share this information with the President and other stakeholders of the South Carolina Nurses Association. We would like to take this opportunity to express the appreciation of The Commission on Pathway to Excellence as well as the Pathway to Excellence Program Staff for your participation in the application process for this organization. The participation and involvement of the SNA in the Pathway to Excellence Program process is vitally important. We believe that you will see positive benefits for your SNA from the Pathway to Excellence Program and your involvement in it.

Sincerely,

Christine Pabico, MSN, RN, NE-BC Director,
Pathway to Excellence® Program American Nurses Credentialing Center

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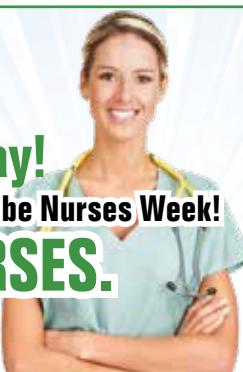
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Andrea Burch Simpsonville SC	Teneane Foster Bamberg SC	Sarah James Westminster SC	Lisa Murphy Lexington SC	Mary Schander Graniteville SC	Laroysa Ulmer Simpsonville SC
Staci Burrell Clover SC	Holly Furne Blythewood SC	Tiffany Jennings West Columbia SC	Tatia Murray Myrtle Beach SC	Anna Seals Laurens SC	Kwanza Washington Shaw Afb SC
Tammye Busby Orangeburg SC	Sarah Gardner Lexington SC	Jeanine Johansen Ruffin SC	Brandlyn Nofsgard Fort Mill SC	Faith Shuler Charleston SC	Amanda Wilburn Myrtle Beach SC
Caroline Bush Greenwood SC	Natalie Garner Great Falls SC	Karen Jones Chapin SC	Melissa Nuovo Irmo SC	Heather Siebert Shaw AFB SC	Tammara Wilcox Cayce SC
Jerry Camisa Myrtle Beach SC	Maureen Goldfedder Warrenville SC	Georgina Julious Johnson Elgin SC	Angel Oshields Pickens SC	Litta Simmons Seneca SC	Davidia Williams Goose Creek SC
Lindsey Campbell Barnwell SC	Kimberly Goodman Greenwood SC	Jamie Kabanuk Pawleys Island SC	Jennifer Pilot Florence SC	Sabrina Simmons Easley SC	Lashunda Wilson Aiken SC
Charlene Capers Ladson SC	Carla Gregory-Patterson Lexington SC	Patrice Keesee Columbia SC	Claudine Rayess Florence SC	Shantasia Simmons-Brown Summerville SC	Carolyn Wray Fort Mill SC
Jennifer Carrafiello Mount Pleasant SC	Barbara Grubbs Columbia SC	Ralonda Lee Columbia SC			
Allison Cash Spartanburg SC	Angie Hall Orangeburg SC	Holly Lloyd Charleston SC			
Jennifer Ciccone Mount Pleasant SC	Kela Hamilton Hanahan SC	Amber Love Elgin SC			
		Brett Lynam Sumter SC			

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SCNA CONVENTION 2019 October 24-26, 2019

SOUTH CAROLINA NURSES ASSOCIATION

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CALL FOR POSTER ABSTRACTS 2019

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If you answered yes to any of the questions, share your findings by submitting your abstract for SCNA State Convention in 2019.

Submission Deadline

Abstracts must be submitted no later than **May 31, 2019**. Please submit your abstract to info@scnurses.org. Please be sure abstract is in the subject line. Notice of acceptance will be sent to applicants no later than June 2019.

General Information

- A. Abstracts must be submitted electronically. Abstracts must be 300 words or less. Do not place your name on your abstract.
- B. Posters may be for a completed project or a work in progress.
- C. Please indicate whether the content of the abstract best fits the category of "research" or "clinical practice."
- D. For research abstracts, the following sections are required: Purpose, Review of Literature, Methodology, Results and Implications for Registered Nurses or Advanced Practice Registered Nurses.
- E. For clinical practice abstracts, the following sections are required: Purpose, Review of Literature, Summary (of the innovation or practice), and implications for Registered Nurses or Advanced Practice Registered Nurses.
- F. Recommended references should include at least five scholarly references (e.g., journal articles, books). References should be recent and/or appropriate for the abstract (references should be no older than five years, unless they are a seminal work). APA format style should be utilized.
- G. Bio-sketch(es) must be provided as part of the submission process. Include: name, credentials, position, and title of abstract. If you are a student, include program of study and school. Submit the bio-sketch(es) as a separate page from the abstract.
- H. If accepted, presenter(s) must register for the conference. At least one author must be available at the poster during poster session times for questions and discussion with participants. Handouts and your contact information are recommended for attendees.

Poster session times do not occur during any educational presentation at the conference.

Selection Process

All abstracts submitted prior to deadline and adhering to the guidelines will be considered.

A limited number of abstracts will be accepted. The selection will be made by blind review.

Please do not include your name on the abstract page. Include the title of your abstract on the bio-sketch page. Because the number of abstracts that will be accepted is limited, SCNA members will be given precedence, all other things being equal. A registration discount to attend the conference will be offered for accepted poster abstracts.

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The South Carolina Nurses Association is looking for volunteers to review abstracts submitted for poster presentation at the 2019 South Carolina Nurses Association State Convention and APRN Pharm Conference. The Pre-Conference will be on October 23, 2019. The convention will be held October 24-26, 2019. This is a great way to participate.

Qualifications:

You are qualified to review abstracts if you meet the following criteria:

- Member of the South Carolina Nurses Association
- You have first authored two or more peer reviewed articles Or
- You have a MSN, DNP, or PhD

The abstract review period will take place (approximate start date) June 4, 2019 – June 18, 2019. If you are qualified and willing to serve, please send an email to rosie@scnurses.org by May 15, 2019.

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Promoting a Culture of Safety in Mother-Baby Units

Mary F. Wessinger, RN, MN, BC

For nurses to provide safe and competent care for new mothers and their babies, the appropriate nurse–patient ratio must meet the guidelines as determined by professionals. The Association of Women's Health and Neonatal Nurses (AWHONN) published a *Guide for Professional Registered Nurse Staffing for Perinatal Units* (2010) which contains specific guidelines for mother-baby staffing. [Note that only nurses who are members of this organization have the authority to obtain a copy of this publication.]

AWHONN is headquartered in Washington D.C. and is a leader among the nation's nursing associations caring for women and neonates, serving more than 22,000 health professionals. Its members are committed to delivering superior health care to women and newborns in hospitals and ambulatory care settings. The rich diversity of members' skills and experience make AWHONN the voice for women's health and neonatal nursing. Through the knowledge, skill and expertise of its members, AWHONN provides education, and resources aimed at promoting the health and safety of women and newborns (AWHONN, 2010). The prevention of harm is the ethical responsibility of the bedside nurse, regardless of setting. Provision 3 of the *Code of Ethics for Nurses* states, "The nurse promotes, advocates for, and protects the rights, health and safety of the patient" (ANA, 2015). When caring for the new mother and her baby, there are two patients to protect from injury. A baby being dropped or a new mother letting her infant fall are things nurses are ethically responsible for preventing by promoting a culture of safety. Adequate staffing and the provision for care of the newborn when the mother or family member is unable to is nursing's responsibility.

The organizations who endorsed the "Guidelines for Professional Registered Nurse Staffing for Perinatal Units," including the American Academy of Pediatrics, the American College of Nurse-Midwives, the ANA, and the National Association of Neonatal Nurses, support the recommendations for safe nurse staffing. Adequate staffing is critical to providing safe nursing care to mothers and babies. Models of staffing that may be appropriate for medical-surgical units are not applicable to perinatal care. Traditional staffing models of "hours per day" or "midnight census" are not applicable in planning perinatal staffing because they do not consider the dynamic nature of caring for women during labor and birth, the first few hours after delivery, the surgical deliveries, and the needs of the newborn following birth as it transitions to extrauterine life. The high frequency of admissions, transfers, and discharges in the areas of labor and delivery, mother-baby, high risk perinatal, and neonatal ICU, have implications for staffing needs. A review of staffing recommendations illustrates the influence of these factors.

Table 1

Patient Population	Guidelines from 2007	Recommendations in 2010
Healthy mother-baby	1 nurse to 3-4 couples	1 nurse to 3 couples
Cesarean birth	Same level of care as a patient having major abdominal surgery	No more than 2 couples on day one

After cesarean birth, patients need assistance with newborn care, especially in the immediate recovery period. They should not be required to keep their babies in their room if they do not feel up to it and/or a support person is not available to stay with them. Until the new mother recovering from cesarean birth is no longer receiving pain relief via PCA pump or epidural catheter, babies should not be left alone in mother's arms without nursing personnel or support people in attendance. The presence of a family member or nursing staff will reduce risk of a baby falling from the mother's arms or of a mother falling asleep with the baby in the bed. This recommendation applies to mothers who have been given medication for sleep and/or pain medication containing narcotics which increases the risk for baby drops and falls.

Another factor to be addressed is the fact that many babies are delivered prior to the full gestational age of 38 to 40 weeks. Any gestational age below that is considered "near term" or "pre-term" (Gills & Boyle, 2016). Some sources consider a 38-week intrauterine pregnancy to be near term, and 39-40 weeks to be term. A 2016 study is considered the first population-based countywide assessment of neonatal morbidity among early-term infants based on individual medical records in the United States (Gills & Boyle). The results support the need for an increased awareness among health care providers that even though babies born at 36, 37, or 38 weeks frequently are considered almost term, they are still physiologically immature. These early term babies were at significantly higher risk for adverse outcomes for low blood sugar, respiratory difficulty, or needed antibiotics requiring admission to the neonatal ICU (Gills & Boyle, 2016).

After evaluating admission patterns among the newborn infants between 37- and 41-weeks' gestation, the researchers found these early-term infants were more likely to suffer morbidity within a few hours of birth (Gills & Boyle, 2016). To verify these patterns they undertook a larger, countywide study, conducting an analysis of births at four different hospitals. These data showed similar patterns. The data also indicated that early-term babies delivered by cesarean section were at a 12.1% higher risk for admission to the neonatal unit, compared with full-term babies and a 7.5% higher risk for morbidity compared with term births (Gills & Boyle, 2016).

These findings are concerning to couplet care nurses, as these patients and their babies are admitted to the typical couplet care unit two hours after delivery. Safety is a serious concern. If the nurse is in the process of discharging a couplet, which is often time consuming, does the nurse have the time to adequately monitor a new couplet? Can the nurse who is providing nursing care to three couplets safely take on the care of a new couplet? These are concerns which must be addressed for the safety of both the maternal/infant dyad and the nurse providing care. Perinatal nurses should remember that when there is a negative event, the first question asked by the lawyer for the plaintiff often is "What is your nurse/patient ratio?"

References:

- American Nurses Association. (2015). *Code of Ethics for Nurses-with Interpretive Statements*.
- AWHONN. (2010). *Guide for Professional Registered Nurse Staffing for Perinatal Units*.
- Gills, JV, & Boyle, EM. (2016). Outcomes of infants born near term. *Archives of Diseases in Childhood*, 102 (2), 194-198. doi: 10.1136/archdischild-2015-30958410.1136

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As a member of SCNA there are several options available to you to enhance your membership experience. SCNA has Chapters that are open to members of SCNA. You are welcome to join any of the chapters listed, think about creating others, or simply enjoy your state membership in SCNA. For more information about SCNA Chapters go to <http://www.scnurses.org/?SCNACHapters>



There is currently one geographical Chapter:

-Piedmont Chapter (Spartanburg, Cherokee, Union, and York Counties)

There are currently five practice based Chapters:

-APRN Chapter -Psychiatric-Mental Health Chapter -Clinical Nurse Leader (CNL) Chapter
 -Women and Children's Health Chapter -Nurse Educator Chapter

Sign up for chapter membership by going to

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2019 Calendar for CEAC Submissions

Submission Date	Date of program date or expiration date
Application due by May 8, 2019	For Program/Expiration dates July 1, 2019 or later
Application due by August 14, 2019	For Program/Expiration dates October 1, 2019 or later
Application due by November 13, 2019	For Program/Expiration dates January 1, 2020 or later



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Advocacy Fund

The SCNA ADVOCACY FUND is in need of donations for some of the work that we shall be doing during this year and in preparation for next session. So, send your contributions to:

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2019 CALENDAR

MARCH

15 10:00-12:00 CE APPROVER COMMITTEE

APRIL

12 1:00PM-4:00PM SCNA BOARD MEETINGS

13 10:00AM-Noon APRN CHAPTER MEETING
 SCNA Headquarters/Conference Call

MAY

1 2019 Bylaws Proposals Due

1 2019 Proposed Resolutions due to SCNA

13 Final Ticket Due to SCNA Board of Directors

13 Consent to Participate / Bio Form / Picture
 due for the June SC Nurses

13 June - August 2019 Issue: Copy Due May 31, 2019 Date of eligible membership to vote in election

JUNE

1 2019 request for budget allocations to Finance Committee

7 10:00-12:00 CE APPROVER COMMITTEE

12 1:00PM-4:00PM SCNA BOARD MEETINGS

13 10:00AM-Noon APRN CHAPTER MEETING
 SCNA Headquarters/Conference Call

AUGUST

1 2019 SCNA BOARD MEMBERS ANNUAL REPORTS DUE

12 September – November 2019 Issue: Copy Due August 23, 2019 Election notice deadline 60 days before annual meeting



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SCNA BOD

January Board Orientation and Meeting

January 19, 2019 | 12:30 PM

The SCNA Board of Directors and many Chapter Chairs and Executive Committee members gathered in Columbia on January 19, 2019 for Orientation and the first Board meeting of 2019.

The Orientation was kicked off by Judith Thompson, CEO of SCNA. It was a very brief look at leadership from several perspectives and used as the reference Doris Kerns Goodwin's newish book about Abraham Lincoln, Theodore Roosevelt, Franklin Roosevelt, and Lyndon Johnson.

President Tena McKinney followed with a creative look at SCNA Board responsibilities. It was a time of not only getting to know what roles each person plays at SCNA, but also getting some time to learn more about each other. It was lively and productive.

Following a shared lunch and fellowship, the Board reassembled for the meeting of the Board for January 19. President Tena McKinney presented Sheryl Mitchell with the Past President's Pin and Sheryl presented Tena with the SCNA President's Pin.

A major issue was who would be the co-signers for the SCNA banking account. The issue was that the current Secretary/Treasurer lives outside of Columbia. A good discussion took place and a motion was made to change the customary two signers to be the president and a designated board member. These two are in addition to the CEO who is the second signer on all checks. Staff will ensure that all bank forms are properly handled.

A discussion of adding additional online meetings was proposed. Logistics were explored to facilitate.

President-elect Kelly Bouthillet reported on the preparations for beginning the Convention planning for 2019.

Reports were delivered from both the Commission on Public Policy/Legislation, Jessica Stricklin and Professional Advocacy and Development Director Seat One, TK Curtis-Pugh.

Director, Seat One, Jada Quinn reported that she was reviewing the Strategic plan.

A suggestion was made that Board members should submit short article about how SCNA has impacted their professional life. The first two items will be written by TK and Mary Wessinger Jada will do the May deadline and Jessica will do the August one. Kelly Bouthillet will be writing the President's Column for the next issue of the *SC Nurse*.

A motion was made, seconded and passed to create an Academic recruitment to strategically plan recruitment efforts in colleges and universities in SC. President requested that she be informed of outreach to assist with this. Meeting adjourned 2:45 PM

SCNA Board Meeting

January 19, 2019

2:46 PM

Meeting called to order

Motion to approve the Minutes of the first meeting of the Board on January 19, 2019 was made, seconded and passed. Meeting adjourned at 2:53 PM



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Members in the News

Jeannette Andrews, PhD, RN, FAAN, of Columbia, dean and Helen Gurley Wolford professor of nursing for the University of South Carolina (UofSC) College of Nursing, was elected to serve a two-year term on the AACN Nominating Committee.

Dr. Jeannette Andrews, of Columbia, named the inaugural Helen Gurley Wolford Professor of Nursing.

Dr. Bev Baliko, of Lexington, has been elected as a Fellow in the National Academy of Practice.

Dr. Tena McKinney, of Columbia, was a panelist at the MUSC Telehealth Conference.

2019 HNN Monthly Challenges Calendar Challenge Calendar 2019

March	April
Satisfy Your Sweet Tooth in a Healthy Way	Resiliency
May	June
Fruits & Vegetables (5 for 10)	Work-Life Balance
July	August
Building Healthy Habits/Physical Activity	Hydration
September	October
Mindfulness	Choose Civility
November	December
Move More	Stress Relief

Partners All In Award

Medical University of South Carolina (MUSC) won the Partners All In Award (\$10,000) from the ANA Enterprise. The purpose of the award is to encourage broad participation in Healthy Nurse, Healthy Nation™ (HNN). Congratulations



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- **Licensure/certification/registration:** Appropriate state RN licensure required. BLS Healthcare Provider required. ACLS, PALS preferred.

To learn more about Novant Health as an organization, its culture, Team Members and the communities we serve, visit [#JoinTeamAubergine #NovantHealthNursing](http://www.novanthealth.org)



Organizational Affiliates

South Carolina Faith Community Nurses Association

The mission of the SCFCNA is to promote healthy congregations by encouraging and supporting the development and sustainability of faith community nursing practices and health ministries throughout the state of South Carolina. Our vision is healthy communities through faith and health partnerships.

If you are interested in learning more about this specialty practice of nursing, please visit our website at www.scfcna.com. There you will find details about our quarterly meetings, membership forms, and upcoming educational events.

We are seeking your help as we continue to promote this practice of nursing which focuses on whole-person care which is care of the mind, body, and spirit. We are working to connect with schools of nursing across the state in an effort to educate nurses entering the profession on how they can impact the health of their faith community and beyond through health ministry. If you are a nurse educator and would like to learn more, please contact us.

Officers for 2019:

President – Amy Goodson, MS, RN-BC

President Elect – Donna Kleister, MS, RN

Secretary – Helen Rigby, RN

Treasurer – BJ Roof, MS, RN

Immediate Past President – Anita Boland, MS, RN

Upcoming Foundations for Faith Community Nurses Class-March 7-9, First Presbyterian Church, Spartanburg

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News You Can Use

CPAP Adherence in a New Sleep Medicine Clinic

Claudine Rayess, DNP, MBA, RN

Introduction

Obstructive sleep apnea (OSA) is a chronic sleep disorder. Continuous positive airway pressure (CPAP) is the gold standard, first-line treatment for OSA,¹ however, adherence is poor in most patients.² CPAP adherence rates are variable. Depending on how adherence is described, adherence rate for CPAP use ranges from 30-60 %.³

Nursing involvement and perspective in CPAP adherence intervention may highlight nursing's contribution to OSA issues and therefore can provide a positive impact on patients' overall health.

Background

OSA is the most common sleep disorder. According to the American Academy of Sleep Medicine,⁴ 25 million individuals suffer from moderate to severe OSA. Patients with OSA are at increased risk of cardiovascular and cerebrovascular disease, and experience occupational and vehicular accidents more frequently than the general population.⁵

Untreated OSA can impair daytime functioning and decrease work productivity, limit quality of life, and result in increased healthcare spending. The effectiveness of CPAP has been limited by the prevalence of non-adherence to this therapy.^{6,7} The clinical setting for this project is a new rural southeast sleep clinic in South Carolina.

Methods

This retrospective quality improvement project included adult patients who have been diagnosed with OSA and were using the CPAP machine and had completed clinic visits from January 2018 through September 2018 (n=100). The protection of human subjects was maintained throughout the implementation of the evidence-based intervention. The project manager utilized descriptive statistical analysis which included frequency tables for categorical variables. Demographic variables and BMI were assessed with descriptive statistics. Chi-square and fisher exact were used to examine the association variables with adherence status. One proportion Z-test was used for the compliance report.

Results and Discussion

This quality improvement project provided evaluation of a new sleep clinic's efficacy in CPAP adherence. The percentage of patients' adherent to CPAP after one and three months was 79% and 88% respectively. More studies are in need to investigate long term adherence.

This project showed that age, gender, and ethnicity were not associated with CPAP adherence. However, CPAP adherence at one and three months of CPAP usage was lower in middle-ages, African American males. Future research is needed to identify barriers to adherence in this population. Furthermore, 100% of the non-adherent patients were overweight or obese and there was a significant association between BMI and adherence status.

Our findings suggest that standard interventions such as education and mask refitting were helpful, achieving tolerance and adherence in 42.8% of non-adherent patients. Of the twelve patients who remained non-adherent, two were

claustrophobic or mentally challenged. The other ten did not show-up for follow-up appointments, and the reason for their non-adherence remained unclassified.

This project revealed a 79% percentage adherence after one month of CPAP usage among the clinic's population. This finding is in contrast to the study by Weaver,⁶ where the prevalence of CPAP adherence was estimated to be between 29 to 83%. A significant longitudinal study over a 20-year timeframe by Rotenberg et al.⁹ indicated, the overall CPAP non-adherence rate was reported as was 34.1%. This high percentage of CPAP adherence after one month of usage illustrate a window of opportunity. It is possible that CPAP adherence can be significantly improved by incorporating patient-centered interventions that address the variables and needs of these patients.

Recommendations

Employing telemedicine for follow-up to patients who may not be able to come to the clinic's appointments may be helpful in patient's adherence. Obesity predisposes to and potentiates OSA⁹ and this project highlighted the relationship between BMI and the patients' adherence status. Incorporating weight-loss counseling should be taken into consideration. A dietary consult might be considered in conjunction with CPAP therapy for those with an elevated BMI.

Conclusion

Sleep apnea is a chronic and prevalent disease with tremendous economic and social burden. CPAP is an effective treatment, yet adherence continues to be a challenging problem for both sleep medicine clinics and patients. The findings of this study are encouraging. This study included 100 patients newly diagnosed with OSA and using CPAP as a treatment of modality. Seventy-nine percent were adherent to the treatment after one month and eighty-eight percent were adherent after three months of initiation. Future research could explore whether the one initial education encounter with the physician sleep specialist is a key success factor, whether that patient interaction could be successful if conducted by an Advanced Practice Registered Nurse or Registered Nurse, and whether employing tele-medicine consults would be a successful strategy to reach non-adherent patients.

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News You Can Use

Retirement Q&A

How do I talk to my elderly parents about their finances?

Talking to your parents about money is always difficult, especially when the money you're talking about is theirs. They belong to a generation that was taught to keep their information private and not to share their concerns openly. Even if they need help, they may be unwilling to talk to you because it's "none of your business," or because they're afraid to give up control over their own financial affairs.

If they're reluctant to talk to you, make it clear that you respect their needs and concerns. However, don't be afraid to express your own needs and concerns as well. Their financial situation may impact you also, particularly if they become unable to support or care for themselves. At the very least, you should find out where they keep their personal records; discuss housing, health care, and budgeting issues; and find out what steps they have taken to plan their estate.

What if they still refuse to talk to you? If they're capable of managing their affairs for now, you may want to drop the matter and reapproach them later. Or you may suggest that they talk to another family member, a trusted friend, or a professional advisor, such as an attorney or financial planner.

However, if you feel that they're no longer competent to manage their own affairs, or that their financial situation is precarious, you should seek out professional advice right away. Call the Eldercare Locator, an information and referral service sponsored by the federal government, at (800) 677-1116 for a list of local and national organizations that can help.

My husband is about to receive his pension. We've heard of "pension maximization." What is it?

If your husband is participating in a traditional pension plan (also known as a defined benefit plan), his benefits must normally be paid in the form of a "qualified joint and survivor annuity" (QJSA). A QJSA is an annuity that pays a dollar amount (usually monthly) to your husband while he is alive, with at least 50% of that amount continuing to you after his death, if you survive him.

However, if you consent in writing, your husband can waive the QJSA and elect instead to receive a single-life annuity. With a single-life annuity, payments are made over your husband's lifetime but stop upon his death. For example, if your

husband receives just one payment after retirement and then dies, the single-life annuity would end and the plan would make no further payments.

So why would you agree to waive the QJSA in favor of a single-life annuity, knowing that payments will stop at your husband's death? The main reason is that the single-life annuity generally pays a significantly larger pension benefit than the QJSA. That's because the payments are designed to last for a smaller number of years—one lifetime instead of two. Pension plan participants who want to maximize their monthly retirement income are often tempted to choose the single-life annuity for this reason. However, most pensioners are also concerned about providing for their spouses if they should die first.

"Pension maximization" is one technique for solving this dilemma. The way it works is that your husband elects, with your consent, to waive the QJSA and receive his pension benefit instead as a single-life annuity. You and he then use the additional pension income to purchase insurance on his life, with you named as beneficiary. If your husband dies first, the pension payments will stop, but you'll receive the life insurance death proceeds free from federal income taxes. The idea is that by coupling the larger pension payments with the purchase of a life insurance policy on your husband's life, you and he may be able to increase your total income during retirement, while also providing for your financial future if your husband dies first.

Is pension maximization right for you? There are a number of factors to consider. Is your husband insurable? If not, pension maximization is not a viable strategy. How much will the life insurance cost? (If your husband is relatively young and in good health, the insurance premiums may be much more affordable than if he is older and/or in poor health.) How much more does the single-life annuity pay than the QJSA? The larger the benefits under the single-life annuity, the more income you'll have to pay the premiums for the life insurance policy. (Also make sure to factor in any cost-of-living adjustment the pension plan may provide when analyzing your payment options.) How healthy are you, and what is your life expectancy? What are the tax consequences? (Death benefits from life insurance are free from federal income tax, while pension benefits are typically fully taxable.) If your husband dies first, can you manage a large lump-sum payment?

The pension maximization technique is not for everyone, but could be worth considering as you and your husband evaluate his pension benefit options. (Note: Any guarantees associated with payment of death benefits, income options, or rates of return are based on the claims-paying ability of the insurer. Policy loans and withdrawals will reduce the policy's cash value and death benefit.)

About The 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 2018

SCNA PEER ASSISTANCE PROGRAM DISCONTINUED

Peer Assistance Program In Nursing: PAPIN
Please contact the state
Recovery Professionals Program (RPP) for assistance.
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<http://www.scdmvonline.com/Vehicle-Owners/License-Plates/Plate-Gallery>

Palmetto Gold

Plans are underway for the 18th annual Palmetto Gold Nurse Recognition and Scholarship Program. The gala is set for April 27, 2019 at the Columbia Metropolitan Convention Center. Go to <http://www.scpalmettgold.org> for more information and to register or the event.

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Important dates!

Support the Foundation

The South Carolina Nurses Foundation is currently making plans for Midlands Gives which is sponsored by the Central Carolina Community Foundation. This event has helped to raise over \$5 million for non-profits. The SCNF is again participating in the event which is being held on May 7 during Nurses Week. The event will help the Foundation fund scholarships for both undergraduate and graduate nursing students throughout the state. As a 501-c 3 organization whose mission to promote high standards of health care by insuring the advancement of the nursing profession through scholarships, grants and programs of excellence we depend upon donations to fulfill our mission. We encourage you to make a contribution to the Foundation. All donations go directly to non-profit and are tax deductible. Remember this event is held on Tuesday, May 7 and begins at 6am and goes to midnight. Remember May 6 is "Nurses Day." Please consider supporting our mission on this day and honor the nursing profession by making a donation to SCNF. It is a great way to honor a nurse.

How can you help the Foundation:

- Please like our Facebook page at www.facebook.com/SCNursesCare and follow us on Twitter @SCNursesCare. These will be our primary means of communication on the giving day.
- Go the Midlands Gives website at www.midlandsgives.org on May 7 and click on the 'Donate Now' button. Then scroll down to the SCNF logo and make your donation. A minimum id \$20 is required. Donations must be made with a credit or debit card. The donation will reflect that you have donated to the Central Carolina Community Foundation but your donation will be credited to the SCNF. Our website – www.scnursesfoundation.org will also get you to the Midlands Gives site.
- You can go to the website to pre-schedule a gift if you do not think you will be in town on May 7 or if you want to give while it is on your mind. All pre-scheduled gifts will be processed on May 7 during the first hour of giving. You will be notified when the pre-scheduled gift time is available on the website.
- Please ask family, friends and other colleagues to get online and give on May 7. There are bonus prizes that SCNF may qualify for.
- The SCNF will be raising funds for a matching gift. This will be one way to double your gift to the SCNF.

Nursing Scholarships

The South Carolina Nursing Foundation will be accepting applications for the 2019 Nurses Care Undergraduate and Graduate Nurse Scholarships during late March 2019. Notifications for advertisement will be sent to the SC Chief Nursing Officers via the SC Hospital Association, Deans/Directors of all SC Nursing Schools and to the SC Student Nurses Association. The Board of Trustees will be awarding undergraduate and graduate scholarships to qualified nursing students currently enrolled in a RN, Master or Doctoral program. The **deadline for submission of applications is May 2019**. The scholarships will be awarded September 2019. Requirements include the student must be currently enrolled in a nursing program when they receive the award. Information related to the award criteria, links to the application and faculty/supervisor recommendation forms can be found on the SCNF website at <http://www.scnursesfoundation.org/scholarship-application-forms.html> and at application - http://fs30.formsite.com/SCNF/form27/form_login.html recommendation - http://fs30.formsite.com/SCNF/form28/form_login.html

Let's celebrate the nursing profession on May 7, 2019!!!

Advocacy

Legislative Update

January–February 12, 2019

The current term of the South Carolina General Assembly began January 8, 2019. SCNA has a new lobby team, Mike Daniels Associates, represented by Wanda Crotwell and Amanda Mitchell. They are two very knowledgeable and dynamic representatives for us.

As is usual at the beginning of a two year session, there are many interesting bills that are filed. Controlled substances are very much present in bills that were prefiled as well as others that have come forward since then. The Physician Assistants have introduced a bill to update the PA Practice Act. We are following this one closely. End of life issues are among a number of healthcare related issues that are on the list of important issues to be looked at by the General Assembly. As expected there are a number of bills again this term dealing with the use of marijuana for healthcare use. A bill to merge the Patients' Compensation Fund with the South Carolina Medical Malpractice Joint Underwriting Association-this is the state agency that provides access to malpractice insurance. We are watching this one.

Deb Hopla has been working with a group to provide an incentive to being a preceptor in SC. If adopted it will provide a tax incentive for persons to become preceptors. Stay tuned.

The APRN Coalition is working diligently on items that will enable the APRNs to provide services in SC. The APRN Legislative Day has been planned for March 6th in Columbia.



South Carolina Board of Nursing



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South Carolina Department of Labor, Licensing and Regulation

MISSION OF THE BOARD OF NURSING

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

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

BOARD VACANCIES

There currently are four vacancies on the South Carolina Board of Nursing. Members serve terms of four years and until their successors are appointed. Board members are appointed by the Governor with the advice and consent of the Senate.

Pursuant to Section 40-33-10(A) of the Nurse Practice Act, when appointing members to the Board of Nursing, the Governor will give consideration to include a diverse representation of principal areas of nursing not limited to hospital, acute care, advanced practice, community health and nursing education. Registered nurse and licensed practical nurse members must be licensed in South Carolina, must be employed in nursing, must have at least three years of practice in their respective professions immediately preceding their appointment and must reside in the district they represent. If you are not sure of your congressional district, you may check your district at www.scvotes.org/check_your_voter_registration.

There is one vacancy on the Board of Nursing for a Registered Nurse representative from Congressional District 2, one vacancy for a Registered Nurse representative from Congressional District 6, one vacancy for a Licensed Practical Nurse from the state at large and one vacancy for a public member from the state at large. Lay members represent the public at large as consumers of nursing services and may not be licensed or employed as a health care provider. No board member may serve as an officer of a professional health-related state association.

An individual, group, or association may nominate qualified persons and submit written requests to the Governor's Office for consideration and appointment to the South Carolina State Board of Nursing. If you or someone you know is interested in one of these vacant positions, a letter of request, along with a resume or curriculum vitae, should be submitted to Boards and Commissions, Office of the Governor, Post Office Box 11829, Columbia, SC 29211-1829.

COMMITTEE MEMBERS NEEDED

The following are vacant positions for advisory committees to the South Carolina Board of Nursing:

1. Board of Nursing Panel Hearing Members
2. Advanced Practice Committee: Mental Health Nurse Practitioner

The nomination form for these vacant positions is available on the Board's website at [https://llr.sc.gov/POL/Nursing](http://llr.sc.gov/POL/Nursing), under Licensure, Applications/Forms. Submitted nomination forms will be forwarded to the Board's Nominations Committee for review, and then official action regarding appointment/reappointment will occur at the following full Board meeting.

JUST CULTURE IN NURSING REGULATION

Over the past year, the South Carolina Board of Nursing has been studying the principles of "just culture," which is already used by many healthcare employers, to see how it could apply to nursing regulation. There is a wealth of information that shows a "just culture" model fosters an environment that safeguards the public while encouraging growth as a licensee. The South Carolina Board of Nursing officially adopted the "just culture" model for use in the investigative/disciplinary process as of January 2019. Key principles/concepts:

- Not a 'blame-free' response to all errors (focuses on behavioral choices)
- Degree of risk-taking behavior (human error, at-risk, and reckless behavior)
- Holds individuals accountable who make unsafe or reckless choices that endanger patients

- Moving from a culture of 'blame/shame' to one of quality improvement (fosters ongoing process improvement)
- Promotes practice enhancement and patient safety; learn from practice errors
- Supports compliance with mandatory reporting requirements (SC Code §40-33-110)

Many tools have been developed for employers to use in the application of these principles and consultation with the Board of Nursing's Practice Consultant is encouraged when evaluating whether or not a formal complaint is warranted. The tools and documents are available on the SC Board of Nursing webpage at <http://llr.sc.gov/POL/Nursing>, under Information, Laws and Policies.

HOW DO I KNOW IF MY NURSING PROGRAM IS ACCREDITED?

Nursing programs are accredited through the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN), or Commission for Nursing Education Accreditation (CNEA). You can check the current accreditation status of a South Carolina nursing program by going to the Nursing Programs list provided on the Board's website at <http://llr.sc.gov/POL/Nursing> or the accrediting organization's website.

BOARD-APPROVED REFRESHER COURSES

Pursuant to the South Carolina Nurse Licensure Act, Section 40-33-40, reinstatement from lapsed or inactive status of more than five years requires documented evidence of successful completion of a refresher course approved by the Board of Nursing or successful completion of the NCLEX appropriate to the area of licensure within the preceding two years. Information on Board-approved refresher courses can be found at Refresher Course Information at <https://www.llr.sc.gov/POL/Nursing/index.asp?file=edcourses.htm>.

"PRACTICE PEARLS"

These "pearls" are offered as points of clarification from the South Carolina Board of Nursing Practice Consultant, Mindy Carithers, MSN, RN-BC.

APRN

- Practice agreements should not be submitted to the Board unless requested via an audit. Random audits will be performed in 2019. Practitioners are allowed 72 hours for submittal.
- Practitioners should review all paperwork submitted to the Board of Nursing by third-party entities. Failure to do so may result in disciplinary action, as the licensee is responsible for licensure compliance (Rx authority, collaborative practice setting, etc.).
- Please reference the APRN FAQ's for guidance on developing written practice agreements on the LLR website at <http://llr.sc.gov/POL/Nursing>.
- APRNs are not allowed to delegate medication administration to UAPs.
- Parameters for APRNs administering Botox is noted in the link below:
<https://www.llr.sc.gov/POL/Nursing/PDF/Joint%20AO%20Re%20Neuromodulators%20Including%20Botox%20September%202027%202017.pdf>

HOW CAN I CHECK A LICENSE?

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

- (A) SC Licensee Lookup – Go to <https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17>. As you enter information, it is recommended that you enter only a portion of the nurse's name. This site will provide the nurse's name, city/state, license number/type, date issued/expires, license status, and whether the license is multi-state or single-state.
- (B) Nursys QuickConfirm – Go to <https://www.nursys.com> and click on Quick Confirm, following the instructions as outlined. This site will provide the nurse's name, state of licensure, license type/number, license status, expiration date and discipline status if noted. The following states participate in QuickConfirm:
AK, AS, AR, CO, CT, DE, DC, FL, ID, IN, IA, KY, LA-PN, LA-RN, ME, MD, MN, MS, NE, NH, NJ, NM, NC, ND, OH, OR, RI, SC, SD, TN, TX, UT, VT, US Virgin Islands, VA, WV-PN, WV-RN, WI and WY. Go

to NCSBN.org for updates as additional states may be added.

(C) Other states – Most states have licensee lookup/licensure verification on their websites. Links to other boards of nursing can be found at www.ncsbn.org.

(D) You can check for discipline against a South Carolina nursing license on the Board's website under Board orders at www.llr.sc.gov/POL/Nursing.

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HAVE YOU MOVED?

Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that all licensees notify the Board *in writing* within 15 days of any address change. So you do not miss important time-sensitive information, such as audit notice, legislative updates or other important licensure information, be sure to notify the Board immediately whenever you change addresses. You may change your address online utilizing the address change from under Online Services found on the Board's website: www.llr.sc.gov/POL/Nursing under Licensure.

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

HOW TO CHANGE YOUR PRIMARY STATE OF RESIDENCE

In accordance with §40-33-1350 of the S.C. Code of Laws, Compact rules and regulations will require each nurse to declare in writing his/her primary state of residence upon initial application and renewal of the nursing license.

If you previously listed your primary state of residence as one of the non-compact states (eg. WA, OR, NV, CA, AL, IN, OH, PA, NY, etc) you would have received an active single-state license in South Carolina. However, if you decide to change your primary state of residence to South Carolina and wish to obtain multi-state privilege in South Carolina, you are required to submit a Declaration of Primary State of Residence (PSOR) form found on this link: <http://llronline.com/POL/Nursing/pdf/DeclarationofPrimaryStateofResidence.pdf>.

LLR continued on page 14

RN – HOME HEALTH

Recent home health clinical experience and a current RN license in SC required. Positions located in all counties of the Upstate, SC (Anderson, Pickens, Oconee, Greenville, Spartanburg, Cherokee, Laurens and Union)

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South Carolina Department of Labor, Licensing and Regulation

LLR continued from page 13

Complete the PSOR form and email it back to the SC Board of Nursing along with proof of SC residency to: NurseBoard@llr.sc.gov. Include ONE (1) of the following items as evidence of SC residency: 1) SC Driver's License with a home address; 2) SC Voter Registration card displaying a home address; 3) Federal income tax return declaring the primary state of residence as SC; 4) Military Form # 2058 - state of legal residence certificate; or 5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence. The Compact primary residence rule does not apply to military nurses or nurses in the federal government, unless they are working outside of their military or government position.

HAVE YOU CHANGED YOUR EMAIL ADDRESS?

While there is no statutory requirement to notify the SC Board of Nursing of a change in an email address, it is important to ensure that you receive information that is sent out via e-mail and for renewal of licensure. To change your email address, please email NurseBoard@llr.sc.gov with the full name on your license, your license number, the current email and your new email address.

CHANGING YOUR NAME ON YOUR NURSING LICENSE

If you have had a legal name change, submit your written request, along with a copy of the legal document(s) (eg. copy of marriage certificate, divorce decree, court order, etc.), to LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211 or you can send the request and documents by email to NurseBoard@llr.sc.gov. Please indicate in your request whether you will use your middle name or maiden name for your middle initial or if you wish to hyphenate your name. Your request will be processed within **14 business days of receipt** of your documents in the Board's office and will be reflected on Licensee Lookup within **three to five days after the name change is made**.

You may verify that your name change request has been processed on Licensee Lookup on the Board's website at www.llr.sc.gov/POL/Nursing. When utilizing Licensee Lookup, you do not have to enter your full name. 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 Information, Law/Policies on the Board's website.

APRN CERTIFICATION, RE-CERTIFICATION OR RENEWAL

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

UPDATE ON THE RN/LPN NURSE LICENSURE COMPACT (eNLC)

Unlocking Access to Nursing Care Across the Nation

The new eNLC was implemented on January 19, 2018. For a complete, up-to-date listing of compact party states, please visit the ncsbn.org website. As a reminder, RN and LPN applicants that **DO NOT MEET** the Uniform Licensure Requirements (ULR's) may still be eligible for a single-state license in South Carolina.

CE BROKER: CONTINUING EDUCATION TRACKING / REPOSITORY

South Carolina Board of Nursing
Partners with CE Broker



CE Broker is the official Continuing Education tracking system of the South Carolina Board of Nursing! CE Broker is your main resource for everything that relates to Continuing Education and competency. With CE Broker, you can search for courses and track your completed credits, to ensure that you are up to date. The South Carolina Board of Nursing has provided licensees with a **free CE Broker account**. With this Basic account, you will have access to your course history. This lists all of the courses you have completed, and you can easily find and report any CE that might be missing. You will never have to pay to access all the necessary tools to prove your competency when renewing your SC license.

You can upgrade the service you receive. With the Professional account, you can access a personal CE transcript, which outlines exactly what requirements you have left to complete. The Concierge account includes your own CE Broker account manager who can guide you through the CE process, step by step.

To activate your account:

- 1 Visit www.cebroker.com/sc/account_options



- 2 Select the **Sign Up** button under the **Basic Account** option.



- 3 Enter your license number and get started!



It is important to notify the Board of changes to your e-mail address as well. The Board communicates information to its licensees through e-mail and the postal service. A current e-mail also facilitates access to the Board of Nursing website services.

BOARD MEMBERS

- Samuel H. McNutt, RN, CRNA, MHSA, Congressional District 5 - President
- W. Kay Swisher, RN, MSN, Congressional District 3 - Vice President
- Karen R. Hazzard, MSN, RN, NEA-BC, Congressional District 7 - Secretary
- Jacqueline L. Baer, APRN, DNP, FNP-BC, Congressional District 1
- Sallie Beth Todd, Congressional District 4
- Jan R. Burdette, LPN, At-Large
- Neil B. Lipsitz, Public Member
- Vacant, (1) Registered Nurse, Congressional District 2
- Vacant, (1) Registered Nurse, Congressional District 6
- Vacant, (1) Licensed Practical Nurse At-Large
- Vacant, (1) Lay Member At-Large
- Vacancies: [See Section 40-33-10(A) of the Nurse Practice Act for prerequisites and requirements]

SC STATE BOARD OF NURSING CONTACT

INFORMATION:

Main Telephone Line	(803) 896-4550
Fax Line	(803) 896-4515
General Email	NurseBoard@llr.sc.gov
Website	www.llr.sc.gov/POL/Nursing

The Board of Nursing is located at Synergy Business Park, Kingtree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to the office can be found on the Board's website – www.llr.sc.gov – at the bottom of the page. The Board's mailing address is LLR - Office of Board Services - SC State Board of Nursing, Post Office Box 12367, Columbia, SC 29211-1329.

Regular Board 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

Carol A. Moody, RN, MAS, NEA-BC, Administrator

OFFICE OF INVESTIGATIONS AND ENFORCEMENT

Main Telephone Line (803) 896-4470

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Designated 2019 State Holidays

Confederate Memorial Day

Memorial Day

Independence Day

Labor Day

Veterans Day

Thanksgiving

Christmas

May 10, 2019

May 27, 2019

July 4, 2019

September 2, 2019

November 11, 2019

November 28-29, 2019

December 24-26, 2019

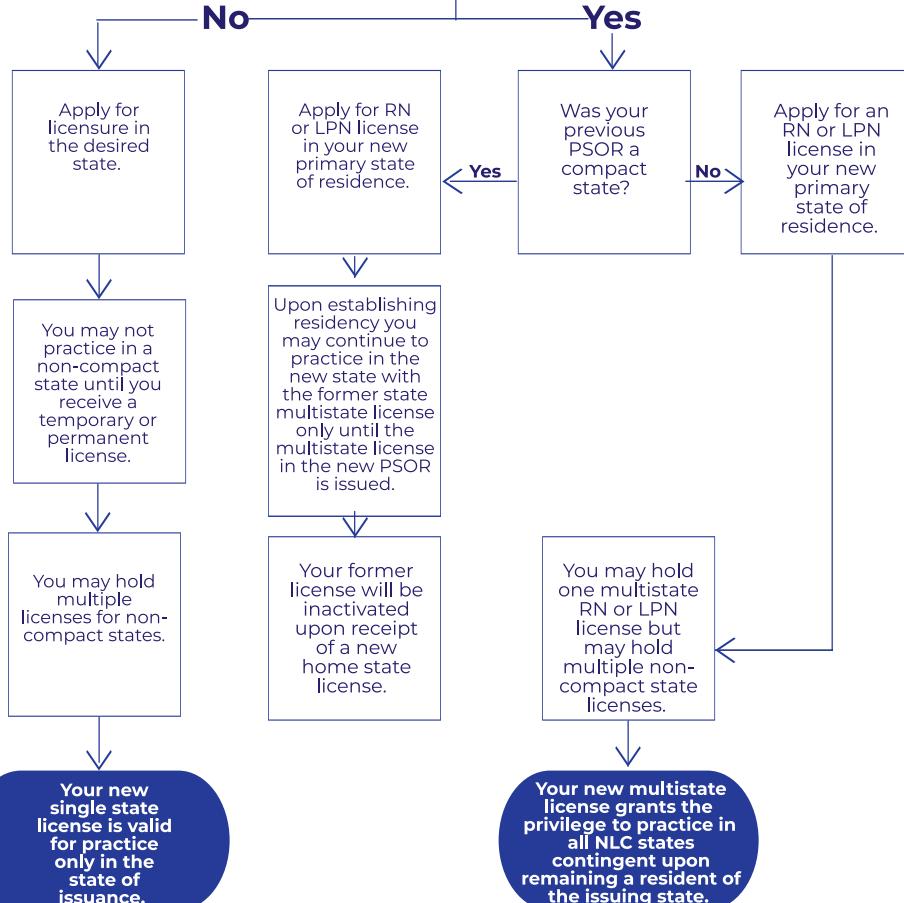
For more information about the NLC, visit www.ncsbn.org/nlc or email nursecompact@ncsbn.org.



Navigating the Nurse Licensure Compact: Licensure by Endorsement

When declaring a new primary state of residence (PSOR) or obtaining a license in another state:

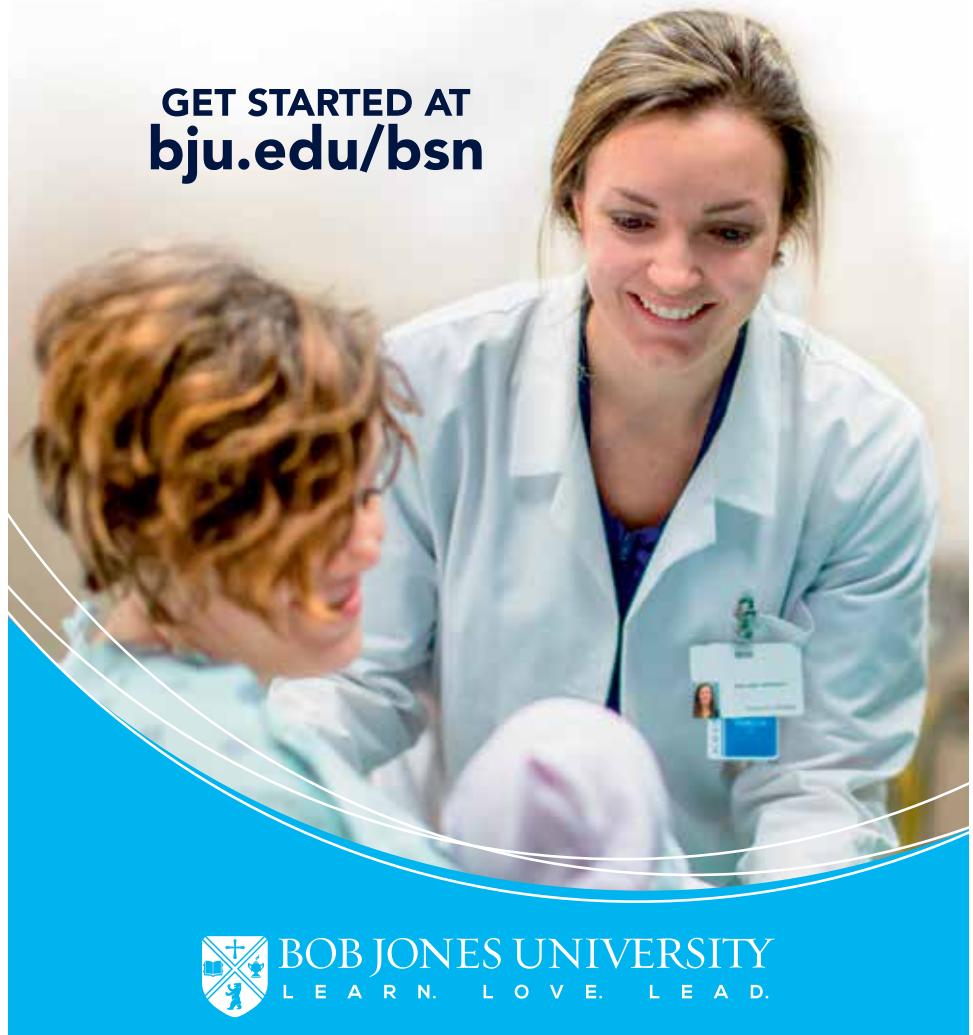
Is your new primary state of residence (PSOR) a member of the Nurse Licensure Compact?



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name change is made.

You may verify that your name change request has been processed on Licensee Lookup on the Board's website at www.llr.sc.gov/POL/Nursing. When utilizing Licensee Lookup, you do not have to enter your full name. 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 Information, Law/Policies on the Board's website.

lists all of the courses you have completed, and you can easily find and report any CE that might be missing. You will never have to pay to access all the necessary tools to prove your competency when renewing your SC license.

You can upgrade the service you receive. With the Professional account, you can access a personal CE transcript, which outlines exactly what requirements you have left to complete. The Concierge account includes your own CE Broker account manager who can guide you through the CE process, step by step.

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

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Website	www.llr.sc.gov/POL/Nursing

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VISIT THE BOARD WEBSITE OFTEN:

The State Board of Nursing recommends **all** nurses licensed by or working in South Carolina visit its website (llr.sc.gov/pol/nursing) often as information important to the practice of nursing is updated regularly. The State 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, 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. Competency Requirements/Criteria, which includes continuing education contact hours, are located under Licensure, Education. You will also find the Board meeting calendar, agendas, minutes, Board member names and the areas they represent.

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

BOARD OF NURSING MEETING CALENDAR FOR 2019

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

Board of Nursing Meeting

March 28-29, 2019
May 16-17, 2019
July 25-26, 2019
September 26-27, 2019
November 21-22, 2019

Advanced Practice Committee

May 3, 2019
August 2, 2019
November 1, 2019

Advisory Committee on Nursing Education

April 16, 2019
June 18, 2019
August 27, 2019
October 15, 2019
December 3, 2019

Nursing Practice & Standards Committee

April 11, 2019
July 11, 2019
October 10, 2019

Designated 2019 State Holidays

Confederate Memorial Day

Memorial Day

Independence Day

Labor Day

Veterans Day

Thanksgiving

Christmas

May 10, 2019
May 27, 2019
July 4, 2019
September 2, 2019
November 11, 2019
November 28-29, 2019
December 24-26, 2019

**Navigating the Nurse Licensure Compact:
Licensure by Endorsement**

When declaring a new primary state of residence (PSOR) or obtaining a license in another state:

Is your new primary state of residence (PSOR) a member of the Nurse Licensure Compact?

No

Apply for licensure in the desired state.

You may not practice in a non-compact state until you receive a temporary or permanent license.

You may hold multiple licenses for non-compact states.

Your new single state license is valid for practice only in the state of issuance.

Yes

Apply for RN or LPN license in your new primary state of residence.

Upon establishing residency you may continue to practice in the new state with the former state multistate license only until the multistate license in the new PSOR is issued.

Your former license will be inactivated upon receipt of a new home state license.

Was your previous PSOR a compact state?
Yes →
No →

Apply for an RN or LPN license in your new primary state of residence.

You may hold one multistate RN or LPN license but may hold multiple non-compact state licenses.
Your new multistate license grants the privilege to practice in all NLC states contingent upon remaining a resident of the issuing state.

**MOVING FROM...****Noncompact → Compact:****MOVING TO ANOTHER STATE**

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. A multistate license may be issued if residency and eligibility requirements are met. If the nurse holds a single state license issued by the noncompact state, it is not affected.

Compact → Noncompact:

The nurse is responsible for applying for licensure by endorsement in the new state of residence. The nurse may apply before or after the move. The multistate license of the former NLC state is changed to a single state license upon changing legal residency to a noncompact state. The nurse is responsible for notifying the board of nursing (BON) of the former NLC state of the new address.

Compact → Compact:

When moving (changing primary state of legal residence) to a new NLC state, it is the nurse's responsibility to apply for licensure by endorsement. This should be completed upon moving and the nurse should not delay. There is no grace period. The nurse may not wait until the former license expires to apply in the nurse's new state of legal residency. The nurse may practice on the former home state license only UNTIL the multistate license in the new NLC home state is issued. Proof of residency such as a driver's license may be required. Upon issuance of a new multistate license, the former license is inactivated.

Another Country (International Nurses)

If a nurse on a visa from another country applies for licensure in a compact state, the nurse is responsible for either declaring the country of origin or the compact state as their primary state of residency. If the foreign country is declared the primary state of residency, the nurse may be eligible for a single state license issued by the compact state.

Definition:**Primary State of Residence (PSOR):**

The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse's primary residence may include driver's license, federal income tax return or voter registration. PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residence for NLC purposes.

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312.525.3601 www.ncsbn.org/nlc

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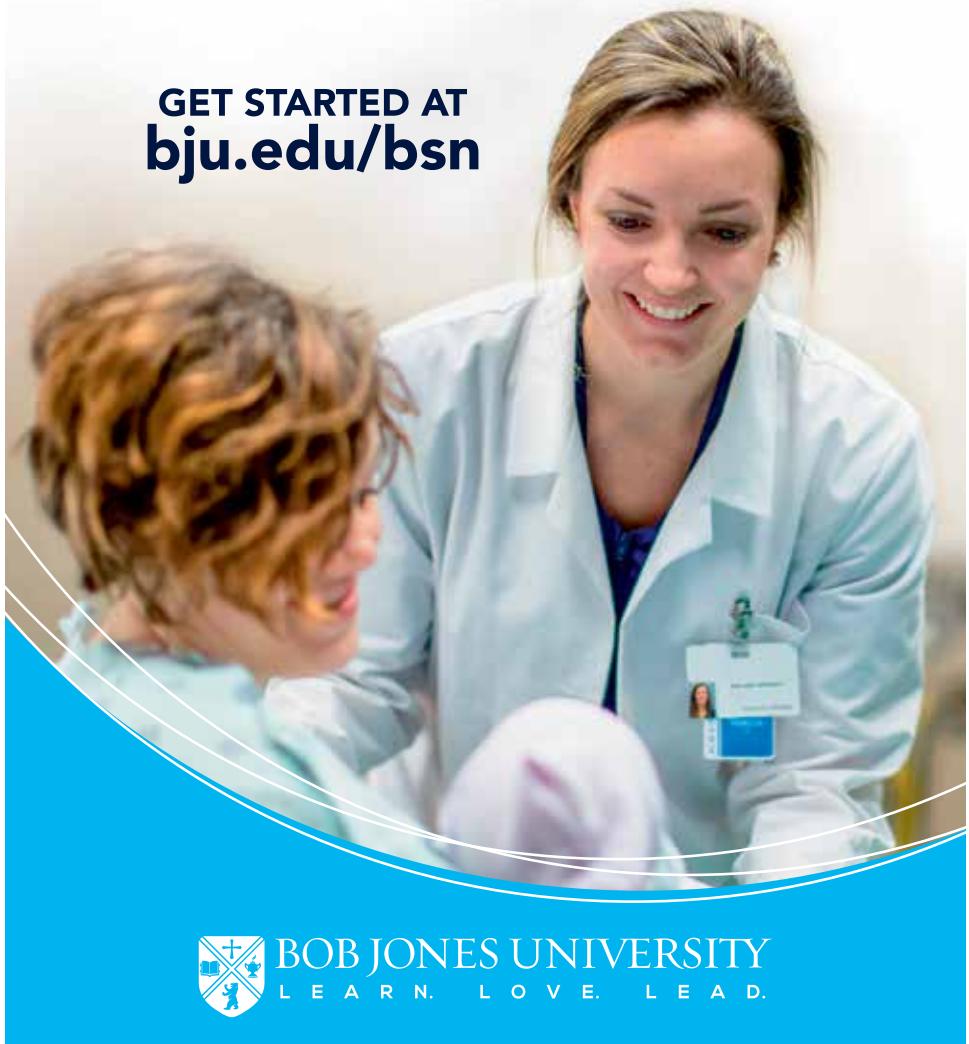
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For more information about the NLC, visit www.ncsbn.org/nlc or email nursecompact@ncsbn.org.

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The Jeffcoat Firm has the knowledge and experience to defend nurses. We're setting the standard for defending nurses in South Carolina. The first consultation with an experienced lawyer from the Jeffcoat Firm is completely free.

The sooner we begin defending you and your career, the better.



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