Updated Information on The Value of Nurses in the Healthcare Delivery System and What Nurses Can Do to Spread the Great News!

- Nurses are leading in the delivery of quality patient care in a transformed health care system.
  - Both the Affordable Care Act (ACA) and the Institute of Medicine’s Future of Nursing report have called for our profession to optimize its contribution to better meet the needs of all patients for quality health care.

- Nurses must seize the opportunity to demonstrate nursing’s value in economic terms.
  - Over the years, nursing has done a good job of demonstrating its social value, including its commitment to patient care, improved safety and quality, and better outcomes.
  - But with the increasing drumbeat to control costs in health care, it’s become critical that we also demonstrate nursing’s economic value—and the return on investment it brings.
  - Defining and articulating the economic value we bring to quality care will help ensure policy-makers, hospital executives and others make informed decisions about quality care and the essential role of nursing today and in the future.

- Nurses impact the bottom line by holding down costs.
  - We know that as nurse staffing levels increase, patient risk of complications and hospital length of stay decrease, resulting in cost savings.
  - We also know that nurse-managed care coordination and transitional care decrease costs by reducing emergency department visits and hospital readmissions and lowering Medicare costs. [http://www.nursingworld.org/carecoordination/whitepaper]
  - And based on what we know today, we can predict that more fully utilizing nurses in a variety of roles will increase access to care and save money.

- But nurses must ensure that key decision makers know this too.
  - Step one is to stay informed on health care policy and health care financing issues that drive decisions relating to nursing practice.
  - Step two is to participate in workforce planning and data collection opportunities within your practice setting. As nurses, we must measure the value of what we do—and that is more important than ever before.
  - Step three is to advocate on behalf of nurses at all levels of the health care system as we implement new policies and provide patients with quality and affordable care.

- Most important, engage with your professional association to amplify your voice.
  - Your professional association is your partner in maximizing this opportunity.
  - Professional associations leverage the collective energy and resources of many nurses to influence policy and advocate on issues important to the profession.
  - Our collective ability to seize opportunities and advance our profession depends on engaged members.
  - We have an opportunity today to advance our profession and help shape the future of engaged care in America.

- Promoting the economic value of registered nurses with regard to staffing
  - Reimbursement through the Centers for Medicare & Medicaid Services (CMS) represents 45 percent of hospital revenues. (CMS, NHA 2011)
  - In 2013, the first year in which payments will be made under Medicare’s Value Based Purchasing (VBP) program, patient satisfaction scores will represent thirty percent of a hospital’s overall VBP score.
  - The single most important aspect of these scores is patient perception of excellence in nursing care, creating a strong link between staffing and revenue. (HCAPPS)
  - A fully staffed and qualified core of RNs caring for patients to improve or maintain these scores affects the hospital’s bottom line.

- Additionally, increasing the proportion of RNs providing care on the care team improves patient outcomes (decreased falls, reduced mortality) and reduces costs.

- Promoting the economic value of nurses with regard to nurse-managed care coordination and transitional care
  - Care coordination managed by nurses decreases costs.
  - An IOM commissioned study showed that uncoordinated care costs 75% more than other similar care.

- Nurse-managed care coordination and transitional care programs save Medicare between $5,000 and $6,000 per beneficiary per year.

- Nurse Care Transition coaches saved the University of Colorado Medical System $250,000 per year. [http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/Issues-Briefs/Care-Coordination]

- It hirchman, “The Importance Of Transitional Care In Achieving Health Reform,” Health Affairs April 2011 30 no. 4 pp 746-754.

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- Patients participating in the Coordinating Transitional Care Program at the William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin, experienced one-third fewer hospitalizations than those in a baseline comparison group, producing an estimated saving of $1,225 per patient. Under the program, patients work with nurse case managers on care and health issues, before and after hospital discharge, with all contacts made by phone once the patient is at home. [http://content.healthaffairs.org/content/31/12/2699.abstract]
A new era for nurses has begun in South Carolina. A recent state-level Nursing Advisory Committee’s discussion revealed many new nurses, especially ADN’s, are not being able to find jobs after graduation. Three hospitals in SC are hiring only BSN’s. Many others only want experienced nurses. The hospital association has some information on the turn of events and is in the process to gather even more supportive data.

On a personal note, my position with a state agency was just eliminated—along with 45 others, many of whom are nursing leaders. Some were fortunate and were hired back into one of the 63 newly-created positions. Others elected to retire. Some took other vacant positions or left the agency. As it has all unfolded, saying goodbye to 28-years-worth of friends and colleagues who worked to improve the health of the public is very sad.

These events have proven there is little job security left these days. As my nursing colleagues in business have long known for decades, new leadership can enter, decide they need new people for whatever reason/whim and eliminate positions. My advice, for whatever it’s worth, is to stay focused on your job and do it to the best of your ability. Then, when you walk away, you can hold your head high—knowing you did your best and they are getting rid of the best!

As much as I would love to reveal all of the details of the events that have lead up to my departure from the agency, I choose to keep those who are guilty of ill-treatment anonymous. They have to live with their actions and their consciences. As for the benefit of those of us who were harmed, there will be a day of reckoning!

Having my position eliminated and not being hired back to continue my beloved career was akin to being tripped on purpose, then being kicked in the gut while still on the ground. Besides many sleepless nights, it has caused me to become very reflective. Like the adage, “you can’t control what happens to you, but you can control how you react to it”, I am in the process of getting myself off the floor and dealing with it. Luckily, I had enough years in the system to retire and walk away. For that, I am very grateful.

I am also very grateful for the opportunities I had within public health and my nursing career. I had wonderful mentors—like Dr. Lucy Marion, who hired me as an office nurse when she worked in a private practice as an APRN. She not only convinced me I needed to go back to school, she signed up for a Biostatistics class with me!

Another mentor is Deloris Zeigler. Deloris hired me into public health—not once, but twice—and showed me what it took to maintain integrity while working in a very political environment. Deloris made sure I had opportunities to grow as a leader. Among them, she nominated me for president of the local SCNA chapter—and the SC Nurses Foundation, where I served for 9 years, 2 of which were as president.

Ann Lee mentored me as a nursing director and provided many opportunities to grow as a leader—a formal and informal. As a “baby” nursing director, she nominated me for the Amy Cockcroft Fellowship at USC where I learned a lot about myself and my leadership style. Later in my career, she pushed me to run for president of SCNA. AND...I’m still here!!

I am indebted to all of my nursing mentors, fellow nursing directors, and my wonderful staff who supported me over the years. However, my most recent mentor is not a nurse. Judy Thompson, our own CEO, is an outstanding mentor. She is always there with good advice, but allows...
You Were Represented

by the CEO, Board Members, Committee members, the CIA Lobby Firm November 2012-February 2013

Meetings of Advanced Practice organizations to discuss IOM issues
Meetings of the Coalition for Access to Health Care
Executive Enterprise Conference- meetings of state executive staff and ANA
ANA Policy Call
One Voice One Plan webinar
Meeting with the SCNA Finance Committee to prepare the 2013 Budget
SCNA Board Meetings
Advisory Committee on Nursing of the State Board of Nursing
Advanced Practice Committee of the State Board of Nursing
Meeting of the State Board of Nursing
Meetings of the State Board of Medical Examiners
Meeting of the SC Pharmacy Board
Meetings of a variety of committees of the General Assembly
Meetings of SCSAE
Meetings with a variety of vendors for products for SCNA members
Conference call/webinars with computer vendor about the latest updates to the products that we have with them
Meetings of a variety of state agencies concerning topics of interest in the field of health care

I know that this message will be a little early, but, Happy Nurses Week, 2013! The theme this year is “Delivering Quality and Innovation in Patient Care.” This is a great theme and a continuation of the work done since the beginning of organized nursing. Nurses have always used their educations and skills to work for the improvement of care and to deliver the highest quality of patient care possible. Now it is time to look at outstanding things that nurses do to deliver quality and innovative patient care. Perhaps one of the best ways to celebrate Nurses Week, May 6-12, 2013, is to revisit some of the important impact the profession of nursing has on the health care system of today. Nurses are leading in the delivery of quality patient care in a system of health care delivery that is rapidly being transformed. As part of this transformation it is of vital importance that nursing’s value to the health care system is seen not only in the excellence of care giving, but, in the terms of the economic value that nursing brings to health care.

It is well known that with increases in nursing staff levels the risks for patient complications and hospital lengths of stay decrease, thus resulting in cost savings to institutions. Nurse-managed care coordination and transitional care also assist in decreasing costs by reducing emergency department visits and hospital readmission thus lowering Medicare costs.

It is certainly time for nurses to be very clear about the excellent value that each one brings to the care of patients at all levels of caring. The evidence of this value continues to pile up in study after study. Nurses are true value-adders in the health care system of today and will be even more important in the future.

So, celebrate you! Celebrate the profession that you have chosen to be part of! Celebrate the important roles that you play in health care today! Celebrate the work that you do by “Delivering Quality and Innovation in Patient Care!” ONWARD.

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Be a Chamberlain Nurse.

President’s Column continued from page 2

me to make my own decisions. She is so respected – such a strong leader, both state and nationally. I look forward to a couple more years of benefiting from her mentoring.

I am thankful for having this office and this venue to communicate. It has afforded me many opportunities. The latest opportunity was speaking to the SCMA’s Bioethics Committee on the scope of practice for APRN’s. I am honored that they have asked me to come back to their next meeting and potentially joining the committee as a nursing advocate.

Hopefully, in this new era for nursing, I have stayed focused on the positive. We nurses have chosen a very ethical, trustworthy profession. In all that we do in the name of nursing, we must stay focused on the positive. We need to encourage those who are contemplating or just starting their professions. We must help them see the positives will far outweigh the negatives in the end.
The SCNA Board of Directors has created the SCNA ADVOCACY FUND to assist in supporting the advocacy work already done by the SCNA on behalf of the profession of nursing. This fund will assist in covering the costs of the advocacy work done by SCNA. These costs have been increasing as opportunities for action have also increased. These opportunities are in all areas of nursing practice. The Fund was unveiled during the SCNA APRN Chapter’s workshop recently held in Spartanburg, South Carolina. The attendees were most generous in getting the Fund off to a good beginning.

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

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

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

Members in the News

Two SCNA members have been named to the first ANA Advisory Committee on Care Coordination Quality Measures Panel. Charlene Pope of MUSC and Jeanie Stoker of AnMed were named recently as announced by Cheryl Peterson, MSN,RN, Director, Nursing Practice and Policy of ANA.

This is the first issue panel to be announced following the creation of the panels by the ANA House of Delegates in 2012. The panels will be called together to do very specific work and when finished will be dissolved as ANA moves on to other practice and policy issues. The process is designed to be very much quicker than previous groups that, by the nature of their establishment, were responsible for multiple topics at one time. All SCNA members are encouraged to be aware of the calls for each new panel as they are created and to nominate themselves for panels and policy work that coincides with the work that they are doing in and for nursing.

Congratulations, Charlene and Jeanie!
South Carolina Nurses Association

April–September 2013 SCNA Calendar

April 15, 2013 LIST OF NOMINATIONS DUE FROM SCNA BOARD AND CHAPTER CHAIRS
May 1, 2013 BYLAWS PROPOSALS DUE
May 1, 2013 PROPOSAL RESOLUTIONS DUE TO SCNA
May 17, 2013 FINAL TICKET DUE TO SCNA BOARD OF DIRECTORS
May 17, 2013 12:00pm – 1:00pm CHAPTER CHAIRS MEETING
May 17, 2013 Directors and Board Meeting
May 18, 2013 10:00AM APRN CHAPTER MEETING
May 21, 2013 CONSENT TO SERVE/ BIO FORM/PICTURE DUE FOR THE JULY SC NURSE
May 21, 2013 July–September 2013 Issue: SCNA NURSE ISSUE CONTENT
May 22, 2013 CALL FOR RESOLUTIONS DUE
July 1, 2013 Date of eligible membership to vote in election
August 16, 2013 12:00pm – 1:00pm CHAPTER CHAIRS MEETING
August 16, 2013 1:00pm and staff of the SCNA
August 17, 2013 10:00AM APRN CHAPTER MEETING
August 19, 2013 October–December 2013 Issue: SC NURSE ISSUE CONTENT
September 4, 2013 last day to file consent to serve as officer on file at SCNA
September 4, 2013 Election Notice Mailed
September 9, 2013 List of members eligible to vote posted on SCNA website
September 13, 2013 Election Opens
September 27, 2013 Election Closes

For a full calendar see www.scnurses.org

Board of Directors Update

Action of the February 22, 2013 Meeting of the SCNA Board of Directors

Members Present: Vicki Green, Connie Varn, Alice Wilt, Ellen Duncan, Sheryl Montgomery, Lawrence Eberlin, Peggy Dulaney, Ellen Riddle and Justin Chavis, SNA-SC VP

Chapter Chairs (ex officio): Cheryl Prickett, Susan Clark, Lois Hasan, Ellen Riddle, Fred Ault, Melissa Black

Staff: Judith Curfman Thompson, CEO and Rosie Robison, Assistant to the CEO

Guests: Five Students from USC-Aiken

The first order of business for the SCNA members of the Board was to review the Annual meeting of the South Carolina Nurses Foundation. The SCNA Board members serve as the members of the SCNF and with the Trustees of the SCNF. Following this meeting, the SCNA Board gathered to conduct the SCNA Board meeting.

The Minutes of a number of meetings were approved as circulated.

The Finance reports from October, November, December and January were accepted as circulated. The adoption of the 2013 budget was reaffirmed by the Board.

The President-elect was appointed to serve as the SCNA representative to the SCNF with voting power.

Additions to the Nominations Committee were made to support the work of Chair Lois Hasan. The three current Directors were added to the committee.

Alice Wyatt volunteered to work with the CEO to review the current SCNA Bylaws for any proposed changes and to review any changes proposed by the members for the SCNA Annual Meeting in October.

The SCNA Chapters were once again willing to participate in creating awards from each Chapter to be presented at the SCNA Convention in October. This is the same pattern that was used at the last Convention and it was very successful. The awards themselves are certificates and the creation of a brick for the SCNA walkway.

Written Reports were received from all the Officers, Commission Chairs, Directors and staff as requested and greatly facilitated the flow of the meeting.

A special committee to review and update the SCNA Strategic Plan was created with volunteers: Peggy Dulaney, Connie Varn, Lawrence Eberlin, Vicki Green, Judith Thompson and Rosie Robinson.

Nurse Practitioners will meet at the SC State House on April 18th for a time to talk with members of the General Assembly about their practices. Other legislative issues are moving forward as well at this time.

A new policy for the CEAC was approved to replace the former policy of paying mileage for members of the committee. This new policy will provide compensation to all members of the CEAC not just those who live outside of Columbia and will be based on a fee per quarter for each committee member who has participated in the full work of the committee for the quarter. The Chair’s fee will be $200.00 per quarter and each committee member will receive $100.00.

The annual orientation for members of the Board of Directors and Chapter Chairs took place using the updated Position Descriptions found in the SCNA Board of Directors and Committee Manual. CEO Thompson reviewed all the Position Descriptions and Policies of the SCNA and made proposed changes based on Bylaw changes and other factors impacting the work of the Board and Committees. This proved to be a good way to perform these reviews for this year as it touched on every aspect of SCNA in a brief manner and allowed for input from the Board members. There are three topic areas still to be specifically reviewed by the chairs of the Committees involved and will be presented for the next Board meeting.

The next Board meeting is May 17, 2013.

New SCNA-Only Members

As of January 1, 2013 – February 26, 2013

Brandy Doughty Florence, SC
Nelda Hope Inman, SC
Carolyn Keating Spartanburg, SC
Iris Walliser Aiken, SC

Call for Resolutions

Any SCNA member may research, write and submit resolutions for consideration by the 2013 SCNA Annual Meeting. Resolutions should be submitted in form for printing to the Reference Committee through SCNA at 1821 Gadsden St., Columbia, SC 29201. Resolutions are due by May 1, 2013.

Guidelines for writing and submitting resolutions can be downloaded from www.scnurses.org under “About SCNA” on the “SCNA Annual Meeting” page.

Call for 2013 Nominations

The SCNA Nominating Committee has called for member suggestions for the 2013 election. Nominations are due May 1st.

In 2013, members will elect:

Secretary
Commission Chair – Public Policy/Legislation
Commission Chair – Workforce Advocacy

Current Officers Eligible to run again:
Commission Chair – Public Policy/Legislation
Sheryl Montgomery
Commission Chair – Workforce Advocacy
Lawrence Eberlin

Current Board Members Eligible to run for office other than the one they currently hold:
Jessica Simpkins – Currently Secretary

SCNA Chapters will also hold elections for:
Vice Chair
Secretary/Treasurer

SCNA Chapter Ballot will be with the SCNA Ballots for those SCNA members who are also signed up as SCNA Chapter members. Nominations may be submitted at the same time as nominations for SCNA officers. All nominations are due to SCNA by May 1st 2013.

Note that both the nominator and nominee for the SCNA 2013 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 “SCNA Nomination and Elections” page.

2013 Official Call for Suggested SCNA Bylaw Revisions

Please consider this the official call for any suggested SCNA bylaw revisions for consideration at the 2013 SCNA Annual Meeting to take place this Fall. A full set of current SCNA Bylaws can be obtained via the SCNA website at www.scnurses.org. All proposed revisions must be submitted to SCNA by May 1, 2013. Please forward to:

SCNA-Bylaws Committee
1821 Gadsden Street
Columbia, SC 29201
FAX (803-779-3870)
South Carolina Nurses Association

Melanie Leigh Cason, MSN, RN, CNE, Tapped by National League for Nursing for Selective Faculty Leadership Development Program for Simulation Educators

One-Year Leadership Institute Program Supported by a Gift from Johnson & Johnson

Charleston, SC, January 25, 2013—Melanie Leigh Cason, MSN, RN, CNE, Collaborative Coordinator for HealthCare Simulation South Carolina and Nursing Instructor at the Medical University of South Carolina has been selected through competitive application for the year-long Leadership Development Program for Simulation Educators, the National League for Nursing’s initiative, designed for those interested in assuming a leadership role in the research or administration of simulation programs in nursing education. The third cohort consists of 20 nurse educators chosen from colleges and universities around the United States and Canada. The 2013 cohort is led by a simulation leader in Singapore! They will all study for a year under the direction of Pamela Jeffries, DNS, RN, FAAN, ANEF. Dr. Jeffries, the author of numerous scholarly articles and books on simulation, is an invited expert in the subject and editor of the Second Edition of Simulations in Nursing Education: From Conceptualization to Evaluation (NLN, 2012), is a professor in the Department of Health Systems and Outcomes and associate dean for academic affairs at Johns Hopkins University School of Nursing. She is nationally known for her research and work in developing simulations and online teaching and learning.

At Hopkins and throughout the academic community, she is well regarded for her expertise in experiential learning, innovative teaching strategies, new pedagogies, and the delivery of content using technology in nursing education. Dr. Jeffries served as project director for a national simulation study funded by Laerdal Medical Corporation and was named to the role for a second NLN-Laerdal grant to facilitate the development of web-based courses for faculty development in simulation and a national simulation innovation resource center (SIRC). Dr. Jeffries was previously awarded several grants to support her research and is the recipient of several teaching awards, including the National League of Nursing Lucile Petry Leone Award, and was inducted into Sigma Theta Tau International’s Research Hall of Fame.

“I am delighted that Dr. Jeffries has agreed to direct this transformative program for young nursing educators, working with a new group of talented emerging leaders in simulation,” said Beverly Malone, CEO of the NLN. “The NLN’s Leadership Development Program for Simulation Educators has historically proven to be an intensive and very worthwhile learning experience that, consistent with NLN’s core values of caring, integrity, diversity, and excellence, prepares promising young nurses for the preparation of nursing education and be visionary thought leaders for the 21st century and role models to the next generation.”

A native of Columbia, SC, Cason is a graduate of USC, MSCN program and a part time faculty member. She is pursuing a PhD in Nursing. She was chosen for this program based upon her experience with simulation and her ability to work with other faculty in developing the use of simulation in nursing education. Cason has years of experience as a critical care nurse, a hospice nurse, hospital supervisor, and nursing instructor. She has been a recipient of the South Carolina Nurses Foundation Palmetto Gold Award for Nursing Excellence as well as the South Carolina League for Nursing Award for Excellence.

To expand the science of nursing education while developing their personal leadership portfolios, participants spend time engaged in varied activities that examine key issues related to simulation, then focus their efforts in an area of their choice. To kick off the program, participants meet in January in Phoenix and attend the NLN Leadership Conference. Looking ahead, the group will participate in leadership development webinars; exchange ideas and best practices in simulation in private forums; review existing scholarly research; visit simulation centers and equipment issues; contribute to a group project and post it on the Simulation Innovation Resource Center (SIRC) website; and attend conferences.

For more information about the Leadership Development Program for Simulation Educators, please contact Mary Anne Rizzolo, EdD, RN, FAAN, ANEF at mrizzolo@nln.org.

Dedicated to excellence in nursing, the National League for Nursing is the premier organization for nurse faculty and leaders in nursing education, offering faculty development, networking opportunities, testing services, nursing research grants, and public policy initiatives to its 37,000 individual and 1,200 institutional members.

Melanie Leigh Cason

How wonderful to see all the many directions that the field of nursing is going in these days. I am so proud and happy when I sit back and contemplate the course that I have seen this amazing profession take over the last forty plus years. I have had the joy and privilege of being in the field of psychiatric nursing since 1967. I started out as a nursing assistant while I earned my associate degree in nursing here at the University of South Carolina. Slowly over the years as I worked in patient psychiatric nursing and then outpatient, I finished my BS in Nursing and then eventually my Masters! What a joy it has been to work as a psychiatric nurse for so many years now. Over the years in my private psychotherapy practice here in Columbia, I have noticed what an enormous role stress has played in lives of my clients. I meet that I have also been acutely aware of the role of stress in my own life, and the life of my family and my friends.

About seven years ago I had a series of very difficult events in my life that took my stress level beyond anything I had ever had to deal with. In addition to the many skills that I had already learned for stress management, I decided to add a yoga and meditation practice to my list of tools. To this day, I still marvel at what a significant difference these tools have made in my life. Because these “mindfulness” practices helped me so much in my personal life, I began to study this area of mind-body medicine more extensively. I wanted to bring to my patients the benefits of these practices.

One of the most user friendly methods that I have discovered along the way is called Mindfulness Based Stress Reduction (MBSR). In 1979 Jon Kabat-Zinn founded MBSR in his stress-reduction clinic at UMass Medical Center in Worcester. Since that time programs have sprung up all around the world with many variations such as Mindfulness Based Stress Reduction for Chronic Pain, for Childhood and Parenting, for Nutrition Issues and so on. Seeing the many different areas where these skills would be helpful and to encourage me to integrate the practices into my work as well.

In June of 2012 my colleague, Dr. Hilda White and I founded UPSTREAM OF Columbia: A Center for Mindfulness Practice and Holistic Mental Health. At this time we are offering Mindfulness Based Stress Reduction classes in eight week cycles throughout the year. This is a combination of a four hour class fives consecutively and a one day retreat held about two weeks before the series ends. These psycho-educational classes, through a number of mindfulness practices, teach students to become more aware of present moment experience—being in the here and now without emotional reactivity or a story line about what is happening.

Our minds are fantastically projecting forward and thinking about all the future things that we need to plan or to worry about! In addition our minds are easily drawn into the past ruminating on experiences from long ago. If we learn how to keep the mind in the present, in the here and now, using techniques like mindfulness training, the effects can be profound. For example the effects may be in the physical body by lowering blood pressure or reducing chronic pain or there may be mental health effects such as lowering anxiety.

As a nurse I am so delighted to be a part of offering these stress reduction classes into the Columbia area. As nurses we can all benefit from learning these practices for ourselves and for our patients. At UPSTREAM we are proud to introduce this program as part of the mind-body medicine field that is coming into its own at this time. If you would like to learn more about how you might use this program for yourself or for your patients, please don’t hesitate to contact me.

UPSTREAM: A Center for Mindfulness Practice and Holistic Mental Health, Columbia, SC. (803) 960-7737

Another Avenue of Nursing Practice

Melanie Leigh Cason

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Jemme B. Stewart, PMHCNS, LPC, RYT

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“Nightingale’s Nursing”

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Another Avenue of Nursing Practice

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Another Avenue of Nursing Practice
Organizational Affiliate Membership Update

SCNA is thrilled to announce that the SC Association of School Nurses and the SC Faith Community Nurses Association have renewed their Organizational Affiliate Membership in SCNA.

Organizational Affiliate News!

SC Association of School Nurses (SCASN)
Summer Conference
Myrtle Beach, SC: June 12-13, 2013
Details will be posted at: www.scasn.org

South Carolina Faith Community Nurses Association
Renatta Loquist, President

Did you know that there is a newly formed association for Faith Community Nurses? This association is an outgrowth of what was once a network of Faith Community Nurses (Parish Nurses) who met together for education, collaboration, encouragement and to share best practices. As the specialty practice of Faith Community Nurses has grown and as the American Nurses Association in cooperation with the Health Ministries Association joined forces in developing unique standards for practice, it was thought prudent by the members of the network to form a legitimate association for members.

In the past two years we have registered with the SC Secretary of State, applied for 501-c-3 tax-exempt status, developed new by-laws, created a website (www.scfcna.com), became an Affiliate Member of the SCNA, and continued the good work that the Network began.

You are invited to join us as we continue to provide support and encouragement as well as continuing education programs for our members as we impact the health of SC citizens through our faith communities. You can find information on our website for our quarterly meetings as well as our annual conference to be held this year on August 10, 2013 at Northeast Presbyterian Church in Columbia.

***Save the Date***

On August 10, 2013, the SC Faith Community Nurses Association will host the annual conference. This year’s conference theme is “Resiliency and Spirituality” and promises to be both educational and personally uplifting. The speaker for the conference will be Dr. Alexis Smith, MBA, M.Div., BCC, a chaplain with Cone Health System and an adjunct professor at High Point University in NC.

Her recent thesis study concentrated on Finding Meaning and Hope in Situations of Suffering and Loss.

Additional information on registration, contact hours, and other details, will follow in the next newsletter.

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Hello and greetings everyone,

the psychiatric/mental health chapter wishes you all well. The chapter also wants to thank you for the member input that was received recently relating to meeting the members needs. The survey revealed that the desire of the respondents was for the chapter to provide yearly continuing education opportunities. It was also suggested that we try to enhance networking through our CEU offerings.

Topics that were suggested, included, psychopharmacology, new treatments, topics on special populations, and an update on the new DSM-V. Well, your wish is our command and to that end the chapter will continue to provide CEU opportunities. We are committed to ongoing CEU offerings at the annual APRN conference and we would like you all to read the following:

On Saturday, June 22 the Psychiatric-Mental Health Chapter of SCNA will present a workshop “Dementia: What Nurses Need to Know about Types, Behavioral Strategies and Meds.” The speaker will be Barbara Barham, RN, MS, CTS. Barbara is an advanced practice psychiatric nurse with considerable experience working with persons affected by dementia. She presently has a small private practice devoted to crisis response and dementia issues. She has been involved with the Alzheimer’s Association in South Carolina for about 20 years, serving on the Board of Directors, Public Policy Committee and as an educational resource. She has also been a volunteer with the American Red Cross for 6 years, serving as chapter leads for Health Services, Disaster Mental Health Services, and an instructor. She currently is also the State Nurse Liaison for SC and Western NC with Red Cross, a role to support nurses in Red Cross.

The workshop will be held at SCNA, 1821 Gadsden St., Columbia, SC 29201. Registration will begin at 9:30 AM. Coffee and light refreshments will be offered and the program will be from 10 AM-12 Noon. 2 CE credits will be offered and 1 hour of pharm CE credit. The cost is $35 for SCNA members and $50 for non-members. Based on space availability students may attend for $10.00.

You may register online at www.scnurses.org.

We are very eager to meet your needs and we hope that you will take advantage of this opportunity. For any of our members who are educators we want to offer this experience to your students as well at an affordable cost. We would love to have you all attend. So until we meet again, as they say in St. Thomas, have a good day!

David Hodson
Advanced Practitioners in the News

What do the following publications have in common:

They have all featured articles with serious discussions of the practices of advanced practice nurses: Nurse Practitioners, Certified Nurse Midwives, Certified Nurse Specialists and CRNA. Each has taken a bold approach to the looming shortage of health care providers that will be taking place in the US in a very few years. Each has discussed with thoroughness the important roles that Advanced Practice Registered Nurses can and should play in the healthcare delivery of “now” and of the “future”. Each has pointed out the laws in many states do not always promote the best access opportunities for patients by not allowing APRNs to practice to their fullest level of education, licensure and certification.

So, start surfing the web to find these and many other articles that are available to continue the discussion that should be going on in our state and nation about allowing duly licensed health care providers to do what is needed in our state and nation as well as others to their practices.

www.kaiserhealthnews.org
www.nytimes.com
http://www.forbes.com
http://content.healthaffairs.org

READ ALL ABOUT IT!

It’s Here! It’s Here!

It’s 3 AM and you think that a staff member has been drinking or diverting drugs. Do you know what to do? Do you know how to protect your patients, your organization, and the rights of your employee?

The Peer Assistance Program in Nursing (PAPIN) Steering Committee is aware that many may not know what to do. We have created a toolkit to assist you with handling a situation of impaired practice.

If you have not done so already, go take a look. The Toolkit is available at www.scnurses.org under Nursing Resources and Peer Assistance Program in Nursing.

Don’t wait until 3 AM to find out what to do. Be prepared. Go now, take a look.

PAPIN… Here to Help, Here to Heal

We have the following Full-Time Nursing opportunities available:

Maybe you’ve worked at KershawHealth earlier in your career. Or you simply crave a career destination that truly feels like home. Whatever the case, you’ll find a warm, welcome and inviting workplace, a career destination that truly feels like home. Whatever the case, you’ll find a warm, welcome and inviting workplace, a career destination that truly feels like home.

KershawHealth. We have the following Full-Time Nursing opportunities available:

- Med/Surg
- Women’s Center
- ICU
- Long-Term Care/Rehab
- Emergency Department

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

www.scnurses.org
Members

APPLICATION FOR MEMBERSHIP IN SOUTH CAROLINA NURSES ASSOCIATION, A CORPORATION OF THE AMERICAN NURSES ASSOCIATION as of January 2013

Name: [Redacted]
Title: [Redacted]
Street or P.O. Box: [Redacted]
City, State and Zip Code: [Redacted]
Phone: [Redacted]
Email Address: [Redacted]

MEMBERSHIP DATA INFORMATION
Name: [Redacted]
MEMBERSHIP TYPE: [Redacted]
Remarks: [Redacted]

Full SCNA/ANA Membership Does Not Mean:
• RNs not employed
• RNs in full-time employment
• Graduates of non-Nursing programs

Special SCNA/ANA Membership Does Not Mean:
• 10 years of age or older and not employed
• Family Plans
• Non-Nursing Member (Non-member)
It is time for the 12th annual Palmetto Gold Nurse Recognition and Scholarship Program Gala. The gala is set for April 6, 2013 at the Columbia Metropolitan Convention Center. The Palmetto Gold Nurse Recognition and Scholarship Program is under the auspices of the South Carolina Nurses Foundation, a 501-C-3 organization whose mission is to promote high standards of health care by insuring the advancement of the nursing profession through scholarships, grants, and programs of excellence. The purpose of the Palmetto Gold program is to annually salute 100 registered nurses that exemplify excellence in nursing practice and commitment to the profession. A secondary purpose is to provide scholarships to registered nurse students ensuring an adequate supply of nurses for the future.

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

The Steering Committee received excellent nominations. The selection process is complete and 100 recipients of this prestigious award have been identified. In addition to honoring the 2013 Palmetto Gold recipients, the 2013 Palmetto Gold Scholarship recipients will be featured and formally recognized.

Net proceeds generated from the gala evening are used to provide nursing scholarships for students attending South Carolina registered nurse education programs and to build the Palmetto Gold Scholarship Fund. Palmetto Gold advertising and sponsorship opportunities are available for purchase for any business or individual interested. The Steering Committee is grateful to the many employers and benefactors that have contributed to the success of this program for the past 11 years. The impact of the program has been far-reaching as over $258,000 in scholarships awarded to student nurses. If interested in supporting advertising or sponsorship, please contact Nydia Harter at nharter@lexhealth.org.

Please reserve April 6, 2013 on your calendar for an exciting evening to celebrate nursing excellence. If you are interested in ticket purchase, the registration information will be available on the website www.scpalmettogold.org. Presented by the Palmetto Gold Steering Committee. •

News you can use

Still Dealing with Disruptive Behavior in Your Workplace?

by Peggy Dulaney, MSN, RN

Disruptive Behavior: Lateral Violence – Horizontal Violence – Horizontal Hostility Bullying Nursing “eating their young”

We have been talking about these issues for years. The literature is full of articles about the decline in civility in our culture and especially about the dangers posed to patients and staff by disruptive behavior in the healthcare workplace. Yet, we continue to hear stories that the problems still exist. The SC Coalition on Disruptive Behavior is a group of nurses just like you who are dedicated to helping you make a difference by building healthy work environments.

In order to provide you with resources to deal with Disruptive Behavior, we have continued to update our page on the SCNA website www.scnurses.org. Look under Nursing Resources on the left toolbar of the homepage, then click on SC Coalition on Disruptive Behavior. There you will find an updated annotated bibliography, a list of helpful websites with comments about their contents, and video clips that you can use for group discussions or training.

Someday, your patients will face their greatest challenge.

Taking a multivitamin with folic acid every day contributes to overall good health. And if they choose the challenge of motherhood, folic acid, taken at least three months prior to conception, will reduce the risk of birth defects of the spine and brain.

For more information call: 1-800-6-SOMEDAY

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News You can Use

South Carolina Nurses Foundation

Palmetto Gold Gala – 2013

April 6, 2013

Updated Information continued from page 1

• Promoting the economic value of Advanced Practice Registered Nurses (APRNs)
  • In 2014, 32 million individuals will gain access to health insurance under the Affordable Care Act.
  For the next three decades millions of new patients will age into Medicare.
  • These forces will cause the demand for primary care to sky-rocket. (CBO estimates with respect to the Affordable Care Act, Medicare Trustees Report)
  • Removing barriers to APRN practice will increase access to care and, based on recent data, lower costs.
  • In 2011, 100,000 APRNs participated in Medicare, providing $2.4 billion in services to 10.4 million fee-for-service beneficiaries (30 percent of the total). If those services had been obtained from physicians, Medicare would have paid $340 million more and the beneficiaries would have been charged an additional $85 million. (CMS data)
  • APRNs provide quality care and are cost effective.
  • A great example is the growing numbers of women choosing to have a midwife attend their birth – and the fact that women who deliver with midwives have fewer C-sections and higher breastfeeding rates point to the cost effectiveness of midwifery services.
  • A 2011 Agency for Healthcare Research and Quality (AHRQ) brief found that the cost of a cesarean delivery was almost $2,000 higher than a vaginal delivery. Considering there are approximately four million births per year, and 32 percent are delivered by C-section, that is a total of $2.5 billion per year.
  • Reducing this number even by just five percent by increasing access to midwifery care for low-risk pregnancies would result in about $128 million in savings in hospitals alone.

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Nursing Department Chair

Application Deadline 03/29/2013

FNP’s and other Primary Care APRNs

Be a true partner to your patients in rural SC!

FNP’s and other Primary Care APRNs

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

Some FQHC sites in high HPSA areas are competitive for

NHSC Loan Repayment. Also, great rural private practice

opportunities for those seeking that setting.

Nursing Resources page on the SCNA website www.scnurses.org. Look under discussions or training.

There you will find an updated annotated bibliography, a list of helpful websites with comments about their contents, and video clips that you can use for group discussions or training.

SCNA ANNUAL MEMBERSHIP MEETING / ANNUAL MEETING OF SCNA CHAPTERS – Columbia Marriott – October 12, 2013

Contact Stacey Day, stacey@scorh.net and mention this referral.

Eligible for licensure as a registered nurse in South Carolina. Minimum Degree in nursing required, doctorate preferred. Minimum five (5) years clinical experience in teaching nursing lecture and clinical cases in a post-secondary institution. Minimum ten (10) years of experience as an administrator/clinical supervisor. Experience in both private sector and academic settings, and curriculum development. Must have excellent communication skills.

SALARY: Competitive and determined by evaluating qualifications. Excellent benefits program that includes: employer provided health, dental, and life insurance; paid holidays; sick leave; and state retirement.

TO APPLY: Qualified applicants visit the SC State Jobs website at www.jobs.sc.gov to complete and submit an on-line application.

Resumes will not be accepted in lieu of applications. Transcripts must be submitted with the employment application when a degree is required. Copies of Transcripts are accepted for screening. Official Transcripts will be requested. DRM1000A

North Carolina Office of Rural Health

FNPs and other Primary Care APRNs

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

Contact Stacey Day, Director of Recruitment at 803-415-3850, ext. 2009 or via email to stacey@scorh.net and mention this referral.

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Self Regional Healthcare is seeking qualified nursing candidates to fill a number of positions in the direct patient care, clinical, and nurse management settings. Located in Greenwood, South Carolina, right between Atlanta and Charlotte, we’re a 420-bed hospital with 2,400 staff providing advanced healthcare services to a population of more than a quarter of a million people in the Lakelands region of upstate South Carolina. Come join the excitement!

Review our web site at www.selfregional.org for up-to-date job opportunities. We provide outstanding benefits and competitive compensation. Only complete and qualified applications will be contacted.

Self Regional Healthcare is an equal opportunity employer.
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. Nurses are investigated and disciplined when necessary. School of nursing are surveyed and approved to ensure quality education for future nurses.

REVISED ADVISORY OPINION

As of May 8, 2013, the Board approved revision of Advisory Opinion #5 as follows:

Advisory Opinion #5

Formulated: July 31, 1987


Question: What is the role and scope of responsibility of the registered nurse (RN) in the administration of epidural, intrathecal and peripheral nerve therapies?

The Board of Nursing of South Carolina acknowledges that it is within the role and scope of responsibility of the RN to administer epidural, intrathecal or peripheral nerve therapies:

1. Administer medication (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) to the epidural and intrathecal space and peripheral nerve with the use of an electronic pump, infusion device or any other device that is provided to the RN under the close supervision of a certified registered nurse anesthetist or anesthesiologist.

2. The RN with training and competency may assist the Anesthesiologist/ Certified Registered Nurse Anesthetist (CRNA) with the administration of a peripheral nerve block with the Anesthesiologist/ CRNA present. The registered nurse may not insert the catheter and fix it in position or remove it from the patient, nor may the RN remove epidural or peripheral nerve catheters. The registered nurse may not insert, remove, or manipulate a catheter, nor may the RN change the intravenous/ intrathecal/ peripheral therapy/procedures. Medications to be administered by the RN are to be documented in the nursing record. The board recognizes that these responsibilities are an additional act for the RN. The agency policies and procedures should address how the agency will assure a physician or Advanced Practice Registered Nurse authorizes to administer epidural and intrathecal anesthesia/analgesia therapeutics/services. Medications to be administered by the RN and doses ranges are to be listed in the policies and procedures. The nursing department is advised to obtain patient specific written medical orders which indicate mechanical and physiological parameters to be monitored and reported to the physician.

3. The RN may remove empty infusion syringes or bags with prepared solutions provided that the solution is verified by a second licensed nurse. The RN MAY NOT prepare solutions for administration, alter the rate (increase or decrease), inject, bolus, re-bolus the anesthetic/ analgesic infusion. The registered nurse may not insert the catheter, position or reposition, or flush to maintain patency.

4. Attach infusion tubing and devices to epidural, intrathecal or peripheral nerve catheters in place of the radiopaque or x-ray transilluminated catheter as ordered by a physician, certified registered nurse anesthetist or anesthesiologist.

5. Monitor, maintain, regulate, and/or terminate a continuous epidural, intrathecal or peripheral nerve infusion of medications (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) as ordered by a physician, and within the established guidelines, policies, and procedures formulated with input and approval of licensed physicians, anesthesiologists, and/or certified registered nurse anesthetists. In home care, physician support and supervision may be available via telecommunication systems.

6. Attach infusion tubing and devices to epidural, intrathecal or peripheral nerve catheters in place of the radiopaque or x-ray transilluminated catheter as ordered by a physician and under the supervision of a licensed physician or certified registered nurse anesthetist. This applies, but is not limited to, situations in which:

   a. Patient requires acute or chronic pain management.
   b. Patient requires post-surgical pain management.
   c. Physician provider verifies correct catheter placement.
   d. Patient vital signs are stabilized.
   e. Patient’s anesthesia/analgisic level is established.

MANAGEMENT AND MONITORING OF INTRAPARTUM EPIDURAL ANESTHESIA/

ANALGESIA:

1. Monitor the intrapartum patient receiving epidural anesthesia/analgesia provided a licensed physician, anesthesiologist and/or certified registered nurse anesthetist is present and responsible (IMMEDIATELY AVAILABLE ON SITE.)

2. Terminate an epidural infusion with immediate notification of the attending physician, certified registered nurse anesthetist or certified nurse midwife. This monitored care is only to be done following stabilization of vital signs after either bolus injection or establishment of continuous pump infusion by the physician, anesthesiologist or certified registered nurse anesthetist.

3. The RN may replace empty infusion syringes or bags with prepared solutions provided that the solution is verified by a second licensed nurse. The RN MAY NOT prepare solutions for administration, alter the rate (increase or decrease), inject, bolus, re-bolus the anesthetic/ analgesic infusion. The registered nurse may not insert the catheter, position or reposition, or flush to maintain patency.

REMOVAL OF CATHETER:

The RN may remove epidural or peripheral nerve (not intrathecal) catheters, provided insertion was documented by being on the chart, and the RN has been instructed by the anesthesiologist or certified registered nurse anesthetist.

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

REPORTING MISCONDUCT AND VIOLATIONS OF THE NURSE PRACTICE ACT

It has come to the attention of the S.C. Board of Nursing that there is reluctance on the part of some employers to report violations of the Nurse Practice Act by their employees. Please be advised:

S. C. Code Ann. § 40-33-111(A) of the Nurse Practice Act states that:

(A) An employer, including an agency, or supervisor of nurses, shall report any instances of the misconduct or the incapacies described in Section 40-33-110 to the State Board of Nursing not more than fifteen business days, excepting Saturdays, Sundays, and legal holidays, from the date of the misconduct or incapacity. A nurse supervisor who fails to timely report the misconduct or incapacity shall pay a civil penalty of one thousand dollars per violation upon notice of the board.

The Board believes it is important to note there are possible license revocations who fail to report misconduct or incapacities in a timely manner to the Board. It is important for the safety of the citizens of South Carolina and employers of nurses to adhere to the S.C. Nurse Practice Act.

GET TO KNOW A BOARD MEMBER

Name: Lisa Cox Irvin Schafer, RN, MSN, NEA-BC

Professional Background/Experience: I have been the Vice President and Senior Nurse Executive for Roper Hospital in Charleston, South Carolina since 2005. Prior to that promotion, I was the Director of Cardiovascular Clinical Services at Roper for two years. The rest of my career includes six years as an ADN nurse faculty member and nearly two decades of staff and management positions at MUSC, primarily in cardiovascular, critical care and trauma services.

Why did you want to be on the Board? I was honored to have the opportunity to be a member of the State Board of Nursing. I believe the role of the State Board will be particularly critical in the upcoming years as nurses and nurse leaders will need to adapt to the changes demanded by the current economic climate and changes in our nation. With national mandates to decrease costs and improve health outcomes, nursing is positioned to have a significant impact on the future health of citizens of our state and country. I thought it was important to have a nurse leader on the board who is intimately involved with the challenges of the daily practice of nursing.

What do you like most about working with SC BON? I have learned a great deal more about nursing education programs, the legislative process, due process, and how to be a better leader in our nursing practice. I have had a much greater appreciation for the processes that protect both the public and the nursing workforce and LLRs to our members.

Hobbies: I spend my spare time traveling, running, playing tennis and hiking in the mountains. Last February my husband and I hiked to the summit of Mt. Kilimanjaro, the tallest peak in Africa.

LICENSE CHECK

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

1. SC Licensee Lookup - Go to www.llronline.com/POL/Nursing, click on Licensee Lookup (Magnifying Glass) and check “South Carolina Nursing.” You may check for discipline against a South Carolina nurse (APRN)?

2. Nursys QuickConfirm - Go to https://www.nursys.com/ click on QuickConfirm and follow the instructions. You will be provided with the nurse’s name, state of licensure, license type and number, license expiration date and discipline status. The following states participate in QuickConfirm: Alaska, Arkansas, American Samoa, Arizona, California-RN, California-VA, Colorado, District of Columbia, Delaware, Florida, Guam, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana-RN, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Northern Mariana Islands, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Virgin Islands, Vermont, Washington, Wisconsin, West Virginia-RN, West Virginia-RN, and Wyoming. Go to NSCN.org for updates as states are added.

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

You may check for discipline against a South Carolina nurse (APRN) at www.llronline.com/POL/Nursing under Board Orders.

ATTENTION APN’s

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

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

• Have you renewed your certification?

• Did you know the Board does not automatically receive notification you have renewed your certification?

• Did you know it is the licensee’s responsibility to provide the Board with a copy of his or her current certification/recertification?

LLR continued on page 14
RETURNED CHECKS

When submitting any fees to the Board of Nursing, be certain there are sufficient funds in your account to cover your payment (paper or electronic check or credit card) and that the payment has cleared before closing the account. Section 40-1-50(G) of the South Carolina Code of Laws states that a license shall be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. This suspension is exempt from the Administrative Procedures Act. Unpaid checks constitute a non-payment of funds in your account to cover your payment

You may change your address online utilizing the address change form under Licensee Lookup on the Board’s website (www.llronline.com/POL/Nursing/). When utilizing Licensee Lookup, you do not have to enter complete names. For example, “J” and “Smith” will search for records with a last name of “Smith” and a first name beginning with “J”.

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. You may verify that your name change request has been processed on Licensee Lookup on the Board’s website (www.llronline.com/POL/Nursing/). When utilizing Licensee Lookup, you do not have to enter complete names. For example, “J” and “Smith” will search for records with a last name of “Smith” and a first name beginning with “J”.

To change your address, log into Licensee Lookup and select the “Address Change” link. Enter your new address and other contact information, then submit the request online. The Board will notify you via email that your address change has been processed. You can verify this information by searching your record on Licensee Lookup. The Board recommends that you verify your record in Licensee Lookup before you change your address.

It is the responsibility of the licensee to notify the Board as soon as possible of any change in address. Failure to notify the Board of an address change will result in non-receipt of official notices, which could affect your licenses to practice nursing in South Carolina. When a new advisory opinion is issued or a current advisory opinion is revised, it is updated on the website. The Competency Requirements, Competency Requirement Criteria, Licensure information, Advisory Opinions, Position Statements and the Nurse Practice Act are just a few of the valuable tools and information you will find on the Board’s website - at the bottom of the page. The Board’s mailing address is LLR – Office of Board Services – SC Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.

Normal agency business hours are 8:30 a.m. to 5 p.m., Monday through Friday. Offices are closed for holidays designated by the state.
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  - you are giving care outside of your primary work setting.
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