



Palmetto Nurse

South Carolina Board of Nursing

Vol 2 • No 2



Who Is A Vulnerable Adult?
Compliance Department
Trey Pennington, Lay Member



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing

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The Palmetto Nurse is published quarterly by the South Carolina Board of Nursing. Each issue is distributed to every actively licensed LPN, RN, APRN, as well as to nurse employers and nurse educators. Nurses, students, and professionals from healthcare organizations turn to this publication for updates on clinical practices, information on government affairs initiatives, to discover what best practices are being implemented, and for insight into how healthcare providers are facing today's challenges.

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Mission of the Board: *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.

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[See Section 40-33-10(A) of the Nurse Practice Act]

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- The Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site – www.llr.state.sc.us/pol/nursing/
- Our mailing address is LLR - South Carolina Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.
- Our normal business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Our offices are closed for holidays designated by the State.

DESIGNATED STATE HOLIDAYS FOR REMAINDER OF 2007

February 19, 2007 - President's Day
May 10, 2007 - Confederate Memorial Day
May 28, 2007 - National Memorial Day
July 4, 2007 - Independence Day
September 3, 2007 - Labor Day
November 12, 2007 - Veterans Day
November 22-23, 2007 - Thanksgiving
December 25-26, 2007 - Christmas

VISIT US ON OUR WEB SITE: www.llr.state.sc.us/pol/nursing/

The Board of Nursing Web site contains the Nurse Practice Act, Regulations, Compact Information, Advisory Opinions, Licensee Lookup, Disciplinary Actions, examination and endorsement application status, and other information.



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Palmetto Nurse is a well-read, professional publication tailored directly to those involved in healthcare in South Carolina. *Palmetto Nurse* provides a highly targeted market of 56,000 licensed nurses at all levels of practice, nursing students, as well as healthcare employers, educators, and regulators.

From the Desk of the ADMINISTRATOR



As you read this issue of the *Palmetto Nurse* the 2008 renewal will start in less than 365 days.. You still have plenty of time to obtain your national certification, consult with your employer as to their willingness to sign the Competency form or obtain 30 contact hours for the time frame from May 1, 2006 to April 30, 2008.

Whatever method of verifying competency you choose to use, you must have that method completed **BEFORE** you renew your license. Remember to keep your documentation for four years after renewal season as you will need to provide your documentation should you audited.

Notices will be sent out in 2008 to remind you to renew your nursing license. These notices are sent as a courtesy. It is each individual nurse's responsibility to assure that their license is renewed in a timely manner whether or not they receive a reminder notice.

In 2006, as you know, renewal season was done on line with tremendous success. We had computers available here at the Board of Nursing office with staff available to assist in the process for those nurses who did not have access to a computer. Should you decide to renew in the Board of Nursing office be sure you bring your credit card for payment. We cannot accept checks for online renewal.

In an effort to provide nurses with the best customer service, we will continue to provide you with information regarding the renewal process in the *Palmetto Nurse* and the South Carolina Nurses Association newsletter. As always, you can feel comfortable to call us any time or e mail us at Nurseboard@llr.sc.gov.

Let's aim for a great 2008 renewal year.

Joan K. Bainer, RN, MN, CNA BC
Board Administrator



Frequently Asked Questions —

Must a nurse hold a license to begin orientation?

Yes. Section 40-33-20(43) of the Nurse Practice Act states that orientation is considered the practice of nursing and is defined as any introductory instruction into a new practice environment or employment situation where being a nurse is a requirement of employment or where the individual uses any title or abbreviation indicating that the individual is a nurse. Any person employed as a registered nurse (RN) or licensed practical nurse (LPN) is required to hold a valid license or temporary license prior to beginning any part of their orientation or employment. Temporary licenses are issued only to those applying for licensure by endorsement.

I'm a school nurse. I work for nine months but I'm paid for 12 months. What should I report?

Report the actual hours you worked, that is, the hours you worked during the nine-month period. While there are four options available in the Nurse Practice Act to renew your nursing license, not all options may be available in a particular employment setting. It is wise to check

with your employer to see if the employer will honor all the options and that they will sign the Employer Certification before choosing it as your demonstration of continued competency. The Employer Certification form can be found under Applications/Forms on our Web site.

I am "on call" some weekends. Is this considered active practice?

Yes. You are in a position of being available to provide nursing services at a moment's notice, and this would be considered the practice of nursing. Therefore, you may count all of your on call hours as practice.

If I go inactive, will I be able to get my license activated again?

Yes. Any time you desire to return to nursing practice, you may visit our Web site to obtain an application for reinstatement/reactivation. We strongly recommend that all nurses visit the Board's Web site at least monthly for up-to-date information on licensure and nursing. Past issues of our newsletters can be found on our web site under Publications / News.

I am applying for licensure

as a registered nurse in another state. How do I apply for verification of my South Carolina license?

The South Carolina Board of Nursing utilizes NURSYS® for verification of registered nurse and licensed practical nurse licenses. You may access NURSYS® at www.nursys.com. The Board of Nursing in the state to which are you are applying will be able to access your information online.

Which states are participating of the Nurse Licensure Compact?

For an up-to-date list of Compact states, please visit the National Council of State Boards of Nursing Web site at www.ncsbn.org. Kentucky will be implementing the Compact on June 1, 2007, and Colorado will be implementing the Compact in July 2007.

What does the Board of Nursing require for a nurse staffing agency?

The Board of Nursing licenses individual nurses and does not have jurisdiction over staffing agencies. We would encourage anyone starting a nurse staffing agency to become familiar with

the Nurse Practice Act and licensure requirements for their nurse employees.

Are Continuing Education hours mandated by the Board of Nursing?

Continuing Education (contact hours) is one of the four options for renewal of your license. The licensed nurse needs to select only one of these options. The four options for documented evidence for renewal during the licensure period are: (a) completion of 30 contact hours from a Board-recognized continuing education provider; (b) maintenance of certification or re-certification by a Board-recognized national certifying body; (c) completion of Board-recognized academic program of study in nursing or a related field; or (d) verification of competency and the number of hours practiced, as evidenced by employer certification on a Board-approved form. Nurses need to be sure that their employer can, by their policies, complete and sign the form required by the Board to verify competency.

How many practice hours are required by the Board of Nursing for renewal?

There is no set number of hours a nurse must practice to document continued competency for renewal. However, a nurse must practice enough hours for their employer to verify competency.

Verification of competency and hours practiced as evidenced by employer certification on a form approved by the Board is just one of four options for documenting continued competency. While there are four options available in the Nurse Practice Act, not all options may be available in every employment/practice setting. *Prior* to choosing the hours practiced option for renewal, it is wise to check with your employer to see if they are able to sign the form.

Where do I get the Board-approved employer certification form to verify competency for my renewal?

The Employer Certification form is on our Web site at [www.llr.state.sc.us/pol/nursing/under Applications/Forms](http://www.llr.state.sc.us/pol/nursing/under%20Applications/Forms). Nurses need to be sure that their employer can, by their policies, complete and sign the form required by the Board to document practice hours. If they cannot, nurses may choose one of the other options.

Can I count taking a course in a nursing program under option (c) of Section 40-33-40?

No. The key word in this option is "completion." You must complete all the coursework for the program before it can count toward your continued competency requirement. Please review the

Competency Requirement Criteria for more information.

Do I have to send in all documentation of competency with my renewal?

No. Do not send any continued competency paperwork with your renewal. Shortly after renewal,



we will randomly audit nurses in South Carolina. If your name is selected, you will receive a letter asking you to send the documentation in to verify the competency option you chose.. A licensee must maintain all documented evidence of compliance for at least four years.

BOARD VACANCY

The Nurse Practice Act signed by Governor Sanford on May 11, 2004, established an additional lay member for the Board of Nursing. There is currently one lay member vacancy on the Board. Lay members represent the public at large as a consumer 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. If you know eligible candidates who are interested in this lay position, they should submit a letter of request, along with a resume to Boards and Commissions, Governor's Office, Post Office Box 11829, Columbia, SC 29211.

RETURNED CHECKS

When submitting any fees to the Board of Nursing, please be certain there are sufficient funds in your account to cover your check and that the check has cleared before closing any account. Section 40-1-50(G) of the South Carolina Code of Laws states that a license must 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 license fees. Notifications are sent to the address of record on the licensee's file. 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 an address change. If you use a post office box for mailing purposes, the Board also will require a physical address for its records. When a check is returned, replacement funds plus the returned check fee allowed by law must be submitted in the form of a cashier's check or money order. The Board cannot provide any further licensure services until the returned check is made good. Notice of the suspension is sent to the licensee's employer(s) if the check is not made good within 10 days of official notification.

Trey Pennington, Lay Member

Governor Mark Sanford appointed Trey Pennington as a lay member on the Board of Nursing. In accordance with the Nurse Practice Act, the Senate confirmed Pennington's appointment on May 24, 2006. His term will expire on December 31, 2009. This position was previously held by James Rogers, Esquire. Rogers resigned his position at the end of his term on December 31, 2005. Governor Hodges appointed Rogers in 2000.

Pennington volunteered at Hidden Treasure Christian School in Taylors before joining the staff in 2001 as Director of Development. Hidden Treasure provides special education for children with physical, mental and learning disabilities. He states that his most significant role is that of husband to his wife Jean for more than 20 years and father to six children ranging in ages from 4 to 16 years old.

Pennington obtained a bachelor's degree in management as well as a master's

degree in education from Bob Jones University, a master's in business administration from Winthrop University, and is currently working on his doctorate in education.

Pennington is active on the Board of Directors for Greenville Rotary, is past Area Governor for Toastmasters International, and at Faith Baptist Church. He is a member of the National Speakers Association and National Storytellers Network.

There is currently one lay member vacancy on the Board. Lay members represent the public at large as a consumer 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. If you know eligible candidates interested in this lay position, they should submit a letter of request, along with a resume to Boards and Commissions, Governor's Office, Post Office Box 11829, Columbia, SC 29211.

2007 Board of Nursing Officers

At the November 16, 2006, board meeting, pursuant to Section 40-33-10(G), the Board of Nursing elected Suzanne Kanipe White, RN, MN, FAAN, FAHA, FCCM, CNAA as President, Brenda Yates Martin, RNC, MN, CNAA as Vice President and C. Lynn Lewis, RN, EdD, MHS as Secretary for 2007.

White represents

Congressional District Four,

Martin represents

Congressional District Five

and Lewis represents

Congressional District Three.

State of South Carolina

Governor's Proclamation

WHEREAS, our state's senior citizens and persons with disabilities are vital members of our families, our society, and our communities; and

WHEREAS, tragically, these residents are often vulnerable to assault, burglary, fraud, and other crimes because they cannot provide for their own care or protection; and

WHEREAS, the Omnibus Adult Protection Act protects vulnerable disabled and elderly persons by creating a system for reporting, investigating, and prosecuting adult abuse, neglect, and exploitation and by allowing law enforcement to take adults into protective custody when necessary; and

WHEREAS, the 2006 observance of Vulnerable Adult Awareness Month reminds us of our shared responsibility to ensure the health, safety, dignity, and well-being of all disabled and elderly adults.

NOW, THEREFORE, I, Mark Sanford, Governor of the Great State of South Carolina, do hereby proclaim February 2006 as

VULNERABLE ADULT AWARENESS MONTH

throughout the state and encourage all South Carolinians to support the worth and dignity of all individuals and to work together to secure the right of all our residents to live free of abuse, neglect, and exploitation.



A handwritten signature in black ink, appearing to read "Mark Sanford".

MARK SANFORD
GOVERNOR
STATE OF SOUTH CAROLINA

Who Is A Vulnerable Adult?

A vulnerable adult is a person 18 years old or older who has a physical or mental condition which substantially impairs them from providing their own care. Where are vulnerable adults? Vulnerable adults reside in psychiatric facilities, nursing homes, Community Residential Care Facility (CRCF) and assisting living facilities, just to name a few.

Do you know how and what to report if you observe a caregiver providing less than an acceptable level of care for a vulnerable adult? You can call the Department of Health and Human Services (DHHS) in the county where the vulnerable adult resides. You can also call or put your complaint in writing to DHHS in compliance with your facility policies. Your complaint will remain anonymous. Please provide as much information as possible to assist the authorities in resolving the concern.

Who should report? Nurses, physicians and all other health care providers. Remember, as a nurse you must by law report the incident.



Compliance Department

by David Christian, III, Program Coordinator

We have formed a new compliance department which will enhance our ability to provide more efficient customer service to those that require monitoring. We listened to your feedback which suggested that we identify the person or persons that are assigned to a particular case. The department has three key individuals performing monitoring duties. They are Tanya Styles, Sherry Wilson and myself. Cases are managed in the office by last names; Styles performs all duties required for

the first 13 letters of the alphabet (A thru M) and Wilson manages the remaining letters (N thru Z).

As a reminder, the **Nurse Licensure Compact** affords currently monitored individuals an option to work in other Compact states with conditions and written permissions in advance from both the home and remote states. Wilson is the point of contact in our office to assist anyone seeking privilege to practice in a remote state. She will provide guid-

ance and answer questions regarding the process to ensure that all applications comply with Nurse Licensure Compact Administrators (NLCA) policy number 5.3, which increases the probability of approval.

We are excited about the new year and the opportunities to better serve our customers. If you have any suggestions for improving and increasing our efficiency to provide you quality service, please do not hesitate to contact us with your suggestions.

Exhausted Workforce Increases the Risk of Errors

Article reprinted from **ISMP Medication Safety Alert! Nurse Advise-ERR** (December 2005, Volume 3, Issue 12), with permission by the Institute for Safe Medication Practices.

If you work in healthcare, then you've experienced it: that mind numbing, body-draining fatigue that makes it difficult or impossible to stay focused on the task at hand or to remain vigilant toward patient safety. Perhaps you can relate to the following all-too-typical scenarios:

A nurse who, after a busy 12-hour day, is required to stay another 4 hours to assist in the care of a patient who has unexpectedly developed serious complications; the nurse then returns early the next morning for another scheduled 12-hour shift.

A nurse who, fighting to stay awake at 5:30 am, 11.5 hours after the beginning of his shift, is now required to prepare several complex emergency IV admixtures for an influx of trauma patients, keeping him onsite for 2 additional hours.

An on-call nurse anesthetist

who, after working 9 hours in the OR, is called back to the hospital to assist with an emergency surgical procedure that lasts into the night, only to return to the hospital the following morning for another 8 hours in the OR.

Long work hours and the fatigue that results represent a serious threat to patient safety. The detrimental effects of fatigue on performance (see Table below) are well documented. In fact, prolonged wakefulness can degrade performance, leaving a health-care provider with the equivalent of a blood alcohol concentration of 0.1%, which is above the legal limit for driving in most states. When fatigued, performance is also quite variable. One moment it's good, and the next moment perceptions of reality begin to disengage during microsleeps.

Microsleeps are intermittent lapses in consciousness that last seconds to a few minutes. They are caused by the physiological drive to sleep and occur with the eyes open and without the knowledge of the individual.

Microsleeps impair performance, often leading to errors due to missed information, or even loss of situational awareness. In one study, a videotaped, sleep-deprived anesthesiologist exhibited behaviors indicative of microsleeps during 30% of a 4-hour case!

Other industries have taken action to defend against the effects of fatigue. Yet the healthcare industry in general has largely disregarded the problem, especially with the ongoing shortages of nurses and other licensed practitioners. The 2003 report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, recommends that nurses work no more than 12 hours a day and 60 hours per week, in any combination of scheduled shifts, or mandatory or voluntary overtime.

However, more needs to be done. See checkitout for suggestions to reduce fatigue in the workplace.

References may be found at: www.ismp.org/NursingArticles/2005_12_01.htm.

Practitioner Remediation and Enhancement Partnership

The Board of Nursing offers a program called PREP (Practitioner Remediation and Enhancement Partnership). PREP is a voluntary program available to nurses to remediate instead of being disciplined, and all facilities are eligible to participate. The program focuses on early intervention and facilitates the nurse to receive additional knowledge, skills and abilities and any other educational activities as deemed appropriate while continuing to

remain in the workforce. Additionally, the program discourages the nurse from moving from facility to facility and encourages the employer to use the PREP in lieu of termination when appropriate.

Exclusions from the program include suspected drug diversion, fraud, patient abuse, patient abandonment, patient neglect, financial exploitation of patients and sexual misconduct. Other professional boundaries that exclude participation in PREP are licensees

with current pending criminal charges, connection to serious harm or death, and previous history of disciplinary action by any board of nursing will be evaluated on an individual basis to determine eligibility and employment issues rather than questions of nursing skills or boundaries.

For more information please visit our Web site or call Joan Bainer at 803-896-4550 as the Board is very invested in assuring safe and competent practitioners in practice settings.

HAVE YOU MOVED?

Section 40-33-38 (C) of the S.C. Nurse Practice Act requires that all licensees notify the Board in writing within 15 days of an address change.



So that you do not incur disciplinary action or miss important time-sensitive information, such as your renewal and audit or other important licensure information, please be sure to notify the Board immediately whenever you change addresses. Please submit a letter including your name (as shown on your license), license number, former address and new address as well as your new telephone number and

email address. You may also change your address on-line utilizing the address change form found under Online Services on our Web site: www.llr.state.sc.us/pol/nursing/.

Preventing Complications in Diabetic Patients: *Blood Pressure Control Essential*

by William Golden, MD, FCAP and Tabitha Kinggard, RN

Renal failure and cardiovascular disease are all too common in patients with long-standing diabetes. Diabetes is also the most common cause of amputation and blindness in adults in the United States. Many complications of this disease could be prevented or decreased in severity through effective control of hypertension.

Nearly 60% of patients with type 2 diabetes have hypertension. Achieving and maintaining the blood pressure target of <130/80 may be the most cost-effective intervention to reduce macrovascular complications.¹ The Centers for Disease Control and Prevention has advised health professionals that the benefits of aggressive control of hypertension may exceed the benefits of aggressive glycemic control.

Recommended Therapy: ACE-I, ARBs

Because of their beneficial



effects on glomerular filtration, angiotensin-converting enzyme inhibitors (ACE-I) and angiotensin receptor blocking (ARB) agents are preferred for treating hypertension in patients with diabetes, according to American Diabetes Association (ADA) clinical guidelines. In fact, ACE-I and ARBs have been shown to reduce the progression of diabetic nephropathy beyond the benefits of blood pressure reduction.

Other Preventive Measures

- National ADA guidelines target an LDL level <100 for all patients with diabetes. However, the American College of Physicians (ACP) guideline recommends all diabetic patients receive statin therapy regardless of LDL levels.
- Avoiding nonsteroidal anti-inflammatory agents can protect glomerular blood flow.
- Low-dose aspirin (75-162 mg a day) is useful for preventing cardiovascular complications for diabetic patients over 40 or who have additional risk factors.
- Referral to a nephrologist early in the course of kidney failure (estimated GFR <60 ml/min) can prolong the function of the existing organs and reduce the need for last-minute use of artificial shunts. The US is currently last among industrialized nations in the use of

native vessels for chronic hemodialysis.

- Healthy lifestyle changes such as avoiding excessive salt, increasing physical activity, avoiding smoking, maintaining a healthy weight, and alcohol in moderation.

Many performance measurement programs have clinical metrics for the care of diabetic patients. Some examples include blood pressure measurement at every routine visit, annual urine testing for proteinuria and serum creatinine, HbA1c testing at least two times a year, HbA1c control, annual comprehensive foot exams, smoking cessation if needed, annual lipid testing, annual eye exams, and up-to-date immunizations for influenza and pneumococcus. An electronic health record system, which can provide a list of patients who are in need of health maintenance services.

AFMC offers clinical tools and patient education materials to help your team provide effective care for patients with diabetes. Visit www.afmc.org/tools.

References

1. The CDC Diabetes Cost-Effectiveness Group. Cost-effectiveness of intensive glycemic control, intensified hypertension control, and serum cholesterol level reduction for type 2 diabetes. *JAMA* 287:2542-2551, 2002.
2. The American Diabetes Association. Standards of medical care in diabetes—2006. *Diabetes Care* 29:s4-s42, 2006.

