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To provide efficient and effective administrative support services to Indiana’s professional licensing boards and commissions in order to facilitate the delivery of competent consumer services by regulated professionals to the citizens of Indiana. To provide an expedient licensing process for regulated professionals by maintaining a climate that fosters the growth of commerce while ensuring the health, safety and welfare of the citizens of our great state.

Frances L. Kelly
Executive Director

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Sean Gorman, Director of the Indiana State Board of Nursing

Dear Indiana Nursing Professional:

As we wind down to the end of the 2008 calendar year, many of us find ourselves making New Year’s resolutions. In that spirit, I present my New Year’s resolutions as director of the Indiana State Board of Nursing for 2009:

1. IDENTIFY AND REMOVE BARRIERS TO PRACTICE IN INDIANA: The Board is always conscious of barriers to practice in the state, and has already made progress on this front in 2008. At the same time, the Board’s primary charge is to ensure the safety of the public through the regulation of the nursing profession. With the baby boomers expected to increase the demand for health care services, an aging nursing work force, and the current nurse education system running at full capacity, the nursing work force shortage is expected to worsen unless steps are taken to ensure that we have enough qualified professionals to replace retiring nurses and meet the increased demand for their services. The Board is dedicated to working with the Indiana State Nurses Association, the Indiana Nursing Workforce Development Coalition, Indiana’s nursing schools, the Indiana Hospital Association, the National Council of State Boards of Nursing, and all other stakeholders to ensure that our nurses can provide safe, quality care to meet the needs of the future.

2. CONTINUED REFINEMENT OF THE LICENSURE PROCESS: Perfection is not the standard here, but it can still be the Board’s goal. There are several areas that have been identified as confusing for applicants over the past year, and much work remains to be done as we continue to make licensing as convenient and efficient as possible for applicants while ensuring that the nurses licensed by the Board are competent to practice. Streamlining application forms and procedures, improving application instructions, improving access to customer service support, and reaching out to schools and their nursing students to educate them on the licensure process and requirements are all potential areas for improvement.

3. IMPROVED ALLOCATION OF THE BOARD’S TIME COMMITMENTS: The Nursing Board meets on the third Thursday of every month, and while our meetings begin at 8:30 a.m., they generally last until well into the evening, sometimes as late as midnight. 95 percent or more of the Board’s agenda is consumed by disciplinary hearings against nurses’ licenses. The Board Members are all professionals with careers and families and other obligations, and the monthly meeting is one time we can always count on every one being at the same place and ready to focus on nursing profession issues. The amount of time allocated to disciplinary hearings leaves very little time for in-depth discussion at these monthly meetings on big-picture type of issues. In 2009, I would like to explore with the Board some creative ways in which we can continue to conduct the important disciplinary hearings and still have time to engage in broader discussions about advancing the goal of public protection and advancement of the profession.

On behalf of the Indiana State Board of Nursing, I wish you and yours a happy, healthy, and successful 2009, and I invite you to join the Board as we strive for improvement in the work we do. Please feel free to contact us with your comments or suggestions: Our group e-mail is pla2@pla.in.gov, or we can be reached by telephone at (317) 234-2043.

Yours truly,

Sean M. Gorman

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ANNOUNCEMENTS AND UPCOMING EVENTS:

Effective December 19, 2008, Michelle Hines resigned from her position as the assistant board director of the Indiana State Board of Nursing. Michelle has been in this position since 2005 and with the state of Indiana since 1998. She has accepted the position of clinical coordinator at MedTech College.

The Board wishes Michelle the best of luck in her continued professional development and is indebted for her years of dedicated public service to the nursing profession.

JANUARY 15TH, 2009: Indiana State Board of Nursing meeting – open to the public. Proceedings begin at 8:30 a.m. Agendas are available online at www.pla.IN.gov and will be posted one week prior to the meeting.

JANUARY 27TH, 2009: Indiana State Nurses Assistance Program Quarterly Provider Meeting: 8:30 a.m. – 12:00 p.m. at Witham Health Services in Lebanon, Ind. R.S.V.P to clindquist@indiananurses.org by Thursday, January 22, 2009.

FEBRUARY 19TH, 2009: Indiana State Board of Nursing meeting – open to the public. Proceedings begin at 8:30 a.m. Agendas are available online at www.pla.IN.gov and will be posted one week prior to the meeting.

MARCH 19TH, 2009: Indiana State Board of Nursing meeting – open to the public. Proceedings begin at 8:30 a.m. Agendas are available online at www.pla.IN.gov and will be posted one week prior to the meeting.

Have an upcoming nursing related event you’d like to announce? Contact the Indiana State Board of Nursing at pla2@pla.in.gov with details.
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EOE - Male/Female/Veteran/Disabled
MedTech College is committed to identifying the employment needs in Indiana. MTC is continually developing fast-track allied health associate degree programs that will help job seekers compete for better-paying, more rewarding careers close to home.

Two of the newest programs offered through MedTech are Biotechnology and Medical Laboratory Technology. Both offer self-motivators a chance to make a real difference in the medical and scientific communities.

“Biotechnology is the study of living organisms. It’s a broad category that has broad opportunities,” said Mary Harmon, executive vice president of academics at MedTech. “Those in the field can go into chemical technology, agricultural technology and pharmaceutical technology.”

**A RANGE OF CAREER OPTIONS**

Graduates of this program can compete for environmental jobs that study air pollution as well as alternative sources of energy. Those in the agricultural track can study the impact of pesticides and pollution on plants and animals. As one of the leading grain producers in the nation, Indiana has disease resistant crops that are important factors in the farming community.

Biotechnicians can work with clinical research scientists to conduct medical research that could lead to a cure for cancer, AIDS and diabetes. Some have the opportunity to work in manufacturing plants ensuring materials meet environmentally friendly standards.

“MedTech really studied where the needs are in the state, and we want our graduates to have the best opportunities for careers right here at home,” Harmon said. “These careers give employees a chance to move up within their own companies now that they possess an additional skill set.”

Robotics is another big component in the biotechnology field. With more medical disciplines relying on robotics, technicians can work on sophisticated experiments including bionics that interface computers with the human body.

“It’s kind of like the Six-Million-Dollar Man idea,” Harmon said. “It’s really an amazing field.”

**PATHS TO MEDICAL FIELDS**

The Medical Laboratory Technology program offers students a chance to play a role in the detection, diagnosis and treatment of disease. In this more medically focused field, technicians analyze bodily fluids looking for bacteria, parasites and other microorganisms.

Medical laboratory technicians use automated equipment and computerized instruments capable of performing simultaneous tests in order to help physicians diagnose and treat patients. They employ tools such as microscopes, cell counters and other equipment.

“Physicians use laboratory tests to help them figure out what is wrong with patients, even identifying cancer in its earliest stages,” Harmon said. “By performing a simple test, cancer can be prevented before it even gets started.”

After analyzing the results with the attending physician, technicians run tests to determine how well a patient is responding to treatment. They offer valuable information for physicians and patients.

“Medical lab technicians will also work with the new cutting-edge field of diagnostic nanomedicine,” Harmon said. “This involves the creation and use of materials and devices at the level of molecules and atoms.”

She noted that the creation of nanobots aid in disease diagnosis and are long-term goals of medical scientists throughout the country.

Harmon said as MedTech sets the stage for this new and exciting field of nanomedicine, students will lay the foundation with their coursework of organic chemistry, hematology and clinic pathology.

“They future career opportunities will include employment in independent medical labs, hospitals, doctor’s offices, medical diagnostic companies and everywhere that laboratory testing is performed,” she said.

---

**ABOUT MEDTECH COLLEGE**

With over 190 full-time and part-time faculty and staff, MedTech College specializes in hands-on, short-term career training that prepares students for successful medical careers in billing and coding, medical assisting, medical laboratory technology, biotechnology, nursing, and health services administration. Financial assistance for those who qualify.

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Nurses, welcome to “Ask a Nurse Attorney.” This section is designed for licensed nurses
to ask questions to a nurse attorney. If you have a question that you would like to have
answered, please feel free to e-mail Lorie@brownlaw1.com. If your question is selected,
it will appear in the upcoming issues of Nursing Focus.

Dear Nurse Attorney,
I work the night shift and have been taking sleeping pills prescribed by my physician to help
me sleep during the day. I have been taking them for a year, and sometimes I need to take
more than the amount prescribed to get to sleep. Sometimes I go to work very tired, and
the other staff is getting concerned and want to report me. I think I have a problem but do
not want to lose my license. What should I do?

Sleepy R.N.

Dear Sleepy R.N.:
You are not alone. At least 7-10 percent of nurses are dependent on drugs or alcohol.
Chemical dependency is a chronic and progressive disease, but with early intervention,
successful rehabilitation is possible. Without treatment, the disease could become quality-
of-life-threatening with potentially fatal consequences. You have taken the first step in
recognizing he problem. The best thing you can do is get in touch with the Indiana State
Nurses Assistance Program (ISNAP) at (800) 638-6623. They will evaluate you and help
you with a treatment plan. If you are compliant with the Program, the Board may chose
not to take action against your nursing license if you are reported. The Board would rath-
er have a nurse get the necessary help than penalize the nurse for having a disease.

Lorie A. Brown, R.N., M.D., J.D.

Dear Nurse Attorney,
At the hospital-based women’s health clinic where I work, it’s my responsiblibty to advise
women receiving Pap smears to call the clinic for follow-up testing if the results are abnor-
mal. Unfortunately, some women who get abnormal results never do call us to schedule
another test. If one of these women develops cervical cancer, could the clinic or I be sued?

Women’s Health R.N.

Dear Women’s Health R.N.:
The nurse or clinic must document every effort to contact the patient. In many instances,
a phone call may not be enough. It is suggested that certified letters be sent to the
patient’s home reminding them of the necessity to follow-up. Then, if the patient does
come in for the follow-up, the clinic or the nurse has met their duty by having proof
that the patient was notified of the need for follow-up, thereby preventing any claim of
abandonment from the patient. Once the certified mail return receipt comes back, it
should be attached to the copy of the letter that was sent and then placed in the patient’s
file. Then, there can be no question that the clinic or nurse met the duty in informing
the patient of the necessity to follow-up. If the patient cancels the appointment, a follow-up
mechanism must be in place. It must also be documented that the follow-up appointment
was made but the patient cancelled or did not show.

Lorie A. Brown, R.N., M.D., J.D.

Lorie A. Brown, R.N., M.D., J.D., of Brown Law Office, Indianapolis, Ind., (317) 465-1065,
is a practicing nurse-attorney who represents nurses for licensing issues before the
Board and for contracting matters. The views expressed in this column are those of the
author. www.brownlaw1.com
NURSE-MIDWIFERY IN THE STATE OF INDIANA:
What Licenses and Certification Do You Need?

Nurse-midwives were originally granted a “limited license to practice” when they were licensed and governed under the Board of Medicine. Transfer from the Medical Licensing Board of Indiana to the Indiana State Board of Nursing became effective July 1, 1993. The Board of Nursing then assumed responsibility for the licensure of nurse-midwives through what is referenced as the “limited license.” The terms nurse-midwife and certified nurse-midwife appear interchangeably throughout Article 3. Nurse-midwives, Article 4. Advance Practice Nursing and Prescriptive Authority for Advanced Practice Nursing and Article 5. Prescriptive Authority for Advanced Practice Nursing, Indiana State Board of Nursing, A compilation of the Indiana Code and Indiana Administrative Code, 2008 Edition. The wording makes it confusing to identify and differentiate what is necessary for practice as a certified nurse-midwife in Indiana.

Certified nurse-midwives are the only advanced practice nurses in Indiana mandated a license to practice in Indiana. The limited license, in addition to the registered nurse license, is absolutely required for a certified nurse-midwife to practice nurse-midwifery in the state of Indiana. Prescriptive authority for certified nurse-midwives is an additional credential to be applied for separately and does not authorize the practice of nurse-midwifery in the absence of the limited license. Adding to the confusion, the prescriptive authority card has a license number, the practitioner’s name and credentials, CNM, on the pocket card. The limited license provides the applicant with a pocket card that has the name and credential, NM – nurse-midwife. Prescriptive authority for all advanced practice nurses in Indiana is the authority to prescribe, it is not a license.

In review of Indiana Code: IC 25-23-1-13.1, Sec.13.1 (a) An applicant who desires to practice midwifery shall present to the Board the applicant’s license as a registered nurse and a diploma earned by the applicant from a school of midwifery approved or licensed by the Board or licensing agency for midwives that is located in any state. (b) The applicant shall submit to an examination in midwifery prescribed or administered by the Board. If the application and qualifications are approved by the Board, the applicant is entitled to receive a limited license that allows the applicant to practice midwifery. (c) The Board shall adopt rules under IC 25-23-1-7. (1) defining the scope of practice for midwifery; and (2) for implementing this section. The code is the law that the Board of Nursing was charged with implementing and monitoring. Currently, there is a dual application process for certified nurse-midwives who

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Facts about Nursing at Indiana State University:
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• Part of the College of Nursing, Health, and Human Services, this new college has over 800 students enrolled in nursing and other health-related programs
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General Position Facts
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• Indiana State offers excellent fringe benefit packages
• Screening of applications begins immediately and will continue until positions are filled
• Applications from men, women, and minorities are encouraged
• ISU has the greatest diversity of all Indiana four-year public institutions

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Information about Indiana State University is available at www.indstate.edu
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EOE/M/F/V/D
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To apply for a position at Westview, for information on our new PRN scale for RNs, or for more information on our graduate nursing internship program call (317) 920-3255.
There are many reasons individuals choose nursing as a profession. We decided to ask that very question to Darcy Burthay, chief nursing officer and chief operating officer of St. Vincent Hospitals and Health Services.

Q. What made you decide to become a nurse?
A. Growing up in Chesterton, Ind., the middle child of three girls, I was always the caregiver. I’m passionate about learning new things, both through education and experience. Nursing affords the opportunity to incorporate education and experience into caregiving.

Q. To what do you attribute your success?
A. It starts with a strong foundation of family and friends. My parents, my sisters, my husband and our sons have always been my inspiration. Both my parents worked outside the home yet always demonstrated a strong work/life balance.

Success begins with self-confidence, knowing who you are and knowing you were placed on this earth for a greater purpose.

Q. Where did you attend nursing school?
A. I obtained my BSN from Ball State University and returned for my Master’s in Nursing Administration.

Q. What career path did you take to get to where you are today?
A. Fortunately, I made the right career choice from the start. In choosing St. Joseph Hospital in Kokomo, I became a part of the St. Vincent Health system, the largest health care employer in the state. There aren’t too many places where you can work a lifetime with the same employer.

Over my 25-year career, I have served as staff RN, manager, director, vice president and eventually had the privilege of serving as president of St. Joseph. Earlier this year, yet another door opened, and I was offered my current position as CNO and COO in Indianapolis.

Q. What opportunities exist at St. Vincent for an RN today?
A. The biggest opportunity for someone considering St. Vincent Health comes in joining an organization where the possibilities for ongoing education and experience are endless. It means working in a faith-based organization where everything we do is rooted in our mission and core values.

Our recent expansion of services, including renal transplant, fracture care and the opening of St. Vincent Medical Center Northeast create a wealth of opportunities for the student, the recent graduate and the experienced nurse.

Q. What advice would you give someone, whether just starting out or considering a transition?
A. First of all, love what you do and love where you do it. Today’s RN has so many employment choices. Clinically, most of the area’s major hospitals are competitive. It’s culture that distinguishes one from the other. Expectations are different for each individual.

I often advise those considering their options to walk the halls of each hospital. Does the culture match their style? You can learn much on the faces of the associates. At St. Vincent, it’s clear people enjoy their jobs and enjoy one another. They know one another by first name. They don’t just give directions to patients, family members and friends, they walk with them.

Second, learn all you can. That comes both through education and experience. Everyone you interact with on a daily basis presents an opportunity for you to learn something new. Be open to their words and ideas.

Third, and most important, listen. You can’t learn unless you listen. One of the most difficult things to do in today’s busy society is to be present with those in your care. I’ve learned more by listening to physicians, associates, patients and their families than I could have ever learned through a textbook.

All opportunities for St. Vincent Health are posted on their career center, www.jobs.stvincent.org.
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### Disciplinary Actions

**Indefinite Suspension**—Indefinitely prohibited from practicing for a specified minimum period of time.

**Indefinite Probation**—License is placed on probation for a specified minimum period of time with terms and conditions.

**Renewal Denied**—The nurse’s license will not be renewed, therefore, he/she does not have a license to practice in Indiana.

**Summary Suspension**—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

**Letter of Repriment**—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

**Revoked**—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.

**CEUs**—Continuing Education Credits

**Fine**—Disciplinary fee imposed by the Board.

**Censure**—A verbal reprimand given by the Board.

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**August 21, 2008 Board Meeting**

<table>
<thead>
<tr>
<th>NAME</th>
<th>License #</th>
<th>Board Action Taken</th>
</tr>
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<tbody>
<tr>
<td>Warren Scott Frazier</td>
<td>28135743A</td>
<td>Probation to be withdrawn after documenting CEUs</td>
</tr>
<tr>
<td>Heidi Jo Hite</td>
<td>27049939A</td>
<td>Notice of Proposed Default Set Aside</td>
</tr>
<tr>
<td>Deborah Burton</td>
<td>28096641A</td>
<td>Indefinite Probation</td>
</tr>
<tr>
<td>Kenneth Bryan Artman</td>
<td>27047869A</td>
<td>Indefinite Probation; $3,000 fine</td>
</tr>
<tr>
<td>Tommy Pott</td>
<td>27052117A</td>
<td>Indefinite Probation; $500 fine</td>
</tr>
<tr>
<td>Rebecca Faith Owen</td>
<td>28098951A</td>
<td>Notice of Proposed Default</td>
</tr>
<tr>
<td>Shelly Denise Wilborn</td>
<td>28153694A</td>
<td>Indefinite Suspension; $500 fine</td>
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<tr>
<td>Jill Ann Moore</td>
<td>27037191A</td>
<td>Indefinite Suspension; $500 fine</td>
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<tr>
<td>Melissa Sue Maddox</td>
<td>28123374A</td>
<td>Indefinite Suspension</td>
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<tr>
<td>Christopher James Foreman</td>
<td>27050255A</td>
<td>Indefinite Suspension; $250 fine</td>
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<tr>
<td>Daniel Zaabani</td>
<td>27053680A</td>
<td>Indefinite Probation; $250 fine</td>
</tr>
<tr>
<td>Marilyn Keating</td>
<td>28176041A</td>
<td>Indefinite Suspension; $250 fine</td>
</tr>
<tr>
<td>Amanda Jill Bell</td>
<td>28146893A</td>
<td>Indefinite Probation; CEUs $750 fine</td>
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<tr>
<td>Delphina Johnston</td>
<td>28082914A</td>
<td>$500 fine</td>
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<td>Melinda Rice</td>
<td>27056649A</td>
<td>$250 fine</td>
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<td>Daniel Duane Frederick</td>
<td>27051853A</td>
<td>$500 fine</td>
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<td>Constance Susan Smith</td>
<td>27024533A</td>
<td>Indefinite Suspension; $1,200 fine</td>
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<td>William Joseph Sterzel</td>
<td>28161729A</td>
<td>Indefinite Suspension; $1,000 fine</td>
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<tr>
<td>Donna Jean Scheele</td>
<td>28035722A</td>
<td>Renew License on Probation; $175 fine</td>
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<td>28092934A</td>
<td>Indefinite Probation</td>
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<td>Janny Marie Routh</td>
<td>27037771A</td>
<td>Notice of Proposed Default</td>
</tr>
<tr>
<td></td>
<td>28150123A</td>
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<tr>
<td>Kimberly Koenig</td>
<td>27040416A</td>
<td>Indefinite Probation</td>
</tr>
<tr>
<td>Jason Lance Riley</td>
<td>27040346A</td>
<td>Indefinite Probation; CEUs</td>
</tr>
<tr>
<td>Holly McDonald</td>
<td>27045899A</td>
<td>Indefinite Suspension</td>
</tr>
<tr>
<td>Dawn Fire may</td>
<td>28036351A</td>
<td>Indefinite Probation; CEUs $500 fine</td>
</tr>
<tr>
<td>April Michaelis</td>
<td>28016018A</td>
<td>Motion to lift Emergency Suspension</td>
</tr>
<tr>
<td>Destany Danielle Hoffman</td>
<td>27050983A</td>
<td>12 CEUs $500 fine</td>
</tr>
<tr>
<td>Stephen Wojcik</td>
<td>27056515A</td>
<td>Emergency Suspension</td>
</tr>
<tr>
<td>Judith Anne Dickinson</td>
<td>27014971A</td>
<td>Indefinite Suspension; CEUs</td>
</tr>
<tr>
<td>Stephen Patrick Ohm</td>
<td>28096878A</td>
<td>Notice of Proposed Default; $1,000 fine</td>
</tr>
</tbody>
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**September 18, 2008 Board Meeting**

<table>
<thead>
<tr>
<th>NAME</th>
<th>License #</th>
<th>Board Action Taken</th>
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<tbody>
<tr>
<td>Ros nell Marie Sanchez</td>
<td>27038520A</td>
<td>Notice of Proposed Default</td>
</tr>
<tr>
<td>Renee Sue Stahl</td>
<td>27027377A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Wanda Crowell</td>
<td>27023521A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Rebecca Dee Pearson</td>
<td>27076737A</td>
<td>Notice of Proposed Default</td>
</tr>
<tr>
<td>Kimberly Faye Dewey</td>
<td>27027271A</td>
<td>Indefinite Suspension</td>
</tr>
<tr>
<td>Jeffrey Dingle</td>
<td>27056653A</td>
<td>Notice of Proposed Default</td>
</tr>
<tr>
<td>Dawn Michelle Skinner</td>
<td>28153503A</td>
<td>Petition to reinstate deemed; Indefinite suspension</td>
</tr>
<tr>
<td>Marty Renee White</td>
<td>28162436A</td>
<td>Indefinite Suspension</td>
</tr>
<tr>
<td>Cynthia Skatrud</td>
<td>27022768A</td>
<td>Indefinite Suspension</td>
</tr>
<tr>
<td>Linda Ann Neely</td>
<td>27059006A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Denna Ray Thompson</td>
<td>27044428A</td>
<td>Recheck for November</td>
</tr>
<tr>
<td>Stephanie Lynn Pemberton</td>
<td>27036693A</td>
<td>Reschedule for November</td>
</tr>
<tr>
<td>Thomas Elser</td>
<td>27045665A</td>
<td>Indefinite Probation; CEUs</td>
</tr>
<tr>
<td>Kimberly Sue Jahn</td>
<td>27037521A</td>
<td>Extension of summary suspension</td>
</tr>
<tr>
<td>Krista Rebecca Degitz</td>
<td>28158800A</td>
<td>Indefinite Suspension</td>
</tr>
<tr>
<td>Lorraine Rae Garland</td>
<td>28157586A</td>
<td>Continued</td>
</tr>
<tr>
<td>Lacie Catherine Catron</td>
<td>28166172A</td>
<td>Notice of Proposed Default</td>
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<tr>
<td>Jennifer Sue Minor Davison</td>
<td>27053741A</td>
<td>Extension of summary suspension</td>
</tr>
<tr>
<td>Helen Gartner</td>
<td>28115320A</td>
<td>Petition for emergency suspension</td>
</tr>
<tr>
<td>Bethuel Tanui Mutai</td>
<td>28166097A</td>
<td>Removed from agenda until he contacts the Board</td>
</tr>
<tr>
<td>Shannon Rose Bryan</td>
<td>28143628A</td>
<td>Petition for emergency suspension</td>
</tr>
<tr>
<td>Kimberly Jane Sinclair</td>
<td>28101974A</td>
<td>Letter of reprimand; $500 fine</td>
</tr>
<tr>
<td>Jill Lory Childers</td>
<td>27028969A</td>
<td>$250 fine</td>
</tr>
<tr>
<td>Melissa Marie Sandlin</td>
<td>27054515A</td>
<td>$250 fine</td>
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<tr>
<td>Lynn Susan Luchatowich</td>
<td>28075996A</td>
<td>$250 fine</td>
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<tr>
<td>Lisa Jo Wright</td>
<td>27047739A</td>
<td>Indefinite Suspension; 12 CEUs $500 fine</td>
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<tr>
<td>Rebecca Holt</td>
<td>28113487A</td>
<td>$250 fine</td>
</tr>
<tr>
<td>Gladys Mae Spencer</td>
<td>28161845A</td>
<td>Indefinite Suspension; $1,000 fine</td>
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**October 18, 2008 Board Meeting**

<table>
<thead>
<tr>
<th>NAME</th>
<th>License #</th>
<th>Board Action Taken</th>
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</thead>
<tbody>
<tr>
<td>Karen Dark</td>
<td>28051785A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Debora Ann Poynter</td>
<td>27026290A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Linda Lorraine Lance</td>
<td>28101950A</td>
<td>Indefinite Probation</td>
</tr>
<tr>
<td>Ashley Bakoczy</td>
<td>28176332A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Bianche Marie Markey</td>
<td>27061018A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Phillip Townsend</td>
<td>28141270A</td>
<td>Notice of proposed default</td>
</tr>
<tr>
<td>Ronda Deutscher</td>
<td>27060604A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Julie Ann Halcomb</td>
<td>27036818A</td>
<td>Notice of proposed default</td>
</tr>
<tr>
<td>Sharon Ann Knorta</td>
<td>28088679A</td>
<td>Motion to reinstate deemed</td>
</tr>
<tr>
<td>Heidi Jo Hite</td>
<td>27049939A</td>
<td>Extension of summary suspension</td>
</tr>
<tr>
<td>David Eugene Watson</td>
<td>28121941A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Terrell Ellis</td>
<td>27060805A</td>
<td>Motion to withdraw probation denied</td>
</tr>
<tr>
<td>Emily Louise McNally</td>
<td>27058178A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Veronica Lee Hedges</td>
<td>28131738A</td>
<td>Probation withdrawn</td>
</tr>
<tr>
<td>Kimberly Lynn Blais</td>
<td>28122588A</td>
<td>Indefinite Probation</td>
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<table>
<thead>
<tr>
<th>NAME</th>
<th>License #</th>
<th>Board Action Taken</th>
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</thead>
<tbody>
<tr>
<td>James Franklin</td>
<td>28135849A</td>
<td>Continue on suspension</td>
</tr>
<tr>
<td>Gabrielle Schmidt</td>
<td>27037788A</td>
<td>Modify probation</td>
</tr>
<tr>
<td>John Robert Majewski</td>
<td>27059365A</td>
<td>Indefinite Probation continues</td>
</tr>
<tr>
<td>Shannon Bryan</td>
<td>28143628A</td>
<td>Notice of proposed default</td>
</tr>
<tr>
<td>Kimberly Sue Blais</td>
<td>27052227A</td>
<td>Continued</td>
</tr>
<tr>
<td>Jeanae Kay Neely</td>
<td>27052291A</td>
<td>Notice of proposed default</td>
</tr>
<tr>
<td>Holly Anne Cowden</td>
<td>27075996A</td>
<td>$250 fine</td>
</tr>
<tr>
<td>Janny Marie Routh</td>
<td>27037771A</td>
<td>Reschedule for November</td>
</tr>
<tr>
<td></td>
<td>28150132A</td>
<td></td>
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<tr>
<td>Rebecca Owen</td>
<td>28096891A</td>
<td>Indefinite suspension</td>
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<tr>
<td>Jennifer Lu Biglane</td>
<td>27050543A</td>
<td>Indefinite suspension</td>
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<tr>
<td>Tracey Michele Alderton</td>
<td>28146196A</td>
<td>$500 fine</td>
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<tr>
<td>Sara Ingram</td>
<td>27053973A</td>
<td>Indefinite suspension</td>
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<tr>
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<td>28176095A</td>
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</tr>
<tr>
<td>Helen Gartner</td>
<td>28113320A</td>
<td>Indefinite suspension</td>
</tr>
<tr>
<td>Lorraine Rae Garland</td>
<td>28157586A</td>
<td>Indefinite probation; $500 fine</td>
</tr>
<tr>
<td>Amanda Bridgewater</td>
<td>28160023A</td>
<td>Indefinite probation continues; $500 fine</td>
</tr>
<tr>
<td>Tara Michelle Lutz-Busack</td>
<td>27048526A</td>
<td>Indefinite suspension; $750 fine</td>
</tr>
</tbody>
</table>
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Med/Surg/Ortho 2 Charge Nurse
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- Cath Lab/Interventional Radiology
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- Case Management/UR
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- Resource Pool

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Indiana is among a handful of states that have launched statewide just culture initiatives to enhance patient safety. Led by IHA and the Indiana Patient Safety Center, the culture change effort is designed to spread just culture concepts throughout our state’s hospitals and throughout relevant regulatory bodies.

Just culture—a relatively new concept to health care, has been used for years in other high-risk industries such as aviation and nuclear energy. During the IHA Annual Meeting, David Marx, author of Just Culture: A Primer for Healthcare Executives, discussed the role of just culture in health care. Marx explained that the just culture model is designed to change an organization’s culture by placing less focus on events, errors, and outcomes, and more focus on risk, system design, and the management of behavioral choices. Marx’s address marked the beginning of the statewide improvement effort.

The just culture paradigm addresses the weakness of a blame-free approach to errors but also runs counter to an overly-punitive culture. Marx describes it this way:

On one side of the coin, it is about creating a reporting environment where staff can raise their hand when they have seen a risk or made a mistake. It is a culture that rewards reporting and puts a high value on open communication—where risks are openly discussed between managers and staff. It is a culture hungry for knowledge.

On the other side of the coin, it is about having a well-established system of accountability. A Just Culture must recognize that while we as humans are fallible, we do generally have control of our behavioral choices, whether we are an executive, a manager, or a staff member. Just Culture flourishes in an organization that understands the concept of shared accountability—that good system design and good behavioral choices of staff together produce good results. It has to be both.

Indiana’s just culture improvement plan has three stages:

...just culture model is designed to change an organization’s culture by placing less focus on events, errors, and outcomes, and more focus on risk, system design, and the management of behavioral choices...
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- Align leadership of the major participant groups and have them commit to move forward;
- Provide an introductory training session on just culture concepts to teams at hospitals and other organizations; and
- Implement the just culture concepts in all Indiana hospitals and relevant organizations.

Stage one occurred Sept. 30. IHA brought together key stakeholders from across the state. Those invited were State Health Commissioner Dr. Judy Monroe and representatives from the state licensing boards of nursing, medicine, and pharmacy. At that meeting, health care leaders agreed that the plan was worthwhile and that IHA/IPSC should spearhead the effort.

In accordance with that decision, a Just Culture Champion Training Session has been set for March 3, 2009.

To learn more about just culture, visit www.justculture.org. For a free copy of Just Culture: A Primer for Healthcare Executives, go to www.indianapatientsafety.org/links.aspx.
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“Protecting the Public While Saving Careers”

Nurse “A” was going through a tough time – taking care of an ailing parent, worrying about a son out of a job, suffering from an injury and working in a stressful environment. Her physician was not available, so she wrote herself a prescription for a controlled substance to get her through an especially bad week. She was caught, and a pharmacist reported her to the Indiana State Board of Nursing (ISBN).

Nurse “B” was going through a divorce. He had dinner and a couple glasses of wine with a friend to wind down. On the way home, he stopped at a hospital where he was moonlighting to finish up on some charting. Another nurse smelled alcohol on his breath and reported him to the DON. The DON reported him to the ISBN.

Nurse “C” became addicted to opiates for which she had legitimate prescriptions. She entered into a rehab program, and while in the program, she tested positive for her drug of choice on a urine drug screen. Her explanation was that she accidentally took an old vicodin which was mixed in with some over-the-counter medications. She was referred to the ISBN.

These are just three of several scenarios referred to the ISBN. The question that the members of the Board must ask is – “is this nurse a risk to public safety?” The members of the Indiana State Board of Nursing believe alcoholism and drug addiction to be a primary, progressive, and chronic disease. However, the resulting problems from the disease may impair a nurse’s ability to practice safely as a nurse. As such, ISBN’s primary concern is the health and safety of the public. Once a nurse has been identified as impaired or is suspected to be impaired by alcohol or other drugs, Indiana Law allows the ISBN to investigate licensed nurses and/or refer them to the Indiana State Nurses Assistance Program (ISNAP) for assessment and possible participation in the ISNAP.

According to the Indiana State Board of Nursing Rules, 848 IAC 2-2-2-(11), any nurse who knows of another nurse who demonstrates any unprofessional conduct which might jeopardize patient/client safety is required to report this. Since it is the responsibility of any licensed nurse to report impairment seen in a colleague, here are some of the signs and symptoms which might be “red flags” indicating possible impairment in the workplace:

- Change in one’s personal appearance or work station.
- The smell of alcohol or marijuana on the person, or the attempt to cover it up with mouthwash/breath mints.
- One’s speech is affected (e.g. slurred, confused, hurried).
- Inability to focus on tasks-at-hand or disoriented.
- Missing in action (e.g. frequent trips to the bathroom or parking lot, prolonged breaks, unauthorized absences, Monday morning flu).
- Rapid mood swings within a short period of time (e.g. going from belligerent and moody to pleasant and easy to get along with).
- Deviations from the standard procedure or refusal to follow reasonable directions (e.g. wasting or counting medications).
- Poor record keeping (e.g. failure to...
• Errors in judgment and decrease in efficiency and productivity.
• Complaints by staff and patients that the nurse is difficult to interact with.
• Consistently signing out more controlled substances on his/her shift than routine.
• Incorrect narcotic counts at the end of the shift.
• Failure to obtain co-signatures on wastes/count.
• Discrepancies between a patient's report of pain relief and what is documented.
• Excessive use of PRN medications (e.g. giving tylenol rather than tylenol with codeine).
• Defensive when questioned about medication errors, etc.

If, during your nursing day-to-day activities, you begin to see these “red flags” in the workplace suggesting a colleague is impaired, it is your ethical, professional and legal responsibility in Indiana to report this nurse. Many health care systems have policies and procedures in place which give direction in reporting and helping the impaired nurse. You can fulfill your obligation to report by following these guidelines. These policies often include reporting to your direct supervisor or manager, reporting to Human Resources or reporting to the facilities’ Employee Assistance Program if one is established in your facility. You also have the option of reporting the impaired nurse to ISNAP directly by calling 800-638-6623.

As a profession, it is in our collective best interest to help the impaired nurse achieve recovery. A nurse who is impaired due to the abuse of alcohol or other drugs deserves the same care and support offered to any employee suffering from any chronic illness. By reporting a nurse, you may help a colleague avoid spiraling down the ugly road of addiction, and thus help to save a nurse’s career or maybe even their life. Nurses who seek help and enter fully into the recovery process can find their lives changed for the better. If you know of a nurse who may be impaired, help that nurse today by reporting – it’s the most compassionate thing to do!

For further information on impairment secondary to alcohol or drugs, you can go to ISNA’s website, www.indiananurses.org, and follow the ISNAP link. If you would like someone from ISNAP to come to your facility and do a presentation on identifying impairment in the workplace and appropriate follow-up, give Chuck Lindquist, ISNAP’s program director, a call at 800-638-6623, extension 1.
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