


PUBLICATION OF THE OHIO BOARD OF NURSING

# MOMENTUM

Spring 2009 • Volume 7 Issue 2



**DELEGATION OF MEDICATION  
ADMINISTRATION TO  
MEDICATION AIDES IN NURSING**

**PROFESSIONAL BOUNDARIES  
VIOLATIONS: CASE STUDIES**

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# MOMENTUM

## Momentum

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### Ohio Board of Nursing

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**The mission** of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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Created by

### Publishing Concepts, Inc.

Virginia Robertson, Publisher  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road  
Little Rock, AR 72223

501.221.9986 or 800.561.4686

www.thinkaboutitnursing.com

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Edition 25



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*Momentum* reaches every nurse, dialysis technician, medication aide, and community health worker, every hospital and nursing school administrator in the state of Ohio. Over 210,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.



**Lisa Klenke, MBA, RN**  
*Board President*

**We are happy to welcome** two newly appointed members to the Board! Judith Church, RN, CNP, DHA, and Bertha Lovelace, RN, CRNA. Bert is a CRNA at the Cleveland Clinic. She served on the Board previously and was the Board Supervising Member for Discipline. Judi is the director of nursing at Kettering Medical Center. She is also an appraiser for the American Nurses Credentialing Center's Magnet Recognition Program for Excellence in Nursing. We look forward to serving with them on the Board.

The Board is committed to its mission of public protection and continues to identify and implement actions to fulfill our mission. For example, over the past two years, the Board has taken additional steps to assure the safety of the public and reduce licensure fraud. The Board developed a mechanism that allows us to run comparative searches between the Board's licensure database and

data from the state's sexual offender eSORN system (Electronic Sexual Offender Registration and Notification). Also, the Board discontinued paper wallet cards, effective Feb. 1, 2009, to eliminate the possibility of the



wallet card being altered, forged, or misappropriated, thus mitigating identity theft and fraud. Employers now use on-line licensure verification as primary source verification.

In order to effectively process over 4,000 complaints a year and take action on approximately 280 disciplinary cases at each Board meeting, the Board

streamlined procedures to decrease the processing time for discipline cases. To make information more accessible to the public, the Board began to post public Board action documents, such as settlement agreements and

Board orders, on its web site and linked them to the eLicensing system. This enables employers or members of the public, upon licensure verification, to instantaneously view the public disciplinary actions. Also available on the Web site are actions regarding nursing education programs that are not meeting or maintaining regulatory requirements. On a national level, the Board reported disciplinary actions to national disciplinary data banks, and participated in the development of a prototype for FITS, a national Fraud and Imposter Tracking System used by boards of nursing across the country to identify fraud and imposters.

We appreciate your support of the Board of Nursing as we continue to actively safeguard the health of the public through the effective regulation of nursing care and meet the challenges of the future. •

*Lisa R. Klenke*



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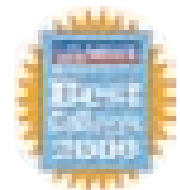
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**This year is providing** many challenges! As part of state government, there is the challenge of adequate resources and how future efficiencies will be achieved, while fulfilling our mission of public protection.

and approve medication aide training programs. Furthermore, we received and processed over 4,000 disciplinary complaints, about 500 more than in 2006. All of this is funded through license fees paid by the health care



**Betsy J. Houchen,**  
RN, MS, JD  
*Executive Director*

The Board is proud of its track record of public protection while achieving efficiencies and reducing costs. We reorganized to lower administrative costs, reassigned personnel based on workloads, increased the use of technology in all program areas and streamlined processes. As we look back, we found the Board has increased services but our operating budget has not increased since 2006. Compared to 2006, the Board now regulates 13,000 more licensees, provides oversight for 20 additional nursing education programs, and established the regulatory and organizational structure to begin certifying a new category of health care worker, medication aides,

professions regulated by the Board. The Board of Nursing is self-sufficient and receives no general revenue funds.

The Board's top priority is to quickly and efficiently license the workforce -- and remove dangerous practitioners from practice in order to protect Ohio patients. The public protection role is critical; nursing touches virtually every citizen of Ohio.

The Board of Nursing has a proven track record of insuring an excellent level of public protection, participating in funding initiatives to combat the nursing shortage and regulating the largest number of licensed professionals of any agency in the State of Ohio, but we face significant challenges:

- A rise in the number of disciplinary complaints, adjudications, and Board actions, consistent with the annual increase in the number of licensees.
- An expansion of the use of medication aides in nursing homes and residential care facilities statewide, and as with any new group of health care workers, an increase in complaints, investigations and adjudications.
- A proliferation of national educational programs establishing locations in Ohio, resulting in a concurrent increase in Board review, monitoring and legal work if educational programs are not meeting minimum standards.
- A continued increase in graduates and applicants for licensure, certification and renewal.

Board members and staff are committed to continuing the track record we have achieved over the last few years, for the purposes of public protection, as we face the challenges of the future. •

# PROFESSIONAL BOUNDARIES VIOLATIONS: CASE STUDIES

Each year, the Ohio Board of Nursing reviews disciplinary cases involving professional boundaries violations. Section 4723.28(B)(31), Ohio Revised Code (ORC) authorizes the Board to take disciplinary action based on failure to establish and maintain professional boundaries with a patient, as specified in rules. Rule 4723-4-06, Ohio Administrative Code (OAC), specifies prohibited conduct. Some examples include: misappropriation of client property; personal gain at the client's expense; inappropriate involvement in client personal relationships; sexual conduct; seductive or sexually demeaning remarks. In evaluating these types of conduct, it is not the nurse's intent, but the appearance created by the nurse's conduct, that may violate professional boundaries.

Boundaries violations may be more likely to occur in certain work situations. Disciplinary cases tend to involve recurring patterns that may be categorized as involving two factors: (i) high patient vulnerability; and (ii) prolonged patient contact. Often, the two patterns coalesce. Administrators, directors of nursing, and supervisors in these patient populations and in the settings discussed should be particularly mindful of potential boundary violation behavioral indicators.

The following are case studies, based on public Board actions, involving professional boundaries violations.

## ***Case Pattern #1: Home Care, the Elderly Patient and Financial Opportunism*** **NURSE A**

From 1997-1998, Nurse A, RN, was employed by a hospital to work as a home health care nurse. During the course of her employment, Nurse A was responsible for providing care to the patient, an elderly patient who had been diagnosed with congestive heart failure, chronic ulcer disease, hypertension and diabetes mellitus. During the time that Nurse A was providing care for the patient Nurse A disclosed issues regarding her personal life and problems that she was experiencing in her personal

life to the patient. Nurse A also led Patient #1 to believe that Nurse A was not only Patient #1's caregiver, Nurse A was Patient #1's friend. In addition, Nurse A went shopping and out for dinner with the patient and received many items from Patient #1 including money, furniture, a television, a cellular phone and clothing. The value of the items that Nurse A received from the patient was in excess of \$4,500.

**Disciplinary Outcome:** The Board found that Nurse A violated Section 4723.28(B)(13), ORC, which authorizes the Board to discipline a nurse who has obtained or attempted to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice; and Section 4723.28(B)(19), ORC, for failure to practice in accordance with acceptable and prevailing standards of safe nursing care. Nurse A received probation for a minimum period of seven years. As a condition of probation, Nurse A was required to make restitution to the patient within a six-month period of time; participate in individual counseling; complete Continuing Nursing Education (CNE) on Professional Boundaries; and submit employment reports to the Board. Further, Nurse A was **permanently restricted** from practicing in any home health care, agency or private care setting.

## **NURSE B**

Nurse B, RN, owned and operated a home care agency. In June 2002, Nurse B visited an alert and oriented 84-year old patient for purposes of conducting a post-

*continued on page 8*

hospitalization assessment. Patient #2 was single, childless, and lived alone. Within two weeks of conducting the assessment, Nurse B had obtained Power of Attorney (POA) over Patient #2's assets. In July 2002, the patient suffered a stroke. Shortly thereafter, Nurse B gained control over some \$150,000 in Patient #2's cash and real estate. Patient #2 died. Criminal charges were filed against Nurse B. Nurse B testified that before Patient #2's death, the patient's wish was that Nurse B convert the patient's property into a nursing home facility and that Nurse B take Patient #2's cash assets so that Patient #2's niece could not get the cash. In the criminal case, Nurse B pled guilty under an "Alford plea," a plea enabling the defendant to stipulate that sufficient evidence for a conviction exists, while maintaining a position of innocence. The court found Nurse B guilty of theft from an elderly person, a third degree felony.

**Disciplinary Outcome:** The Board found that Nurse B violated Section 4723.28 (B)(4), ORC, which authorizes the Board to discipline a licensee who has been found guilty of any felony offense. The Board did not find credible Nurse B's assertions that the patient had asked for Nurse B to become involved in the patient's financial affairs. Even had the Board believed this testimony, under Rule 4723-4-06(L), OAC, for purposes of reviewing a potential boundaries violation, "the client is always presumed incapable of giving free, full, or informed consent to the behaviors by the nurse." The Board **permanently revoked** Nurse B's license.

### **Case Pattern #2: The Vulnerable Patient and Personal Gain**

#### **NURSE C**

In 2006, Nurse C, RN had been employed as an obstetrical nurse at a hospital for approximately sixteen years. Patient #4 was admitted to Nurse C's unit when she delivered an infant. Patient #4 was a rape victim and had selected a potential family to adopt her infant. After meeting the potential adoptive family, Patient #4 advised Nurse C that she did not want to give her infant to the family because of their age and the poor health status of the potential father. Patient

#4 and Nurse C engaged in a conversation regarding the agency Nurse C had used when she adopted her own children and Nurse C disclosed the name of the agency to Patient #4. During the conversation, Patient #4 asked Nurse C if she would adopt her baby. Thereafter, Nurse C gave the contact information for her adoption agency to a resident physician to give to Patient #4. There was a delay in the resident relaying the information so Nurse C gave the information to Patient #4 directly. Patient #4 was transferred to another unit and Nurse C visited her after the nurse had clocked out for the day. Patient #4 had already contacted Nurse C's adoption agency. Patient #4 was discharged the following day. Prior to her discharge, social services staff did not have an opportunity to meet with Patient #4, which was contrary to hospital policy.

Nurse C reported that after she made arrangements to adopt Patient #4's infant, she was questioned by hospital administration. Nurse C advised that she would not adopt the infant if she would lose her job. Nurse C was not instructed to stop the adoption process. Nurse C's employer gave her a written corrective action plan to attend a mandatory in-service, to specifically follow the hospital adoption policy and to contact her manager if unusual situations occur on the unit.

**Disciplinary Outcome:** In a settlement agreement, Nurse C admitted to the Board that she understood that her conduct was a violation of nurse/patient boundaries. Nurse C's conduct would have violated professional boundaries whether she made the adoption arrangements independently or through another party. Specifically Nurse C violated Section 4723.28(B)(31), ORC, for failure to establish and maintain professional boundaries with a patient and Rule 4723-4-06(L), OAC.

Nurse C's license was suspended and subsequently reinstated subject to probationary conditions including **permanent practice restrictions** on Nurse C's employment: Nurse C agreed never to practice in unsupervised settings, including agency work or home care or in obstetrical employ-

ment, other than in her position with her current employer.

### **Case Pattern #3: Vulnerable Patient, Prolonged Contact and Sexual Misconduct**

#### **NURSE D**

In 1996-1997, Nurse D, RN, was employed at a renal treatment center and provided dialysis care over a period of time to a patient. Nurse E admitted violating professional boundaries based upon her relationship with the patient.

**Disciplinary Outcome:** Nurse D entered into a settlement agreement with the Board in which her license was **reprimanded**; she agreed to obtain professional counseling and provide treatment reports to the Board, take CNE in professional boundaries/ethics and provide employer work reports for a period of one year.

#### **NURSE E**

In 2002, Nurse E, LPN, while working in a nursing home was observed engaging in sexual conduct/inappropriate touching with Patient #7, who was housed in a locked psychiatric unit and diagnosed with schizophrenia.

**Disciplinary Outcome:** Nurse E's license was **permanently revoked**.

#### **NURSE F**

In 2000, Nurse F, LPN, while working in residential chemical dependency treatment facility, engaged in seductive conversations with Patient #8 and requested that the patient call him at a personal telephone number. At one point Nurse F conducted a bed check and became sexually aroused in Patient #8's presence. Patient #8 at first described herself as being flattered by the attention but developed increased anxiety due to Nurse F's behavior.

**Disciplinary Outcome:** Nurse F's license was **suspended indefinitely** by a 2003 settlement agreement, under which Nurse F also agreed to **permanent practice restrictions**, prohibiting him from working in settings with psychiatric or chemically dependent clients. In 2005, Nurse F's license was reinstated, with additional permanent practice restrictions including no agency work or home care, and a **three-year probation**.



## NURSE G

In 2000, Nurse G, RN, worked as a nurse in a psychiatric unit of a state correctional institution. In this setting, Nurse G had prolonged contact with inmates and engaged them in recreational activities (e.g., playing cards). Nurse G was investigated by the correctional facility for developing a sexual relationship with an inmate. The relationship allegedly involved Nurse G exchanging sexual fantasies with the inmate, an incidence of touching and mutual discussion of sexual experiences.

**Disciplinary Outcome:** Nurse G voluntarily underwent a professional evaluation and in 2004, entered into a settlement agreement with the Board in which she agreed to a **three-year probation and work restrictions** including not working with psychiatric patients or in correctional settings. •



## BOARD FEES/ PAYMENTS

The Board is no longer accepting personal checks. Business checks from government entities and education or training programs will continue to be accepted. All other payment must be made in the form of a certified check, cashier's check or money order. Payments must be drawn on a United States (U.S.) bank or payable in U.S. dollars and must be made payable to "Treasurer, State of Ohio." •

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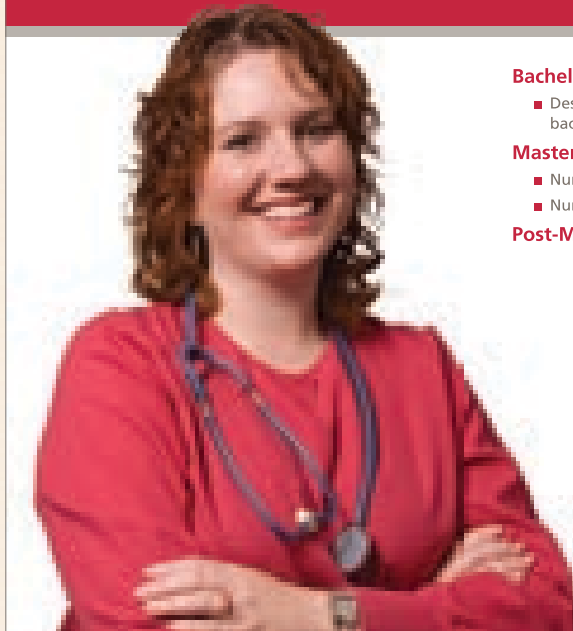
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# RN RENEWAL

If you are a RN or advanced practice nurse in Ohio, your license will expire after Aug. 31, 2009. All RNs who are eligible to renew their license in 2009 were sent a renewal notice through the mail during the month of March to the address of record with the Board. Advanced practice nurses were mailed one notice for their RN license and their certificate of authority (COA) and an additional notice, if applicable, for a certificate to prescribe (CTP).

that you renew your license as soon as you receive your renewal notice. Incomplete applications may result in late or lapsed fee charges, and delay the renewal of your license/certificate. Fees for renewals are as follows:

#### **Before July 1, 2009**

*registered nurses* – \$65

*advanced practice nurses* – (1 COA - \$85)

#### **July 1, 2009 through August 31, 2009**

(processing late application fee)

*registered nurses* – \$115

*advanced practice nurses* – (1 COA - \$135)

#### **After August 31, 2009** (renew a lapsed license)

*registered nurses* – \$165

*advanced practice nurses* – (1 COA - \$185)

#### **Certificate to prescribe renewals** - \$50

(no late or lapsed fees apply)

Online renewal was available for registered nurses for the first time in 2005. Nurses that have renewed online found this process to be fast and convenient.

The Board audits nurses each year to determine compliance with continuing education requirements. If you were notified of an audit of your continuing education for the period of Sept. 1, 2005, through Aug. 31, 2007, and have not submitted the information required by the Board, you will not receive your renewal notice for 2009-2011 until you complete the audit requirements.

Board staff are available to assist you in taking the necessary steps to renew your license/certificate. If you have questions about the renewal process, please contact the Board at (614) 995-5420 or by e-mail at [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov), or if you are an advanced practice nurse, please contact the Board at 995-3680 or 466-6180 or by e-mail at [apn@nursing.ohio.gov](mailto:apn@nursing.ohio.gov). •

As of this date, the Board has received hundreds of renewal notices that were “undeliverable” because of incorrect addresses. It is extremely important to notify the Board of a name and/or address change immediately. An incorrect name and/or address may delay the renewal of your license/certificate. A name/address change form may be obtained through the Board Web site at [www.nursing.ohio.gov](http://www.nursing.ohio.gov) under Forms, NURSE LICENSE RENEWAL.

The renewal notice includes your personal ID, password, and instructions on how to renew your license online. On-line renewal was available for registered nurses for the first time in 2005. Nurses that have renewed on-line found this process to be fast and convenient. The Board strongly encourages you to use this renewal method. When renewing on-line you can pay the required application fee using Master Card or VISA credit cards, or debit cards with a MC or VISA logo. By utilizing the online renewal process, you may be able to verify the renewal of your license/certificate through the Board’s website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov) in as little as three business days after completing the online renewal application. RNs who do not want to renew their license online must submit a written request for a paper renewal application by e-mail at [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov), fax at (614) 466-0388, or by mailing the request to the Board. It is strongly recommended



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## East

**Mercy Hospital Anderson**  
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- RN – Cardiac Cath Lab Nurse Manager – FT
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## West

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# MERCY

Rule 4723-14-03, Ohio Administrative Code. An OBN Approver is an approver of continuing education. A list of OBN approvers is located on the Board's Web site at [www.nursing.ohio.gov](http://www.nursing.ohio.gov). Click on the "Education" link on the homepage and the list of OBN approvers is located under "Continuing Education."

An OBN approver may approve faculty-directed and independent study continuing education activities. An OBN

**For Category A, continuing education that is approved by an OBN approver is acceptable and continuing education that is offered by an OBN approved provider unit that is headquartered in the state of Ohio is acceptable.**

approver may also approve provider units. A provider unit is an entity whose entire continuing education system has been approved by an OBN approver and is therefore authorized to plan and approve continuing education activities. For Category A, continuing education that is approved by an OBN approver is acceptable and continuing education that is offered by an OBN approved provider unit that is headquartered in the state of Ohio is acceptable.

Any advertising materials and certificate of completion regarding "Category A" continuing education requirements should include the name of the OBN approver and the OBN approver number and a statement that includes the number of "Category A" contact hours.

If you have questions about continuing education, please contact the Continuing Education Unit at (614) 466-1949 or by e-mail at [ce@nursing.ohio.gov](mailto:ce@nursing.ohio.gov).

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# DELEGATION OF MEDICATION ADMINISTRATION TO MEDICATION AIDES IN **Nursing Homes and Residential Care Facilities**

The Ohio Medication Aide Pilot Program concluded on March 26, 2009. As a result, any nursing home or residential care facility in Ohio may utilize medication aides to administer medication to its respective residents as delegated by a licensed nurse. Prior to March 26, 2009 only those nursing homes or residential care facilities that were approved by the Board of Nursing as a Pilot Program Facility were authorized to utilize medication aides. Approved Pilot Program Facilities were required to pay an application fee and adhere to specific Board of Nursing reporting requirements. Because the application fees and reporting requirements are no longer in effect, the Board anticipates many nursing homes and residential care facilities licensed in Ohio will begin utilizing medication aides.



Nurses working in nursing homes and residential care facilities may soon be introduced to the medication aide's role due to the employer decision to integrate them into the daily activities of administering limited medications to its residents. Nurses should prepare by learning about the nurses' responsibility in delegating medication administration and the limitations of the medication aide

in administering medications. This article provides nurses, who may work with medication aides, information concerning the application of Section 4723.64-.69, Ohio Revised Code (ORC), and Chapter 4723-27, Ohio Administrative Code (OAC), Medication Administration by Certified Medication Aide, to the nurse's practice. This includes: the scope of the medication aides' role; certification requirements; the

role of the nurse as it relates to delegation and supervision of the medication aide; and the allowed and prohibited functions of the certified medication aide.

### CERTIFIED MEDICATION AIDES (MA-C)

A MA-C is an individual who holds a current, valid certificate issued by the Board of Nursing to administer medications to residents in licensed nursing homes or residential care facilities. An individual seeking certification as a medication aide

written certification examination with a minimum of score of 80%, and successfully complete all of the skills evaluation tasks on the clinical component.

### NURSING DELEGATION OF MEDICATION ADMINISTRATION

Delegation specific to the Nurse's delegation of medication to MA-Cs is defined in Rule 4723-27-01(J), OAC, as "the transfer of responsibility for the administration of prescription medication from a registered

arbitrary basis or for any purpose not related to patient safety.

The delegating nurse is required to evaluate the following prior to delegating the task of medication administration:

- The resident and the medication needs of the resident including:
  - The resident's mental and physical disability;
  - The medication to be administered;
- The timeframe during which the medication is to be administered; and

Nurses should prepare by learning about the nurse's responsibility in delegating medication administration and the limitations of the medication aide in administering medications.



in Ohio must meet the following eligibility requirements:

- Be at least 18 years of age;
- Possess a high school diploma or high school equivalence diploma;
- Complete an approved medication aide training program (Rule 4723-27-07, OAC, provides the specific requirements for medication aide training programs);
- Submit a completed application on the form specified by the Board;
- Have a criminal records check completed through the Bureau of Criminal investigation submitted to the Board;
- Be registered as a State Tested Nurse Aide (STNA) if the individual administers medication to residents in a nursing home;
- Obtain a minimum of one year direct care experience if the individual administers medications to residents in a residential care facility;
- Pass the Board of Nursing-approved

nurse, or a licensed practical nurse acting at the direction of a registered nurse, to a certified medication aide." Rule 4723-27-03, OAC, places requirements on the delegating nurse as follows:

- Must be a Registered Nurse (RN); or
- A Licensed Practical Nurse (LPN), who is authorized to administer medications and is acting at the direction of the RN;
- Possess a current valid license to practice in Ohio and the RN or LPN;
- There are no restrictions imposed on the RN or LPN's practice relating to the administration of medications as a result of a disciplinary action by the Board, or the RN or LPN's participation in either the Board's Practice Intervention and Improvement Program or the Board's Alternative Program for Chemical Dependency.
- RNs or LPNs who delegate medication administration to a MA-C are prohibited from withdrawing the delegation on an

• The ability of the certified medication aide to safely administer the medication. When the medication administration is delegated to a MA-C the nurse shall communicate the following to the MA-C:

- The residents to whom the MA-C is to administer medications;
- The medications the MA-C is to administer;
- The timeframes during which the medications are to be administered;
- Any special instructions concerning the administration of medications to specific residents.

The nurse maintains accountability and responsibility for reviewing the medication delivery process, making certain that there have not been any errors in stocking or medication preparation. In addition, the nurse is responsible for accepting, transcribing and reviewing the health care provider's medication orders for the

*continued on page 16*

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Website: [www.recreationunlimited.org](http://www.recreationunlimited.org)

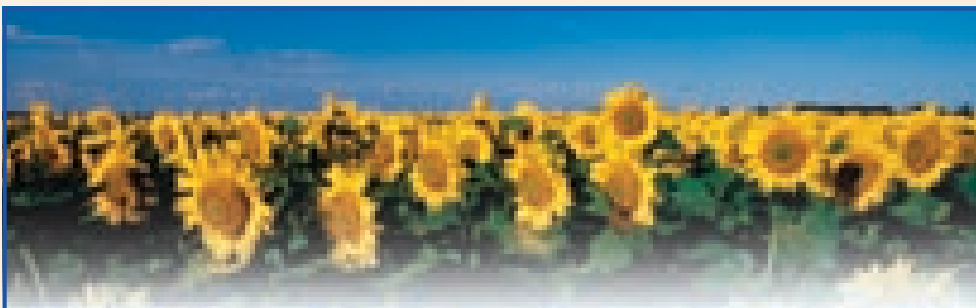


resident, and for monitoring the residents to whom medications are administered for side effects or changes in their health status. The licensed nurse is accountable and responsible for the nursing care of the resident, regardless of whether or not a medication is administered to a resident by a MA-C.

### **SUPERVISION REQUIREMENTS; AS-NEEDED MEDICATIONS**

MA-Cs are required to be supervised by a licensed nurse. The level of supervision of the MA-C by a licensed nurse is dependent on the type of facility in which the MA-C is employed. MA-Cs who administer medications within a nursing home are required to be supervised by a licensed nurse who is on site in the facility. In a residential care facility, supervision of a MA-C is to be provided by a nurse who is either on-site in the facility or is immediately and continuously available through some form of telecommunication.

As-needed medications may be administered by a MA-C if delegated by a nurse on a case-by-case basis. The as-needed medications that may be administered by a MA-C are quite limited if the MA-C is not being supervised by a nurse who is on site in the facility. In order for a licensed nurse to delegate to a MA-C the administration of as-needed the medications, a registered nurse must have completed an assessment of the resident and a nursing plan of care, or nursing regimen, must be prepared based on the completed nursing assessment. The nursing regimen must include interventions including the administration of the as-needed medication in accordance with the medication order. If the MA-C is supervised by a nurse who is on site in the facility, the nurse evaluates the resident's need for the as-needed medication and may make such delegation to the MA-C for the specific as-needed medication to the specific resident based on the



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We offer competitive compensation, benefits, education reimbursement, and much more! You may also forward resumes to: **St. John West Shore Hospital, Attn: Jeanne Gregg, 29000 Center Ridge Road, Westlake, OH 44145; Email: [resumes@csauh.com](mailto:resumes@csauh.com) or Fax: 440-827-5321.** EOE



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evaluation and the other factors pertaining to nurse delegation of medication administration to a MA-C. However, if a MA-C is supervised by a nurse who is not on site in the facility, the MA-C must contact the supervising nurse, the supervising nurse must be familiar with the resident and the resident's general nursing needs, the supervising nurse must evaluate the resident's need for the as-needed medication based on her knowledge of the resident and the information reported to the nurse by the MA-C. Based on this information the nurse may delegate the administration of the as-needed medication to the MA-C ONLY if the as-needed medication is an "over-the-counter" medication.

### **ALLOWABLE DELEGATED PRACTICE**

MA-Cs may administer medications ONLY by the following routes:

- Oral medications;
- Topical medications;
- Medications administered as nasal spray, or as drops or ointment to resident's eye, ear or nose;
- Rectal or vaginal medication; or
- Inhalants delivered by inhalers, nebuliz-

ers, or aerosols, that allow for a single dose of a fixed, pre-measured amount of medication.

### **PROHIBITED PRACTICE**

MA-Cs are NOT allowed to administer medications in the following categories:

- Medications containing a schedule II controlled substance;
- Medications, including inhalants delivered by inhalers, nebulizers or aerosols, requiring dosage calculations;
- Medications that are not approved drugs, (this category includes herbal preparations);
- Medications being administered as part of clinical research; and
- Oxygen.

MA-Cs are NOT allowed to administer medications in the following methods:

- Injection;
- Intravenous therapy procedures;
- Splitting pills for purposes of changing the dose being given; or
- Through jejunostomy, gastrostomy, nasogastric, or oral gastric tubes.

In addition to prohibitions mentioned above, MA-C is also prohibited from:

- Receiving, transcribing or altering medication orders;
- Administering initial dose of a medication ordered for the resident.
- Administering any medication without the task of having been delegated by a nurse.
- Administering medications to pediatric residents; or
- Accessing schedule II controlled substances.

### **OTHER IMPORTANT POINTS**

It is important that the nurse remember that, when a MA-C is engaged in the activity of administering medications, the MA-C is not permitted to accept resident care assignment that would interrupt or conflict with the medication administration. Therefore, when a MA-C is progressing down the hall with the medication cart and administering medications, the MA-C should not at that time stop to distribute snacks or answer resident call signals; other staff should be assigned those very important resident care responsibilities. Nurses who follow the appropriate delegation procedures when delegating the administration of medications to MA-Cs are not liable in damages to any person or government entity in a civil action for injury, death, or loss to person or property that allegedly arises from an action or omission of the MA-C in the administration of the medications.

Understanding the functions of MA-Cs and the requirements for delegation of medication to this new certificate holder are important to the care of residents in Ohio's nursing homes and residential care facilities. The information provided in this article is a summary of the requirements pertaining to the role of MA-Cs and is not meant to be all-inclusive. The law pertaining to medication aides in Ohio is set forth contained in Sections 4723.61 through 4723.69, ORC and Chapter 4723-27, OAC. The law and rules referenced may be reviewed and downloaded from the Board's Web site: [www.nursing.ohio.gov](http://www.nursing.ohio.gov) in the law and rules section. •

# Associate Director/Associate Professor of Nursing And Assistant Professor of Nursing

## Ohio University School of Nursing is seeking applicants for 2 positions in the School of Nursing.

The **Associate Director/Associate Professor of Nursing** will be hired pending approval from the Ohio Board of Nursing for a Traditional BSN program. Ohio University School of Nursing seeks a candidate with a commitment to working effectively with students, faculty and staff from diverse backgrounds. The Associate Director guides the functioning of the BSN program for which he/she is responsible. Under the guidance of the Associate Director, in conjunction with the Director of the School of Nursing, the BSN program will function consistently using the philosophy and objectives developed by the faculty of the School of Nursing and the needs of the learners. The Associate Director is responsible for the day-to-day operation of the BSN program which includes addressing the needs of students and faculty and interpreting the needs for nursing within the community. The Associate Director participates actively in the community and represents the School of Nursing in general and the BSN program and the campus specifically. The Associate Director assists the Director of the School of Nursing in the coordination and interpretation of the policies of the School, CHHS, OUORC, and the University; the requirements of the Ohio Board of Nursing; and the professional accreditation groups. All functions are carried out in conjunction with the Director of the School of Nursing.

**Qualifications:** The successful applicant must have an earned Doctorate in Nursing or Related Field and demonstrate a record of excellence in education and academic leadership experience. He or she should have a minimum of one to three years experience in education and an academic leadership role with a history of increasing responsibility; an active publication record and eligibility for licensure in Ohio are required. Salary is commensurate with education and experience. Position details and application information can be found at [www.ohiouniversityjobs.com/applicants/Central?quickFind=55294](http://www.ohiouniversityjobs.com/applicants/Central?quickFind=55294). The position will remain open until filled, for full consideration apply by August 2, 2009.

Ohio University School of Nursing seeks an **Assistant Professor** for the online RN to BSN Program, Athens campus. We seek a candidate with a commitment to working effectively with students, faculty and staff from diverse backgrounds. The Assistant Professor will have teaching, scholarly and service responsibilities in the School of Nursing. Cross teaching in the BSN and MSN programs is encouraged, dependent upon qualifications.

**Qualifications:** The successful applicant must have an earned Doctorate in Nursing or Related Field and a master's degree in nursing and eligibility for licensure in Ohio. Salary is commensurate with education and experience. Position details and application information can be found at [www.ohiouniversityjobs.com/applicants/Central?quickFind=54983](http://www.ohiouniversityjobs.com/applicants/Central?quickFind=54983). The position will remain open until filled, for full consideration apply by August 2, 2009.



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school of nursing

# Hondros College School of Nursing West Chester Campus Opens New Building; HONORS NURSING ADMINISTRATORS

WEST CHESTER, Ohio (April 1, 2009) – The Ribbon Cutting Ceremony, honoring the new addition to the Hondros College School of Nursing West Chester campus was a proud and exciting moment for Hondros College faculty, staff, and students.

Linda Hondros, president of Hondros College, dedicated both the original building on the West Chester campus and the new building to two devoted and enthusiastic administrators who are an integral part of the nursing school. The brand new building is dedicated to and named after the associate dean of Hondros College School of Nursing, Kellie Glendon. The original building on the West Chester campus is dedicated to and named after the dean of Hondros College School of Nursing, Dr. Deborah Ulrich. “These two nursing professionals have helped to lead our nursing program. Their dedication to the quality of the program and how it is delivered every day is so evident and Hondros College School of Nursing would like for their contribution to be forever remembered by naming our buildings Ulrich Hall and Glendon Hall.”

Hondros College offers education and career training for both LPN and RN programs and is dedicated to student achievement. As Linda Hondros highlighted, “We are excited about the students and their successes in pursuing their professional calling. Our communities are already benefiting from having these students in the area while attending the program and then working in the area upon graduation.”

For more than 40 years, Westerville, Ohio-based Hondros College has been helping individuals seeking to find, enter, and succeed in a new career. The Hondros College School of Nursing campus is located in West Chester, Ohio near Cincinnati.

For a complete list of career offerings or more information on Hondros College, please visit [www.hondros.edu](http://www.hondros.edu).

*(Hondros College is approved by the Ohio State Board of Career Colleges and Schools. Main Campus: Columbus (85-02-0952T), Learning Centers: Akron, Cleveland East, Cleveland South, Toledo (85-02-0952T-LC). Main Campus: Cincinnati (06-07-1790T), Learning Center: West Chester (06-07-1790T-LC). Main Campus: Dayton (07-11-1846T).*



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# ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups begin at 10:00 a.m. (unless otherwise noted) and are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614/466-6940 to determine any change in the location, date or times from those listed.

**Advisory Group on Continuing Education**— February 20.

Chair: Delphenia Gilbert

**Advisory Group on Dialysis**— February 10, October 13.

Chair: Patricia Protopapa

**Advisory Group on Nursing Education**— June 18, October 8.

Chair: Kathleen Driscoll

**Committee on Prescriptive Governance**— January 12, May 11, September 21. Chair: Eric Yoon

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Send CV. shayes@edaff.com, or by mail to Sarah Hayes, Nursing Faculty Recruiter, Boecker College  
11499 Chester Road, Suite 200, Cincinnati, OH 45246  
or call 443-632-4352.

*Education Affiliates is a national education provider with campuses in over 35 locations offering degree and diploma programs in nursing, paramedic, dental hygiene as well as other allied health, business and industrial trade programs. All campuses are approved to operate by the Board of Nursing. RETS College offers an NLNAC accredited ADN program.*

### Current Members Ohio Board of Nursing City Term Expires

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Johnnie Maier, <i>Consumer Member</i>	
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Patricia Protopapa, LPN	
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Eric I. Yoon	
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# Elimination of Wallet Cards and License/ Certification Verification

On Nov. 19, 2008, the Ohio Board of Nursing held a public hearing regarding a proposal to revise Rule 4723-7-07, Ohio Administrative Code, to eliminate mandatory wallet cards. This proposal was the culmination of a year's research and period for public feedback. This rule change became effective Feb.1, 2009. The rationale for the Rule change includes the following considerations:

- Mitigation of identity theft, fraud and imposterism;
- Employer ability to rely upon online licensure as primary source verification;
- Reduction of costs and errors associated with state printing.

Verification of a license or certificate is available through the Board Web site. Your name, license or certification number and expiration date is public information and may be viewed by anyone. Employers should use this website as verification of current licensure or certification for their employees. Please note that when calling the Board office with questions about your license or certificate that staff generally will not use social security numbers as primary means to verify license or certificate information. You should have your license or certificate number readily available. •

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A change in name must be accompanied by a **certified** copy of a marriage certificate/abstract or divorce decree, a **certified** copy of a court record, or a **certified** copy of documentation consistent with the laws of the state where the change occurred. A certified copy can be obtained directly from the court where the original record was filed. Please allow 7 - 10 days for a name or address change to be processed.

---

### Name and/or Address Change Form *(Please type or print)*

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**Changes:** Name • \_\_\_\_\_

Address \_\_\_\_\_

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County \_\_\_\_\_

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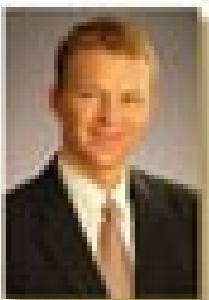


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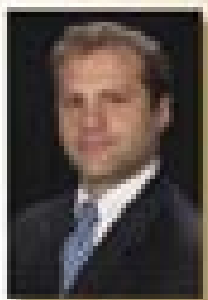
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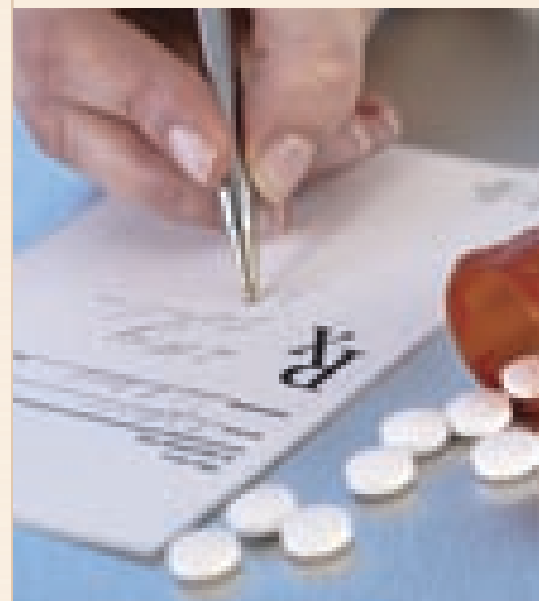
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## Ohio Automated Rx Reporting System (OARRS)

Advanced Practice Nurses may have questions regarding a patient's prescription drug history before prescribing new medications or when authorizing refills. Now they can check a patient's history of controlled substance use through a statewide prescription-tracking database. Information from the database adds a level of comfort when



prescribing controlled substances and caring for patients with pain. This system is available to all licensed prescribers and pharmacists at no charge.

The Ohio Automated Rx Reporting System (OARRS) tracks specific prescriptions dispensed by Ohio pharmacies and by mail order

pharmacies outside Ohio. The system includes prescriptions for **all controlled substances and products containing tramadol (e.g. Ultram®) or carisoprodol (e.g. Soma®)**. Drugs administered to patients in an institution, such as a hospital or nursing home, are not included.

OARRS is an on-line program administered by the Ohio State Board of Pharmacy. An advanced practice nurse who wishes to receive a patient Rx history report must obtain an account from the pharmacy board in order to access the secure website. Since this involves verification of credentials, please plan to allow a couple of weeks to receive your account. Check the Web site, [www.ohiopmp.gov](http://www.ohiopmp.gov), for forms and information about registration. An advance practice nurse holding a certificate to prescribe may obtain a prescriber account.

Now they can check a patient's history of controlled substance use through a statewide prescription-tracking database.

Similar programs are already functioning in approximately over 30 states, including neighboring Kentucky, West Virginia, Indiana and Michigan.

Additional information is available on the pharmacy board's Web site. Contact OARRS staff at [www.ohiopmp.gov](http://www.ohiopmp.gov) or via e-mail at [info@ohiopmp.gov](mailto:info@ohiopmp.gov).



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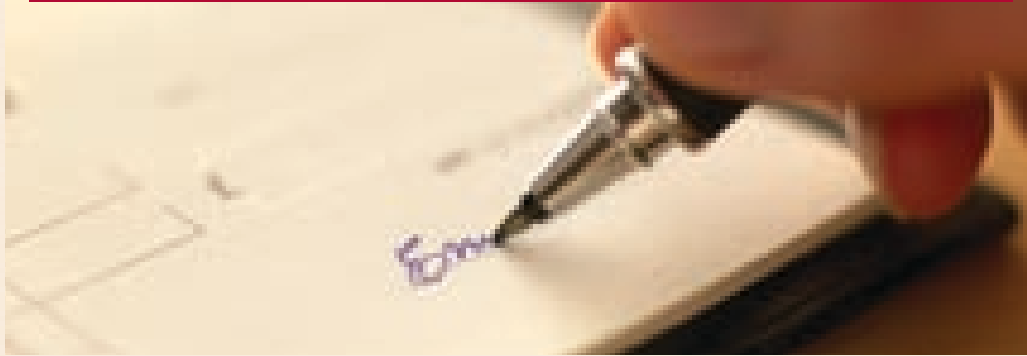
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# PAYMENT FAILURES



There is often a lag-time between the time a payment is processed by the bank and the time the Board receives notification of error or insufficient funds. Even though a renewed license may have been received in the mail, failure of a payment to clear the bank will cause an application to become incomplete. Under Rule 4723-1-04, Ohio Administrative Code, return of a check does not waive or extend the date upon which a license or certificate lapses. The purpose of publishing this list is to notify current and potential employers and to reach the individual when other avenues have failed.

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

## BAD CHECK LIST

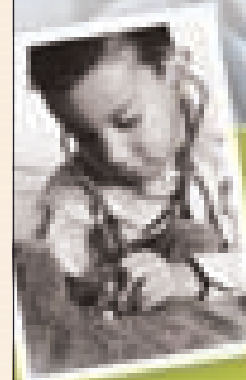
DT 01459	Lisa Miljour	RN 254983	Lynn Baker
PN 121873	Adebisi Adedoyin	179628	Cheryl Balogh
088845	Rebecca Anderson	196050	Beverly Chambers
080412	Vera Bazemore	169966	Susan Chapman
110095	Alicia Bennett	234395	Robert Clarke
073460	Enid Blankenship	284031	Deborah Conner
109961	Sandra Carter	081572	Mary Hartmann
106337	Julie Cowdrey	219322	Micheal Hipshire
089104	Mary Darnell	278461	Yvonne Hoberek
107371	Patricia Edington-wallace	254146	Ann Jarven
100040	Lavonda Featchurs	304716	Danielle Mathies
077423	Barbara Freeman	099852	Jane Mccutcheon
104926	Stacy Freeman	256289	Linda McDaniel
066195	Teresa Gilmore	169684	Bernadette Queener
105124	Lisa Groves	323272	Jennifer Sheets
086632	Sandra Haulter	288354	Shelia Smith
102088	Mildred Highlander	292985	Therese Spalding
044929	Gaynell Hunt	229036	Dundee Sweetland
026851	Eugenia Lauinger	300574	Jacque Young
113609	Miranda Pastol		
095293	Susan Runion		
090935	Autumn Schrader		
125159	Valerie Senior		
112221	Tonya Standberry		
109807	Stacey Townsend		
040780	Jean Wehrle		
099429	Paige Wilson		
068305	Jeanease Zimmerman		

If your name is listed here, please contact the Board at 614-995-3691 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, please do not assume from the name alone that a particular individual has a payment failure. You may verify the license number on the Board's Web site at [www.nursing.ohio.gov](http://www.nursing.ohio.gov) by clicking on Verification. •

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# LICENSED NURSE

# FAQ



**QUESTION:** *I am a licensed nurse. Can I accept an order from a physician or advance practice nurse that is texted to me on a PDA?*

**ANSWER:** The Nurse Practice Act and the administrative rules adopted thereunder do not prohibit it. Neither Chapter 4723, Ohio Revised Code (ORC), nor the administrative rules speak to the manner in which an order is received, relayed or transcribed. Rather, the law places accountability on the nurse who is implementing the order to verify that the order is accurate, properly authorized, valid, not harmful or potentially harmful to the client, and is not contraindicated by other documented information. If the nurse believes or has reason to believe any of these conditions exist, the nurse is required to clarify the order. The applicable law and rules are contained in Section 4723.01, ORC and Rules 4723-4-03 and 4723-4-04, Ohio Administrative Code. To review these and other nursing regulations, please refer to the "Law and Rule" section of the Board of Nursing Web site: [www.nursing.ohio.gov](http://www.nursing.ohio.gov).

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