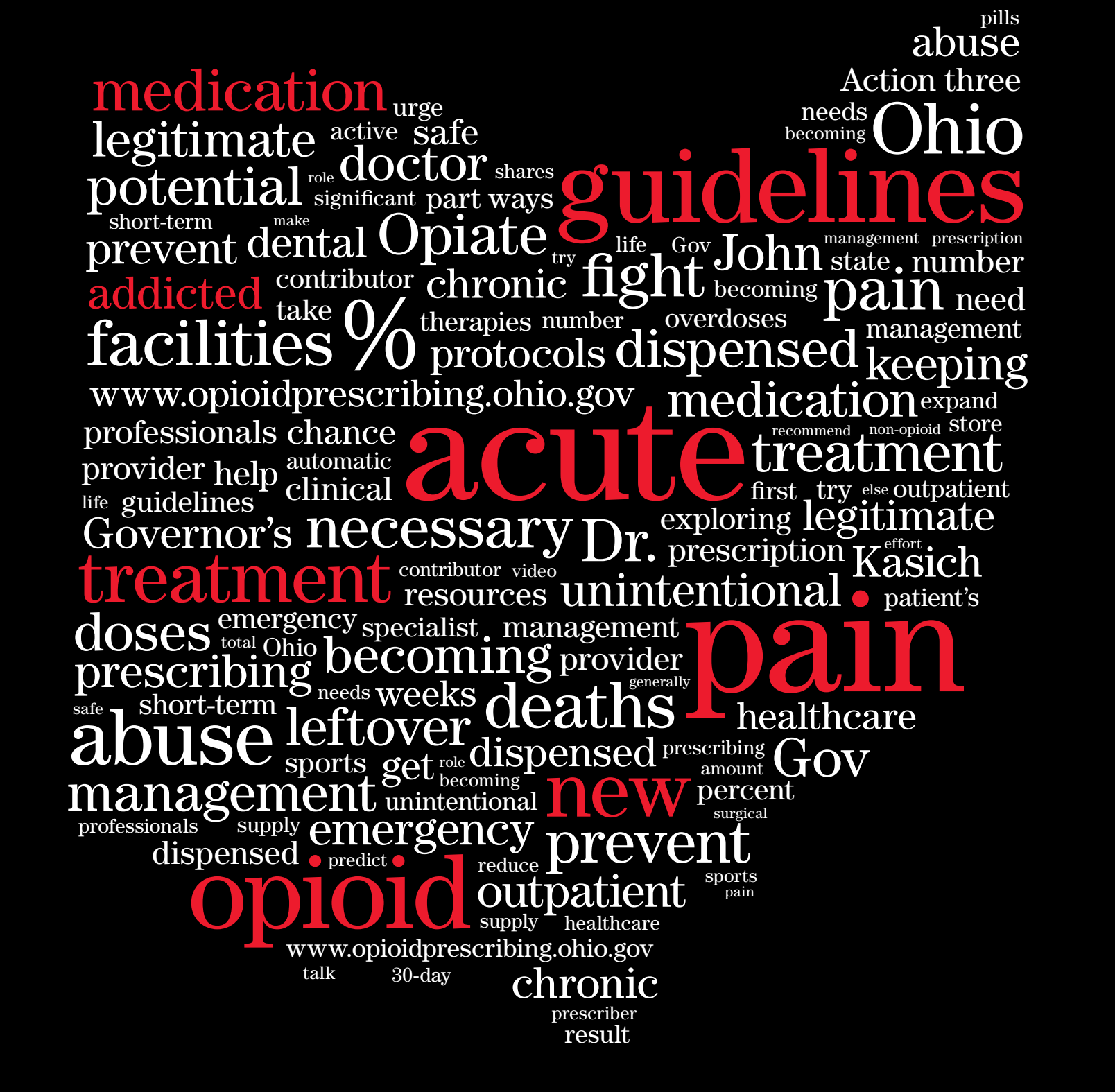
Ohio Board of Nursing

Winter 2016 • Volume 14 Issue 1

MOMENTUM

Official Publication of the Ohio Board of Nursing



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College Accreditation: Accredited member, Accrediting Council for Independent Colleges and Schools (ACICS), 750 First Street, NE, Suite 980, Washington, DC 20002, (202) 336-6780. RN-BSN Programmatic Accreditation: The baccalaureate degree in nursing program at Hondros College is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791. State Approvals for the College: Ohio Board of Nursing (Practical Nursing and Associate Degree in Nursing programs) and Ohio Department of Higher Education (RN-BSN program). Registered with State Board of Career Colleges and Schools: Westerville 13-09-2024T, West Chester 13-09-2027T, Fairborn 13-09-2025T, Independence 13-09-2026T. Consumer information available at nursing.hondros.edu. The Hondros College online RN-BSN program is approved and offered through the Westerville Main Campus, located at 4140 Executive Parkway, Westerville, OH 43081. Hondros College cannot guarantee employment or salary.

MOMENTUM

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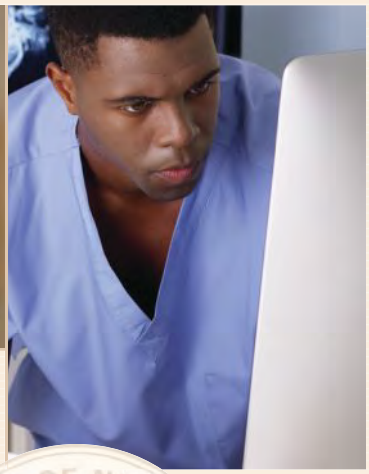
***The mission** of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.*

The Ohio Board of Nursing is an equal opportunity employer.

MOMENTUM is produced at no cost to Ohio taxpayers.



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Maryam Lyon, MSN, RN
President

I am very proud to have been re-elected President of the Ohio Board of Nursing and I look forward to serving in this important role throughout 2016. Congratulations to the other elected officers, Janet Arwood, LPN, Vice-President, and Judith Church, RN, Board Supervising Member for Disciplinary Matters.

In addition to electing officers for 2016, the Board appointed Patricia Sharpnack, RN, as the Board Nursing Education Liaison. The Board also appointed Board Member Chairs for the Advisory Groups: Jane McFee, LPN, Advisory Group on Continuing Education; Maryam Lyon, RN, Advisory Group on Dialysis; and Patricia Sharpnack, RN, Advisory Group on Nursing Education. The Advisory Groups meet periodically throughout the year to provide recommendations to the Board on various programs and issues.

As new nurses enter the profession, they need to understand the importance of the Nurse Practice Act and the administrative rules, and the nurse's responsibilities for the provision of safe nursing care.

The 2015 Annual Report is posted on the Board web site at *www.nursing.ohio.gov* and we encourage you to review the Board's work. New nurses and the number of licenses and certificates increase each year as well as disciplinary complaints and Board actions.

The Board encourages nurses to keep current with regulatory requirements. As new nurses enter the profession, they need to understand the importance of the Nurse Practice Act and the administrative rules, and the nurse's responsibilities for the provision of safe nursing care. One resource that explains ways the profession is regulated through licensure is a 8-minute video produced in 2015 by the National Council of State Boards of Nursing (NCSBN), "New Nurses: Your License to Practice." Go to *www.ncsbn.org/8243*.htm to access the video. Also, be aware of administrative rules that regulate your practice. A summary of rule changes effective February 1, 2016 appears in this edition of Momentum.

While the overwhelming majority of Ohio nurses practice with high standards, the actions or deficient practice of some have the potential to compromise patient safety and the public's confidence in the profession. The Board has an important role in impacting the safety of nursing care that touches virtually all Ohioans.

Keep informed by subscribing to eNews, Twitter and Facebook via the Board web site *(www.nursing.ohio.gov)* to receive updates about renewal, regulatory requirements, and other Board news. •

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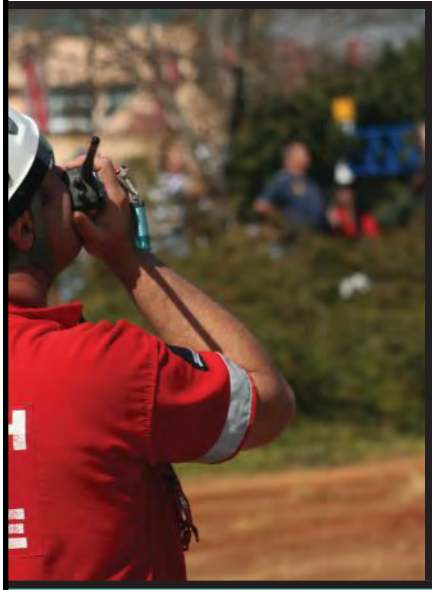


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The Center for Continuing Nursing and Health Education at The Nursing Institute of West Central Ohio, Wright State University–Miami Valley College of Nursing and Health, (OH-217, 7/1/2015) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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

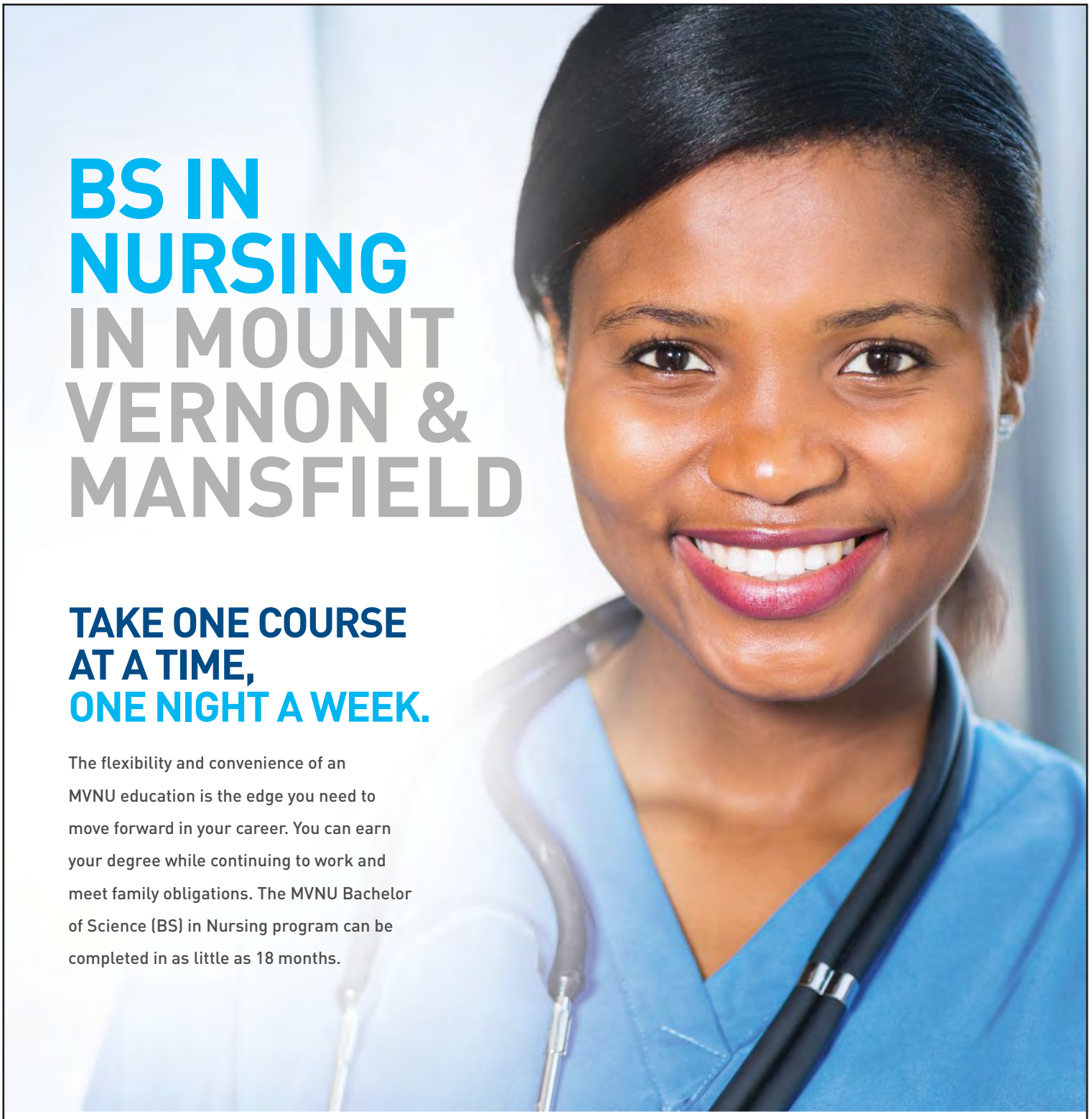
We expect that 2016 will be an exciting year of change for the Board. This is the year the Board will work with the Ohio Department of Administrative Services (DAS/OIT) to implement the new state elicensing system for processing all licensure and certification applications, including renewals. We are pleased to have worked with DAS/OIT and the Administration to obtain the new system this year, so the Board, licensees and their employers are no longer constrained by an aged/outdated system. The Board continues to be committed to provide the best customer service possible for licensees and the public.

By changing the end date of renewal to meet the challenges of implementing the new system within the DAS/OIT timeline, licensees will be provided an extended time period of four months (July 1 to October 31) to renew.

The Board has received assurances that elicense 3.0 will accommodate the large volume of renewals and eliminate the delays and difficulties licensees and staff have experienced. In 2015 the Nursing Board renewed over 190,000 licenses and certificates during a four-month period. That is in addition to the work performed by licensure staff who in the same time period processed approximately 15,000 applications for new graduates seeking initial licensure. We are by far the highest volume professional licensing board in Ohio and one of the largest in the nation.

The new system is to be fully operational in mid to late June of 2016. In order to implement the new system for the 2016 renewal period, the Board successfully sought a statutory amendment to change the ending date of renewal from August 31 to October 31. By changing the end date of renewal to meet the challenges of implementing the new system within the DAS/OIT timeline, licensees will be provided an extended time period of four months (July 1 to October 31) to renew.

Watch for more information and details in Momentum, on the Board website, and through social media. •



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ALERT:
NEW END DATE FOR NURSE LICENSE RENEWAL STARTING IN 2016

The Board successfully sought a statutory amendment to change the ending date of licensure renewal for nurses in order to obtain the new Ohio eLicense system that the state is implementing for various professional licensing boards in 2016. HB 188 was passed and signed by the Governor, changing the ending date of renewals from August 31 to October 31.

By moving this end date, the Board will be able to accommodate the state's implementation timeline for the new system and provide LPNs an extended time period of four months to renew their license (July 1 to October 31). The Board avoided another year on the outdated system by upgrading to the new state eLicense system as soon as possible.

The following begins this year and continues for all nurse license renewals for future years. In 2016, **only** LPNs are renewing. (For 2017 these changes impact RN, COA, and CTP renewals.)

- **To avoid the late processing fee, the online renewal application is due no later than September 15 of your renewal year.**
- **To avoid a lapsed license or certificate, the online application for renewal is due no later than October 31 of your renewal year. Nursing licenses and certificates will lapse November 1 of your renewal year, if you do not renew or request to place the license or certificate on inactive status.**

For LPNs, the expiration date of August 31, 2016 will be changed to October 31, 2016 on the Ohio eLicense Center. A similar change will be made next year for RNs, COAs, and CTPs. LPNs will continue to renew in even numbered years and RNs, COAs and CTPs in odd numbered years. There are no changes to the continuing education (CE) requirements. As applicable, you will need to complete the CE requirements no later than October 31 of your renewal year.

The Board has received assurances that the new system, eLicense 3.0, will accommodate the large volume of renewals and avoid the disruptions and challenges previously encountered by nurses and Board staff.

The Board continues to be committed to providing the best customer service possible for licensees and the public, and will distribute information and details about these changes in *Momentum*, on the Board website, and through social media. On the Board website *(www.nursing.ohio.gov)* click on "Subscribe to eNews, Facebook, and Twitter" to sign up to receive Board updates. •

2016 Administrative Rule Update

Effective February 1, 2016, rule revisions have been made and new rule language adopted related to Ohio Administrative Code Chapters 4723-8, Advanced Practice Nurse Certification and Practice; 4723-9, Prescriptive Authority; and 4723-23, Dialysis Technicians, as part of the Board of Nursing's five-year rule review. The Board also revised or promulgated rule language due to legislation, to correct errors or to update form reference effective dates.

Below is a highlight of some of the revisions made to Rule Chapters located in Chapter 4723., Ohio Administrative Code (OAC). For a complete reference to current rule language, click on the "Law and Rules" link on the Board's website: *www.nursing.ohio.gov*.

Advanced Practice Nurse Certification and Practice; Prescriptive Authority

- Rule 8-04: For APRNs holding prescriptive authority, language is added to require provisions in the standard care arrangement to address prescribing opioids to minors consistent with HB 314 (130th GA), and for obtaining and reviewing the State Board of Pharmacy's Ohio Automated RX Reporting System (OARRS) reports. A requirement is added for APRNs to retain standard care arrangements for a minimum of **three** years.
- Rules 8-04 and 8-05: Amended to state that the standard care arrangement shall be reviewed "every two years" on a "biennial" basis.
- Rule 8-05: Revised to clarify that online verification through the Ohio eLicense website is sufficient; removed requirement that the APRN "verify certification" of the collaborator (although a physician may be "certified" in a specialty, APRN certification is not predicated on the physician's certification, rather it is dependent on the physician or other collaborator's "licensure" and being in the "same or similar" practice). Revised to require an APRN to verify the licensure of the collaborating physician or podiatrist "every two years" rather than annually as was previously required.
- 9-01: Language referring to "planned classroom and clinical study" is removed due to elimination of this language in Section 4723.482, ORC, by H.B. 64 (effective September 29, 2015).
- Rule 9-02: Language requiring that applicants obtain six hours of instruction in specific areas and six hours of instruction specific to schedule II controlled substances has been deleted. The law (4723.482(B), ORC) requires instruction in fiscal and ethical considerations, and schedule II controlled substances, as part of the 45-hour course in advanced pharmacology, but does not impose minimum hours in these topics. The six-hour minimum was added when SB 83 (129th GA) authorized CTP holders to prescribe schedule II controlled substances (SB 83 required all CTP holders to take six hours in schedule II instruction as a condition of certificate renewal). Language is added to clarify that the schedule II content area can be presented in an integrated manner with the other areas of instruction.
- Rule 9-07: Revised to remove the requirement that certificate holders whose certificates have lapsed or been inactive for three years or more complete an externship including the advanced pharmacology course; instead, only the advanced pharmacology will be required, and individuals who have held prescriptive authority in another state (or as a U.S. government employee) in at least one of the past three years will be exempted from the pharmacology course requirement.

- Rule 9-08: The Rule was reorganized to read more clearly -- it is now divided into four sections: requirements for personally furnishing both samples and a supply; specific requirements for samples; specific requirements for supplies; and a reference to Naloxone is added (H.B. 170, 130th GA, effective March 11, 2014, authorizes CTP holders to personally furnish or prescribe Naloxone - Section 4723.488, ORC). The word "business" address is added to paragraph (C)(3).
- Rule 9-09: Cross references added regarding Naloxone and the new law regarding prescribing opioid analgesics to minors (see above, Rule 8-04).
- Rule 4723-9-10: This rule has historically required the Committee on

Prescriptive Governance (CPG) to review the Formulary at least once per year; since 2008, the CPG has met on average 3-4 times per year. The Rule was revised, based on public comments, to now state that the CPG shall review the Formulary at least "twice" per year. The Rule was also revised to address drugs that are approved by the FDA but not yet reviewed by the CPG.

- Rule 9-12: The Rule is updated to reflect changes made by HB 341 (130th GA), which amended Section 4723.487, ORC, by imposing new requirements for CTP holders related to OARRS that apply when prescribing benzodiazepines and opioid analgesics. In addition, the National Association of Boards of Pharmacy (NABP) issued a Consensus Document (March 2015) with guidelines related to identification of "red flags" that have been incorporated in revisions to the Rule.

Dialysis Technicians

HB 303 (129th GA) substantially reformed the certification scheme for dialysis technicians resulting in Chapter 4723-23 being largely revised effective February 2014. Thus, very few changes were made to the Chapter as part of five-year review.

- Rule 23-07: Minor changes related to the approval/reapproval process.
- Rule 23-12, 23-13: Deleted language referring to a dialysis technician as "the patient's partner."

Technical Changes

- Rule 4723-1-03: Language added clarifying that criminal records check information received by the Board as part of an application for licensure/certification will be considered valid for a period of one year.
- Rule 4723-5-01: Language revised clarifying that in order to hold "current, valid licensure" for purposes of faculty/preceptor qualifications, an individual should not be currently subject to remaining terms or conditions of a consent agreement or Board order, e.g., whether in the form of a reprimand with an unpaid fine or probation with unfulfilled continuing education. Part of the Board's rationale for the clarification is that educators serve as role models to students.
- New Rule 4723-7-10, Volunteer's Certificate: This rule is adopted to mirror the requirements in Section 4723.26, ORC, for obtaining a Volunteer's Certificate (H.B. 320, 130th GA). This law authorizes PNs, RNs, or APRNS who are retired from practice to be certified as Volunteers; the Volunteer practice is limited to providing free nursing care to patients who are "indigent and uninsured." No fee is required to obtain a Volunteer's Certificate. The Rule requires that when working in this capacity, the nurse display credentials showing the "Volunteer's Certificate" status and document that status in nursing documentation. The Rule clarifies that the status can be abbreviated in nursing documentation as "V.C."
- Rule 14-03: Language is added to clarify that one contact hour of education, that is directly related to recognition and handling of human trafficking victims, may qualify as part of the hours of continuing education required for license renewal, reactivation or reinstatement (see HB 262, 129th GA, effective June 27, 2012). **This education is not considered category "A," as it does not relate to Ohio nursing law or rules.**
- Rule 16-12: The total time for appearances for hearing parties at Board meetings is revised from "not more than ten" minutes to "not more than seven" minutes. •

NTSB Issues Recommendations for Health Care Providers

The National Transportation Safety Board (NTSB) is the federal agency responsible for the investigation of accidents in aviation and other forms of transportation. Last year, the NTSB published a safety study that focused on toxicology test results for fatally injured pilots. As a result of the study, the NTSB issued two recommendations to the state of Ohio:

(1) Include in all state guidelines regarding prescribing controlled substances for pain a recommendation that health care providers discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation. (I-14-1)

(2) Use existing newsletters or other routine forms of communication with licensed health care providers and pharmacists to highlight the importance of routinely discussing with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to safely operate a vehicle in any mode of transportation. (I-14-2)

The Board encourages prescribers to talk with patients about prescriptions that may impact their ability to safely operate a vehicle. •

EXPEDITED PARTNER THERAPY AND APRNs – HB 124

Substitute House Bill 124 (131st GA), passed at the end of 2015 and signed by the Governor, is effective March 23, 2016. It authorizes certified nurse practitioners, clinical nurse specialists and certified nurse-midwives (APRNs) to treat their patients' sexual partners for certain diseases without having examined the partner.

Section 4723.4810, ORC, will allow prescribing APRNs to issue a prescription, or personally furnish a complete or partial supply of a drug, to treat chlamydia, gonorrhea, or trichomoniasis, without having examined the individual for whom the drug is intended, if the following conditions are met: The individual is a sexual partner of the APRN's patient; the patient has been diagnosed with chlamydia, gonorrhea, or trichomoniasis; and the patient reports to the APRN that the sexual partner is unable or unlikely to be evaluated or treated by a health professional.

The prescription issued to the individual must include the individual's name and address, if known. If the APRN is unable to obtain the individual's name and address, the prescription must include the patient's name and address, and the words "expedited partner therapy" or the letters "EPT."

An APRN may prescribe or personally furnish a drug for not more than a total of two individuals who are sexual partners of the APRN's patient.

For each drug prescribed or personally furnished to the patient's partner, the APRN is required to provide the patient with information about the drug that is to be shared with the individual, including directions for use of the drug and any side effects, adverse reactions, or known contraindications associated with the drug. In addition the APRN must recommend to the patient that the individual seek treatment from a health professional. The APRN must document in the patient's record the name and dosage of the drug prescribed or furnished, that information concerning the drug was provided to the patient for the purpose of sharing the information with the individual, and any adverse reactions to individual experiences from treatment with the drug, if known.

The APRN may also contact the patient's partner directly to inform the individual they may have been exposed to chlamydia, gonorrhea, or trichomoniasis. If the APRN contacts the patient's partner, the APRN must explain the treatment options, including treatment with a prescription drug, directions for use of the drug, and any side effects, adverse reactions, or known contraindications associated with the drug and document in the patient's record that the nurse contacted the individual. If the APRN does not contact the individual, the nurse must document that fact in the patient's record.

An APRN who in good faith prescribes or personally furnishes a drug according to Section 4723.4810, ORC, is not liable for or subject to damages in any civil action; prosecution in any criminal proceeding; or professional disciplinary action.

With respect to certified nurse-midwives (CNM) with prescriptive authority, the new law authorizes the CNM to treat their female patients' male partners only to the extent of issuing or providing the prescription or the drug to treat chlamydia, gonorrhea, or trichomoniasis and to provide the related health care information as provided in Section 4723.4810, ORC. The CNM scope of practice, defined in Section 4723.43, ORC, is limited to the treatment of female patients. HB 124 and current law does not authorize CNMs to provide further evaluation, diagnoses or treatment of male patients.

If you have questions, please email *practice@nursing.ohio.gov.* •

With respect to certified nurse-midwives (CNM) with prescriptive authority, the new law authorizes the CNM to treat their female patients' male partners only to the extent of issuing or providing the prescription or the drug to treat chlamydia, gonorrhea, or trichomoniasis and to provide the related health care information as provided in Section 4723.4810, ORC.

The University of Akron School of Nursing, part of the new College of Health Professions, is a vibrant and diverse learning community. The School is seeking (2) two Instructors in its Online RN to BSN Program.

Each Instructor will be responsible for designing online courses specific to RN-to-BSN education teaching online using appropriate pedagogy and computer skills assuming responsibilities of a lead faculty member for 1-2 courses simultaneously. Manage other coaches who are teaching sections of the same class as the lead faculty.

To be considered, candidates are required to have an earned MSN and have licensure in the State of Ohio as a Registered Nurse. This position requires experience teaching in an online environment which is an essential qualification. Preference will be given for those individuals who have experience teaching in an online environment nursing program and possess nursing experiences that support and contribute to learning.

For complete details and to apply for this position, visit *http://www.uakron.edu/jobs*. Job No. 9281.

DETERMINING FACTORS FOR RN DIRECTION OF LPN PRACTICE

Ohio Board of Nursing staff receive questions from RNs seeking information regarding the LPN scope of practice and whether LPNs may perform specific procedures (e.g., changing a patient's tracheostomy tube, performing bladder irrigations). The answer depends on multiple factors that include but are not limited to the LPN scope of practice, defined in Section 4723.01(F), Ohio Revised Code (ORC), and the *Standards of Practice Relative to Registered Nurse or Licensed Practical Nurse* in Chapter 4723-4, Ohio Administrative Code (OAC).

The practice of nursing as a LPN means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a registered nurse, or any one of the following who is authorized to practice in Ohio: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. The LPN's scope of practice includes, but is not limited to, administering medications and treatments authorized by an individual who is authorized to practice in Ohio and is acting within the course of the individual's professional practice. Section 4723.01(F)(3), ORC. The LPN's practice also includes contributing to the planning, implementation and evaluation of nursing.

LPNs are responsible for their practice and for meeting and maintaining the competencies needed with respect to their area of nursing practice. Rule 4723-4-04(D), OAC, *Standards relating to competent practice as a licensed practical nurse* states that a LPN may provide nursing care consistent with Section 4723.01(F), ORC, that is beyond the LPN's basic nursing preparation provided: 1) the LPN obtains education that emanates from a recognized body of knowledge relative to the nursing care to be provided; 2) the LPN demonstrates knowledge, skills and abilities necessary to perform the nursing care; and 3) the LPN maintains documentation satisfactory to the Board of meeting the education and demonstrated knowledge, skills, and abilities. When the LPN provides nursing care in accordance with Section 4723.01(F)(3), ORC, (e.g., administering a medication, or treatment, such as a bladder irrigation) the rule requires the LPN to obtain a current valid order or direction from the Ohio authorized health care provider acting within the course of their professional practice. Also, the nursing care provided by the LPN cannot be prohibited by other law or rules. For example a LPN may not administer an ordered dose of intravenous Morphine, because current law prohibits this.

RNs are responsible for the planning, implementation and evaluation of the nursing care provided to patients. This includes giving appropriate direction to LPNs in their provision of nursing care. Rule 4723-4-03(K), OAC, *Standards relating to competent practice as a registered nurse*, requires the RN directing the LPN's practice to assess specific elements of the clinical situation prior to giving the direction. The RN is required to first assess: 1) the condition of the patient who needs nursing care, including, but not limited to, the stability of the patient; 2) the type of nursing care the patient requires; 3) the complexity and frequency of the nursing care needed; 4) the training, skill and ability of the LPN to perform the specific function or procedure; and 5) the availability and accessibility of resources necessary to safely perform the specific function or procedure.

Therefore, when the RN is evaluating a patient's nursing care needs and whether a LPN may perform a specific procedure, the RN must consider all of the above factors. For example, if the patient is not stable and has a new surgically created tracheostomy, the RN would likely determine that a RN, not a LPN, should provide the nursing care to the patient. If the patient is stable and the patient has had a tracheostomy several years, but the LPN has not obtained education specific to the care the patient requires, the RN likely would not direct the LPN to provide the patient's tracheostomy care until the LPN completed the required education and demonstrated the competency. In other aspects of patient care, the RN may determine that due to the complexity of the patient's needs, the RN will provide care with assistance of the LPN who may be directed to perform specific treatments or procedures consistent with the LPN's scope of practice, and documented education, knowledge, skill and abilities.

Both RNs and LPNs are authorized to provide nursing care consistent with their respective scopes as defined in Section 4723.01(B) ORC, for the RN, and Section 4723.01(F), ORC, for the LPN. The assessment of patient needs, and the thoughtful planning and implementation of nursing care, including determining the LPN's role in the provision of care is paramount to ensure the effective delivery of nursing care and patient safety.

The Ohio Nurse Practice Act (Chapter 4723., ORC), and Chapter 4723-4, OAC, are available for review in their entirety on the Board of Nursing website at *www.nursing.ohio.gov* by clicking on the "Law and Rules" link. Additional resources regarding RN and LPN practice are available by clicking on the "Practice RN and LPN" link. •

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Important Information for Your Licensure and/or Certification

Name/Address Changes

How do I change my name with the Board?

You must mail a certified court document of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, name change document) **within thirty days of the change**. Certified documents can be obtained from the court where the original record was filed. Photocopies or notarized copies cannot **be accepted** for a name change. Mail your certified document with a "Name/Address Change Form" or with a brief letter which includes your Ohio license/certificate number, your previous name, your new name as you want it to appear on Board records, your current mailing address, county, email address and telephone number. A Name/Address Change Form is available on the Board website at *www.nursing.ohio.gov* at the "Change Your Name/Address" link. Any name change documents must be mailed to the Board. The Board will return your certified document. There is no fee for a name change.

How do I change my address with the Board?

Address changes must be submitted in writing **within thirty days of the change**. Submit your address change with a "Name/Address Change Form" or with a brief letter, which includes your name, Ohio license/certificate number, mailing address, county, email address and telephone number. A Name/Address Change Form is available on the Board website at *www.nursing.ohio.gov* at the "Change Your Name/Address" link. You may mail, fax, or email your address change. If you wish to verify that your address has been changed, email the Board at *addresschanges@nursing.ohio.gov* for verification. There is no fee for an address change.

Please submit as follows:

Mail: Ohio Board of Nursing
Attention: Name/Address Change
17 South High Street, Suite 400
Columbus, Ohio 43215-7410

Fax: Ohio Board of Nursing
Attention: Name/Address Change
(614) 466-0388

Email: *addresschanges@nursing.ohio.gov.*

APRN National Recertification

If you are an APRN, your certificate of authority (COA) is current and valid only if you meet all requirements of the Board, which include maintaining national certification by the applicable national certifying organization. The only exception applies to CNSs who were certified by the Board on or before December 31, 2000. For a list of Board approved national certifying organizations, please refer to the Board website at *www.nursing.ohio.gov.* The Board requires primary source verification for APRN national certification and recertification. You must request that your national certifying organization notify the Board directly within thirty days of your national recertification. The Board cannot accept documentation from the APRN.

Ohio Automated RX Reporting System (OARRS)

Legislative initiatives and administrative rule changes continue to target prescribing of opioids, benzodiazepines and other drugs that can be dangerous when misused or abused. The Board established a link on the front page of its website, "Prescriptive Authority Resources" at *http://www.nursing.ohio.gov/Practice.htm#CTP*, to provide access to resources supporting prescriber awareness and education. The Board wants to remind prescribers of the following:

- CTP holders who prescribe opioid analgesics or benzodiazepines are required to be registered with OARRS. To register for OARRS, go to *http://www.ohiopmp.gov.*
- Beginning April 1, 2015, the prescriber, before initially prescribing an opioid analgesic or a benzodiazepine, must request patient information from OARRS that covers at least the previous 12 months, and make periodic requests for patient information from OARRS if the course of treatment continues for more than 90 days.
- Please note that effective February 1, 2016, Ohio Administrative Code Rule 4723-11-09, the Board added language to reflect the changes enumerated above to address situations related to identi-

fication of "red flags" related to patient warning signs associated with opioid and benzodiazepine prescribing.

- Exceptions to the requirement to check OARRS under these circumstances include drugs prescribed when: (1) A drug database report regarding the patient is not available, in which case the nurse shall document in the patient's record the reason that the report is not available; (2) The drug is prescribed in an amount indicated for a period not to exceed seven days; (3) The drug is prescribed for the treatment of cancer or another condition associated with cancer; (4) The drug is prescribed to a hospice patient in a hospice care program, as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill; (5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. The law further requires the Nursing Board to verify that licensees prescribing in this manner are registered and using OARRS appropriately.

For information regarding OARRS, access the following link: *https://www.ohiopmp.gov/portal/Brochure.pdf.*

Reactivation and Reinstatement of a Nursing License

An inactive or lapsed license/certificate may be reactivated/reinstated at anytime by completing a reactivation/reinstatement application. This includes completing the required paperwork, paying a fee (if applicable), and providing proof of continuing education contact hours. If a license has been inactive or lapsed for five or more years from the date of application for reactivation/reinstatement, the applicant must complete a civilian (BCI) and federal (FBI) criminal records check. Contact *renewal@nursing.ohio.gov* to request a reactivation/reinstatement application.

Veterans, Service Members and Spouses

The Board has established a dedicated page on the Board website for veterans, service members and spouses. To access the page, click on the "Military and Veterans" link on the left side of the home page. The page provides information about licensure and renewal processes, continuing education, FAQs, and resources. All licensure and certification applications have been revised, so that veterans, service members and/or their spouses can indicate their military status on the application to enable Board staff to prioritize the application upon receipt. •

APRN Formulary – Revised Format; e-Prescribing Controlled Substances

The Committee on Prescriptive Governance (CPG) adopted a revised Formulary format in October 2015. At that time, the CPG developed a companion document to be used with the Formulary to assist CTP holders in using the revised format. The "Utilizing the Formulary" companion document is available on the Board's website at *http://www.nursing.ohio.gov/Practice-CTP.htm*. The revised Formulary format is summarized as follows:

The Formulary now lists the broader categories and subcategories of drugs, and not so many individual drugs.

The "CTP holder may prescribe" column has been removed. There are now only two prescribing designation columns: "CTP holder may NOT prescribe," and may prescribe "In accordance with the SCA." A drug category or subcategory that includes a specific drug reviewed by the CPG and not listed in the Formulary, has a prescribing designation of "CTP holder may prescribe."

Major sections of the Formulary, (e.g., Respiratory Agents) now include brief statements specific to the category that are preceded by (****).

Updates and Formulary revisions resulting from each CPG meeting contain important information with respect to the prescribing designation of drugs. CTP holders are responsible for reviewing these and using the most current version of the Formulary as published on the Board website: *www.nursing.ohio.gov* under the "Prescriptive Authority Resources" link. CPG meetings take place at least twice a year and in past years have generally been held on a quarterly basis.

APRN prescribers are encouraged to check the Formulary regularly to be aware of changes that may affect their prescribing. One easy way to keep updated to these and other changes affecting your practice is to subscribe to the Board's eNews, Facebook or Twitter at *http://www.nursing.ohio.gov/Subscribe.htm*.

CTP holders may ask the CPG to revise a previously determined prescribing designation of a drug or drug category. Please use the downloadable "Formulary Review and Revision Request Form" that is located on the Board website at *www.nursing.ohio.gov* under the "Prescriptive Authority Resources" link.

To be considered by the CPG, the completed Formulary Review and Revision Request form must be received at the Board no later than close of business 30 days prior to the next scheduled CPG meeting. Requestors are asked to review the form carefully and submit all required information. The request form includes specific drug names (generic and trade names), rationale for the request, documented support from the collaborating physician or podiatrist, and any relevant literature supporting the request. Completed forms are to be submitted by email to *practice@nursing.ohio.gov*. Please use "CPG" in the subject line of the email when submitting the completed form.

In other prescribing related news, please be aware that it's legal to e-prescribe controlled substances in Ohio and across the country. To ensure that you and other clinicians have the most up-to-date information possible, the Ohio Health Information Partnership (OHIP) convened an Ohio E-Prescribing Task Force to work with national entities, the State of Ohio Board of Pharmacy, and state licensing boards including the Board of Nursing, to disseminate information on e-prescribing of controlled substances (EPCS). Ohio is involved with this national initiative to encourage EPCS along with leaders such as Surescripts, the Drug Enforcement Agency (DEA), and the Centers for Medicare and Medicaid Services (CMS).

OHIP, through ClinicSync, released information regarding EPCS that may be found on the Board website at *http://www.nursing.ohio.gov/Practice-CTP.htm*. These documents discuss steps that APRNs with prescriptive authority and other Ohio prescribers must take to include the use of EPCS in their prescribing practices. The OHIP is a nonprofit entity whose mission is to assist healthcare providers with the adoption and implementation of health information technology (HIT) throughout Ohio, specifically in the adoption and use of electronic health records. Funded through the Office of the National Coordinator of HIT within the U.S. Department of Health and Human Services, OHIP is also responsible for the creation of a technological infrastructure that will allow the sharing of patient health records across the state electronically. •

Meet the Members of the Ohio Board of Nursing

Judith Church, DHA, MSN, RN

When were you appointed as a Board member? I was appointed in 2008 and reappointed in 2012. I have been honored to serve as follows: President in 2013 and 2014; past and current Board Supervising Member for Disciplinary Matters; Past Chair of the Advisory Group on Nursing Education; OBN member representative to HB198 Medical Home Model bill sponsored by now Senator Peggy Lehner; past member National Council of State Board of Nursing NCLEX Item Writing Committee.

Why did you want to become a Board member? Nurses are the heart and soul of healthcare and patients are the focus of our care. As a member of the Ohio Board of Nursing, I not only engage in actions and activity that protect the public (patients) but, in so doing, uphold exceptionally high standards (Nurse Practice Act) by which nursing care undergirds public protection.

What is your nursing background?
Clinically: Adult intensive care
Administratively: Supervisor; Manager; Director of Nursing
Professionally: Past member of hospital ethics committee; member of hospital IRB committee; member of Sigma Theta Tau; member of authoring committees for AACN and ANA adult acute care nurse practitioner certification examinations; ANA member; past bylaws committee member for the Ohio Organization of Nurse Executives (OONE).

What do you believe you can bring to the Board of Nursing? Collective wisdom from experiences over time and varied arenas of nursing practice, from the bedside to the boardroom.

What is one of the greatest challenges of being a Board member? I constantly view each case as unique and know that due process is required to reach an objective, evidence-based conclusion.

How would you describe your experience as a Board member? It's educational and a reminder that nursing IS the greatest profession of all.

What would you say to someone who is considering becoming a Board member? Time consuming –– VERY time consuming, mostly BEFORE board meetings!

Nancy E. Fellows, MSN, MPA, RN, CNOR

When were you appointed as a Board member? I was appointed to the Board of Nursing on January 7, 2013 by Governor John Kasich.

Why did you want to become a Board member? A friend and colleague, Dr. Susan Tullai-McGuinness, suggested that I apply because of my nursing specialty and leadership positions in both nursing and the community. I was honored and believed because of my years of experience as a perioperative registered nurse, patient advocate, educator, and councilwoman in my community, that I could in fact bring a unique perspective to the Board of Nursing.

What is your nursing background? I graduated from St. Alexis Hospital School of Nursing in Cleveland which became St. Michael's in 1994. In fact, this is the same hospital where I was born and where I was a Candy Striper earning a '1000' Hour pin, which I still have today. Upon graduation I became a perioperative nurse at University Hospitals of Cleveland becoming

continued on page 20

a manager of the Urology (GU) service. From UH I took a position as the Operations Manager of the Operating Room at The Cleveland Clinic. My most recent career path has been spent working in industry as an educator and consultant for products used by the Operating Room, Central Service, and Endoscopy departments. I earned my Master in Science of Nursing from the University of Phoenix. Additionally, I have been very involved in nursing organizations at the local, state and national levels and I am a member Sigma Theta Tau.

What do you believe you can bring to the Board of Nursing? My years of experience, knowledge, leadership, and compassion as a perioperative registered nurse and educator, have become the foundation for me to be an effective reviewer and decision maker regarding each case that is brought to me, as a Board member, to resolve. This is supported by following the Ohio Board of Nursing's Mission to actively safeguard the health of the public through the effective regulation of nursing care as well as AORN's (Association of peri-Operative Registered Nurses) Mission to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures.

What is one of the greatest challenges of being a Board member? The commitment of time necessary to review the volume of cases is by far the greatest challenge. It is not unusual to spend upward to 40 hours of reading preparing for a Board meeting. The decisions made by the Board on a nurse that has violated the Nurse Practice Act may have a profound impact on a nurse's profession and his/her life.

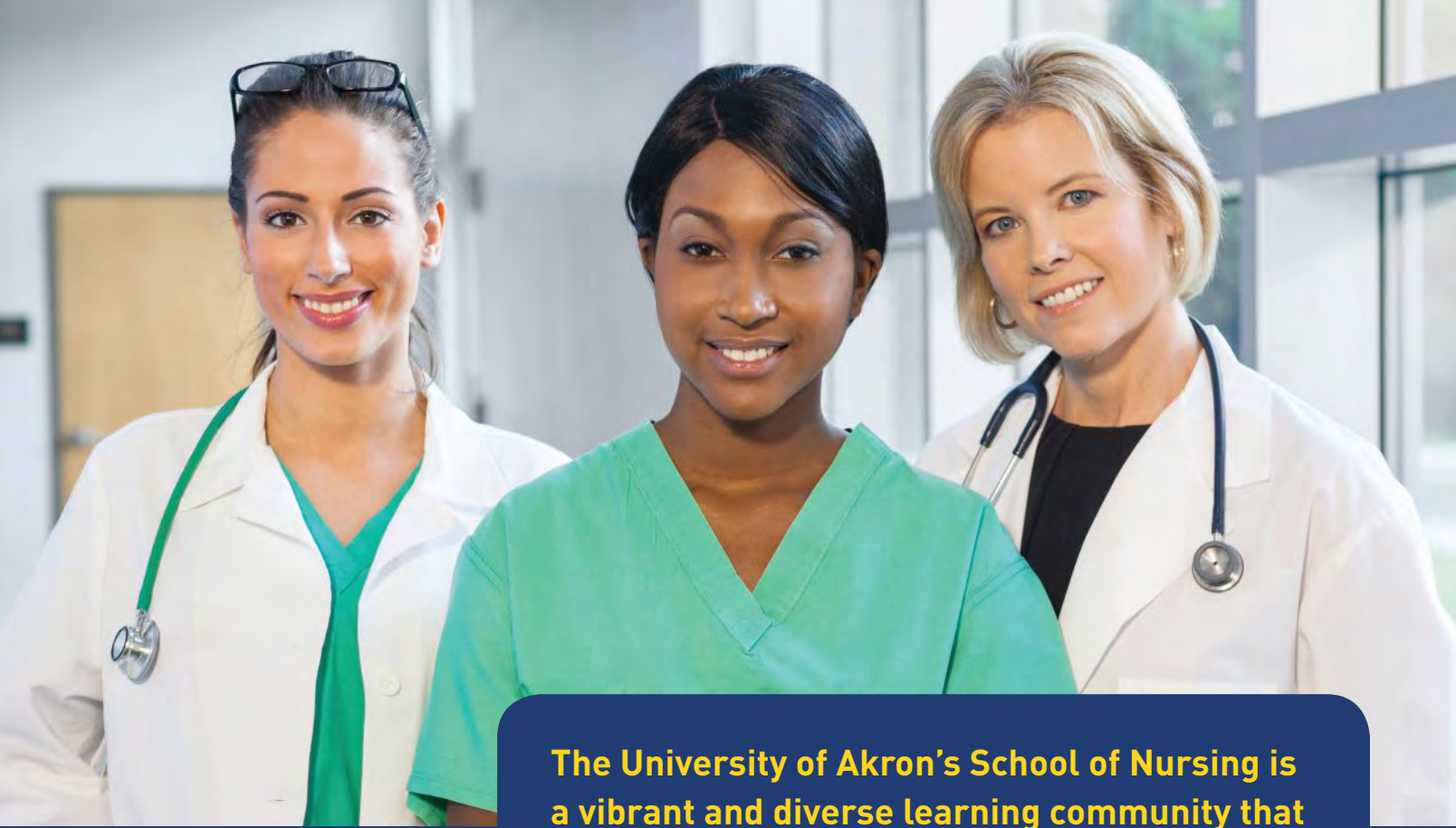
How would you describe your experience as a Board member? My experience as a Board member is fulfilling, enlightening, and educational. This is achieved by networking and collaborating with my colleagues and the Nursing Board Staff whose distinct perspectives and career paths uphold the Board of Nursing's mission to actively safeguard the health of the public through the effective regulation of nursing care through compliance with the Nurse Practice Act.

What would you say to someone who is considering becoming a Board member? It is certainly an honor to be appointed by the Governor to a Board or Commission. Points to consider would be one's ability to fulfill the time commitment required for preparation of Board meetings and the breadth and depth of one's experience in the nursing profession. •

Opioid Prescribing and OARRS – CTP Holder Resource

The Ohio Board of Nursing would like to remind CTP holders who prescribe opioid analgesics or benzodiazepines that they must be registered with the state's prescription monitoring program, also known as the Ohio Automated Rx Reporting System (OARRS). The State of Ohio Board of Pharmacy recently announced the launch of its redesigned OARRS website. A fresh design, new features and improved navigation offer visitors to oarrs.pharmacy.ohio.gov a better user experience. The website is more user-friendly, with content that helps OARRS account holders maximize the information contained in the system. This includes an updated FAQ section, guidance documents and three new training videos that take users through the process of registering for an account, running a patient report and reviewing the information contained within an OARRS report.

The OARRS site contains a new statistics feature that allows anyone to create custom county reports and view maps based on aggregate data collected in the database. Established in 2006, OARRS is the only statewide database that collects information on all prescriptions for controlled substances that are dispensed by pharmacies and personally furnished by licensed prescribers in Ohio. OARRS data is available to prescribers when they treat patients, pharmacists when presented with prescriptions from patients and law enforcement officers during active investigations. For more information on OARRS, please visit: *oarrs.pharmacy.ohio.gov* and to register for OARRS, please go directly to *http://www.ohiopmp.gov*. •



The University of Akron's School of Nursing is a vibrant and diverse learning community that has transformed the lives of people through caring, competence and commitment. We are seeking a Nurse Practitioner in the Nursing Center for Community Health.

Nurse Practitioner- PT This position requires a Master's Degree and one year of Nurse Practitioner experience, a Certificate of Authority as a family nurse practitioner and meets the criteria for licensure as determined by nursing practice standards. This person must be competent in the care and treatment of vulnerable populations and have the skills to work with a broad interdisciplinary team. This person must also have the ability to manage a clinical site and to work effectively with a wide range of individuals and a diverse community.

For complete detail and to apply for this position, visit: *http://www.uakron.edu/jobs* Job ID #9228.

When submitting the online application (link listed above) please be prepared to attach resume/cv, cover letter and a list of three references to your profile.

Ohio's New Opioid Prescribing Guidelines for Acute Pain Expand Fight Against Prescription Drug Abuse

As part of Ohio's continuing effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, the Governor's Cabinet Opiate Action Team has issued new opioid prescribing guidelines for the treatment of patients with acute pain. Short-term acute pain can result from injuries, or surgical and dental procedures, and is generally resolved within 12 weeks.

The new acute guidelines expand upon Ohio's existing prescribing guidelines for emergency departments and acute care facilities issued in 2012, and for treatment of chronic pain lasting longer than 12 weeks issued in 2013. None of the guidelines are intended to replace clinical judgment, and all three were developed by the Governor's Cabinet Opiate Action Team in conjunction with clinical professionals associations, healthcare providers, state licensing boards and state agencies.

"Too many families are being torn apart by drugs and that is why we have been so proactive in exploring new ways to prevent Ohioans from becoming addicted to prescription opioids," said Gov. John R. Kasich. "Building upon prescribing guidelines we established for emergency rooms and chronic pain, the new protocols for treating short-term acute pain will strengthen our efforts to fight abuse and ultimately save lives."

Copies of all three opioid prescribing guidelines, and tools and resources for prescribers, are available at *www.opioidprescribing.ohio.gov*. The website also contains video messages to prescribers from Gov. John R. Kasich, and from a young patient who shares his story of life on opioids: from legitimate use during recovery from a sports injury, to abuse and addiction.

In 2014, more than 262 million opioid doses were dispensed in Ohio for the management of acute pain —35 percent of the state's 750 million total dispensed opioid doses. Prescription opioids remain a significant contributor to unintentional drug overdose deaths in Ohio, contributing to nearly one-half of all deaths in 2014.

The new guidelines urge prescribers to first consider non-opioid therapies and pain medications—when appropriate— for the outpatient management of acute pain. This approach can help to prevent the potential misuse and abuse of leftover opioids. When opioid medications are necessary to manage a patient's acute pain, the guidelines recommend that the clinician prescribe the minimum quantity necessary without automatic refills.

"No prescriber can predict which patients will become addicted to their opioid pain medication, so why take the chance if the patient's acute pain can be managed by less dangerous treatment options?" said Dr. Amol Soin, a pain management specialist, and Vice President of the State Medical Board of Ohio.

"Just because clinicians can prescribe a 30-day supply of opioid medication doesn't mean that they should," he said. "Prescribing only the amount necessary—based on each individual patient's needs— will help reduce the number of leftover, unused opioids and the potential for diversion and abuse."

The new guidelines urge prescribers to first consider non-opioid therapies and pain medications — when appropriate — for the outpatient management of acute pain.

Dr. Soin noted that patients can take an active role in keeping themselves and others safe. "When you talk with your doctor or healthcare provider about managing your acute pain, ask to try non-opioid pain medications and therapies first," he said. "If you do need opioid pain medication, make sure that you store it securely where no one else can get it, and safely dispose of any leftover pills."

Dr. Soin also noted that, like the emergency department and chronic pain prescribing guidelines, the new acute pain guidelines call for prescribers to check the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS) before prescribing an opioid. A review of OARRS is required for most opioid and benzodiazepine prescriptions of seven days or longer.

"Patients may already be using opioids or benzodiazepines from other prescribers to treat a range of conditions including

anxiety and insomnia," he said. "Taking these drugs together increases a patient's risk of a drug overdose, respiratory depression and death."

Ohio is making it even easier for prescribers to check OARRS.

Last October, Gov. Kasich announced an investment of up to $1.5 million a year to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio, allowing instant access for prescribers and pharmacists. More than 110 hospitals, pharmacies and physician offices already have requested integration.

Ohio's opioid prescribing guidelines are having a positive impact in the fight against prescription drug abuse:

- The number of prescriber and pharmacist queries using OARRS increased from 778,000 in 2010 to 9.3 million in 2014.
- The number of individuals "doctor shopping" for controlled medications decreased from more than 3,100 in 2009 to approximately 960 in 2014.
- The number of opioid doses dispensed to Ohio patients decreased by almost 42 million from 2012 to 2014.
- The number of patients prescribed opioid doses higher than chronic pain guidelines recommend to ensure patient safety decreased by 11 percent from the last quarter of 2013 to the second quarter of 2015.
- Ohio patients receiving prescriptions for opioids and benzodiazepine sedatives at the same time dropped 8 percent from the last quarter of 2013 to the second quarter of 2015. •

Moving or Thinking About Moving?

UPDATE YOUR ADDRESS!

As a nurse in the State of Ohio, your career includes caring not only for patients, but also maintaining your license. When your address changes, it is the responsibility of the nurse to provide written notice to the Board:

> Every license or certificate holder shall give written notice to the Board of any change of name or address within thirty days of the change. Section 4723.24(B), ORC.

When the Board issues a legal notice, it is sent via certified mail to your address of record, as required by Section 119.07, ORC. If the party fails to claim the notice, the Board then issues the notice via regular mail with certificate of mailing. If the notice is returned and the nurse fails to claim the notice, the Board may be required to publish the notice in a newspaper of general circulation in the county where the last known address of the nurse is located 119.07, ORC. This may cause unnecessary embarrassment to the nurse, and there is also the risk of being deemed served with the notice without having seen it if the nurse does not read the newspaper.

In order to submit an address change, the Board must receive written notice of the change. Section 4723.24(B), ORC. The Board provides easy access to a change of address form on the front page of our website, *www.nursing.ohio.gov.* For additional information, see page 16. •

Ohio Guideline for the Management of Acute Pain Outside of Emergency Departments

Preface: This guideline provides a general approach to the outpatient management of acute pain. It is not intended to take the place of clinician judgement, which should always be utilized to provide the most appropriate care to meet the unique needs of each patient. This guideline is the result of the work from the Governor's Cabinet Opiate Action Team (GCOAT) and the workgroup on Opioids and Other Controlled Substances (OOCS).

Introduction

In 2013, 1,539 individuals in Ohio died from an unintentional opioid-related overdose; nearly five times the number of deaths in 2002.[1] Unintentional opioid overdose has become one of the leading causes of injury-related death in Ohio over the past decade. To respond to this challenge, public health and health care leaders have committed to helping healthcare providers better serve their patients with pain, while reducing the potential for overdose and death. As part of the Governor's Cabinet Opiate Action Team (GCOAT), the workgroup on Opioids and Other Controlled Substances (OOCS) was charged with developing guidelines for the safe, appropriate and effective prescribing of self-administered medications for pain. The two previously released guidelines are:

- Ohio Emergency and Acute Care Facility Opioids and Other Controlled Substances Prescribing Guidelines [Released 2012; Revised 2014]
- Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80mg of a Morphine Equivalent Dose (MED) "Trigger Point" [Released 2013]

Purpose

This third guideline is focused on the management of acute pain and the prescribing of self-administered medications for acute pain, delineating a standardized process that includes **key checkpoints** for the clinician to pause and take additional factors into consideration.

Definition of Acute Pain

For this guideline, acute pain is defined as pain that normally fades with healing, is related to tissue damage and significantly alters a patient's typical function. Acute pain is expected to resolve within days to weeks; pain present at 12 weeks is considered chronic and should be treated accordingly. This guideline may not apply to acute pain resulting from exacerbations of underlying chronic conditions.

Assessment and Diagnosis of Patient Presenting with Pain

For assessing patients presenting with acute pain, in addition to a proper medical history and physical exam, initial considerations should include:

- Location, intensity and severity of the pain and associated symptoms
- Quality of pain e.g. somatic (sharp or stabbing), visceral (ache or pressure) and neuropathic pain (burning, tingling or radiating)[2]
- Psychological factors, including personal and/or family history of substance use disorder

A specific diagnosis should be made, when appropriate, to facilitate the use of an evidence-based approach to treatment.

Develop a Plan

Upon determining the symptoms fit the definition of acute pain, both the provider and patient should discuss the risks/benefits of both pharmacologic and non-pharmacologic therapy. The provider should educate and develop a treatment plan together with the patient that includes:[3]

- Measureable goals for the reduction of pain
- Use of both non-pharmacologic and pharmacologic therapies, with a clear path for progression of treatment
- Mutually understood expectations for the degree and the duration of the pain during therapy
- **Goal: Improvement of function to baseline or pre-injury status as opposed to complete resolution of pain**

Treatment of Acute Pain

While these guidelines provide a pathway for the management of acute pain, not every patient will need each option and care should be individualized.

Non-Pharmacologic Treatment

Non-pharmacologic therapies should be considered as first-line therapy for acute pain unless the natural history of the cause of pain or clinical judgment warrants a different approach. These therapies often reduce pain with fewer side effects and can be used in combination with non-opioid medications to increase likelihood of success. Examples may include, but are not limited to:

- Ice, heat, positioning, bracing, wrapping, splints, stretching and directed exercise often available through physical therapy

- Massage therapy, tactile stimulation, acupuncture/acupressure, chiropractic adjustment, manipulation, and osteopathic neuromuscular care
- Biofeedback and hypnotherapy

Non-Opioid Pharmacologic Treatment

Non-opioid medications should be used with non-pharmacologic therapy. When initiating pharmacologic therapy, patients should be informed on proper use of medication, importance of maintaining other therapies and expectation for duration and degree of symptom improvement. Treatment options, by the quality of pain, are listed below.

Somatic Pain

- Acetaminophen
- Non-steroidal anti-inflammatory drugs (NSAIDS)
- Corticosteroids

Alternatives include the following: gabapentin/pregabalin, skeletal muscle relaxants, serotonin-norepinephrine reuptake inhibitors, selective serotonin reuptake inhibitors and tricyclic antidepressants.

Visceral Pain

- Acetaminophen
- Non-steroidal anti-inflammatory drugs (NSAIDS)
- Corticosteroids

Alternatives include the following: dicyclomine, skeletal muscle relaxants, serotonin-norepinephrine reuptake inhibitors, topical anesthetics and tricyclic antidepressants.

Neuropathic Pain

- Gabapentin/pregabalin
- Serotonin and norepinephrine reuptake inhibitors
- Tricyclic antidepressants

Alternatives include the following: other antiepileptics, baclofen, bupropion, low-concentration capsaicin, selective serotonin reuptake inhibitors and topical lidocaine.

Opioid Pharmacologic Treatment

In general, reserve opioids for acute pain resulting from severe injuries or medical conditions, surgical procedures, or when alternatives (non-opioid options) are ineffective or contraindicated. Short-term opioid therapy may be preferred as a first line therapy in specific circumstances such as the immediate post-operative period. In most cases, opioids should be used as adjuncts to additional therapies, rather than alone.[4] It is critical that healthcare providers communicate with one another about a patient's care if the patient may be receiving opiate prescriptions from more than one provider to ensure optimum and appropriate pain management. The following are recommendations for the general use of opioids to manage acute pain:

- Appropriate risk screening should be completed (e.g. age, pregnancy, high-risk psychosocial environment, personal or family history of substance use disorder).
- Provide the patient with the least potent opioid to effectively manage pain. A morphine equivalence chart should be used if needed.
- Prescribe the minimum quantity needed with no refills based on each individual patient, rather than a default number of pills.
- Consider checking Ohio Automated Rx Reporting System (OARRS) for all patients who will receive an opiate prescription. (Note: An OARRS report is required for most prescriptions of seven days or more.)
- Avoid long-acting opioids (e.g. methadone, oxycodone ER, fentanyl).
- Use caution with prescribing opioids with patients on medications causing central nervous system depression (e.g. benzodiazepines and sedative hypnotics) or patients known to use alcohol, as combinations can increase the risk of respiratory depression and death.
- Discuss with the patient a planned wean off opioid therapy, concomitant with reduction or resolution of pain.
- Discuss proper secure storage and disposal of unused medication to reduce risks to the patient and others.
- Remind the patient that it is both unsafe and unlawful to give away or sell opioid medication, including unused or left-over medication.

Pain Reevaluation

Key Checkpoint: Reevaluation of patients who receive opioid therapy for acute pain will be considered if opioid therapy will continue beyond 14 days. This reevaluation may be through an office visit or phone call based on the discretion of the provider.

For patients with persisting pain, providers should reevaluate the initial diagnosis and consider the following:

- Pain characteristics (consider using a standardized tool [e.g. Oswestry Disability Index])
- Treatment methods used
- Reason(s) for continued pain
- Additional management options, including consultation with a specialist

Additional Checkpoint:

For patients with pain unresolved after 6 weeks, providers should repeat an assessment and determine whether treatment should be adjusted. Referral to guidelines on chronic pain management may be helpful at this point, although chronic pain is defined as pain persisting for longer than 12 weeks. •

REFERENCES:
[1]ODH, Office of Vital Statistics, Analysis by Injury Prevention Program. 2013.
[2]Institute for Clinical Systems Improvement. Assessment and management of acute pain. Bloomington (MN): Institute for Clinical Systems Improvement; 2008 Mar. 58p.
[3]Massachusetts Medical Society Opioid Therapy and Physician Communication Guidelines. May 21, 2015.
[4]Washington State Agency Medical Directors Group. Interagency Guideline on Prescribing Opiates for Pain Washington State Guidance. June 2015.

Save the Date

2016 Barbara Wells Marshall Conference

Thursday, May 5, 2016
7:30am - 4:00pm
Mayerson Jewish Community Center
8485 Ridge Rd
Cincinnati, Ohio 45236

Breakfast, lunch, and snacks included

For more information or to register,
please contact: Rhoda Bates
RDbates@mercy.com or call 513-924-8305

The Jewish Hospital

MERCYHEALTH

APRNs & RNs, Join Us!

Join us as we welcome back Barb Bancroft, RN, MSN, PNP. Barb is a widely acclaimed national speaker, noted for her humorous, entertaining, and information packed seminars.

Pharmacology: A Class Act

Pharmacology CEUs available. Bancroft will present an update on pharmacology, including:

- Drug-drug interactions
- Alternative therapies
- Drug classes
- Clinical uses
- Common treatment regimens for:
    - Hypertension
    - Chronic heart failure
    - Diabetes
    - Depression
- Memorization strategies for complex mechanisms of action for drug classes
- Review lab tests for specific drugs and classes
- Review clinical laboratory tests for specific drugs and drug classes

Mercy Health (OH-050/1/1/2018) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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.

Advisory Group on Continuing Education — *Chair: Jane McFee*
2016: February 19, June 17, October 21

Advisory Group on Dialysis — *Chair: Maryam Lyon*
2016: February 23, June 7, October 11

Advisory Group on Nursing Education — *Chair: Patricia Sharpnack*
2016: February 11, June 6, October 13

Committee on Prescriptive Governance — *Chair: Jeanne Bauer*
2016: January 11, May 16, October 17

Current Members Ohio Board of Nursing

City	Term Expires
Maryam Lyon, RN, ***President***	
Sidney	2017
Janet Arwood, LPN, ***Vice President***	
Hilliard	2017
Brenda Boggs, LPN	
Germantown	2019
Judith Church, RN	
Supervising Member for Disciplinary Matters	
Miamisburg	2016
Nancy Fellows, RN	
Willoughby Hills	2016
Lisa Klenke, RN	
Coldwater	2019
Lauralee Krabill, RN	
Sandusky	2017
J. Jane McFee, LPN	
Perrysburg	2017
Sandra Ranck, RN	
Ashtabula	2018
John Schmidt, RN	
Cleveland	2018
Patricia Sharpnack, RN	
Chardon	2017
Sheryl Warner, JD, Consumer Member	
Canal Winchester	2015
Vacant, LPN Member	

BOARD DISCIPLINARY ACTIONS

The following includes lists of Board disciplinary actions taken at public meetings regarding licensed nurses or certificate holders. You can review the type of action taken by checking the individual's credential at the Ohio eLicense Center at: *http://www.nursing.ohio.gov/Verification.htm#VERInfo*, or by clicking on **License and Certificate Verification** on the Board of Nursing's website (*www.nursing.ohio.gov*). You may also request a copy of a public disciplinary record by completing the electronic form on the Board's website at: *http://www.nursing.ohio.gov/iw-DisciplineRecReq.htm* or by clicking on **Discipline Records Requests** on the Board's website.

November 2015 Monitoring Actions

Name	License #
Abbott, Amanda	R.N. 353314
Abdullah, Aaliyah	P.N. 111304
Anderson, Kimberly	R.N. 235868
Arrington, Cierra	R.N. 401161
Barber, Kirby	R.N. 331955
Becker, Karli	R.N. 376139
Belenkaya, Regina	R.N. 398628 COA 15466
Brodnick, Angela	R.N. 314280
Buck, Mickey	R.N. 311291
Bullen, Dennis	R.N. 204525 COA 02041
Carlin, Timothy	R.N. 277925
Chandler, Jaimie	R.N. 318124
Clark, Joni	P.N. 157464
Colborn, Joann	R.N. 413873
Collins, Jennifer	R.N. 265014
Copley, Matthew	R.N. 337577
Curry, Alieta	R.N. 381687 P.N. 131186
Duvall, Carla	R.N. 279049 COA 07789 CTP 07789
Ely, Marcella	R.N. 273009
Erdely, Kathryn	P.N. 073284
Estes, Misty	P.N. 101171
Farrar, Michelle	P.N. 147383
Fayne, Clifford	P.N. 151633
Flowers, Lori	R.N. 375154
Goins, Mischka	P.N. 119956
Hawkins, Cheryl	P.N. 125807
Howard, Melissa	R.N. 366593
Lavin, Luann	R.N. 304137 COA 11102 CTP 11102
LeMaster, Andrew	R.N. 359743 P.N. 129167
Leskovac, John	R.N. 281961 COA 07151
Magnuson, Robert	P.N. 130874
Markelonis, Stacey	R.N. 320101
Martin, Mona	R.N. 202243
Matre, Elizabeth	R.N. 345428
Maynard, Jeri	R.N. 380656
McAfee, Alfreda	R.N. 373605
Meeker, Joni	R.N. 179321 COA 06084 CTP 06084
Neely, Meghan	R.N. 387232
ODonnell, Alison	R.N. 350441 COA 15172
Peirson, Staci	R.N. 319684
Race, Ralph	R.N. 311332
Rhodes, Michelle	P.N. 146308
Rochester, Tamara	R.N. 384187 P.N. 117898
Rucker, Edla	R.N. 268770 COA 10100 CTP 10100
Sacks, Andrea	R.N. 356007
Sartor, Patricia	R.N. 169201
Seiler, Pamela	R.N. 174812
Shinaberry, Adrienne	R.N. 314598
Snyder, Danielle	DT 03228
Snyder, Jaime	R.N. 380677 COA 15210 CTP 15210
Stiver, Carol	R.N. 150019
Storad, John	R.N. 248142
Tomboly, Sara	R.N. 396316 P.N. 139489
Truitt, Valerie	R.N. 284131
Walter, Melanie	R.N. 351620
Walters, Rachel	R.N. 297961
Weisenberger, Benjamin	R.N. 319474
Willoughby, Rebecca	R.N. 419118 P.N. 104380
Wilms, Kelly	R.N. 407651

November 2015 Disciplinary Actions

Name	License #
Adamic, Amy	R.N. 358605
Adams, Angela	P.N. 153245
Allen, Susan	P.N. 049433
Amato-Secriskey, Kimberly	R.N. 225750
Babbitt, Jeffrey	R.N. 358007
Barilla-Federoff, Patricia	R.N. 151396
Barnett, Marissa	R.N. 386359
Bartholumee, Helen	R.N. 316905
Bastien, Janet	D.T. 00322
Beanblossom, Rebecca	R.N. 394684
Beavers, Trenese	P.N. 121585
Beckett, Michelle	P.N. 160818
Begley, Sean	P.N. 145819
Beldon, Sara	R.N. 326331 COA 15879 CTP 15879
Belenkaya, Regina	R.N. 398628 COA 15466
Bickerstaff, Haylee	R.N. 421615
Bobbitt, Brandon	R.N. 420703
Borba, Jennifer	R.N. 291419
Bowen, Hannah	R.N. NCLEX P.N. 143484
Bowers, Carmen	R.N. 421526
Broomfield-Johnson, Janet	R.N. 278084
Brown, Deborah	R.N. 314889 P.N. 085782
Brown, Yvette	P.N. 099257
Bryant, Timara	P.N. 113173
Buby, Mary	P.N. 073642
Buettner, Jennifer	R.N. 405173
Bullock, Sharon	P.N. 090343
Bunge, Kristen	R.N. 311610
Burns, Kristen	R.N. 386982
Butts, Kimberley	R.N. 308169 COA 15410 CTP 15410
Cammett, Barbara	P.N. 138825
Campbell, Mindi	P.N. 094936
Capiccioni, Nancy	R.N. 239454
Caron, Gregory	P.N. 098980
Carrizales, Soledad	R.N. 421616
Carruthers, Tamara	P.N. 146642
Channels-Monroe, India	P.N. 160819
Church, Kristee	R.N. 260055 P.N. 079415
Ciufo, Susan	R.N. 319502 COA 15880
Clark, Robert	P.N. 128487
Coontz, Jason	R.N. 354147
Copley, Sarah	P.N. 120022
Costanzo, Tricia	P.N. 137416
Coulbourne, Dawnette	P.N. 060689
Coyle, Allison	P.N. 160820
Creekbaum, Amy	R.N. 350133 P.N. 128467
Curry, Lori	R.N. 257246
Davidson, Amy	P.N. 126419
Degoh, Magdaline	P.N. 143725
DeMoss, Patricia	R.N. 359756
DeNicola, Tony	R.N. 355253 COA 16442 CTP 16442
Denney, Terri	P.N. 126059
Derifield, Stephanie	R.N. 346040 P.N. 099182
Dew, Benjamin	R.N. 385681
Dewit, Rachael	P.N. 125455
Dryer, Jennifer	R.N. 362981 P.N. 114615
Dudas, Sandra	R.N. 370684
Duecaster, Jeneise	P.N. 087904
Durbin, Michael	R.N. 297387
Dusthimer, Amy	R.N. 364399
Dyke, Daryl	R.N. 243712
Eades, Molly	R.N. 366260 P.N. 133175
Eaton, William	R.N. 387827
Ensign, Kimberly	P.N. 093526
Evans, Alyson	R.N. 334971 COA 11623 CTP 11623
Eyerman, LaJeannia	P.N. 126636
Fasulko, Joseph	R.N. 324051
Faucheaux, Mary	R.N. 295822
Faulkner, Monica	R.N. 314997
Ferreira, Jaclyn	P.N. 122745
Fortier, Lori	R.N. 252426 COA 07613 COA 18177 CTP 07613
Fortune, Ashley	R.N. 318959
Fox, Jennifer	P.N. 128262
Frankovich, Michael	R.N. Endorse
Freeman, Cheryl	R.N. 173037
Frost, Jaclyn	R.N. 346767
Fulks, Stephanie	P.N. 130686
Gander, Derek	R.N. 393028 P.N. 145598
Garcia, Gilbert	P.N. 148723
Garrison, Linda	R.N. 353248
Gavin, John	R.N. 343485
Gilkison, Rachel	P.N. 121494
Gillis, Gretchen	R.N. 283997
Girts, Ruth	R.N. 198460
Glaser, Richard	R.N. 401035
Goldman, Denise	R.N. 297497
Goodrich, Anne	P.N. 126951
Green, Kachinda	P.N. 116641
Grose, Stephanie	P.N. 140255
Gum, Anmarie	R.N. 346524
Hall, Syreeta	P.N. 135425
Hamilton, Misti	P.N. 131557
Harding, Christina	P.N. 118588
Harris, Alicia	P.N. 116481
Harris, Elizabeth	P.N. 090793
Harris, Monique	R.N. 356306 P.N. 125305
Hartsock (Gullhat), Nicole	P.N. 119250
Hayes, Sarah	D.T. 02385
Hazeltine, Jeremy	P.N. 132938
Heckman, Erin	R.N. 379862
Helton, Jennifer	P.N. 102807
Henkel, Brianne	P.N. 115891
Henry, Loretta	P.N. 122238
Hibbs, Diana	R.N. 301944
Hice, Lauren	R.N. 366021
Hickman, Jennifer	R.N. 320633
Hill, Carl	R.N. 317372
Hill, Edward	R.N. 373519
Hinton-Robinson, Shelly	R.N. 348315 P.N. 118590
Hively, Danielle	R.N. 382006 P.N. 143856
Holderfield, Phillis	R.N. 349539
Holman, Tonesia	R.N. 421617 P.N. 139071
Hoover, John	P.N. 117252
Hopper, Sherry	R.N. 347789
Horton III, Ronald	P.N. 131525
Horvath, Suzanna	P.N. 148432
Howard, Tyra	R.N. 348808 P.N. 098642
Hudson, Kimberly	P.N. 134111 R.N. NCLEX
Inal, Jennifer	R.N. 337878
Jacobs, Hannah	R.N. 381161
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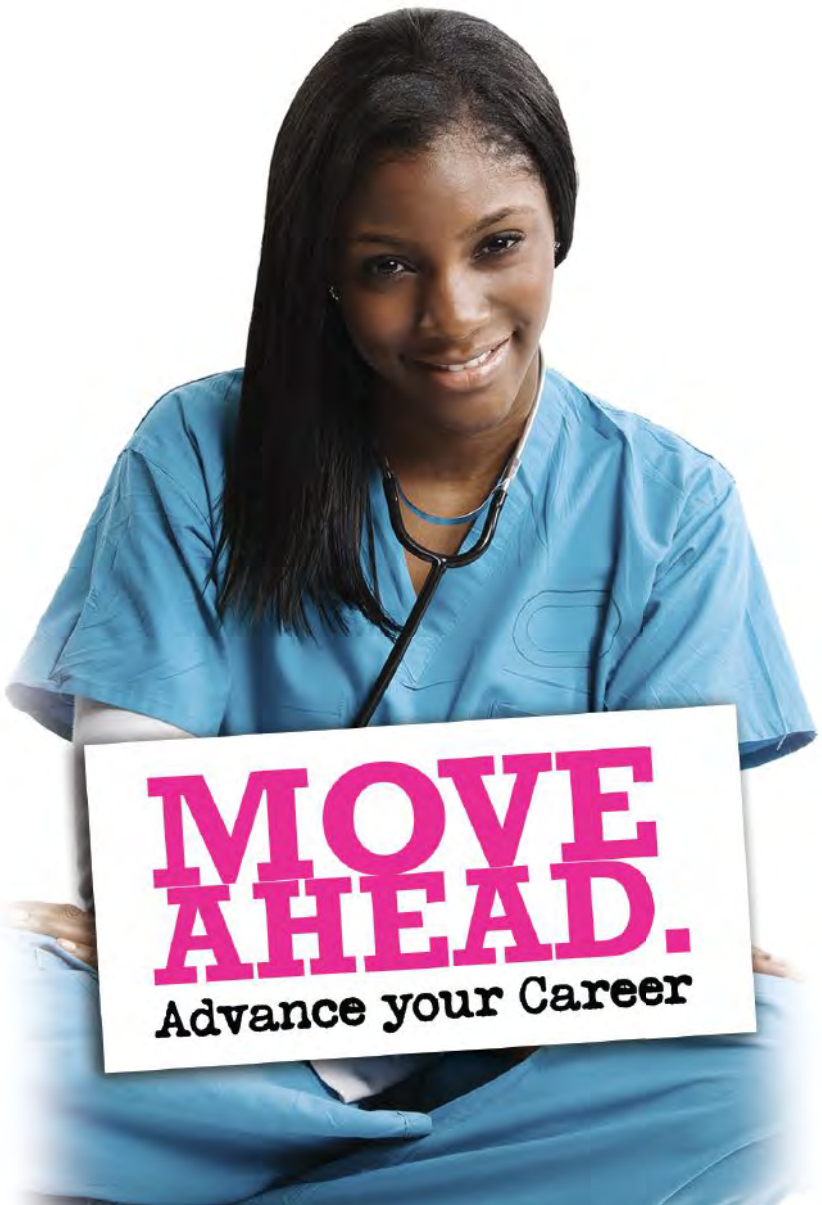

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Jones, April	P.N. 125505
Jones, Jennifer	P.N. 070599
Jones, Kathleen	R.N. 192160
Jones, Katrese	P.N. 132993
Jones, Linette	R.N. 318465
Jones, Trina	P.N. 135047 DTI 04746
Jordan, Robert	R.N. 313222
Jude, Tracy	R.N. 333577
Kane, Angela	R.N. 229294
Karis, Sue	P.N. 056243
Keidel, Christine	R.N. 264229
Kelley, Jennifer	R.N. 333768
Kennon, Timothy	R.N. 373020
Khoury, Karen	P.N. 114445
Kilkenny, Mary	R.N. 070702
Kinsey, Barbara	R.N. 388574 P.N. 112223
Kiser, Kimberly	R.N. 260449
Knaub, Amber	R.N. 289802
Kolanko, Lindsay	R.N. 333176
Koranda, Linda	P.N. 061128
Kroener, Stanley	P.N. 137632
Kubincanek, Troy	R.N. 347868
Kurfiss, Sonya	R.N. 339338
Kurilov, Nadezhda	P.N. 146076
Lane, Alice	P.N. 097031
Lawrence, Charles	R.N. 318418
Leeds, Roberta	R.N. 243583
Leitenberger, Carolyn	R.N. 214178
Leitschuh, Andrea	R.N. 369681 P.N. 138346
Lemaster, Andrew	R.N. 359743 P.N. 129167
Lieder, Mary	R.N. 154205 COA 07002 CTP 07002
Liggett, Kimberly	R.N. 364147
Lindberg, Tiffany	R.N. 281960
Lindenauer, Shannon	R.N. 376880
Lockhart, Sarah	P.N. 152154
Lowe, April	P.N. 149857
Lucia, Cheryl	R.N. 309302
Luketic, Dianna	P.N. 081708
Lunder, Joseph	R.N. 378636
Lyons, Susan	R.N. 317037
Mahaney, William	R.N. 332074
Maines, Timothy	R.N. 275152
Malloy, William	R.N. 169856 COA 01538
Maly, Ryanne	R.N. 347532
Maschek, Theresa	R.N. 254843
Mason, Deann	P.N. 116392
Mauler, Cindy	R.N. 345263
McCall, Heath	P.N. 129863
McClintock, Melissa	R.N. 274415
McCormick, Brendan	R.N. 258409
McCune, Elizabeth	R.N. 227563 P.N. 080970
McElwee, Sarah	R.N. 303476
McFadden, Holly	R.N. 320102
McFeeters, Diana	R.N. 384262 P.N. 142424
McMenamin, Katie	R.N. 362894 COA 16410 CTP 16410
Medina, Nannette	R.N. 303621
Mellott, Wendy	R.N. 206180
Mertz, Lisa	R.N. 307982
Miller, Jenny	P.N. 136456
Miller, Mary	R.N. 164892
Milliken, Julie	R.N. 358941
Mitchell, Muriel	R.N. 128503 COA 03643
Moore, Charles	P.N. 130340
Moore, Michelle	R.N. 411994 P.N. 109532
Moran, Jennifer	R.N. 318706 COA 13494 CTP 13494
Murorunkwere, Bernadette	R.N. 348191
Nacey, Margaret	R.N. 362529 COA 11683
Naeve, Leah	R.N. 367185
Nance, Melissa	R.N. 266726
Neal, Rachel	R.N. 388775
Neubacher, Amy	P.N. 135589
Noe, Jaime	R.N. 379330
Nolcox, Daija	R.N. 421618
Noori, Mozhgan	R.N. 220354
Ohl, Cassie	P.N. 150605
Orick, Michael	R.N. 347637
Orue, Maria	R.N. 327301
Parmer, Michelle	R.N. 392046 P.N. 147185
Parrella, Sandra	R.N. 302114 P.N. 094462
Parrish, Stormie	R.N. 336732
Patterson, Gail	P.N. 090410
Patterson, Malinda	R.N. 294317
Petersheim, Ruth	P.N. 093445
Phillips, Deborah	P.N. 093648
Piazza, Farran	P.N. 160821
Pirigyi, Melissa	P.N. 123613
Podgorski, Nicole	P.N. 115899
Poray, Carrie	R.N. 407578
Radeff, Kelly	R.N. 228816
Ramirez, Evelyn	R.N. 398242
Raudebaugh, Elizabeth	R.N. 313196
Reynolds, Danielle	R.N. 351494
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Riley, Jessica	P.N. 160822
Roberson, Joi	P.N. 145038
Robinson, Stephanie	P.N. 095662
Rogers, Deborah	P.N. 081667
Rolen, Jr., Michael	P.N. 149694
Rose, Brittany	R.N. 421700
Rosier, Danna	R.N. 365892
Ruffing, Jodie	R.N. 293476
Rupert, Deborah	R.N. 325010
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Scalia, Kassidy	P.N. 127930
Schoeck, Vanessa	R.N. 265030
Scott, Ashley	R.N. 346308 P.N. 122255
Scott, Stephanie	P.N. 126191
Sears, Dawn	P.N. 134777
Shackett, Evelyn	P.N. 160823
Shapiro, Matthew	R.N. 266460
Sheets, Chelsie	P.N. 158917
Shirak, Nicholas	R.N. 398757
Shupe-Pearson, Kenneth	P.N. 160851
Silbey, Amy	R.N. Endorse
Skrabak, Jonathan	R.N. 357641
Smith, Jessica	R.N. 364712
Snyder, Tuyet	P.N. 139403
Sontowski, Nancy	R.N. 247262
Soto-Garcia, Sara	P.N. 112664
Sperber, Lesley	R.N. 273251
Spildener, Victoria	R.N. 371349
Spitler, Barbette	R.N. 234045
Spriggs, Maria	R.N. 322732
Stapleton, Colleen	P.N. 153867
Staton, Janna	R.N. 392621 P.N. 125590
Steers, Stacey	R.N. 282337
Stewart, Katelynn	P.N. 160824
Stover, Danielle	R.N. 364340
Sudano, Danielle	P.N. 156288
Swarr, Brette	P.N. 109847
Swords, Sharon	P.N. 131175
Tabor, Charlene	R.N. 264141 P.N. 051027
Tessman, Jennifer	R.N. 296367 COA 16050 CTP 16050
Thames, Kwanita	P.N. 130417
Tharp, Bobetta	P.N. 107024
Thompson, Christina	P.N. NCLEX
Toeran, Chrystal	R.N. 237777
Toma, Jordan	R.N. 396445
Townsend, Chloie	R.N. 378492
Traine, Sandra	R.N. 292225
Traine, Sandra	R.N. 292225
Trimble, Nikita	P.N. 160825
Underwood, Tara	R.N. 266848
Vickery, Alexis	P.N. 160826
Waechter, Linda	R.N. 208708
Wannemacher, Shannon	R.N. 295919
Ward, Sharon	R.N. 257225
Wargo, Nancy	R.N. 341376
Warren, Twyla	P.N. 151523
Wasko, Jennifer	R.N. 339362
Watson, Rachel	P.N. 140414
Watson, Victoria	P.N. 148673
Webster, Jonathan	R.N. 420259
Weedman, Katherine	P.N. 119541
Weigel, Jeanette	P.N. 072817
Welch, Angela	P.N. 129872
Westfall, Angela	R.N. 348161
White, Katia	P.N. 160827
Whitledge, Donna	R.N. 174637
Whritenour, Paula	R.N. 347986
Wickline, Meagan	R.N. 364453
Wilburn, II, Jeffry	P.N. 125445
Wilhelm, Carla	R.N. 305647
Wilks, Sarah	P.N. 112427
Williams, Chaeuteya	P.N. 138363
Williams, Charlise	D.T. 04088
Williams, Deshawna	P.N. 137065
Williams, Goldtina	R.N. 324312 P.N. 109832
Williamson, Siobhan	D.T. 04546
Willis, Charmaine	P.N. 154883
Wright, Kristen	P.N. 118059
Wright, Melissa	P.N. 133241
Yaeger, Angela	R.N. 348366
Yerger, Kevin	R.N. 326734
Yonkers, Melissa	P.N. 113804
Young, Brandi	P.N. 109465
Zdesar, Erika	DTI 04747
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