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*NEW HAMPSHIRE BOARD
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**OFFICIAL
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THE
NEW HAMPSHIRE
BOARD OF NURSING**



FALL IN NEW HAMPSHIRE

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The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.

Board Members

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Harley Featherston,
Public Member

FROM THE EXECUTIVE DIRECTOR

by Denise Nies, MSN, RN, BC



Happy Fall! The trees have changed color and signal another season for us to enjoy. I need to start my article with a big THANK YOU to our former LNA program specialist, Lori Tetreault. She has provided the BON with 5 years of outstanding work and dedication in her role. She was also a tremendous support for me as I transitioned into my role. She will be missed and we wish her the best in her new role as a Director of Nursing. We hope to fill the position of Program Specialist by early 2015. Because of the current hiring freeze, the BON is required to seek a waiver in order to interview and hire a new person. Patience is appreciated during this time. Questions regarding LNA programs should be directed to Denise Nies.

PDMP: The Prescription Drug Management Program sign up is underway for all APRN's with a DEA number and the ability to prescribe controlled substances. The PDMP is under the auspices of the Board of Pharmacy and is defined by specific Law and Rules. APRN's are required to sign up for this program, as are other practitioners. The goal of this program is to allow providers an ability to access their patient's drug dispensing history if there is a concern of narcotic overuse or abuse. APRN's should receive an email with information on the link to the website and contact information. NH is the 49th state to create this type of program. The efforts to get this into legislation were enormous and we hope that the efforts put forth will provide a safer environment for the public.

Practice and Education Committee: We also welcome many new members to our Practice and Education Committee: Kimberly Coffey, Linda Compton, Nancy Diamond, Amy Eilertsen and Kathleen Cummings. Each brings unique experience and passion for practice that will greatly benefit the board. We welcome them! The purpose of this committee is to assist the BON when a clinical question is presented and the BON requires additional research done in order to provide an board advisory that will address the question.

APRN Liaison Committee: The APRN Liaison Committee also has a new member, Mark Vojtko, CRNA that has replaced Lisa Sullivan. We welcome Mark as an important addition to this group and thank Lisa for her many years on this committee. The purpose of this committee is to assist the BON with questions that arise regarding the APRN role.

Adjudication and Discipline: The board office has also gained a part time nurse paralegal, Sarah Howlett, who assists our prosecuting attorney with adjudication work. Sarah has a certificate in Nurse Legal Consulting and is very close to completing her AS in paralegal studies. She is a nurse with about 15 years of experience. We are fortunate to have her on board!

Clinical Advisory Website Project: Progress is being made on our website project to combine clinical advisory information for each RN and LPN's and LNA's. The P and E group has been working very hard to review what is currently on the website as well as research clinical questions presented to the board.

Workforce Demographics: Workforce demographics on display is what

You can contact Board Staff on line by clicking on their email address below.

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the BON hopes to have available on the website in 2015 to provide data taken from the 2014 renewal applications. This data is anonymous and will provide a snapshot of what the NH nurse workforce looks like in terms of education, employment, years as a nurse, additional educational degrees etc.

Delegate Assembly: Board member, Nora Fortin, Anita Pavlidis and I attended the Delegate Assembly in August in Chicago. Work has been done with all of the boards in create another structure to consider for interstate licensing. This is in response to the federal efforts underway to create an interstate license for telehealth specifically for physicians. This structure would be very similar to the Nurse Compact licensing we are part of now. So, stayed tuned! More will be forthcoming as progress on this effort continues. Work on the APRN Compact continues with the goal of having states work on legislation by 2016.

Rules Update: Work on updating the Nur Rules is underway. Nur 600 which defines educational programming, Nur 300 and Nur 400 which define licensing requirements, and inclusion of a new chapter Nur 900 that will identify the rules that govern the LNA-MC role. The goal is to present these rules to the public by the end of the year or January 2015 with adoption to follow in early spring of 2015.

Until next time, be well and practice safely!

**James Kuras
Public Board Member**

I am nearing the end of my fourth year on the New Hampshire Board of Nursing. As one of two public members, I certainly have and bring a different perspective than many of my fellow board members as I have no medical training. That perspective starts and ends with the utmost respect for both the nursing profession and those professionals serving in a nursing capacity.

On occasion during board meetings I feel as if I might be a Connecticut Yankee in King Arthur's Court, other times I may be serving along Clara Barton during the U. S. Civil War (one of her more harrowing experiences was having a battlefield bullet tear through the sleeve of her dress and unfortunately hitting the solder to whom she was tending). But in reality, each month I am struck by the commitment and passion the board members bring to our collective task.

I have learned more about your industry than I thought possible. I have also learned that we have a cadre of nearly 40,000 licensed and passionate individuals working in countless organizations across our state. This realization did need some tempering by me though. Since a portion of the Board's monthly work is discipline, early in my tenure my viewpoint was colored by that discipline. Since I don't work in the healthcare industry I don't see good nursing on a regular basis such as you do. It was only when I was in for a routine checkup or one of the kids needed a visit to the Emergency Department that I made the connection that you are the nurses who speak for the industry and professionalism and not the occasional nurse who may make an unfortunate choice or decision that requires board action. What else have I learned? I now know the difference between an IV bolus and an IV push. I can take that little tidbit and impress folks around the water cooler!

State Holidays Observed

2014 & 2015

Veterans' Day	Nov 11, 2014
Thanksgiving Day	Nov 27, 2014
Day after Thanksgiving Day	Nov 28, 2014
Christmas Day	Dec 25, 2014
New Year's Day	Jan 1, 2015
Civil Right's Day	Jan 19, 2015
President's Day	Feb 16, 2015

HELPFUL HINTS:

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.

When registering to apply for an original license or renewing a license on line, make sure to write down and keep in a safe place, your user name and password. This information will be used at every renewal period.

BOARD COMMITTEES

P & E Committee

Nora Fortin, RN
(Board representative)

Rita Anger, RN, CHPN

Bette Ann Bogdan, MSN, RN

Deborah Cantlin, BSN, RN

Nancy Diamond, BS, RN

Jacqueline McCourt, APRN

Paula Tufts Wellde Nelson, BSN, MSN, RN

Kimberly Coffey, MSN, RN

Emily Roy, BSN, RN

Linda Compton, BSN, RN, MSHCA

Amy Eilertsen, MN, RN-BC

Kathleen Cummings, BSN, RN

Speaking of discipline and board action, you all know that we are a regulatory board charged with the welfare of our citizens with regard to the practice of nursing. The board exists to protect the public.

Don't forget, however, that you do have a strong association and advocate in the [New Hampshire Nurse's Association](#). As an association they focus on the practice, development and well-being of nurses through education, empowerment and healthcare advocacy.

I am constantly amazed when meeting a nurse for the first time outside of the healthcare arena. When asked to talk about themselves they almost always start with that they are a nurse. Your job, expertise and duty are so ingrained in who you are that you self-identify this way. The practice of nursing in the state of New Hampshire is better for this perspective and as an outsider looking in; I know we all are in good hands. Thank you for your service.

FROM THE DESK OF PROGRAM SPECIALIST IV ANITA PAVLIDIS, MS, RN

An Evening of Discussion was held in August to positive reviews. Nurses from all corners of the state participated in a three hour lively discussion regarding a variety of regulatory issues and a question and answer period with a panel of Board members and the Executive Director. We will continue the annual discussion day next year so please forward any ideas to the office regarding future presentations.

Summer attendance at the National Council State Board of Nursing Annual Meeting and the NCLEX Conference provided opportunity to meet colleagues and discuss national educational issues and trends. Foremost on the agenda of changes that may impact education was the release of the long awaited National Simulation Study. The results can be located on the NCSBON website at www.ncsbon.org. The most significant finding is that with structure and well prepared faculty with adequate resources simulation in combination with traditional clinical experiences can achieve excellent student outcomes. The NH Board of Nursing will review the findings and determine how best to provide information and direction to the nursing programs regarding the use of simulation.

The NCLEX Examinations Department has, based on extensive research, published *A Review of Entry-Level Characteristics and the NCLEX*. A short excerpt from the article is as follows: "The entry level nurse exhibits characteristics such as limited confidence, critical thinking and clinical judgment with the need for additional skill acquisition (Cockerham, 2011; Martin, 2011; Weilding, 2011). Additionally the newly licensed nurse delivers client care in today's fast-paced healthcare environment. The current practice setting of the entry-level nurse reflects delivery of complex care coupled with the need for rapid, appropriate clinical decision making, (Dyess, 2012)". As a result of their findings, the NCSBON has re-defined the entry-level nurse from the current six months of practice, as having no more than 12 months of practice. The NCLEX examination may result in an amended list of entry-level nursing activities. The full article can be accessed on the National Council's website.

In a survey conducted by the NCSBN (2011) around the misuse of social media, 33 state boards of nursing (of the 46 that responded) indicated having received complaints about nurses who have violated patient privacy by posting information on social media networking sites. Nurses are

Liaison Committee

Kathleen (Kitty) Kidder, APRN,
(Board representative)

Sean Lyons, APRN
Chair

Dorothy Mullaney, APRN

Margaret Franckhauser, RN
(Historian)

Mary Sanford, APRN

Micheline Cignoli, APRN

Susan Barnes, APRN

Julie Allison Buelte, CNM

Mark Voitko, CRNA

Continuing Education Audit Frequently Asked Question (FAQ)

Question:

How do I submit my Continuing Education for Audit?

Answer:

To assure timely renewal of your license, please provide the information requested on the attached Continuing Education/Contact Hours Audit form and return the form, with your renewal, to the Board immediately.

Continuing Education/Contact Hour documentation not submitted on the Audit Form will be returned to you. This may delay renewal of your license.

Your license will be updated upon receipt of your renewal application and approval of your contact hours

If your renewal application and audit forms are not received, in the Board office, before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during licensure lapse.

professionally accountable for developing an understanding of the boundaries between private, public, and professional life and acting accordingly. However, as online activity increase, such boundaries blurred (Anderson & Puckrin, 2011). Discussions at the national level in both education and practice indicate an exponential increase in the use of social media. The January, 2013 issue of the Journal of Nursing Regulation *Avoiding Patient Pitfalls with Social Media* (printed on page 7) provides a summary of social media legal implications for organizations and violation of patient privacy laws. Social media use has a significant sometimes negative impact on patients, employers and educational institutions. The NCSBON white paper provides guidance on how best to manage this complex and interesting networking tool.

Enjoy this lovely fall.

On-line Licensing-Renewal Reminder

Before you can renew your license on-line you must receive your renewal notice from the Board of Nursing.

Once you receive your renewal notice you can renew your license on the Board website at www.nh.gov/nursing under the Online Licensing tab in the "Quick Links" box on the right hand side of the Home Page.

Before you are able to renew your license you must register on the licensing site. You must obtain a registration code from the Board office prior to being able to register. Once you obtain your registration code you can then register. Registration includes setting up a User ID and Password. This user ID and password must be used each time you renew your license on-line. Be sure to write down your User ID and Password for future reference.

To obtain your registration code:

Email the Board office at boardquestions@nursing.state.nh.us.

Provide your full name, license number and date of birth.

Clinical Practice Inquiry

All practice inquiry questions must be submitted on the **Clinical Practice Inquiry Form** found on the Board website

www.nh.gov/nursing under the "Forms" tab. All forms submitted must include the clinical significance of the question asked. Prior to sending inquiries to the BON, please review the clinical practice advisories and frequently asked questions to ensure that your question has not been previously answered by the Board. Forms may be mailed, faxed or emailed to the Board office.

Mail:

NH Board of Nursing
121 South Fruit Street
Concord, NH 03301

fax: 603-271-6605

email: boardquestions@nursing.state.nh.us

Continued Education – Audit Reminder To assure timely renewal of your license, if selected for audit please provide your continuing education/contact hours documentation on the **Continuing Education/Contact Hour Audit Form**.

Documentation received other than the Audit Form will be returned to the licensee which may cause a delay in license renewal.

If your renewal application and audit forms are not received on or before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during license lapse.

Continued Education Requirements:

APRN's: 30 contact hours for RN licensure, 30 additional hours specific to APRN specialty, 5 of which shall be pharmacology specific, in 2 years prior to date of renewal. RN/LPN's, 30 contact hours.

RN/LPN's: 30 contact hours within 2 years prior to date of your renewal application.

LNA's: 12 contact hours for each year (for a total of 24 hours), within 2 years prior to date of your renewal application. (For LNA's who are certified as Medication Nursing Assistant (**MNA's**), 4 out of the 12 contact hours per year must be related to medication administration.)

Guidelines for Continuing Competence can be found on the Board website www.nh.gov/nursing under the Licensure tab on the Home Page.



August 2011

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- ..Unprofessional conduct;
- ..Unethical conduct;
- ..Moral turpitude;
- ..Mismanagement of patient records;
- ..Revealing a privileged communication; and
- ..Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the

organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as “cyber bullying.” Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.¹ The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.
- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient’s right to disclose personal information about himself/herself (or a health care organization’s right to disclose otherwise protected information with a patient’s consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one’s personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

1 One such waiver states, “By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose.” Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from <http://www.youtube.com/watch?v=X7gWEgHeXcA>

- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

Illustrative Cases

The following cases, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

SCENARIO 1

Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident's condition with the former coworker. The administrator of the group home learned of Bob's actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety of using a personal device to take a patient's photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

SCENARIO 2

Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous nightshift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other dayshift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient's rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility's management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations against "exploitation of vulnerable adults" were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management's attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON's complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism. Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

SCENARIO 3

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center's pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little "ham," consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy's photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented, "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse." In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient's confidentiality, it didn't matter. Not only was the patient's privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a "cancer patient," and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student's professor, Emily was expelled from the program. The nursing program was barred from using the pediatric unit for their students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper's online chat room. The complaint noted that the nurse bragged about taking care of her "little handicapper." Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating "privacy laws" of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her “little handicapper,” there were comments about a wheelchair and the child’s age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient’s family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.

SCENARIO 5

Nursing students at a local college had organized a group on Facebook that allowed the student nurses’ association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student’s future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

SCENARIO 6

Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife’s phone to read her a text message. The message noted that she was to “get a drug screen for resident Edward Smith.” The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother’s medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

SCENARIO 7

Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie’s current patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria’s postings, but had never left any online comments. One day, Maria posted about her depression and

difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, “I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday.” The site automatically listed the user’s name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, “I didn’t know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She’s an old family friend, you know. We’ve been praying for her but it doesn’t look like a miracle is going to happen. How long do you think she has left?” Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn’t discuss Maria’s condition. She immediately went home and attempted to remove her comments, but that wasn’t possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self-reported to the BON and is awaiting the BON’s decision.

This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

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Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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Audit forms can be downloaded on the Board website www.nh.gov/nursing under the “Forms, Applications & Publications” navigation tab on the homepage.

Audits may be faxed or mailed to the Board office.

Out of State Applicants and Criminal Background Checks/Fingerprints

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.

You are encouraged to complete live scan fingerprinting. Some live scan sites are located on the Board’s website at http://www.nh.gov/nursing/documents/livescan_list.doc

If you do not find a convenient live scan site please call the NH State Police Criminal Records.

Working with an inactive license is a Class A Misdemeanor.

Beginning October 1, 2011 all licensees who have worked with an inactive license will be posted in the Board’s quarterly Newsletter. Practicing without a license, including but not limited to the situation where a license has lapsed, is unlawful under New Hampshire law and constitutes a class A misdemeanor. RSA 326-B:41, II; RSA 326-B:41-a. Pursuant to **RSA 326-B:22, II**, “Any person licensed who intends to continue practicing as a nurse or nursing assistant shall: (a) By midnight on his or her date of birth in the renewal year submit a completed application and fees as established by the board.” “Failure to renew the license shall result in forfeiture of the ability to practice nursing or nursing activities in the state of New Hampshire.” RSA 326-B:22, III.

When a licensee telephones the Board or presents themselves at the Board office and discloses they have worked after the expiration date of their nursing/nursing assistant license they will be required to sign an Agreement and pay all reinstatement fees and fines before they are eligible to return to work. The Agreement states that the document must be shared with the employer .

Should the licensee practice nursing a second time on an inactive license, they will be informed that their action will be reviewed by the Board at its next meeting for Board action. The license will be reinstated pending Board action.

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)).

Reportable violations are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

LNA DAY OF DISCUSSION

JUNE 19, 2014



Question: What is the Nursing Assistant Registry?

Answer: *The Nursing Assistant (NA) Registry is a list of individuals who have completed training and competency evaluation who the state finds to be competent to function as a nursing assistant. Successful completion of a Board approved nursing assistant program and competency test (state testing) identifies an individual as being competent to function as a nursing assistant.*

Question: When I verify my new license online, what does “Not Licensed, Registry Only” mean?

Answer: *“Not Licensed, Registry Only” means that you have been placed on the NH Nursing Assistant (NA) Registry. Licensure is not required to be placed on the NA Registry.*

Nursing Assistant Licensure will be stated separately with a license number and status.

Question: Is licensure required to be placed on the Nursing Assistant Registry?

Answer: *No. Registry findings do not require licensure of the individual placed on the registry but could involve discipline imposed by the Board of Nursing on a nursing assistant’s license.*

Question: What information does the Registry hold?

Answer: *The registry includes the individual’s full name, identifying information, the date the individual became eligible for placement on the registry and any finding of abuse, neglect or misappropriation of property by the individual. Registry findings may or may not include discipline placed on a license.*

Question: Where can I access the NH Nursing Assistant Registry?

Answer: *The Nursing Assistant Registry can be accessed on the Board of Nursing website: www.nh.gov/nursing. The registry verification link can be found on the homepage. The registry can also be accessed under the License Verification link located in the “Quick Links” box on the right hand side of the homepage.*

Practice Review: The Role of the Nursing Assistant (LNA-MC) in Assisted Living Residences

Over the past few months many questions have been submitted for review to the Board of Nursing regarding the scope of practice of Licensed Nursing Assistants who are medication certified. December 2012 the board re-affirmed its decision from 2007 regarding the scope of practice of nursing assistants who are medication certified.

Through the collaboration of multiple state organizations the LNA-Medication Certified (LNA-MC) role was established in 2007. The intention of the program was to provide options for facilities and agencies that provide nursing care within the residential and homecare setting. The program allows LNA’s who have been educated to provide assistance, observation and documentation to clients with stable medical condition and who are fully able to recognize and accept medications as prescribed. To be medication certified individuals must successfully complete a minimum four (4) hour, NH Board of Nursing approved educational program and be certified.

February 15, 2007 issues were addressed by the Board of Nursing regarding the scope of practice of an LNA-MC. The Board opined that HeP 805.17(af)(1-3 & 5) are within the scope of practice of an LNA. The Board reinforced that HeP 805.17(af)(4) was **NOT** within the scope of practice of an LNA. An LNA cannot supervise medications consumed or tell the patient what to consume. Individuals who require supervision of medication consumed must receive medications administered by a licensed nurse or a Medication Nursing Assistant supervised by a licensed nurse.

HeP 805.17 Medication Services

(af) If a resident self-administers medication with supervision, as defined in He-P

805.03(bc), personnel may be permitted to:

- (1) Remind the resident to take the correct dose of his or her medication at the correct time;
- (2) Place the medication container within reach of the resident;
- (3) Remain with the resident to observe the resident taking the appropriate amount and type of medication as ordered by the licensed practitioner;
- NOT----- (4) Record on the resident's daily medication record that they have supervised the resident taking his or her medication; and**
- (5) Document in the resident’s record any observed or reported side effects, adverse reactions and refusal to take medications and or medications not taken.

LNA’s may assist with a hand over hand technique, individuals who have physical impairment with cognitive abilities to determine medication needs. A care plan must be present which speaks to the impairment and assistance required. (BON Clinical Practice Inquiry 1998-1999)

LNA/MNA* Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

Each program offers 1 contact hour

Pain: The Basics*
 LNA Scope of Practice
 MNA Scope of Practice*
 Delegation
 Teamwork
 Residents Rights
 Medication Administration Safety*
 Alzheimer's Dementia in the Elderly
 Medication Considerations for Elderly*
 Back Safety
 Elder Abuse
 Social Networking

CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are NOT necessary. "Live Scan" fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards MUST be obtained from the Board of Nursing office.
2. The Board of Nursing application fee DOES NOT include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the "FBI Fingerprinting Requirements" in the section marked "Quick Links" for fee schedule.
3. All criminal background checks MUST be notarized.
4. "Live Scan" fingerprinting is encouraged of ALL of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

LNA/MNA Reminders:

- NH has a mandatory licensing law. No person may practice as a nursing assistant without a license. The NH Board of Nursing **defines "practicing"** as including **attendance at orientation or completing other types of non-director care activities.**
- Documentation of Continued Education is required for all endorsement applications pursuant Nur 304.04(b)(4).
- Education considered as comparable for Challenge Program approval must meet the requirements of Nur 704.09 pursuant Nur 704.11.
- All questions must be answered on renewal or reinstatement applications including Nurse Supervisor and Employer. Incomplete applications will be returned which may delay renewal or reinstatement of licensure and the inability to work as a nursing assistant.. Licensees working without an active license may be subject to a \$50 fine for every calendar month or any part thereof, during which one practices.
- Licensed nursing assistants who are working in non-licensed positions (PCA-Personal Care Assistant) can not use work hours as active in practice requirements for renewal.

LNA REINSTATEMENT Frequently Asked Questions (FAQ's)

Question: What is reinstatement of a license?

Answer: Changing an inactive LNA license into an active LNA license.

Question: Can I complete the process online?

Answer: No, a reinstatement cannot be completed online. You may call the N.H. Board of Nursing (603) 271-6282 for guidance as to how to reinstate your license or you may come into the Board office and we can assist you.

Question: Can I work in N.H. on an expired license until I have time to complete the process?

Answer: NO, you may NOT work in N.H. as an LNA on an expired license. That means you cannot work using your LNA knowledge, judgment and skills and you cannot get paid as a LNA. By working as an LNA and or getting paid as an LNA you will be subjected to administrative fines.

Question: What requirements do I need to meet in order to reinstate my LNA license?

Answer: You must have either: Completed 200 hours working as an LNA under the supervision of a licensed nurse (please be prepared to list his/her FULL name) and completed 24 continuing education hours (12 in each year). Please remember you may be asked to provide proof of your CE. hours.

OR

Have successfully completed the written and clinical competency testing within 2 years immediately prior to the date of your reinstatement application.

**IMPORTANT REMINDERS
FROM THE BOARD OF NURSING
www.state.nh.us/nursing**

PAPER LICENSES ARE NOT PROVIDED

Verify and print license information using the Online Verification Quick Link on the right side of the Home Page.

RENEWAL REMINDER POSTCARDS ARE MAILED 6 WEEKS PRIOR TO MONTH OF RENEWAL

RENEWALS MAY BE DONE ONLINE OR RETURN POSTCARD AS DIRECTED TO OBTAIN A RENEWAL APPLICATION

Fees are to be sent with renewal applications not with the postcards.

FOR ONLINE RENEWAL – REGISTER AS A FIRST TIME USER BEFORE ATTEMPTING TO RENEW A LICENSE

Follow the instructions on the Online Licensing Quick link on the right side of the Home Page.

Make sure you remember your *user name and password* for future use+.

MAKE SURE YOU PRINT THE RECEIPT PAGE AFTER PROCESSING YOUR PAYMENT.

The receipt can not be reproduced by the Board office. It is proof that payment was accepted, should there be a problem.

WHEN APPLYING FOR ORIGINAL LICENSURE ON LINE

Make sure you write down and save your user name and password. This information will be necessary for renewing your license on line when it is renewal is due. This information is not automatically saved in the system.

CRIMINAL BACKGROUND CHECKS AND FINGERPRINTING IS REQUIRED FOR ALL INITIAL LICENCES AND ENDORSEMENTS

Follow the directions under the Endorsement Link. The processing time may take 4-6 weeks so plan to start the process early. Licensing will not be processed until background checks and fingerprinting results are obtained.

THE BOARD MUST BE NOTIFIED OF ALL NAME AND ADDRESS CHANGES

A \$10 fee may be incurred if address changes are not made within 10 days. The Board must be notified in writing.

ACTIVE IN PRACTICE AND CONTINUING EDUCATION REQUIREMENTS INFORMATION CAN BE FOUND ON THE HOME PAGE ON THE WEBSITE

Click the Licensure Link on the left side of the Home Page.

Clinical Practice Advisories: October 2013– September 2014

Board Advisory Date:

October 17, 2013

Revisited APRN and RN scope of practice to administer botox

Question: Is it within APRN scope of practice to administer botox for hyperhidrosis (excessive underarm sweating) and also to supervise RNs for same?

Answer: Board reaffirmed that it is within APRN scope of practice to administer Botox with competencies. It is within RN scope of practice to administer Botox with proper training, competency and facility policy.

January 16, 2014

RN scope of practice: Insulin management

Question: Is it within RN scope of practice for Certified Diabetes Educator Registered Nurse to adjust insulin dosing of out-patients based on approved Insulin Adjustment Protocol when ordered/activated by physician office practice providers with patient referral to Diabetes Services for Insulin Management?

Answer: Board consensus that it is within RN scope of practice to manage insulin as long as RN is following standard provider order.

February 20, 2014

APRN’s prescribing for family members.

Board concurred with NH Board of Medicine's support of AMA Ethical Guidelines regarding prescribing for family members. The NH BON recognizes, as NH Board of Medicine has for physicians, that there are certain situations where APRNs could appropriately prescribe for family members in acute, short term situations. See AMA Ethical Guidelines 8.19 Self-Treatment or Treatment of Immediate Family Members. To paraphrase this guideline, “It would not always be inappropriate for APRNs to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified health care provider available, APRNs should not hesitate to treat themselves or family members until another qualified health care provider becomes available. In addition, while APRNs should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in exceptional, emergency situations, it is not appropriate for APRNs to write prescriptions for controlled substances for themselves or immediate family members.

CNM-attending Trial of Labor after Cesarean Section or Vaginal Birth After Cesarean (TOLAC/VBAC) in the out of hospital setting

Question: Re-evaluation requested of Clinical Practice Advisory, issued January 17, 2008, relative to CNM-attended trial of labor after cesarean section or vaginal birth after cesarean (TOLAC/VBAC) in the out of hospital setting.

Answer: Board reaffirmed that it continues to support the APRN Certified Nurse Midwife (CNM) role in providing VBAC deliveries and applauds the efforts for birthing choices in New Hampshire. Substantial evidence now supports that with appropriate risk stratification and appropriate labor management, low risk women who have experienced a prior cesarean birth have similar birth outcomes to non-VBAC women BON continues to expect that APRNs fully inform women about the evidence of harm and benefit of TOLAC.

<p><u>May 15, 2014</u></p> <p>RN Scope of Practice: Perform physical examination to medically certify a driver as physically qualified to drive commercial motor vehicle in interstate commerce.</p> <p>LNA Scope of Practice: Parameters for LNA practice in relation to medication handling</p> <p>RN Scope of Practice: Taking verbal orders from technicians</p>	<p>Question: Is it within RN scope of practice to conduct testing and physical examination of body systems as required on Federal Motor Carrier Safety Administration’s Medical Examination Report to determine whether driver is physically qualified to drive commercial motor vehicle in interstate commerce, and to complete Medical Examiner’s Certificate?</p> <p>Answer: Board consensus that it is NOT within RN scope of practice to perform physical examination to medically certify a driver as physically qualified to drive commercial motor vehicle in interstate commerce.</p> <p>Question: Revisited question of whether or not it is within LNA scope of practice to handle medications.</p> <p>Answer: Board consensus that it is within the scope of practice of an LNA to convey unopened/packaged medications under the supervision of a licensed nurse. Facility/agency policies and procedures must be in place to guide practice. Education and competency should address the requirements of this task.</p> <p>Question: Is it within RN scope of practice to accept verbal orders from technicians as a “relaying of an order” from provider?</p> <p>Answer: Board reiterated that in order for a nurse to write a verbal order, that verbal order must come from the provider. Verbal orders are recommended only in emergency situations. Facilities must determine a better process in order to facilitate direct communication of an order to a nurse who is required to write that order.</p>
<p><u>June 19, 2014</u></p> <p>LNA Scope of Practice: Disconnect patient’s NG from wall suction to assist with toileting</p>	<p>Question: Can LNA disconnect patient’s NG from wall suction to bring them to bathroom and then reconnect to wall suction once settled?</p> <p>Answer: Board reaffirmed opinion of January 17, 2013 that it is NOT within scope of practice for LNA to clamp NG Tube OR perform other functions associated with NG tubes based on need for assessment.</p>
<p><u>July 17, 2014</u></p> <p>RN Scope of Practice: Certifying cause of death on death certificate</p> <p>LPN Scope of Practice: Perform peritoneal dialysis</p>	<p>Question: Is it within RN scope of practice to certify cause of death on death certificate?</p> <p>Answer: Board affirmed that it is NOT within RN scope of practice to certify cause of death on death certificate. Such certification requires forensic diagnosis as to cause of death which is beyond RN scope of practice.</p> <p>Question: Is it within LPN scope of practice to perform peritoneal dialysis?</p> <p>Answer: After receiving recommendations from P & E Committee, Board affirmed that LPNs may perform peritoneal dialysis in acute care setting provided following stipulations are met:</p> <ul style="list-style-type: none"> • LPN must complete educational program in PD which is taught by qualified RN instructor; • Educational program must include components recommended by American Nephrology Nurse’s Association; • Education and competency of LPN must be documented; <p>There must be RN readily available in facility or on call at all times.</p>

<p><u>August 21, 2014</u></p> <p>Electronic nursing delegation of medication administration</p>	<p>Question: Is it within scope of practice of nurse to electronically delegate medication administration to non-licensed staff in assisted living? Answer: Board consensus to approve use of telemedicine services for nursing delegation.</p>
<p><u>September 18, 2014</u></p> <p>RN Scope of Practice: Administer TPA and Pulmozyme via pleural chest tube</p> <p>LNA Scope of Practice: Perform MIST therapy</p>	<p>Question: Is it within RN scope of practice to administer TPA and Pulmozyme via pleural chest tube? Answer: Board affirmed that is not within scope of practice for RN to administer Pulmozyme via pleural chest tube related to lack of supportive references and evidence.</p> <p>Question: Can LNA, after training, perform MIST therapy (non-contact, non-thermal ultrasound?) Answer: Board affirmed that it is not within scope of practice for LNA to perform MIST therapy as it requires assessment of wound.</p>

NH BOARD OF NURSING
EDUCATION PROGRAMS: BOARD ACTIONS

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>
<u>April 17, 2014</u>		
Manchester School of Technology LNA Program	Linda Rea Camarota	Continued Approval
Lakes Region Community College RN AD Program	Martha Pasquali, Interim Chair	Conditional Approval
NHTI – Concord’s Community College LPN Program	Mary Jean Byer	Continued Full Approval
<u>May 15, 2014</u>		
Dover High School Regional Technical Center LNA Program	Lisa Roy	Continued Approval
Nashua High School-South Health Sciences II LNA Program	Deborah Pothier	Continued Approval
Colby Sawyer College RN BS Program	Susan Reeves	Continued Full Approval
St. Joseph School of Nursing RN AD Program	Vickie Fieler	Continued Full Approval
White Mountains Community College RN AD Program	Emily MacDonald	Extend Conditional Approval for six months
<u>June 19, 2014</u>		
Kennett High School – MWV Career and Technical Center LNA Program	Christine Sears	Initial Approval
Coos County Nursing Hospital LNA Program	Shelly Brown	Continued Approval
Coos County Nursing Hospital MNA Program	Shelly Brown	Continued Approval
<u>July 17, 2014</u>		
Cheshire Career Center at Keene High School LNA Program	Catherine Kissell	Continued Approval
Crotched Mountain Rehabilitation Center MNA Program	Dorothy Normile	Continued Approval

White Mountains Community College MNA Program	Gail Minor-Babin	Initial Approval
August 21, 2014		
St. Joseph School of Nursing LNA Program	Rita Anger	Continued Approval
MCPHS University RN BS Program	Gerard Tobin	Continued Full Approval
Indiana State University On-line LPN-BSN Program	Jessica Nelson	Initial Full Approval
September 18, 2014		
Plymouth State University RN BS Program	Mary Bantell	Conditional Approval
Keene State College RN BS Program	Joan Earle Hahn	Conditional Approval
October 16, 2014		
River Valley Community College RN AD Program	Patricia Shinn	Full Approval

Go to www.nh.gov/nursing and click on Enforcement for information regarding disciplinary matters

Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)).

Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

DISCIPLINARY ACTIONS April 2014 through September 2014

Any questions please call Susan Goodness at the Board office (603) 271-3823

NAME	LIC #	BOARD ACTION	DATE	TIME	ACTION
Day, Sarah	014447-22	Immediate Suspension	10/2/2013		
Jarry, Jessica	049069-24	Immediate Suspension	10/2/2013		
Gendron, Linda	006103-22	Immediate suspension	10/2/2013		
Johnson, Mary	037552-21	Probation removed	10/10/2013		

Day, Sarah	014447-22	Suspended w/\$500.00 monetary penalty	10/17/2013	2 yrs	For violating sections of the Nurse Practice Act including (1) diverting drugs or controlled substance, (2) using drugs in a manner that may have impaired her ability to practice nursing safely, and (3) demonstrating a pattern of behavior incompatible with the standards of nursing practice.
Gendron, Linda	006103-22	Suspension continued pending full investigation	10/17/2013		
Jarry, Jessica	049069-24	Voluntary Surrender	10/17/2013		
Knudsen, Scott	049170-21	Reinstated w/probation reciprocal w/Vermont	11/21/2013	2 yrs	For violating sections of the Nurse Practice Act including (1) failing to follow physician's orders and the patient's plan of care on more than one occasion, (2) failing to document care provided to a client in a timely manner, and (3) demonstrating a pattern of behavior that is incompatible with the standards of nursing practice.
Larive, Martha	039577-21	Revocation w/\$1500.00 monetary penalty	11/21/2013		
Low, Jeffrey	047110-21	Probation removed	11/21/2013		
orton, Elizabeth	010975-22	Probation removed	11/21/2013		
Sullivan, Traci	012811-22	Reinstatement of licensure	11/21/2013		
Malenda, Emily	030084-24	Voluntary Surrender	11/21/2013		
Anderson, Monica	005738-22	Suspension w/\$1000.00 civil penalty	12/19/2013	6-mo	For violating sections of the Nurse Practice Act including (1) administering insulin to the wrong resident, (2) attempting to administer insulin to the wrong resident.

McCarthy, Marnie	025250-24	Revocation w/ \$2000.00 civil penalty	12/19/2013		For violating sections of the Nurse Practice Act including (1) taking cash from home care clients, (2) taking Oxycodone tablets from a home care client, (3) taking her children and other friends to clients' homes, (4) inviting a home care client to her home for dinner, (5) having a client pay for her personal item using his credit card, and (6) demonstrating a pattern of misconduct that is incompatible with the standards of practice.
Merrill, Meghan	027301-24	Suspension w/\$500.00 civil penalty	12/19/2013	1 yr	For violating sections of the Nurse Practice Act including diverting a Fentanyl from a patient.
Chiasson, Dale	045525-21	Revocation w/\$1500.00 monetary penalty	1/16/2014		For violating sections of the Nurse Practice Act including (1) using alcohol beverages in a manner dangerous to himself and the public, (2) being convicted of a crime that relates adversely to his ability to practice nursing, and (3) failing to report his convictions to the Board.
Doucette, David	060689-21	Revocation w/\$500.00 monetary penalty	1/16/2014	n	For violating sections of the Nurse Practice Act including unprofessional conduct in California which resulted in the revocation of his California RN license.
Nichols, Robin	035688-21 (23)	Voluntary Surrender	1/16/2014	n	
Speers, Traci	063989-21	Voluntary Surrender	1/16/2014		
Stewart, Nicole	033572-24	Voluntary Surrender	1/16/2014		
Turgeon, Jamie	065289-21	Probation w/conditions & Restrictions	1/16/2014	1 yr	For violating sections of the Nurse Practice Act including (1) unprofessional conduct in California which resulted in the revocation of his RN license.

Silva, Andrea	025889-24	Probation w conditions & restrictions	2/12/2014	6 mo	For violating sections of RSA 326-B:37, II and the Nurse Practice Act by reporting to work impaired.
Birner, Brian	026213-21 (23)	Probation	2/20/2014	3 yrs	Respondent was using unusually large doses of Fentanyl for procedures that did not typically require the amount of Fentanyl that Respondent reported giving to the patients. Staff also noted that the Fentanyl was recorded as given just prior to or after Respondent took an extended break. D. Respondent tested positive for Fentanyl. After the drug test, Respondent admitted that he had been diverting medication for his personal use.
Dillon, Robert	046771-23	Probation removed	2/20/2014		
Joseph, Robert	039062-21	Immediate suspension	2/20/2014		
Mockler, Brenda	031598-21	Probation removed	2/20/2014		
Thibault, Kimberly	047475-21	Probation removed	2/20/2014		
Diefenbach, Jenna	014646-22	Voluntary Surrender	2/24/2014		
Jacques, Cheryl	014808-21	Voluntary Surrender	2/26/2014		
Scaggs, Erin	060966-21	Voluntary Surrender	2/26/2014		
Vespa, Jessica	047841-24	Voluntary Surrender	2/26/2014		
Wildes, Lisa	011174-22	Settlement Agreement - Probation	2/27/2014	indef.	
McPhee, Michael	068342-21	Immediate Suspension	3/7/2014		
Joseph, Robert	039062-21	Suspension continued pending full investigation	3/20/2014		
McPhee, Michael	068342-21	Suspension continued pending full investigation	3/20/2014		
Benoit-Toupin, Michelle	028168-24	Voluntary Surrender	3/20/2014		

Carsten, Morgan	048499-24	Probation w/ \$250.00 monetary penalty	3/20/2014	1 yr	For violating sections of the Nurse Practice Act including professional misconduct by abandoning her position without notifying a supervisor.
Mangold, Rebecca	046919-24	Probation w/ \$500.00 monetary penalty	3/20/2014	2 yrs	For violating sections of the Nurse Practice Act including (1) not being found for approximately 2 ½ hours and was found sleeping in an empty resident's room, (2) taking cigarettes belonging to a resident.

DIRECTIONS TO THE NH BOARD OF NURSING

From I-89 North

Travel I-89 North to Exit 2. Turn right on Clinton Street.
Proceed through the traffic light at Langley Parkway.
Turn left onto South Fruit Street.
The Philbrook Building is the 1st Building on the right.

From I-89 South

Travel I-89 South to Exit 2. Turn right on Clinton Street.
Proceed through the traffic light at Langley Parkway.
Turn left onto South Fruit Street.
The Philbrook Building is the 1st Building on the right.

From I-93 North

Travel I-93 North to Exit 14
At light, turn left onto Bridge Street toward downtown Concord.
At the third set of lights, turn left onto Main Street.
At the lights turn right onto Pleasant Street.
At the 4th traffic light, turn left onto South Fruit Street.
The Philbrook Building is the last left before the set of lights.

From I-93 South

Travel I-93 South to Exit 14
At light, turn left onto Bridge Street toward downtown Concord.
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