Rediscover the reasons you became a nurse at Appalachian Regional Healthcare. Our not-for-profit system serves over 350,000 residents in eastern Kentucky and southern West Virginia, and combines innovative medicine and advanced technology with the best of human nature: compassion, tenderness, and a staunch dedication to excellence. Now, as we celebrate 50 years of quality care, we offer even more career options for nurses, from groundbreaking ICU to the flexibility of Home Healthcare.

You will thrive in our team-oriented atmosphere, where collaboration is a given, not the exception. ARH also offers one of the best benefits packages in the region, including generous time-off and vacation days, health insurance, various schedule options and staff development programs. Find out more about us and the many nursing opportunities for experienced RNs and new graduates by visiting our website at www.arh.org or contact Marilyn Hamblin, Appalachian Regional Healthcare, P.O. Box 8086, Lexington, KY 40533. Email: mhamblin@arh.org. Fax: 859-226-2586. EOE
Our employees work hard to make us one of the best places in Kentucky to care for patients.

And we work hard to make us one of the best places in Kentucky to care for *employees*.

Central Baptist Hospital was just named one of Kentucky’s Top 10 Best Places to Work - but our employees knew long before now how much we care for them.

From the wide range of benefits we offer, to our dedicated employee education programs, we’re invested in your choice to pursue a nursing career with us.

Like you, we’ve made a commitment to providing quality care to our patients. But we’re just as proud of our commitment to our employees and their dedication to our hospital. To recognize our outstanding nursing staff, we recently embarked on a journey to pursue Magnet Hospital designation.

For more information about your career at Central Baptist Hospital, visit our Career Center at [www.centralbap.com](http://www.centralbap.com)

**CENTRAL BAPTIST HOSPITAL**

For more information, call us at (859) 260-6122, visit us in person at 1740 Nicholasville Road, Lexington, KY or log on our Website at [www.centralbap.com](http://www.centralbap.com)
KBN MISSION
It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

Executive Director
Charlotte F. Beason, Ed. D., RN

BOARD MEMBERS:
Jimmy T. Isenberg, RN
Elizabeth Partin, ARNP
Susan H. Davis, RN
Catherine Hogan, RN
Mabel Ballinger, Citizen-at-Large
Sally Baxter, RN
Patricia Birchfield, ARNP
Phyllis Caudill-Eppenstein, LPN
Peggy Fishburn, LPN
Ann Fultz, LPN
Marcia Hobbs, RN
Carol A. Komara, RN
Melda Sue Logan, Citizen-at-Large
Jan Ridder, RN
Anne H. Veno, RN
Gail I. Wise, RN

EDITORIAL PANEL:
Ann Fultz, LPN, Chair
Marcia Hobbs, RN
Melda Sue Logan, Citizen-at-Large

EDITOR:
Darlene Chilton

KBN MISSION
It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

Executive Director
Charlotte F. Beason, Ed. D., RN

BOARD MEMBERS:
Jimmy T. Isenberg, RN
Elizabeth Partin, ARNP
Susan H. Davis, RN
Catherine Hogan, RN
Mabel Ballinger, Citizen-at-Large
Sally Baxter, RN
Patricia Birchfield, ARNP
Phyllis Caudill-Eppenstein, LPN
Peggy Fishburn, LPN
Ann Fultz, LPN
Marcia Hobbs, RN
Carol A. Komara, RN
Melda Sue Logan, Citizen-at-Large
Jan Ridder, RN
Anne H. Veno, RN
Gail I. Wise, RN

EDITORIAL PANEL:
Ann Fultz, LPN, Chair
Marcia Hobbs, RN
Melda Sue Logan, Citizen-at-Large

EDITOR:
Darlene Chilton

KBN MISSION
It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

Executive Director
Charlotte F. Beason, Ed. D., RN

BOARD MEMBERS:
Jimmy T. Isenberg, RN
Elizabeth Partin, ARNP
Susan H. Davis, RN
Catherine Hogan, RN
Mabel Ballinger, Citizen-at-Large
Sally Baxter, RN
Patricia Birchfield, ARNP
Phyllis Caudill-Eppenstein, LPN
Peggy Fishburn, LPN
Ann Fultz, LPN
Marcia Hobbs, RN
Carol A. Komara, RN
Melda Sue Logan, Citizen-at-Large
Jan Ridder, RN
Anne H. Veno, RN
Gail I. Wise, RN

EDITORIAL PANEL:
Ann Fultz, LPN, Chair
Marcia Hobbs, RN
Melda Sue Logan, Citizen-at-Large

EDITOR:
Darlene Chilton

KBN MISSION
It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

Executive Director
Charlotte F. Beason, Ed. D., RN

BOARD MEMBERS:
Jimmy T. Isenberg, RN
Elizabeth Partin, ARNP
Susan H. Davis, RN
Catherine Hogan, RN
Mabel Ballinger, Citizen-at-Large
Sally Baxter, RN
Patricia Birchfield, ARNP
Phyllis Caudill-Eppenstein, LPN
Peggy Fishburn, LPN
Ann Fultz, LPN
Marcia Hobbs, RN
Carol A. Komara, RN
Melda Sue Logan, Citizen-at-Large
Jan Ridder, RN
Anne H. Veno, RN
Gail I. Wise, RN

EDITORIAL PANEL:
Ann Fultz, LPN, Chair
Marcia Hobbs, RN
Melda Sue Logan, Citizen-at-Large

EDITOR:
Darlene Chilton

KBN does not necessarily endorse advertisements contained herein. The publisher reserves the right to accept or reject advertisements for the KBN Connection.

Information published in the KBN Connection is not copyrighted and may be reproduced. KBN would appreciate credit for the material used. Direct questions or comments to: KBNWebmaster@ky.gov.

President's Message / 5
Education Corner
• Entry into Practice: A Regulatory Initiative / 6
• Continuing Competency Requirements / 12

Legal • Highlights of Board Actions / 10

Disciplinary Actions Listing / 16-17
Licensure Corner
• LPN Renewal Notification / 18
• Retired License Status / 19
• Proposed Fee Changes / 19

Practice and Education
• Waived Licensure Fee for Louisiana Nurses / 4
• Administration of Medications without Medical Authorization / 24
• Nursing Leadership Program: An Overview of the Kentucky Nursing Laws and the Kentucky Board of Nursing / 26
• Role of Nurses in Maintaining Confidentiality of Patient Information - Advisory Opinion Statement (AOS)#34 / 26
• New Board Member Appointments / 27

Patient Safety Issues / 21

Waived Licensure Fee for Louisiana Nurses
Any Louisiana licensed nurse who is displaced due to Hurricane Katrina, and seeking registration or licensure in Kentucky will have the endorsement application fee waived prior to December 1, 2005. See the KBN website at http://kbn.ky.gov/displaced_licensees.htm for additional information and application instructions.

A teleconference on November 14, 2005 is being sponsored by the Kentucky Board of Nursing, the Department of Public Health, and the Kentucky Hospital Association. Please join us to discuss the clinical internship for new graduates of nursing programs, the Nurse Licensure Compact, mandatory web renewal of all RN/LPN licenses and ARNP registrations, and the role delineation course for graduates of RN programs of nursing who may be eligible to sit for the LPN NCLEX.
Along with several other board members, I had the privilege of attending the National Council of State Boards of Nursing (NCSBN) annual meeting held in Washington, DC from August 2 to August 5, 2005. The National Council is the umbrella organization to which all state boards of nursing belong. In addition to developing and administering the NCLEX examination, the National Council assists member boards in issues of common concern. At this annual meeting, the member boards approved several initiatives of interest to boards of nursing. A proposed model process for criminal background checks was adopted. The model process recommended that state and federal background checks be conducted on applicants for licensure and that the conviction histories be used by boards in licensure decisions. The National Council also adopted a proposal to develop an examination for states that regulates medication aides. Along with that proposal, the delegates adopted a model act and rules for the regulation of nursing assistive personnel, along with a position paper and accompanying documents. The regulation of nursing assistive personnel continues to be an area of concern to boards of nursing across the country. Finally, the delegates adopted a position paper on clinical instruction in prelicensure programs of nursing and a resolution to continue studying methods of measuring continued competency among nurse licensees.

In addition to attending business sessions, I attended the awards session. I am very proud to announce that one of our own, Marcia B. Hobbs, DSN, RN, received the Meritorious Achievement Award from the National Council. The Meritorious Achievement Award is granted to a board or staff member for significant contributions to the purposes of NCSBN. Dr. Hobbs is an ardent voice in the development of public policy to enhance the health and well being of individuals and the community. Her leadership has been demonstrated numerous times; most recently having retired as a Lieutenant Colonel in the U.S. Army Nurse Corps Reserves after serving as chief nurse, recruiter, clinical manager, staff nurse and in-service coordinator. Dr. Hobbs has given presentations on the state, national and international levels, as well as written many publications and conducted research in the field of nursing. Marcia has served as past president of KBN, as well as vice-president of NCSBN, and she currently serves as chair of the KBN Education Committee. [Photo courtesy of 2005 MAX KRUPKA/WEPS]

Also recognized at the awards ceremonies was Sharon M. Weisenbeck for 30 years of service with the NCSBN. As you know, 25 of those years were spent as the KBN Executive Director and the other 5 years were with the Wisconsin Board of Nursing. Sharon has devoted a lifetime promoting public safety thru effective regulation. This was indeed an honor for Sharon having served longer than anyone with the NCSBN and to KBN being represented by a person such as Sharon. [Photo courtesy of 2005 MAX KRUPKA/WEPS]

It was an exciting meeting and all who attended learned a great deal about national nursing issues and issues that will directly impact nurses in Kentucky, as well as bearing witness to the honoring of two of KBN’s finest. Congratulations, Marcia and Sharon!
Entry into Practice: A Regulatory Initiative

Moving from the protective walls of a nursing program to independent nursing practice is a sobering transition for many new graduates. I can still remember driving to my first day of orientation as a new graduate thinking “Oh my gosh, they are going to think I know something!” I dare say that this thought enters the minds of many new graduates as they embark on the work world and the responsibility of becoming a licensed nurse begins to become reality.

The growth of knowledge and the complexity of the nursing profession makes it impossible for a new nurse to graduate from school with all the skills and abilities necessary to function independently in this strange new world. Nurse managers frequently report that many new graduates lack sufficient practical clinical skills to handle the workload and complexity in today’s healthcare settings. Should we expect the novice nurse to have the critical thinking and problem solving skills that a seasoned professional develops over the course of a lifetime? I dare say no. The question then becomes how do we introduce new graduates into the practice world so that they are nurtured and able to become competent, capable practitioners?

Recognizing that nursing competency and patient safety goes hand in hand, KBN began addressing this issue in 1995 with the formation of a Competency Task Force. Based on the recommendations of this and subsequent work groups, KBN took steps to address the issue of clinical opportunities required of nursing students, both pre- and post-graduation. This article will address the approach selected by the Board related to competency at the time of entry into practice.

Background

Current standards for initial licensure include graduation from an approved school of nursing, successful results on the National Council Licensure Examination (NCLEX), and the ability to read with comprehension, understandably speak, and write the English language. Graduation from an approved program of nursing presumes that an applicant for initial licensure demonstrates sufficient competency to deliver safe and effective care. It is recognized that competency standards for initial entry into practice evolve as society changes. To this end, a licensing body is dependent upon the faculty of the prelicensure program of nursing to foster program outcomes reflective of current practice demands, to assure that the competency level of program graduates supports safe and effective nursing care, and to reinforce the need for continued learning throughout a nursing career.

The KBN Competency Task Force consisted of a diverse group of nurses representing education and practice. The specific focus of this task force was to examine the congruence between nursing education and practice expectations. The outcomes of the Initial Competency Task Force were to: improve the preparation of nursing graduates for transition to practice; support nursing practice responsibilities related to the increase in complexity of required patient care skills; provide time and opportunity for new graduates in nursing practice to meet the expectations of employers during the transition from academia to the service industry. With these outcomes in mind, KBN proposed the implementation of two distinct clinical opportunities: One to be completed prior to graduation (Integrated Practicum) and one immediately following graduation (Clinical Internship).

Integrated Practicum

Kentucky state regulations charge nursing programs with the responsibility and accountability to develop a curriculum plan that enables students to acquire the nursing skills essential for safe practice upon graduation. Though each nursing school lays out their program slightly different, each must include theory and selected clinical practice experiences to enable the graduate to provide nursing care to individuals across the life cycle. To enhance the clinical experiences already present within nursing programs, KBN adopted a requirement titled “Integrated Practicum.” The practicum consists of 120 clock hours of concentrated direct patient care in a health care facility to be completed within a 7-week period during the final semester or quarter of the program of nursing. Prelicensure programs of nursing are required to provide this capstone clinical experience under the supervision of a program faculty member for any student admitted to their program as of July 1, 2004.

A capstone experience by definition is “an opportunity for students to demonstrate that they have achieved the goals for learning established by their educational institution and major.” This capstone clinical experience should be designed in such a manner that the student is able to demonstrate cognitive, affective and psychomotor learning sufficient for completion of program outcomes. The clinical setting in which the student completes the integrated practicum depends upon the program of nursing.

Clinical Internship

The second clinical component introduced by KBN is accomplished post-graduation within the practice arena. This component is called the “Clinical Internship.” Beginning January 1, 2006, any individual seeking licensure in Kentucky by examination and/or endorsement who has not practiced for at least 120 hours following graduation will be required to complete a clinical internship and pass NCLEX prior to full licensure being granted. The statute, KRS 314.011(20), defines the

continued on Page 9

“The growth of knowledge and the complexity of the nursing profession makes it impossible for a new nurse to graduate from school with all the skills and abilities necessary to function independently in this strange new world.”
There are 3,208 reasons we are an award winning organization.

Would you like to be 3,209?

For a free DVD, email Claudia Carroll, External Recruitment Coordinator at claudiacarroll@sjhlex.org or write her at Saint Joseph HealthCare, One Saint Joseph Drive, Lexington, KY 40503.

For complete job listings, call our Jobline at 859.313.3995 or visit our website at www.saintjosephhealthcare.org/employment.

Saint Joseph HealthCare offers competitive pay, excellent benefits, on-site daycare and free parking. EOE

Saint Joseph HealthCare
Since 1877. The Science of Medicine. The Heart of Compassion.
Join the fastest growing hospital in the state
AND TAKE YOUR CAREER TO THE NEXT LEVEL

Pikeville Medical Center is a 261-bed medical facility located in Pikeville, KY. With the tremendous advancements being made and $25 million of expansions underway, opportunities have become available in several areas.

"On behalf of the nursing department, I welcome you to join a dedicated staff that is committed to giving excellent care to our patients. When you join the nursing team at Pikeville Medical Center, you will experience a spirit of giving, caring, and commitment to quality care and teamwork in all that you do. You will also find an extended family that will offer you friendship, support and encouragement throughout your career."

- Cheryl Hickman, Chief Nursing Officer

Registered Nurses

- Labor & Delivery
- Neonatal Intensive Care Unit
- Obstetrics
- Telemetry
- Surgery
- Medical & Surgical Units
- Cardiac/Neurovascular Unit (CTVU)
- Current KY RN license and CPR certification is required.
- Previous experience preferred.
- We offer outstanding benefits, a great working environment and some of the best technology you will find anywhere.

Certified Registered Nurse Anesthetist (CRNA):

- State of the art equipment and technology
- Oxyane Aescurrima Machine
- Phillipsrary Touch-screen monitors
- Edwards Vigilance (SVO2/CO2) monitors
- Brain Interface Equipment
- Six weeks vacation plus six paid national holidays, a personal day, and a birthday holiday
- 401k retirement plan
- Sign-on bonus and tuition reimbursement plans available
- Guaranteed base pay ($32,000 - $36,000) supplemented by crna Good will pay
- Continuing education funding
- Great working relationship with anesthesiologists and surgeons
- Two CRNA and an anesthesia tech to assist with case turnover
- Call is via house from home, taken 1st with an anesthesiologist
- CRNAs are encouraged to perform their own regional and central blocks

Contact:
Brian Mullins
Pikeville Medical Center
911 Byrnes Road • Pikeville, KY 41501
Ph: (606) 219-5504 • Fax: (606) 437-9708
brian.mullins@pikevillehospital.org

Apply in person:
Human Resources, located on the second floor of the May Tower.
Hours: M-F, 8 a.m. - 4:30 p.m.
Visit our website at www.pikevillehospital.org to download an application.

Pikeville Medical Center
Equal Opportunity Employer
clinical internship as: “A supervised nursing practice experience which involves any component of direct patient care.” The statute further specifies that the internship “shall last a minimum of 120 hours and shall be completed within 6 months of the issuance of the provisional license” (KRS 314.041). The key elements of the clinical internship include: direct patient care, supervision by a licensed nurse, 120 hours in duration, and a 6-month provisional license time frame.

A student graduating from an approved nursing program will first make application to the state of Kentucky and to NCLEX. Once the Kentucky application is complete, KBN will wait until communication is received from the student’s program of nursing indicating that he/she has successfully completed all requirements for graduation. Once this communication is received, the graduate will be issued a provisional license for the state of Kentucky that is valid for 6 months. During the 6-month period, the new graduate will be required to complete the internship and advised to successfully pass the NCLEX examination if he/she desires to continue practicing within the state. At the time that the provisional license expires, if the new graduate has either not completed the internship or passed NCLEX, he/she will no longer be able to practice as a licensed nurse within the state of Kentucky.

Once the provisional license has been received or verified, the new graduate can begin the clinical internship. During the period of time that the new graduate has the provisional license, he/she will use the title RNA (Registered Nurse Applicant) or LPNA (Licensed Practical Nurse Applicant). The internship can be completed at any healthcare agency licensed by the state. For a new graduate, a primary factor in the selection of an agency is the ability to engage in patient care under the direct supervision of a licensed nurse. To qualify as direct supervision, the nurse responsible for the applicant shall at all times be physically present in the facility and immediately available to the applicant.

At the completion of the 120-hour internship period, the new graduate will submit verification of completion to KBN.

Once this verification has been received, KBN will notify NCLEX that the individual is eligible to schedule and take the licensing examination. If the graduate is not successful on the examination, the provisional license is voided and the individual can no longer work in the capacity of a licensed professional until the time that he/she has successfully passed NCLEX.

Conclusion

Nurses are considered to be the heart and soul of healthcare settings, the front line carefiber to clients. Supporting nurses through their critical entry into the profession is not only good for the development of the nurse and the employer, but it is most important to the good of the patient. Regulation implies the intervention of the government to accomplish an end beneficial to its citizens. Through the implementation of administrative regulations, KBN has taken these two steps to assist new graduates in developing entry level clinical competence under the guidance of an experience professional.

For more information on the clinical internship and a list of frequently asked questions and answers, refer to the KBN website at http://kbn.ky.gov
HIGHLIGHTS OF BOARD ACTIONS

ALTERNATIVE TO DISCIPLINE PRACTICE PROGRAM - Appointed an Ad Hoc Work Group of the Board to study the issue of implementing an alternative to discipline program for practice competency deficits. The members of the group will be Jan Ridder, RN, Chair; Ann Fultz, LPN; Catherine Hogan, RN; and Elizabeth Partin, ARNP.

MANDATORY ONLINE RENEWAL - Directed that web-based renewals be mandatory for RNs, LPNs, and ARNPs beginning with the 2006 renewals, and that licensees have the option of requesting a paper renewal application for an additional fee of $40.

ARNP COUNCIL - Directed that David Schwytzer, ARNP-A; Kim Evans, ARNP-CNS; and Jill Crawford, ARNP-P, be appointed to the ARNP Council.

DIALYSIS TECHNICIAN ADVISORY COUNCIL - Directed that Kathy Roberts, RN, and Evelyn M. Stokes, DT, be appointed to the Dialysis Technician Advisory Council.

DISCOVER IWU’S NURSING PROGRAMS

Indiana Wesleyan University offers busy working healthcare professionals an 18-20 month Bachelor’s Completion Program for Registered Nurses and a 24-30 month Master of Science Degree in Nursing.

Both programs allow you to:
- Attend class one night a week at a convenient location near your work or home or complete your degree entirely online
- Instructors combine academic credentials with professional expertise
- Register once with no waiting in line
- Have books and materials delivered to your home
- Go through the entire course of study with the same group of students

CLASSROOM-BASED PROGRAMS
866-IWU-4-YOU

ONLINE PROGRAMS
888-IWU-2-DAY

www.indwes.edu/NursingPrograms

You Could Win A CARIBBEAN CONFERENCE CRUISE

From Thinkaboutitnursing / Publishing Concepts.

Earn Contact Hours and Have the Time of Your Life Cruising the Caribbean in April 2006!
You could WIN a berth on the Thinkaboutitnursing Premiere Continuing Education Caribbean Cruise! The lucky winner occupies a berth complete with beautiful views of the Caribbean and ports of call! Port charges, taxes, gratuities, conference material fees, all meals, 24-hour room service, shipboard activities, nightly entertainment and shows are all included. Register today!

NURSES! Mail your entry including your name, credentials, address, phone number and e-mail address to:
Caribbean Cruise
Publishing Concepts, Inc.
14109 Taylor Loop Rd.
Little Rock, AR 72223
Marymount Medical Center has positions for nurses who are passionate about helping others, understand the value of their work and who genuinely want to make a difference in the lives of people they touch.

This is an exciting time at Marymount because we’re in the process of revitalizing our culture through an initiative called Engineering Excellence. Dedicated to providing an interactive, quality environment for our employees, physicians and patients, Engineering Excellence involves all levels of hospital personnel and is a top priority of our senior management team.

We’re creating an environment that involves purpose, worthwhile work and the ability to make a difference. If that’s what you’re looking for, we have a place for you. Call us.
Change in Earning Periods for All Nurses

Beginning with the 2005 renewal period, LPNs are required to renew their license yearly by October 31. RNs will begin the annual renewal process in 2006. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

<table>
<thead>
<tr>
<th>Earning Period</th>
<th>For Renewal By</th>
<th>#CE Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/1/03-10/31/05</td>
<td>10/31/05</td>
<td>14*</td>
</tr>
<tr>
<td>11/1/05-10/31/06</td>
<td>10/31/06</td>
<td>14*</td>
</tr>
<tr>
<td>RNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/1/04-10/31/06</td>
<td>10/31/06</td>
<td>14*</td>
</tr>
<tr>
<td>11/1/06 – 10/31/07</td>
<td>10/31/07</td>
<td>14*</td>
</tr>
</tbody>
</table>
*or equivalent

Each year KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the Kentucky Nursing Laws.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR
7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.
8. College courses, designated by a nursing course number, and courses in physical and social sciences will count toward CE hours. One semester credit hour equals 12 contact hours.

Domestic Violence CE Requirement: There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period; however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements: ARNs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements: The 2 hours of mandatory HIV/AIDS CE can be earned once every 10 years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees: All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Academic (College Credit) Courses Used to Meet CE Requirements: Certain college credit courses may be used to meet CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences such as Psychology, Biology, and Sociology will count toward CE hours. (One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.) Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, as well as CPR/BLS, in-service education, or nurse aide training. ACLS or PALS courses are acceptable for CE hours if given by an approved provider.

If a college course does not fall within these designated categories, and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course at a cost of $10. The application must be submitted to KBN by 11/30 of the licensure year.

Additional information about CE/competency can be found on the KBN website at http://kbn.ky.gov/education/ce.htm.
Quarterly OMHS Nursing Forums:
Getting Nurse Input For Better Patient Outcomes

Every year, OMHS conducts four quarterly nursing forums, inviting your ideas to the forefront of patient care. At each forum, nurses and OMHS administration discuss the latest in clinical excellence and outcomes, setting clearly-defined action plans with specific, measurable goals. Together we continue to improve patient care.

You talk. We listen.

"Come Care With Us."

Owensboro Medical Health System
King’s Daughters nursing team delivers world-class care

King’s Daughters Medical Center’s nursing team features a dedicated team of more than 1,700 nurses motivated by one common goal—delivering world-class care.

Yet, the reasons they choose to practice at KDMC are diverse and unique. As a Top 100 Company for Working Mothers, many moms and mothers-to-be enjoy benefits such as flexible scheduling and on-site day care. Others take advantage of tuition reimbursement programs designed to help nurses take their career to new heights.

While KDMC’s generous salary and benefit programs are important, they often are not the primary motivations for nurses, many of whom view their profession as a calling. For those such caregivers at KDMC, a job well done is its own reward.

Jennifer Sark, R.N., can’t wait to come to work in the morning. Likewise, Jennifer’s teammates at King’s Daughters look forward to seeing her. She is a valued clinician who has earned the respect of her fellow nurses on the Surgical Observation Unit.

Jennifer particularly enjoys getting to know her patients and helping ensure success following surgery.

“You really see a positive difference in patients after their procedures,” she says. “I like being part of the improvement, especially for those whose surgery is elective.”

Jennifer says King’s Daughters commitment to leading-edge technology benefits nurses.

“King’s Daughters is always doing something to improve the quality of work for nurses,” says Jennifer, a 10-year veteran at KDMC. “We practice in the best facilities and use the most advanced equipment.”

King’s Daughters promotes a team environment that serves both patients and nurses. Surgical Orthopedic nurse Carrie Gordon, R.N., who has

Members of the nursing staff at KDMC

Top photo (clockwise from top): Aaron Palmer, R.N., Skilled Nursing; Patricia Berry, R.N.C., BSN, Behavioral Medicine; Heather Heil, R.N., Rehabilitation Unit; Katy Sebastian, R.N., Emergency Department; and Maria Dykes, R.N., BSN, Family Practice Unit.

Bottom photo (clockwise from top): Jennifer Sark, R.N., Surgical Observation Unit; Lisa Bowen, R.N., Respiratory Step Down Unit; and Heather Rapp, R.N., Cancer Resource Center.
vers World-Class Care

“KDMC is big enough to care for the needs of everyone, yet small enough to focus on individual customer needs.”

Brenda Rice, R.N.
Respiratory Step Down

More than a great workplace

King’s Daughters employees more than 3,000 team members, and boasts a 95 percent retention rate—one of the best in the nation for our industry.

The medical center was recently named among the nation’s 100 Top Hospitals by Solucient; received a five-star rating for Cardiac Care for 2005 by HealthGrades and has been named a Top 100 U.S. company for working mothers by Working Mother Magazine for the past three years.

To learn more about employment opportunities at King’s Daughters, or to apply for a position online, visit our website at kdmc.com

practiced two years at the medical center, says her fellow caregivers support each other:

“Many of the nurses are my best friends. They’re like my family,” Carrie says. “They have a lot more experience, and I can go to them for advice on anything.”

“King’s Daughters is where I always wanted to work. My family has always received care there,” she continues. “It’s such an honor when I hear the great things our community has to say about our care.”

Family is important to Respiratory Step Down nurse Brenda Rice, R.N., who has spent seven years at the medical center. Growing up, she dedicated much of her life to caring for her family, which later helped shape her professional career:

“When my grandfather suffered a stroke, I took care of him and helped manage his farm. Later, I gave birth to my two daughters,” she says. “Throughout my life, I’ve cared for others, so nursing seemed like an appealing career choice.”

Brenda says King’s Daughters personal approach to care is what makes the medical center the provider of choice in the region.

“Our nurses, therapists and physicians work well together. This teamwork fosters good continuity of care,” she says. “Our nursing team views every patient as everyone’s patient, so we take personal responsibility to ensure the best care for all.”

Brenda also says the friendly, hometown atmosphere at King’s Daughters is important.

“KDMC is big enough to care for the needs of everyone, yet small enough to focus on individual customer needs,” she says.
Since the publication of the summer edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws. A report that contains a more extensive list of disciplinary actions is available on the KBN website at [http://kbn.ky.gov/kbn/downloads/discipline.pdf](http://kbn.ky.gov/kbn/downloads/discipline.pdf). If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

### CEASE AND DESIST NOTICES ISSUED

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>City</th>
<th>Notice Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernie Lee Ellis</td>
<td>9/26/1972</td>
<td>Louisville KY</td>
<td>Mailed 6/27/05</td>
</tr>
</tbody>
</table>

### IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adkins, Stephanie Lea Fletcher</td>
<td>LPN #2036125</td>
<td>Virgie KY</td>
<td>Eff. 8/9/05</td>
</tr>
<tr>
<td>Clay, Charlotte V.</td>
<td>RN #1100344</td>
<td>Louisville KY</td>
<td>Eff. 8/25/05</td>
</tr>
<tr>
<td>Cofer, Rae Emmons</td>
<td>RN #1033335</td>
<td>Louisville KY</td>
<td>Eff. 8/24/05</td>
</tr>
<tr>
<td>Harmon, Dana K.</td>
<td>LPN #2026434</td>
<td>Sharpsburg KY</td>
<td>Eff. 7/29/05</td>
</tr>
<tr>
<td>Holbrooks, Ronetta</td>
<td>LPN #2028361</td>
<td>Rockhouse KY</td>
<td>Eff. 7/11/05</td>
</tr>
<tr>
<td>Lancaster, Shawna L.</td>
<td>LPN #2038163</td>
<td>Somerset KY</td>
<td>Eff. 8/26/05</td>
</tr>
<tr>
<td>Patton, Teresa Epperson</td>
<td>LPN #2031175</td>
<td>Littcarr KY</td>
<td>Eff. 8/26/05</td>
</tr>
<tr>
<td>Stewart, Holley A. Herdt</td>
<td>RN #1072739</td>
<td>Louisville KY</td>
<td>Eff. 7/29/05</td>
</tr>
<tr>
<td>Wilson, Patricia S. Bray</td>
<td>LPN #2028330</td>
<td>Fort Bragg, NC &amp; Lexington KY</td>
<td>Eff. 7/29/05</td>
</tr>
</tbody>
</table>

### IMMEDIATE TEMPORARY SUSPENSION OF CREDENTIAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Credential</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Sandra Y.</td>
<td>Dialysis Technician</td>
<td>Louisville KY</td>
<td>Eff. 7/25/05</td>
</tr>
</tbody>
</table>

### LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookout, Cynthia A. Bell</td>
<td>RN #1058371</td>
<td>Paducah KY</td>
<td>Eff. 8/24/05</td>
</tr>
<tr>
<td>Bussell, Jennifer J. Workman</td>
<td>RN #1071705</td>
<td>Ewing KY</td>
<td>Eff. 7/26/05</td>
</tr>
<tr>
<td>Carlton, Sallie D.</td>
<td>LPN #2022500</td>
<td>Dawson Springs KY</td>
<td>Eff. 8/23/05</td>
</tr>
<tr>
<td>Hoetker, Mary Jane DeHart</td>
<td>RN #1040043</td>
<td>Louisville KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Metcalfe, Linda Dailey</td>
<td>RN #1029221</td>
<td>Lancaster KY</td>
<td>Eff. 7/27/05</td>
</tr>
<tr>
<td>White, Glynna Marcella</td>
<td>RN #1090315</td>
<td>Lexington KY</td>
<td>Eff. 6/20/05</td>
</tr>
<tr>
<td>Workman, Reginald Dale</td>
<td>RN #1098206</td>
<td>Louisville KY</td>
<td>Eff. 8/9/05</td>
</tr>
</tbody>
</table>

### LICENSE REVOKED

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaton, Jennifer Denise Ogans</td>
<td>LPN #2031917</td>
<td>Hazard KY</td>
<td>Eff. 7/27/05</td>
</tr>
<tr>
<td>Kinney, Lisa Sue Groves</td>
<td>LPN # 2021308</td>
<td>Florence KY</td>
<td>Eff. 7/27/05</td>
</tr>
<tr>
<td>Margraves, Debra C.</td>
<td>RN #1067698</td>
<td>Lexington KY</td>
<td>Eff. 7/27/05</td>
</tr>
</tbody>
</table>

### LICENSE SUSPENDED

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brasher, Tracey Jean</td>
<td>LPN #2034073</td>
<td>Nortonville KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Christian, Linda Mae Sutterfield</td>
<td>LPN #2027613</td>
<td>Corbin KY</td>
<td>Eff. 6/17/05</td>
</tr>
<tr>
<td>Frazier, Rebecca Joanna</td>
<td>RN #1104686</td>
<td>Frankfort KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Green, Pamela S. Sandlin</td>
<td>LPN #2037499</td>
<td>Berry KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Hale, Karry L.</td>
<td>LPN #2037759</td>
<td>Independence KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Meadows, Mary E. Miller</td>
<td>RN #1065581</td>
<td>Somerset KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Poynter, Christopher Grant</td>
<td>LPN #2036495</td>
<td>Somerset KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Barnett, Lora M.</td>
<td>LPN #2028100</td>
<td>Sharon Grove KY</td>
<td>Eff. 6/17/05</td>
</tr>
</tbody>
</table>

### LICENSE CONTINUED ON SUSPENSION

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Griffin, Phyllis C. Hayes</td>
<td>LPN #2022553</td>
<td>Richmond KY</td>
<td>Eff. 8/19/05</td>
</tr>
<tr>
<td>Harmon, Shirley Ann</td>
<td>LPN #2035843</td>
<td>LaGrange KY</td>
<td>Eff. 8/19/05</td>
</tr>
</tbody>
</table>

### LICENSE VOLUNTARILY SURRENDERED

<table>
<thead>
<tr>
<th>Name</th>
<th>License</th>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnette, Sarah Avo Meeks</td>
<td>RN #1039641</td>
<td>Bowling Green KY</td>
<td>Eff. 6/22/05</td>
</tr>
<tr>
<td>Dodson, Tammy L. Shelton</td>
<td>LPN #2024196</td>
<td>Stanford KY</td>
<td>Eff. 7/26/05</td>
</tr>
<tr>
<td>Hayden, Marilyn Denise Wood</td>
<td>RN #1092463</td>
<td>Lebanon KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Maddox, Rachel Mischelle</td>
<td>LPN #2029920</td>
<td>Newburgh IN</td>
<td>Eff. 7/26/05</td>
</tr>
<tr>
<td>McHale, Janice R. Moore</td>
<td>RN #1059946</td>
<td>Fort Wright KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Millikan, Kimberly Dawn May</td>
<td>RN #1065549</td>
<td>Providence KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Ponto, Dennis Anthony</td>
<td>RN #1089801</td>
<td>Lanesville IN</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Shaner, Brenda S. Kerby</td>
<td>LPN #2024762</td>
<td>Nicholasville KY</td>
<td>Eff. 7/26/05</td>
</tr>
<tr>
<td>Smith, Teresa E.</td>
<td>RN #1054671</td>
<td>Tiline KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Tesch, Aaron A.</td>
<td>LPN #2039113</td>
<td>Shepherdsville KY</td>
<td>Eff. 7/26/05</td>
</tr>
<tr>
<td>Vance, Jondra</td>
<td>RN #1099451</td>
<td>Lexington KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>Whitt, Georgia R. Evans</td>
<td>LPN #2027443</td>
<td>Waynesburg KY</td>
<td>Eff. 8/30/05</td>
</tr>
<tr>
<td>License Denied Reinstatement</td>
<td>License Number</td>
<td>Location</td>
<td>Effective Date</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Logsdon, Elsie Wallace</td>
<td>LPN #2004871</td>
<td>Shepherdsville KY</td>
<td>8/19/05</td>
</tr>
<tr>
<td>Helton, Doris J. Lewis</td>
<td>RN #1080209</td>
<td>Gray KY</td>
<td>8/19/05</td>
</tr>
<tr>
<td>Ward, Lisa Ann Holmes</td>
<td>RN #1077609</td>
<td>Flatwoods KY</td>
<td>6/17/05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License to Be Reinstated Limited/Probated</th>
<th>License Number</th>
<th>Location</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gray, Rhonda G. Norman</td>
<td>LPN #2025227</td>
<td>Hima KY</td>
<td>7/26/05</td>
</tr>
<tr>
<td>Richards, Sherry L. Schloss</td>
<td>RN #1072296</td>
<td>Lexington KY</td>
<td>8/19/05</td>
</tr>
<tr>
<td>Roberts, Karen Ann</td>
<td>RN # 1055181</td>
<td>Bowling Green KY</td>
<td>7/26/05</td>
</tr>
<tr>
<td>Rudd, Pamela Cox</td>
<td>LPN #2028876</td>
<td>Campton KY</td>
<td>6/17/05</td>
</tr>
<tr>
<td>Shumate, Tammy Aileen Tedder</td>
<td>LPN #2033003</td>
<td>Charlestown IN</td>
<td>6/17/05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Limited/Probated</th>
<th>License Number</th>
<th>Location</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brady, Andrea Marie Baker</td>
<td>LPN #2036526</td>
<td>Vine Grove KY</td>
<td>7/26/05</td>
</tr>
<tr>
<td>Causey, Tammy Ann Doolin</td>
<td>LPN #2029238</td>
<td>Owensboro KY</td>
<td>8/30/05</td>
</tr>
<tr>
<td>Conley, Paula J. Lockwood</td>
<td>LPN #2019528</td>
<td>Burgin KY</td>
<td>6/17/05</td>
</tr>
<tr>
<td>Miller, Kristie Ann Blanton</td>
<td>LPN #2036436</td>
<td>Harlan KY</td>
<td>7/26/05</td>
</tr>
<tr>
<td>Pence, Janet Kay Peabody</td>
<td>RN #1093965</td>
<td>Worthville KY</td>
<td>6/16/05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reprisal</th>
<th>License Number</th>
<th>Location</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burress, Melissa D. Livesay</td>
<td>RN #1094440</td>
<td>Lexington KY</td>
<td>8/30/05</td>
</tr>
<tr>
<td>Earls, Vicki L. Root</td>
<td>RN #1080729</td>
<td>London KY</td>
<td>6/22/05</td>
</tr>
<tr>
<td>Orwig, Christy Arlene Cook</td>
<td>RN #1090253</td>
<td>Madison IN</td>
<td>6/16/05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License to Be Reinstated Without Restrictions</th>
<th>License Number</th>
<th>Location</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Kamara L. Glenn</td>
<td>LPN #2033016</td>
<td>Sicklerville KY</td>
<td>8/19/05</td>
</tr>
<tr>
<td>Wyatt, Naomi J. Lowe</td>
<td>RN Exam Applicant</td>
<td>Hazel KY</td>
<td>6/17/05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consent Decrees Entered June 7, 2005 – August 30, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration</td>
</tr>
<tr>
<td>Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licenses Removed from Probation June 7, 2005 – August 30, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
</tr>
</tbody>
</table>

---

**Central State Hospital**

**Registered Nurses, Licensed Practical Nurses - All shifts - FT, PT**

Central State Hospital is an adult psychiatric hospital located in Louisville, KY. Our mission is to provide high quality psychiatric care for adults with serious mental illnesses in order to successfully return them to community living. For over 125 years we have developed a tradition of quality care by assembling compassionate and knowledgeable professionals, working together as a team to provide multidisciplinary insight and treatment for those we serve.

Adjacent to one of the area’s largest community parks, Central State is a modern 192 bed facility located within the eastern suburbs of Louisville. We are easily accessible to the major highways and thoroughfares in Louisville, and serviced by the public transportation system. Our on-site parking is ample and free.

We are searching for RNs and LPNs to join our professional staff of caregivers. As a respected and valued professional, you will have the opportunity to work as a member of a team of qualified and dedicated professionals in planning and implementing care for patients on one of our treatment programs. Full time and part time positions are available.

RN candidates must have an RN degree and unrestricted KY nursing license. LPN candidates require 18 months of training beyond the high school level in nursing and a KY Practical Nursing license. Previous psychiatric experience is preferred, but not necessary. Candidates must have good computer skills.

We offer an enhanced salary and benefits package. Please send resumes to: Central State Hospital, Attention: Human Resources Department, 10510 LaGrange Rd, Louisville, KY 40223 • Or email to csh.recruiter@ky.gov

Central State Hospital is an Equal Opportunity Employer F/M/D/V
If you failed to renew your license before midnight October 31, 2005, your license has lapsed, and you may not continue to practice as a nurse in Kentucky until your license has been reinstated.

To reinstate your license you must complete a reinstatement application, pay the $120 application fee and submit proof of earning the continuing competency requirement, and proof of earning the domestic violence 3 contact hour CE requirement. Until all documents are received and reviewed your application for reinstatement will not be processed and you may not practice as a nurse in Kentucky until your license has been reinstated.

Until December 1, 2005, if you have your renewal application, you may submit that application with the $120 application fee, proof of earning the continuing competency requirement, as well as proof of earning the 3 contact hours of domestic violence, if you do not have the renewal application, you must submit the application for reinstatement.

On and after December 1, 2005, you must submit the application for reinstatement with the above mentioned requirements before your license will be reinstated.

The processing of the reinstating license may take up to 5 working days. It may take up to 3 weeks to receive a renewed license card.

You may not work in Kentucky as a nurse without a current, active license. If you must answer “yes” to either the disciplinary or criminal history questions, you must mail certified copies of court records and/or other boards’ actions and a letter of explanation to KBN, to the attention of Consumer Protection. Your application for reinstatement will not be processed until the documentation is received and reviewed.

NAME CHANGE: To change your name and receive a new license card, you must return your license card(s) with the request for a name change, the $35 fee, and the legal documentation before a new license card will be issued. Acceptable documentation includes, marriage certificate, divorce decree (showing the return to another name), other legal name change documents, or a social security card.

ADDRESS CHANGE & DUPLICATE RENEWAL FEE: If your address changed, please go to our web site at www.kbn.ky.gov to make the necessary changes. Please follow the instructions carefully, typing your address in the correct lines. If you fail to put city, state, and zip code in the correct fields, your address will not update the KBN data base correctly, and you will not receive any future communication from the board.

Additional information about the RN renewal period is available on the KBN website and will be printed in upcoming issues of the KBN Connection.

Recruiting the best employees comes down to high standards and a careful process.

At Methodist Hospital, we are absolutely committed to superior patient care. We realize that goal is only attainable with a staff that’s given respect, appreciation, and outstanding benefits.

We go through a process that ensures we select only the best candidates for our jobs. Finding the right person for each position is something we take seriously, because if we hire only the best, our patients will know to expect only the best care.

Our facilities are excellent, and constantly growing to meet the needs of our communities. Our wages are fully competitive. We offer a retirement plan completely funded by us. Plus, there’s an additional annuity (403B) option where we match your contributions by sixty percent, and that’s up to six percent of your salary. (Compare that with any other hospital in the region. We’re tops.)

We have health, dental and vision insurances available. Fully paid life insurance, too. Shift incentives. Education reimbursement. A whole array, in fact, of benefits that help make life better for you and your family.

Our standards are high. If you embrace the mission of superior care, we want you on our team. Please call Human Resources at Methodist Hospital to explore working with us.

Together, your caring and our caring will make a mighty force for healing.
Retired License Status

Beginning November 1, 2005, a retired license status will be available for LPNs. An application will be available for printing from the KBN web site (www.kbn.ky.gov) beginning September 1, 2005. There is a one time processing fee of $25. The retired licensure status will not require a renewal process and therefore will not have an expiration date.

If you wish to retire on November 1, 2005 and you have a lapsed LPN licensure status, you may apply for the retired licensure status on line using a credit card. Or you may print and complete the retired licensure status application and return the completed application with the $25 fee and your current license card (expiring 10/31/2006) and a retired status card will be issued to you. If you have any questions, please contact Lou Johnson at lou.johnson@ky.gov.

Proposed Fee Changes

KBN has filed an amendment to 201 KAR 20:240, the regulation on fees for applications and services. The amendment was filed with the Legislative Research Commission on August 31, 2005 and was published in the October Administrative Register. The regulation will be considered by the Administrative Regulations Review Subcommittee during its December meeting. The changes to the regulation are as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Fee</th>
<th>Proposed Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Verification</td>
<td>$10 first individual $1 each additional</td>
<td>$50 first individual $20 each additional</td>
</tr>
<tr>
<td>CE Provider</td>
<td>$150 per year</td>
<td>$200 for 5 years</td>
</tr>
<tr>
<td>Paper Renewal Form</td>
<td>No Fee</td>
<td>$40</td>
</tr>
<tr>
<td>Return Check Fee</td>
<td>$25</td>
<td>$35</td>
</tr>
<tr>
<td>Program of Nursing Application</td>
<td>No Fee</td>
<td>$2,000</td>
</tr>
<tr>
<td>Copy of Transcript</td>
<td>$5</td>
<td>$25</td>
</tr>
<tr>
<td>ARNP Application</td>
<td>$120</td>
<td>$150</td>
</tr>
<tr>
<td>Endorsement Application</td>
<td>$120</td>
<td>$150</td>
</tr>
<tr>
<td>Exam Application</td>
<td>$110</td>
<td>$150</td>
</tr>
</tbody>
</table>
We are currently recruiting for the following positions:

**DIRECTOR OF CARDIOLOGY SERVICES**
College Degree, Masters preferred (MSN, MBA, or MHA); Minimum of 5 (prefer 10) years of experience in Cardiovascular Services, with at least half of those years in Cardiovascular leadership. Current KY state Registered Nurse License

**ASSISTANT CNO**
Masters Required (or will be obtained within 6 months); Minimum of 5 (prefer 10) years of progressive leadership in a hospital setting; Mentorship for CNO position and will report directly to the CNO; Current KY state Registered Nurse License

**CENTER FOR WOMEN’S HEALTH EDUCATOR**
Full-time position Monday-Friday
BSN required (Masters preferred)
Minimum of 5 years experience in Women’s Health
Current KY state Registered Nurse License

**OTHER CLINICAL POSITIONS**
ICU/CCU RN’s - 7p-7a Full-time and PRN
Respiratory Therapists - 7p-7a Full-time and PRN
OR Scrub Tech - 7a-3p Full-time w/rotating call. Certification required.
Registered Histology Technician - Days, Full-time

Frankfort Regional Medical Center a 173-bed facility committed to investing in healthcare education for the care of our patients.
- Clinical Advancement Program
- Shared Governance Councils
- Opportunity in Nursing Research
- eMar, ePom, Computerized Nursing Documentation, Omniscell

For more information on employment opportunities, please contact: Amanda R. Bailey - Hospital/Nurse Recruiter
299 Kings Daughters Dr. • Frankfort, KY 40601 • 502-226-7571 (office) • 502-226-7875 (fax) • FrankfortRegional.com
Patient Safety Issues

Safety Issues with Patient-Controlled Analgesia

Part I – How Errors Occur


Patient-controlled analgesia (PCA) has great potential to improve pain management, allowing patients to self-administer a more frequent but smaller dose of an analgesic when in pain. When used as intended, PCA actually reduces the risk of oversedation, which is an unintended consequence of the traditional nurse-controlled analgesia in larger, less frequent doses. However, it’s clear from anecdotal reports in the literature and events reported to ISMP that errors happen frequently, sometimes with tragic consequences. The following factors have often contributed to PCA errors.

**PCA by proxy.** A crucial built-in safety feature with PCA that’s often overlooked is that the device is intended to be activated by the patient. A sedated patient will not press the button to deliver more-opiate, thus avoiding toxicity. More opiate is required to produce respiratory depression than to produce sedation. However, family members and health professionals have administered doses for the patient, by proxy, hoping to keep them comfortable. This well-intentioned effort has resulted in respiratory depression and even death. For example:

A postoperative patient asked her husband to press the button on her meperidine PCA if she moved or made any noise as she slept during the night. Sadly, he complied, and by morning, the patient suffered a respiratory arrest and could not be successfully resuscitated.

A nurse consistently woke her elderly patient, assessed his pain, and pressed the button on his morphine PCA, believing she was helping this “stoic” patient. Extreme oversedation resulted by morning, which eventually contributed to the patient’s death.

**Improper patient selection.** Since an important safety feature with PCA is that the patient delivers each dose, candidates for PCA should have the mental alertness and cognitive, physical, and psychological ability to manage their own pain. However, the benefits and convenience of PCA have led providers to extend its use to less than ideal candidates such as infants, young children, and confused patients. This facilitates the dangerous practice of PCA by proxy. For example:

A previously alert elderly patient was prescribed morphine PCA postoperatively, but she became obtunded and confused, and unable to verbalize pain or press the button. To keep her comfortable, nurses delivered PCA doses when the patient exhibited restlessness. Within 48 hours, the patient experienced respiratory depression and seizures, resulting in hypoxic encephalopathy, and death 2 months later.

Oversedation has also occurred in less than ideal candidates at risk for respiratory depression due to comorbid conditions such as obesity, asthma, or sleep apnea, or use of concurrent drugs that potentiate opiates (e.g., benzodiazepines, barbiturates). PCA use in unsuitable patients may also result in undertreatment due their inability to clearly communicate pain.

**Inadequate monitoring.** Even at therapeutic doses, opiates can suppress respiration, and decrease heart rate and blood pressure. Accordingly, nurses typically monitor patients receiving opiates at distinct intervals. However, these activities may not alert caregivers to opiate toxicity. Patients may not be monitored frequently enough, especially during the first 24 hours and at night when nocturnal hypoxia can occur. The way that nurses assess patients may also be at the root of the problem. Patients with increased respiratory depression or oversedation can easily be stimulated to a higher level of consciousness and an increased respiratory rate. Thus, if nurses disturb patients in order to make the assessment, the observed level of consciousness and respiratory rate may not be helpful in detecting toxicity. Once the stimulus is removed, patients fall back into an oversedated state. There’s also too much reliance on pulse oximetry readings, which can offer a false sense of security since oxygen saturation is usually maintained even at low respiratory rates, especially if supplemental oxygen is in place. For example:

An elderly patient on morphine PCA was found with a respiratory rate of 4 and an oxygen saturation of 96%. The patient’s daughter, who had been advised not to press the button, was afraid the medication would wear off during the night. So she woke her mother frequently and encouraged her to push the button. Despite frequent monitoring during the night, the respiratory depression was not noticed until the next morning, in part due to reliance on high pulse oximetry readings. Fortunately, the patient responded quickly to naloxone.

**Inadequate patient education.** Most patients who are suitable candidates for PCA can be taught how to use the device successfully. But patients who have been taught to use the device during the immediate postoperative period have often been too groggy to fully understand its use, and have reported poor pain control during the first 12 hours after surgery. Even alert, appropriate patients have misunderstood the directions for use, believing that they must press the button every 6 minutes or so, even when sleepy and comfortable.

**Drug product mix-ups.** Name similarities have also led to mix-ups between morphine and hydromorphone, or the mistaken belief that hydromorphone (DILAUDID) is the generic name for morphine (1.5 mg of hydromorphone is equivalent to about 10 mg of morphine). Morphine is available in prefilled syringes in two concentrations, but the packaging may not help distinguish them, leading to errors. For example:

A nurse inadvertently selected a 5 mg/mL instead of the prescribed 1 mg/mL concentration of morphine from an automated dispensing cabinet to change the syringe of a PCA pump, causing a respiratory arrest in a young patient. Luckily, the patient was successfully treated with naloxone.

Since opiates are typically unit stock, these errors are rarely detected and, most often, have led to significant overdoses; less often, they have led to undertreatment of pain or to an allergic response to the medication.

**Practice-related problems.** Misprogramming of the PCA pump is, by far, the most frequent practice-related issue. While pump design issues are a common cause of programming errors (described in the section below), some errors have been linked to mental slips or mix-ups. For example:

A hydromorphone concentration was accidentally set at “2.0” mg/mL, not 0.2 mg/mL (undertreatment).

A hydromorphone basal rate was set at 0.5 mg/hr, not 0.05 mg/hr (oversedation).

A pump was programmed to deliver 5 mL (50 mg) of meperidine with each demand dose instead of 5 mg (oversedation).

A pump was programmed to deliver a loading dose (38 mcg of fentanyl) for each demand dose (oversedation).

A morphine PCA pump was set to deliver 10 mg every 2 minutes, not 2 mg every 10 minutes (oversedation).

**Device design flaws.** Programming a PCA pump requires multiple steps, but its design is often far from intuitive. In fact, two Abbott pumps (Lifecare PCA II and APM Infuser) have been under close scrutiny for years because of frequent programming errors, many which have led to deaths. For example:

A 19-year-old mother died hours after

continued on Page 23
Nurses. What would we do without them? It takes tremendous courage, know-how and love to care for people in pain, day in and day out. Baptist Hospital East salutes the men and women who do so. At Baptist East, we take great pride in our nurses. And research shows that our patients do too.

Saluting those rare people who like being in the hospital.

Among area hospitals, Baptist East is consistently named by Louisville area residents as having the best nurses and the most caring and friendly staff. If you’d like to be a nurse at Baptist Hospital East, call us at 897-8822. Or apply online at www.baptisteast.com.

Feel better.

BAPTIST HOSPITAL EAST

www.baptisteast.com
a routine cesarean section when a nurse accidentally misprogrammed an Abbott Lifecare PCA Plus II Infusion pump. Unknown to the nurse, the pump default for morphine was set at 0.1 mg/mL, not the standard 1 mg/mL which resulted in a 10-fold overdose. Because the nurse was unaware of this default setting, at first, she thought the pump had malfunctioned.

Other design flaws that have led to programming errors include pumps that do not require users to review all settings before the infusion starts, pumps that require users to program the dose in mL, not mg (making it easy to overlook the drug concentration and amount of drug the patient is actually receiving), and pumps that have hidden defaults. For example:

One patient died from an overdose of fentanyl delivered during a clinician bolus dose. The two nurses who initially programmed the pump likely set the concentration at 50 mcg/mL as prescribed, but the Deltec CADD-Prizm PCS Pain Control System pump (model 6101) defaulted to a prior setting, 1 mcg/mL, when the Enter key as not pressed within 20 seconds.

Siphoning (free flow) also has been reported after entry of air into the system due to a fractured glass syringe, or a broken cassette that detaches from a pump without anti-siphon tubing.

Mechanical problems, such as short circuits, are rare, but insufficient batteries can lead to failures in drug delivery. Some devices also obstruct the view of labels on syringes or cassettes once they are in the pump, thus limiting ongoing verification of the drug.

Design flaws can also be related to the patient’s use of the pump. The activation button may look like a call bell, so patients have inadvertently given themselves a dose of analgesic while attempting to call a nurse. Many pumps fail to provide visual or auditory feedback so patients can’t tell whether the press of the button has been successful. As a result, some become frustrated and give up.

Inadequate clinical education. Programming a PCA pump requires a number of steps. However, nurses may not always receive adequate training, or may not retain adequate proficiency if multiple types of PCA pumps are used or if PCA is encountered infrequently. For example:

A graduate nurse who rarely encountered PCA needed to change a morphine syringe. She tried to figure out how to do this intuitively, but she failed to install the plunger with the syringe. The patient’s continued complaints of pain led to discovery of the error.

Additionally, prescribers may not undergo a credentialing process designed to verify proficiency with this form of pain management. Prescribing errors have resulted.

Prescribing errors. The PCA order itself can be a source of error. Physicians have made mistakes in converting oral hydromorphone to the IV route (with an oral to IV conversion range of 3:1 to 5:1), and when selecting or calculating an appropriate dose for a morbidly obese, opiate na\_ve, or elderly patient. Occasionally, one opiate has been prescribed but the accompanying dose has been appropriate for a different opiate. Even with correct PCA orders, clinicians have been known to mishear or misread verbal or written orders, sometimes leading to serious errors. Concurrent orders for other opiates (oral or parenteral) while PCA is in use has also resulted in opiate toxicity. For example:

Preoperatively prescribed hydromorphone PCA was accidentally continued postoperatively without an order. Since the patient was also receiving oral narcotics, he experienced respiratory depression, which required treatment with naloxone and admission to ICU.

Part II - Practical Error Reduction Strategies will be printed in the next issue of the KBN Connection.
Administration of Medications without MedicalAuthorization

Several complaints have been filed with KBN regarding nurses who have given legend drugs (medications that must be prescribed) to patients, coworkers, and others without medical authorization. These medications were given without a prescription and/or without a medical order/standing order/protocol to do so. In some situations, nurses have independently written orders on medical records without medical authority to do so hoping/expecting that a physician/ARNP (hereafter referred to as a provider) would sign the order at a later date. Nurses have written orders that they thought were routine but, in fact, were not. In some cases, the nurses assumed the physician would want the medications administered. An example of this occurred when a nurse wrote an order to “continue home medications” for a newly admitted patient to a facility. The patient received two different medications for days for the same diagnosis before the provider realized it. KBN has advised that nurses should not carry out an order “to continue home medications” but seek specific orders for each medication to be given.

Nurses reported the reasons for administering medication without medical authorization to include:

• Feeling reluctant, hesitant or fearful about calling a provider because of the provider's history of “chewing out” nurses for contacting him/her (nurse intimidation);
• Recognizing that a patient needed the medication but the patient's provider could not be located to prescribe the drug;
• Believing that it was common practice at the healthcare facility to do so and that other nurses were doing the same thing which made it okay; and/or
• The nurse’s supervisor said it was okay to do.

Kentucky Nursing Laws and Scope of Practice

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care. Nurses must practice with reasonable skill and safety.

KRS 314.011(6) defines "registered nursing practice" as: ...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in: c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.....

KRS 314.011(10) defines “licensed practical nurse” as: ...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in: c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

Nurses do not have the authority to independently prescribe or administer prescription medications without a valid medical order issued by a provider.

KBN has published Advisory Opinion Statement (AOS #14) entitled Roles of Nurses in the Implementation of Patient Care Orders as a guideline for safe nursing practice. The statement addresses a variety of information on the implementation of medical orders and includes specific information on the use of protocols, standing orders, and routine orders. Nurses should review the entire statement that can be located on the KBN website or obtained from the KBN office.

Disciplinary Action Imposed

Kentucky is a mandatory reporting state. If a nurse administered a medication to a patient, coworker, or any other individual without a medical order, and/or wrote an order on a patient's medical record without medical authorization, then, by law, that information must be reported to KBN. A complaint would be entered on the nurse's license and an investigation would be initiated. Disciplinary action could be taken on the license. For more information regarding the KBN Disciplinary Process, visit the KBN website at http://kbn.ky.gov.
CE COURSES FOR NURSES

Sign up for a course anytime, directly online.

You decide when and where to study.

CE courses are $12-42 and worth 2.0-7.0 CE credits.

LEARNINGEXT.COM

Disciplinary Actions
Diversity
Documentation
End of Life Care Pain Management
Ethics
Medication Errors
Nurse Practice Acts
Patient Privacy
Professional Accountability
Sharpening Critical Thinking Skills

E-LEARNING FOR THE NURSING COMMUNITY
KBN is currently planning the schedule for presentation of its continuing education nursing laws and leadership programs for 2006 and 2007, and is seeking sponsors/host sites for the offerings. The continuing education program (6.9 contact hours) will include information on new requirements such as the clinical internship for new graduates, annual license renewal for all nurses, and the interstate licensure compact. The program is designed for administrators, managers and clinical staff, and has the following objectives:

- Review KBN’s role as a regulatory agency; its mission, programs and activities, including current legislation and new requirements.
- Examine the responsibility and accountability of nurses, nursing supervisors and administrators in relation to the Kentucky Nursing Laws, nursing practice, and current practice opinions, including licensed practical nurse intravenous therapy scope of practice, and nurse delegation.
- Discuss the complaint and disciplinary processes including mandatory reporting, investigation and resolution of complaints with actual case scenarios.
- Describe the requirements of nurses on probation and your role as an employer/peer.
- Explain the Kentucky Alternative Recovery Effort (KARE) for Nurses Program and the incidence of chemical dependency in the nursing profession.

The goals of the Board in offering the program are multiple, and include in part:
- Participating in interactive and educational discussions with nurses in the Commonwealth about the laws governing their licensure, regulation, education and practice.
- Providing four programs a year geographically distributed throughout Kentucky and making the programs as available to nurses as possible.
- Planning for an approximate minimum number of 35 attendees and maximum of 180 at each presentation.

KBN would like to develop a partnership with agencies or organizations to host this program in 2006 or 2007. Should you wish to host a program, receive additional information or have questions, contact Bernadette Sutherland, Nursing Practice Consultant, at 502-429-3307 or 1-800-305-2042.

---

**Role of Nurses in Maintaining Confidentiality of Patient Information - Advisory Opinion Statement (AOS)#34**

KBN has received multiple inquires on the role of nurses in the maintenance (use and disclosure) of confidential patient information, and nurse behaviors that would constitute a breach of confidentiality subjecting a nurse to potential disciplinary action by the Board.

The term “confidential patient information” as used in this statement refers to individually identifiable health and personal information, and recognizes a patient’s expectation of and right to privacy in the maintenance of this information. Such information would include, but is not limited to: information related to the past, present or future physical or mental health of an individual and treatment; and any information that identifies the individual or in which there is a reasonable basis to believe that the information can be used to identify the individual.

The term “confidentiality” is not used in the Kentucky Nursing Laws, Kentucky Revised Statutes (KRS) Chapter 314. The statutes, however, require that a nurse’s practice be consistent with nationally published nursing standards of practice, and be performed with reasonable skill and safety.

The American Nurses Association’s Code of Ethics for Nurses, Provision 3.2, recognizes that nurses have a duty to maintain confidentiality of patient information. “...The standard of nursing practice and the nurse’s responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient’s treatment and welfare is disclosed, and only to those directly involved with the patient’s care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.” (ANA © 2001)

KRS 314.021(2), hold nurses individually responsible and accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care. As a guide to nurses and employers, KBN advises that a nurse:

1. Is obligated to protect confidential patient information unless required by law to disclose the information,
2. Seeks and releases confidential patient information only when there is a clear and substantial “need to know” basis for the information. A “need to know” basis is one that requires individuals to have information in order to render care or service to a patient, and
3. Discloses confidential patient information to the patient’s family members and others only as permitted by the patient.

A nurse whose behavior is
Governor Ernie Fletcher has appointed three new members to the Kentucky Board of Nursing filling one vacancy and replacing retiring Board members Lori Davis, Citizen-at-Large, Lexington, and Mary Gail Wilder, RN, Henderson.

**Melda Sue Logan**, Jeff, is a retired nurse. Logan received her nursing degree from St. Elizabeth School of Nursing, her bachelor’s from St. Joseph’s College and her master’s in nursing from Bellarmine University. She is also a board member of the Area Health Education Center.

**Carol Komara**, Lexington, is a staff development specialist for the University of Kentucky Department of Nursing. Komara received her bachelor's in nursing from Vanderbilt University and her master's in nursing from Bellarmine University. She is a member of the Sigma Theta Tau National Honor Society for Nurses, the Association of Women's Health – Obstetric and Neonatal Nurses, the National Nurses Staff Development Organization and the Central Kentucky Nursing Staff Development Organization.

**Patricia C. Birchfield**, Lexington, is a nursing professor for Eastern Kentucky University. Birchfield received her bachelor's and her master's in nursing from the University of Kentucky and her doctorate in nursing from the University of Alabama at Birmingham. She is a member of the American Nurse’s Association, the Kentucky Nurse’s Association, the Kentucky Coalition of Nurse Practitioners, and the American Academy of Nurse Practitioners.

KBN welcomes the new members and extends appreciation and thanks to the retiring members for their years of dedicated service.

Inconsistent with the guidelines stated above may be charged with being in violation of KRS 314.091(1)(d) “...negligently or willfully acting in a manner inconsistent with the practice of nursing....” For example, a nurse who violates state or federal law, such as HIPAA (Health Insurance Portability and Accountability Act), and/or improperly acquires, uses or discloses confidential patient information is subject to potential disciplinary action by the Board.

As with all complaints received by KBN regarding potential violations of the Kentucky Nursing Laws, each complaint is considered on a case-by-case basis. The specific facts of each situation are evaluated on an individual basis. Advisory opinion statements are issued by KBN as a guidepost to licensees who wish to engage in safe nursing practice. As such, an opinion statement is not a regulation of the Board and does not have the force and effect of law. [Approved 8/2005]
At Baptist Regional Medical Center we work as a team to provide quality care to all of our patients. With the latest technology and a highly trained staff, we are dedicated to offering the most advanced medical care in a caring environment.

For more information about Baptist Regional Medical Center and our career options visit us on the internet at www.baptistregional.com.
Nursing needs you. Kentucky needs you.

There has never been a greater demand for trained nurses.

Whether you are just completing high school, advancing your career, changing professions, or attending college for the first time as an adult, Midway has a Nursing Program for you.

Ask about our
• ADN program
• Accelerated program in Danville
• Accelerated RN-BSN program for working nurses

For More Information
Call 1.800.755.0031
Or email admissions@midway.edu
Midway College is an Equal Opportunity Institution

It can happen at any time—the realization that you’re looking for more in your career. Fortunately, whether you’re new to healthcare or an experienced professional, Jewish Hospital is the ideal destination. Our reputation for world-class medicine and Magnet accredited care is without equal in the region. So when decision time sneaks up on you, you can feel comfortable knowing you’re making the right one.

• World’s first AbleCor™ Implantable Replacement Heart
• World’s first successful human hand transplant
• First Magnet hospital in Kentucky

Registered Nurses
Discover all the opportunities available in the Jewish Hospital Health Network, EDIE. Visit us at www.jewishhospital.org

www.jewishhospital.org

KB Nursing CONNECTION 29
For updated information about the Hurricane Katrina national disaster and nurses' opportunities to assist and/or volunteer, refer to the Cabinet for Health and Family Services, Department for Public Health, website at http://chfs.ky.gov or the KBN website at http://kbn.ky.gov.
University Hospital is a state-of-the-art, 404 bed acute care facility, providing a full range of diagnostic, therapeutic, emergency, and surgical services, including the area’s only Level I Trauma Center. As the primary adult teaching hospital for the U of L Health Sciences Center, we train the next generation of health care professionals. Our knowledge of the latest medical treatments and techniques means patients at University Hospital receive the most up-to-date treatment in the region.

University Hospital offers competitive wages and benefits. Some of our benefits include:

- Medical, Dental, Life Insurance
- Tuition Reimbursement
- 403(b) Plan
- Retirement Plan
- Long and Short-term Disability
- Employee Recognition Programs

Please contact Human Resources at 502-562-3156 for information on openings for RN's or visit our web site at www.UofLHealthcare.org for a list of openings.

Creating The Knowledge To Heal

a proud member of UofLHealthCare
COME JOIN A
100
SOLUCIENT
TOP HOSPITALS

King’s Daughters Medical Center (KDMC), located in Ashland, Kentucky, is the premier healthcare provider in the Tri-State area. KDMC has 385 beds, 3,000+ employees, $325 million in revenue, and has become the market leader in patient care for the region. KDMC is a growing and extremely successful not-for-profit, independent medical center.

Opportunities are available to become part of a team that has a reputation for quality care. KDMC is one of America’s Top 100 Hospitals and offers very competitive salaries and an outstanding flex benefits package—including an on-site Child Development Center serving newborns, infants and children through preschool age.

For immediate consideration or to review available positions, please visit our web site at www.kdmc.com, to submit an application.