

P E N N S Y L V A N I A  
S T A T E B O A R D O F  
**NURSING**  
N E W S L E T T E R

Summer 2007



COMMONWEALTH  
OF PENNSYLVANIA

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*Commissioner,  
Bureau of Professional and  
Occupational Affairs*

Mark Vessella  
*Deputy Commissioner,  
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Board telephone: (717) 783-7142  
E-mail: [ST-NURSE@state.pa.us](mailto:ST-NURSE@state.pa.us)  
[www.dos.state.pa.us/nurse](http://www.dos.state.pa.us/nurse)

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## Leadership Message

**by Joanne L. Sorensen, RN, MS, CHE, NHA, 2006 Chairwoman  
and Laurette Keiser, RN, MSN, Executive Secretary/Section Chief**

*Properly conceived and executed, regulation can both protect  
the public's interest and support the ability of health care professionals  
and organizations to innovate and change to meet the needs of their patients.  
— Crossing the Quality Chasm, 2001*

The State Board of Nursing newsletter is designed to address the more than 250,000 RN, LPN, CRNP and LDNs in the commonwealth. It is our hope that you will find this newsletter informative, inspiring and a confirmation that you have chosen a career where you can make a difference by ensuring the best possible healthcare and well-being for the citizens of Pennsylvania.

We have chosen challenging careers subject to rapid advances in practice standards and technology. We face reimbursement strategies intended to keep the cost of health care from rapid expansion. Patient safety, patient satisfaction and clinical quality are examples of core values adopted by many health care organizations. These values give us focus and purpose as we "...innovate and change..." to truly meet the needs of our patients. Your state Board of Nursing members and staff also strive to be innovative in our regulation within this rapidly changing environment, regulating broadly with an uncertain future in mind and never forgetting that public protection is our charge.

This article highlights some of the accomplishments and strategic objectives of the board. We will also share some statistics that demonstrate the activities of the board.

### Protecting the Public

One of the board's most critical roles is to protect the public from harm by regulating, and in some cases, disciplining, licensed nurses and dietician nutritionists. As board members, we are obligated to keep public safety the priority. During FY 05-06, the board issued a total of 301 serious disciplinary sanctions (including revocations, stayed revocations, suspensions, stayed suspensions, voluntary surrenders of licenses, automatic suspensions of licenses, immediate temporary suspensions, probations and license restrictions). The number of serious sanctions in proportion to the total number of licensed nurses and licensed dietitian nutritionists is small. The great majority of licensees practice in accordance with the law and regulations and conform to the ethical and quality standards of the profession. We thank you for your dedication and service to the profession.

This year, we participated in preliminary meetings with representatives from the Patient Safety Authority, the Department of Health, the Governor's Office for Healthcare Reform and the Hospital Healthsystem Association of Pennsylvania to explore a methodology to categorize practice errors in a uniform manner:

- Explore and define minor practice and competency issues that could be handled through remediation.
- Explore variations in reporting practices among different agencies employing nurses.

### Preparing for the Future

Pennsylvania boasts one of the highest numbers of nurse licensees in the nation. In the commonwealth, we had the following number of active licensees as of Oct. 2006:

- RN – 195,205
- LPN – 54,961
- CRNP – 6,045
- CRNP (with Prescriptive authority) – 3,194
- LDN – 3,142

**Continued on page 8**

### 2007 Meeting Dates

**July 23-24**  
**Sept. 10-11**

**Oct. 18-19**  
**Nov. 29-30**

## Governor Rendell's Prescription for Pennsylvania

Since 2000, the cost of family health insurance premiums has increased nearly 76 percent, while wages have increased just more than 13 percent. During the same timeframe, inflation has grown 17 percent. If health care premiums continue to rise at six times the rate of inflation or wages, the health care system in Pennsylvania, as we know it, will disappear. The problem affects every Pennsylvanian, every Pennsylvania business and every Pennsylvania taxpayer.

There are also 767,000 uninsured adults and 133,000 uninsured children in Pennsylvania and just because they are uninsured doesn't mean they don't get sick and need health care services. Unfortunately, they often receive those services in very expensive emergency rooms because they have no where else to turn. Ultimately, we all pay for those services and it drives up the cost of health insurance for everyone. In fact, 6.5 percent of every Pennsylvanian's health insurance premium goes toward covering the cost of the uninsured. In addition, charges in 2005 for services resulting from unnecessary and avoidable health care costs, including hospital acquired infections, medical errors and avoidable hospitalizations for chronic disease totaled \$7.6 billion.

Governor Edward G. Rendell has proposed a health care reform plan that will Cover All Pennsylvanians, Cover All Kids and comprehensively reform and repair our broken health care system with an aggressive Prescription for Pennsylvania.

The Prescription for Pennsylvania is a set of integrated, achievable, practical strategies focused on driving down costs, providing access to coverage,

improving the quality of health care and driving down the inefficiencies of the health care system.

Its many initiatives will drive major costs out of the system, while improving efficiency of delivery of services and quality. These are proven private sector approaches modeled on proven private sector solutions for cost containment and quality improvement. Both employers and individuals will benefit.

Last July, the first piece of the Governor's Prescription for Pennsylvania – Cover All Kids was passed by the legislature. Cover All Kids ensures that affordable health insurance is available for all our children. With final federal approval, Pennsylvania became one of only a few states with such a comprehensive program.

Now, attention turns to uninsured adults. The Governor's Rx for PA proposal provides private sector access to affordable health insurance for uninsured adults through Cover All Pennsylvanians (CAP). But that alone will not affect the cost of health care for the remaining 11.6 million Pennsylvanians. That's why CAP is only one piece of the Prescription for Pennsylvania. And that's why the entire plan must be adopted.

Prescription for Pennsylvania puts forward common sense, workable initiatives that people are demanding. By pursuing this realistic and achievable private-sector plan, we can save billions of dollars. More importantly, we can give our working families a brighter and healthier future.

For more information on the governor's plan, go to [RxforPA.com](http://RxforPA.com).

## NCLEX® Examination Item Development

**NCSBN depends on practicing nurses to assist in the NCLEX® item development process. Panel members travel to Chicago (all expenses paid) to write or review test items for the NCLEX® examination. On site training is provided. As an NCLEX® panel member you not only have the opportunity to earn contact hours, but also to network with your nursing colleagues on a national level.**

**To qualify, you must be a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) in the jurisdiction where you practice. Specific requirements for the volunteer panels also include:**

- **Item Writers must be a RN or LPN/VN for the NCLEX-PN® exam and a RN with a masters degree or higher for the NCLEX-RN® exam; and be responsible for teaching basic/undergraduate students in the clinical area.**
- **Item Reviewers must be a RN or LPN/VN for the NCLEX-PN® exam and a RN for the NCLEX-RN® exam; and currently employed in a clinical setting, working directly with nurses who have entered practice within the last 12 months.**

**Panels are held throughout the year. This is your opportunity to contribute to the continued excellence of the nursing profession. You can apply today online at [www.ncsbn.org](http://www.ncsbn.org). At the home page, in the far-left column under Testing Services Announcements, you will see the link for the Item Development On-line Application.**

## Helping Nurses Recognize and Support Colleagues Who May be Impaired

by Kevin Knipe, MSW, LSW, CCDP Diplomate, Program Manager  
of the Professional Health Monitoring Programs, and  
Sue Petula, PhD, MSN, CNAA, RN, Nursing Education Advisor

Unfortunately, substance abuse is not uncommon among nurses. What follows is a description of a nurse involved in drug diversion.

Mary is a 38-year old registered nurse. She worked in a hospital setting for several years after graduating from college, but got married and stayed home to raise children. Recently, she returned to work in a local hospital on the night shift and has found the work extremely stressful. In an effort to reduce her stress, Mary started diverting narcotics, which she thought helped her feel better and enabled her to provide better patient care. Some of the ways she diverted drugs was by offering to administer pain medications to other nursing colleague's patients and substituting saline for the drug in the syringe. Ultimately, her nursing supervisor confronted Mary. This occurred when she was assigned to the same unit for a month while another nurse was on sick leave. A pharmacist suspected a pattern of diversion after noting a marked increase in narcotic use and multiple signature errors on med records after Mary's arrival on the unit.

In cases similar to the one described, the State Board of Nursing (board) relies on individuals to make a report of suspected impairment to the Bureau of Professional and Occupational Affairs. In an effort to identify an impaired nurse, sections 14.1 of the Professional Nursing Law and 16.2 of the Practical Nurse Law **requires mandatory reporting** to the board when:

*"Any hospital or health care facility, peer or colleague who has substantial evidence that a nurse has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his license..."*

The board, through the Professional Health Monitoring Program (PHMP), provides a method by which impaired nurses can be directed to appropriate treatment and monitoring to ensure they remain capable of practicing safely. Unfortunately, referral of an impaired nurse to PHMP often occurs too late or follows an arrest or drug-related conviction. This is because employers and nursing colleagues often struggle with determining whether or not they have substantial evidence to report a nurse suspected of being impaired.

It is imperative that all health care professionals and employers familiarize themselves with signs of impairment because, in the majority of cases, there is not disclosure by the nurse that he or she is impaired. Also, there may be no "substantial evidence of impairment," such as a positive drug screen.

Identifying signs of impairment can be extremely difficult when an individual begins to abuse substances. However, as the disease progresses, an impaired nurse may demonstrate more signs. Some common, but not all-inclusive, signs of impairment are:

- Noticeable mood changes;
- Lateness for work or absenteeism;
- Isolation, withdrawal, or avoidance of fellow staff;
- Requests to work shifts with less supervision;
- Increased frequency of trips to the bathroom;
- Unexplained absences from their work unit;
- Sloppy handwriting and illegible charting;
- Physical signs such as shakiness, tremors, dilated or constricted pupils, slurred speech, unsteady gait, or disheveled appearance.

In cases where a nurse is involved in the diversion of controlled substances, co-workers may notice the following circumstances surrounding this behavior:

- Increased number of patients reporting pain;
- Higher incidence of medication administration to patients cared for by them compared to other nurses;
- Improper documentation of medication administration;
- Discrepancies in physician orders for pain medication;
- Willingness to voluntarily administer medications to patients not assigned to them.

Based on the complexities of identifying and addressing impairment of health care professionals, facilities should:

- Have or develop a substance abuse policy and procedure, sometimes referred to by employers as fitness for duty policy and procedure;

**Continued on next page**

# Helping Nurses Recognize and Support Colleagues Who May be Impaired

*Continued from previous page*

- Educate staff about this policy and procedure; and
- Report individuals who are impaired or diverting controlled substances.

If you suspect someone is impaired, urge the individual to seek help. If they refuse, discuss your suspicions with your supervisors. It may be a difficult decision, but if you do not take the appropriate steps of reporting, you will be endangering the welfare and safety of the patients and the impaired nurse. See sections 21.18 (a) (3) and 21.148 (a) (3) of the board's regulations, which stated that a nurse shall "act to safeguard the patient from incompetent, abusive, or the illegal practice of any individual."

Keep in mind that the requirements above are only for reports made to the Board of Nursing through the Department of State, Bureau of Professional and Occupational Affairs. These do not affect other reporting requirements of the Department of Health, the Child Protective Services Law, the Older Adults Protective Service Act, and other pertinent state and federal laws and agencies.

If you need help or would like more information regarding PHMP, please contact (800) 554-3428 or (717) 783-4857.

You can also file a complaint by:

1. Obtaining and completing a Statement of Complaint form by contacting the Professional Compliance Office at (800) 822-2113 or (717) 783-4849, or downloading the form from the Department of State Web site: [www.dos.state.pa.us](http://www.dos.state.pa.us).
2. Completing the online complaint form via the Department of State Web site.
3. Sending a written narrative of the event(s) precipitating the report to the PHMP, P.O. Box 10569, Harrisburg, PA 17105. The written complaint should also include the following details: name of licensee suspected of being impaired, license number, home address or other identifying information.

## References

Pennsylvania Code, Title 49. Professional and Vocational Standards, Chapter 21. §21.18. (a) (3), §21.148. (a) (3)

Act 69 Professional Nurse Law, §14.1. (f) and Practical Nurse Law, §16.2.

Marriner-Tomey, A. (2004). Guide to nursing management and leadership (7<sup>th</sup> ed.). St. Louis, Missouri: Mosby.

## REMINDERS

**Licensees must contact the board office with any changes in name or address.**

Name changes require a copy of a court order, marriage certificate, divorce decree or other official document.

**Licensees must also notify the board within 90 days if another state board takes disciplinary action against them.**

Criminal convictions must be reported to the board within 30 days.

**Mail information to:  
State Board of Nursing  
PO Box 2649  
Harrisburg PA 17105-2649**

## The Role of the Commissioner on the Board

*by Basil L. Merenda, Commissioner, Bureau of Professional and Occupational Affairs*

The Bureau of Professional and Occupational Affairs (BPOA) touches the lives of millions of Pennsylvanians each day. We protect the health, safety and welfare of the public from fraudulent and unethical practitioners by administering professional licensing to physicians and cosmetologists to accountants and funerals directors. In addition, the bureau provides administrative and legal support to 27 professional and occupational licensing boards and commissions.

As commissioner of the BPOA, I am responsible for administering the commonwealth's licensing boards, sitting as a voting member on disciplinary cases and policy matters for 25 of the 27 boards and signing all licenses issued by the BPOA.

My administrative duties include working with the deputy commissioner to make "the trains run on time." In BPOA's case, it means making sure license renewals, applications and inquiries are properly handled by our staff. It also involves making sure that where appropriate, reciprocal licenses requested from out-of-state individuals are properly reviewed. BPOA is also required to conduct reviews of education programs for some boards.

My duties as a voting member on 25 of the 27 licensing boards are the same duties and obligations that the professional and public members have as part of their service on our licensure boards. I act as a judge, along with the other board members, on disciplinary hearings. I participate with the other board members in the drafting and enactment of regulations, rules and other policy initiatives. In addition, I have the responsibility of coordinating policy matters of all 27 boards for Governor Edward G. Rendell.

I truly believe the most important thing I can do for you is to provide you with professional service — and that is my goal.

When Governor Rendell appointed me BPOA commissioner, he told me to make BPOA and the commonwealth's 27 licensing boards more accessible, responsive and accountable to the legislature, the licensees and the public we are sworn to protect. My pledge to you is that I, as commissioner, am working to carry out Governor Rendell's charge with intelligence, vigor and effectiveness.

If I can be of any assistance, please do not hesitate to reach out and contact my office at any time.

### Disciplinary Actions - Please Note

**Disciplinary actions will no longer be printed in board newsletters.**

**For a complete, up-to-date list of disciplinary actions, visit  
[www.dos.state.pa.us](http://www.dos.state.pa.us).**

**Click on the Licensing icon,  
then on the Disciplinary Actions link at left.**

## Who is an L.D.N.?

by Peggy Witmer, MSN, RN-C, Nursing Practice Advisor  
and Kathleen M. Dwyer, LDN, Board Member

**Who is an LDN?** LDN is the acronym for a licensed dietitian-nutritionist.

### **What are the requirements to become an LDN?**

An LDN must have a baccalaureate or higher degree from a board-approved, regionally accredited college or university with a major course of study in human nutrition, food and nutrition, dietetics or food systems management; a continuous preprofessional experience component of not less than 900 hours; successfully completed an examination approved by the board and licensed by the Board of Nursing. There are two examinations that are approved by the board — the examination given by the Commission on Dietetic Registration (CDR) and the exam given by the Certification Board for Nutrition Specialists (CBNS).

**Who is an RD?** RD is the acronym for a Registered Dietitian. An RD is a food and nutrition expert who has, according to the ADA, completed a minimum of a bachelor's degree, and a CADE-accredited supervised program, passed a national examination and completed continuing professional education requirements.

**What is the ADA?** ADA is the acronym for the American Dietetic Association and is the organization for food and nutrition professionals.

**What is the CADE?** CADE this is the acronym for the Commission on Accreditation for Dietetics Education and is the educational accrediting body for the ADA.

**What is CDR?** CDR is the acronym for the Commission on Dietetic Registration. The CDR is the credentialing agency for the ADA. The CDR establishes and enforces standards for certification and issues credentials to those who meet these standards.

**What is CBNS?** CBNS is the acronym for the Certification Board of Nutrition Specialists. This organization is responsible for the administration of the examination for professional nutritionists seeking certification as a CNS (certified nutrition specialist). A CNS has an advanced degree (masters or doctoral), has professional experience and has achieved a passing score on the certification exam of the CBNS.

**What is a CPE credit?** CPE is continuing professional education. One hour of CPE credit will

be given for each 50-minute clock hour of CPE activity. Thirty credits will be required in the biennial period immediately preceding the renewal.

**When do the CPE requirements start?** The CPE requirements for the LDNs are already in effect, and beginning in September 2008, LDNs must verify completion of CPEs in order to renew.

**What are accepted CPE courses?** The board will accept for completion of the CPE requirement substantive learning experiences related to the field of nutrition and dietetics which are sponsored by the ADA, the ACN (American College of Nutrition), board-approved college or dietetic programs and individual state dietetic associations that are a member of the ADA or the ACN.

**What are not accepted CPE courses?** Courses not accepted for completion of the CPE requirement include the following: programs on office management skills, computer skills, journal clubs, professional leadership, professional reading for which there is no evaluative test. This list is not all-inclusive.

Please refer to the special notice for the LDN on the Board of Nursing Web site at [www.dos.state.pa.us/nurse](http://www.dos.state.pa.us/nurse) for further information regarding CPE.

Licensure is not a mandatory requirement for the RD to work in this commonwealth at this time. There are many states that do require either certification, registration or licensure. The title LDN can be used only by the RD or CNS who has been issued a license by the Pennsylvania State Board of Nursing, offers the licensee title protection and recognizes that the licensee has met minimum educational and practice guidelines for the field of dietetics nutrition.

### REFERENCES

CBNS Certification Process. Retrieved July 19, 2006, [www.cert-nutrition.org](http://www.cert-nutrition.org).

ADA: Who We Are, What We Do. Retrieved July 19, 2006, [www.eatright.org](http://www.eatright.org).

For Registered Dietitian. Retrieved July 19, 2006, [www.eatright.org](http://www.eatright.org)

Professional Nursing Law, ("Act"), Act of May 22, 1951, P.L.1211, *as amended*, 63 P.S. §§211 *et seq.*

Registered Nurse Rules and Regulations 49 Pa. Code §21.724 (a) and (b)

## Leadership Message

*Continued from page 2*

The board approved four new PN programs and one new RN program from July 2005 through Aug. 2006. One PN satellite program and two RN satellite programs also were approved. Currently, there are 86 board-approved RN programs, 52 PN and 52 CRNP programs in Pennsylvania. New and existing education programs face challenges to complete their mission to educate nurses to offset the shortage that is anticipated in the next decade. Adequate clinical rotation sites remain a challenge for many of our education programs.

Collaborating with the Pennsylvania Center for Health Careers, members of the SBN have been involved with many others throughout the year in creating innovative and practical solutions to lessen the effects of a nursing shortage. We would also like to thank you for continuing to complete the survey during the RN and LPN renewal. The survey has been useful to the PA Center for Health Careers, Department of Labor and Industry, and the Department of Health; many of their initiatives are described at: [www.paworkforce.state.pa.us/about/cwp/view.asp?a=471&q=152435](http://www.paworkforce.state.pa.us/about/cwp/view.asp?a=471&q=152435). You can review the Department of Health reports of the survey from [www.health.state.pa.us](http://www.health.state.pa.us) under the SHIP section.

### Nursing Education Strategic Objectives

- Ensure that regulations with significant impact on the nursing shortage are moved through the regulatory process in the most expedient manner.

### Participation in National Nursing Regulation and Policy Development

The board and staff are actively involved with the National Council of State Boards of Nursing (NCSBN). The NCSBN is a not-for profit organization whose membership comprises the boards of nursing in the 50 states the District of Columbia, American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands. The purpose of the NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. Recently NCSBN selected members for various committees for 2006-2008.

We are pleased to report the following selections: board member **Janet Shields** was selected for the bylaws committee; board member **Ann O'Sullivan** was selected for the Advanced Practice Advisory Panel; nursing education advisor **Sue Petula** was selected for the Taxonomy of Error Root Cause Analysis and Responsibility (TERCAP) Task Force; nursing practice advisor **Peggy Witmer** was selected for the resolutions committee; board prosecutor **Margaret Sheaffer** was selected for the Disciplinary Resources Advisory Panel; and executive secretary **Laurette Keiser** currently serves on the NCSBN Examination Committee.

At the August 2006 NCSBN Delegate Assembly, the following actions were taken:

- Adoption of the proposed language change to the NCSBN Model Practice Act including authority to conduct criminal background checks.
- Adoption of a proposed standard for drug screening.
- Adoption of the proposed 2007 NCLEX RN Test Plan.
- A motion was passed which would bring the APRN Vision Paper back to the Delegate Assembly for approval.

Additional information related to the NCSBN can be obtained at [www.ncsbn.org](http://www.ncsbn.org)

### REGULATIONS

This past year, the board promulgated four rulemaking packages. Rulemaking 16A-5119 (CRNP programs), effective June 3, 2006, updated the standards for approval of CRNP education programs. Rulemaking 16A-5120 (Licensed Dietitian-Nutritionist), effective May 20, 2006, provides requirements for the application, licensure and conduct of licensed dietitian-nutritionists. Rulemaking 16A-5121 (Temporary Practice Permits), effective May 20, 2006, updates the requirements for professional and practical nurses who wish to apply for a temporary practice permit or for an extension of a temporary practice permit. Rulemaking 16A-5127 (Fees for Approval of Nursing Education Programs), effective June 3, 2006, updates the fees charged for the approval of nursing education programs.

The board is working on other proposed rulemakings in addition to those mentioned in this article.

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# Leadership Message

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## LPN Workforce

The LPN and IV Therapy Committee of the board has been working on revisions to LPN regulations that deal with IV therapy, including clarifying the role of LPNs with respect to central venous catheters. A final draft of regulations will soon be released for stakeholder comments.

In October and November, a cross section of LPNs working in a variety of practice settings from across the state met with the State Board of Nursing LPN and IV Therapy Committee to provide feedback on the newly drafted language. We would like to thank those who participated and also thank our public participants who worked tirelessly in the drafting of this language during meetings throughout the year.

## LPN Strategic Objectives

- Continue the revision of the LPN regulations.
- Align LPN and RN regulation language for consistency.
- Revise the current regulatory language to better reflect the assessment and collaboration with others that is so much a part of what LPNs do on a daily basis in the workforce.

## RN Workforce

Work on the revision of the RN regulations has been challenging this year. We recognized the awesome responsibility that nurses have in administering conscious sedation in many different practice settings. Patient safety is the State Board of Nursing's essential objective as we draft new language in this arena. Many stakeholders have contributed thought-provoking discussion around this topic.

## RN Strategic Objectives

- Continue RN Regulations through revision process.
- Align LPN and RN regulation language for consistency where appropriate.
- Review public comment on sedation.

## Organizing the Activities of the Board

It has been gratifying to see the commitment displayed by board members who are clearly engaged in making their profession the best it can be. The Nursing Board, with more than 250,000 licensees, has a workload second to none. This year, we reorganized that workload to allow for more time to be spent on regulation revision and committee work.

We would like to thank Commissioner Merenda for his commitment to ensuring that adequate resources have been allocated to the board. The board is pleased to announce the nursing advisors who are working in the board office. Colleen Rosborough, MSN CRNP and Peggy Witmer, MSN RN are the Nursing Practice Advisors. Sue Petula, PhD MSN RN is the Nursing Education Advisor. Although she has officially retired from commonwealth employment, Todette Holt RN EdD continues to serve the board as an annuitant nursing education advisor.

In conclusion, we wish to express our thanks to the board members, staff, legal counsel, committee participants, and the LPN, RN, CRNP, and LDN licensees of the commonwealth for your commitment to the citizens of Pennsylvania.

## Article Correction

**In the Winter 2005/2006 newsletter, the original source material for the article "Will Your Documentation Stand on its Own?" was not cited. Please note that the source material for the article can be found in Mosby's Surefire Documentation, Second Edition.**

**Mildred Hefner, R.N. — One Nurse's Story****By Joanne L. Sorensen RN, MS, CHE, NHA, 2006 Chairwoman**

Can you imagine going to work for your 12-hour shift, caring for 40 patients with one other nurse and an orderly, never taking a blood pressure or starting an IV, preparing the menu for your diabetic patients and ensuring that none of your clients developed pressure sores while treating patients for contagious diseases like German measles, meningitis, TB and whooping cough? And by the way, you are also responsible to pay for anything that you break on your shift!

If you have been a nurse for several years, you probably find it challenging to adapt to the technological changes we are exposed to on a frequent basis. But just imagine nursing over a period of seven decades! I recently learned of a nurse who, at the age of 85, was providing home care to a patient with Huntington's disease. I was intrigued. So on a warm summer day in July, after a particularly long and challenging State Board of Nursing meeting, my husband and I traveled to Philadelphia to interview Mildred Hefner, RN.

Mildred welcomed us into her home. She provided delicious snacks and gave us insight into her personal history and the history of nursing practice in Pennsylvania spanning more than 60 years. Mildred covered several pertinent nursing issues during our interview, including staff-to-patient ratios, nursing education, competency, scheduling and workforce retention. Things are not so different after all.

I asked Mildred to tell me what motivated her to become a nurse. She told me about being raised in an orphanage with her brothers and that she had considered being either a teacher or a nurse. Financial considerations (affordable tuition) tipped the scale to nursing. Mildred not only chose a wonderful career herself, she also influenced her daughter, granddaughter and three nieces to become nurses. Now it is Mildred's turn to be inspired by all that her CRNA daughter Carrie and RN BSN granddaughter Chris have achieved in nursing. She is hesitant to give advice to new nurses because they have a lot more education. She viewed her entrance into the world of nursing as "training," but does concede that she was well trained in her field.

**"You remember when you care for someone with a disease"...Nursing Education in the 30's and 40's**

Mildred entered nurses' training in 1939. She attended Women's Medical College Hospital in East Falls, Philadelphia, for \$10 per month, the cost covering her books and breakage. Room and board on the fifth floor of the hospital was exchanged for clinical care delivered on the hospital wards six days a week for 12 hours a day minus classroom instruction time, and a two-hour break in their schedules "sometimes." Senior students were in charge of 40 patients with a "first year" and an orderly on the 7 p.m. to 7 a.m. shift. "If you missed any time due to illness, you made it up," Mildred stated. During her training, Pennsylvania passed a ruling that nursing students were no longer permitted to live at the hospital, so she and her classmates moved to the YWCA.

Despite the hardship of this nursing education, Mildred said she received excellent training. The nursing students sometimes joined medical students in attending stimulating lectures. The bonds of friendship formed during nursing school were strong enough to keep classmates meeting over the years. Mildred believes that she is the only one of her classmates still working. The group has celebrated its 60<sup>th</sup> reunion.

**"Washing, washing, washing, your hands"... Working in the early 40's**

Early in her career, Mildred worked on the pediatric ward at the Hospital for Contagious Disease in Philadelphia. She described it as "run by the city and very primitive... you were washing, washing, washing your hands." This was so important because of the contagious diseases like whooping cough, TB, meningitis and complicated cases of the measles.

While at the Hospital for Contagious Disease, Mildred remembered caring for a patient in an iron lung. "It was frightening. I was responsible," she related. She got along OK, but recalls that not knowing how it operated made her uncomfortable.

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## One Nurse's Story

*Continued from previous page*

### **“We had to pull the drapes and put out the lights”...Disaster Preparedness in the 40’s**

Mildred went from the Hospital for Contagious Disease to St. Christopher’s Hospital, which was very modern in comparison. While at St. Christopher’s, Mildred dealt with “blackouts” related to the war. The only lights that were allowed in the hospital at night were the “vitamin D” lights over the cribs. An assignment of 20 children and babies was typical for Mildred and one co-worker. They worked without an aide. “It’s different now,” she said. “We didn’t start the intravenous lines, we didn’t take blood pressures — the doctors did that.”

“We were very careful to avoid bedsores with our patients,” Mildred explained. She described doing rounds to check on patients’ breathing, using a flashlight to reflect light off her white apron. Charting was also an essential duty of the nurse. When I asked Mildred how she got everything done, she said simply, “We did it.” It strikes me that this is still true of today’s nurses — we just get it done.

### **“We did not have to cook the meals for our patients, but we did prepare the menus” ...Nurses, the Early Dietitians**

I reminded Mildred that the Board of Nursing also licensed dietitian-nutritionists and asked her if she had to prepare food for her patients in the early years. She said she did not prepare food but was responsible for determining the menu for her diabetic patients: a daunting task if you ask me! Mildred has long valued her knowledge of dietetics and feels that she has benefited from this training all her life.

### **“I have always kept my registration”... Always the Nurse, Still Provides Care at 85**

I could have listened to Mildred describe the early years of nursing for hours. Our conversation made me realize that the profession I have enjoyed and been able to represent in so many different ways is truly an honorable one. We share many common experiences: caring for patients when the load is too heavy and our experience is lacking, we worry if what we can give is truly enough. Sharing with Mildred, my own commitment to patients and the profession of nursing was renewed. While I wanted to relive

the past, I also knew that we needed to hear how Mildred keeps being effective today.

Hoping for a career in public health, Mildred initially worked at the Hospital for Contagious Diseases; however, she met her husband, and like many women of her day, she put her career on hold to marry and raise a family. While still a student nurse, Mildred had been fascinated with the new specialty practice of urology, so upon returning to work, she practiced nursing in an urologist’s office, assisting with cystoscopies and bladder studies. When Mildred’s husband Frank retired 12 years later, Mildred joined him and again put her formal nursing career on hold.

When Frank passed away, she found herself needing to make decisions. She thought she should be near her family and moved to a Philadelphia suburb. “I didn’t want to sit around,” she said. The Area Agency on Aging Caregiver Registry seemed the perfect outlet for Mildred. The registry allowed her to work on an hourly basis. When daughter Carrie heard that Susan, a coworker who is also a nurse, was looking for a caregiver for her husband, Bob, a patient with Huntington’s Chorea, Susan and Carrie both felt that Mildred would be the right choice. Mildred loves working with Bob. She reads to him, fixes meals, ensures his safety and enjoys the intellectual stimulation they share as they discuss the books that they read. Mildred has gone with Bob and Susan to a seminar on the topic of Huntington’s disease and plans to attend another one. She has gained insight by attending Bob’s neurology appointments. Mildred continues to use her nursing judgment and care giving skills to make a difference for Bob and Susan.

### **“When you become a nurse, you want to help people”... Nursing for the Long Haul.**

Dwight L. Moody, the 19<sup>th</sup> century American evangelist and educator said, “Be more concerned about your character than your reputation.” When I think of Mildred Hefner, RN, I see a nurse who consistently strived to do the small things “right” in her life – the things that create character, which in turn brings a good reputation.

Mildred describes her career as “not flashy or full of fanfare,” but with one essential element that keeps her going: “I love being a nurse,” she said. “When you become a nurse, you want to help people, and I still feel that way.”

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