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Visit us at mmclc.org and apply online.
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In the beautiful city of Las Cruces, NM
We Value Your Experience

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In the beautiful city of Las Cruces, NM we have positions available for experienced nurses in the ER, ICU, NICU, Med/Surg and OR.

In the beautiful city of Las Cruces, NM Mexico since 1953. We value that legacy as we grow into a regional healthcare system.

Is it time for a change? Do you want to work where your experience will make a difference?

Nursing Practice Act and Rules Currently in Effect

- NPA, 6-14-91, and 2008 amendments.
- Rules 16.12.2 NMAC, Amended, effective 01/19/15
- Rules 16.12.9 NMAC, Amended, effective 01/19/15

The amendments and/or rules are available on our website.

Message from Board Chair ................. 4

Diversion Program Update .................... 7

Clinical Decision Support Technology .................. 8

2014 New Mexico Nursing Excellence Awards Honors 23 Nurses ................. 10

NM Board of Nursing Recent Vote to Update Rules ............................................... 12

Future Nurses ...................................... 14

Pre-Licensure BSN Growth in New Mexico: The NMNEC Model ...... 16

Disciplinary Actions ............................. 18

Fran A’Hern Smith Retires After 52 Year Career ................................. 20

CONTENTS WINTER 2015

Mission Statement: “Protect public safety through effective regulation of nursing care and services.”

Vision Statement: “Excellence in Regulatory Practice.”

Strategic Goals: 
- Advance Nursing Systems
- Maximize Effectiveness in Public Protection
- Maximize Effectiveness in Customer Service

Board Staff and Direct Numbers

VACANT, Executive Director
841-9082

Cathy Baca, Executive Administrative Assistant – 841-9085

Nicole Casados, BSN, RN, Diversion Program Coordinator/ Interim Executive Director
841-8445

Steve Ludwig, RN, Diversion Program Case Manager
841-9091

VACANT, Associate Director Education & UAP – 841-9083

Demetrius Chapman, MPH, MSN(R), RN, PHCNS-BC, Associate Director of Operations – 841-9057

Tani Skinner, MSN, RN, Chief Nurse Investigator – 841-9055

VACANT, Nurse Surveyor/ Investigator – 841-9040

Donna Arbogast, CFO/HR Director 841-8344

VACANT, Financial Specialist III 841-9086

Shauna Casaus, IT Manager/CIO
841-9090

John Alexander, IT Assistant
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Ernestine Garcia-Simpson, Diversion Program Assistant
841-9093

Laura Moya – Unlicensed Assistive Personnel Assistant – 841-9049

Sabrina Vidaurre, Licensure Supervisor (Criminal Background Checks/Discipline/Complaints) 841-9094

Barbara Gurule Advanced Clerk Specialist (Endorsement/ Examination/Advanced Practice) – 841-9088

Imra Murphey Advanced Clerk Specialist (Endorsement/ Examination/Advanced Practice) – 841-9059

Emily Gurule, Advanced Clerk Specialist (Renewal/Verifications) – 841-9089

Vivian Coughenour – Advanced Clerk/Receptionist/Renewal/ Verifications) – 841-9056

The New Mexico News & Views is published quarterly by the New Mexico State Board of Nursing. Each issue is distributed to over 26,000 licensed nurses and student nurses in New Mexico.

SUBSCRIPTIONS

Each new issue of New Mexico News & Views is available for viewing on the New Mexico Board Web site. To request a future issue to be mailed to you, contact the New Mexico Board of Nursing at the address below.

Please continue to call the main number (505) 841-8340, or visit our website www.bon.state.nm.us to verify licenses and to check if the nurse’s license is current. If you need to contact or email us, please click on the directory on our home page.

SUBMISSIONS

Scholarly and informative items dealing with health care topics and issues are welcome. Contact the New Mexico State Board of Nursing at the address below.

The New Mexico News & Views’ circulation includes over 26,000 licensed nurses and student nurses in New Mexico.

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Scholarly and informative items dealing with health care topics and issues are welcome. Contact the New Mexico State Board of Nursing at the address below.

ADDRESS CHANGE? NAME CHANGE? QUESTION?

In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank You.
During the week of November 9-15, 2014, certified nurse practitioners (CNP) around the state were recognized for their contribution to the citizens of New Mexico. The Nursing Practice Act, Section 61-3-23.2 references qualifications, practice, examination, and endorsement for New Mexico. CNPs may practice independently in New Mexico. While collaborating with other healthcare professions, CNPs provide a full range of primary, acute, and specialty health care services for the citizens of New Mexico.

We would like to recognize and state our appreciation to Governor Martinez. The Governor signed a proclamation on November 7, 2014 recognizing National Nurse Practitioners Week throughout New Mexico. In the United States, there are 192,000 licensed nurse practitioners. The New Mexico Board of Nursing licenses 1,167 certified nurse practitioners. Also, the San Juan County Commissioners signed a proclamation recognizing CNPs in northwestern New Mexico. There are 26 practicing CNPs in San Juan County.

These CNPs have advanced education-Master’s Degrees and Doctorates. They provide a range of specialties that diagnose and treat acute and chronic conditions. Information on these specialties can be seen on the AANP website at http://assets.aanp.org/documents/2014/2014%20np%20week%20resource%20guide.pdf. A complete listing of distribution, mean years of practice, and mean age by population focus are included.

According to the National Governor’s Association report (December 2012), “more than 16 million individuals projected to gain health insurance coverage by 2016, and a rapidly aging population, many states are considering options to increase the number and role of primary care providers. NPs, the largest group of advanced practice registered nurses (APRNs), currently serve patients in a wide variety of settings. Research suggests that NPs can perform many primary care services as well as physicians do and achieve equal or higher patient satisfaction rates among their patients.”

As a Board, we want to celebrate all nurses in our state. Please let us know how you have celebrated nurses throughout our state by proclamations, articles or news releases. If you would like to submit an article for News & Views about the celebration of nurses in our state throughout the year, contact Cathy Baca 505-841-9085. We look forward to hearing from you.
STATE OF NEW MEXICO  EXECUTIVE OFFICE  SANTA FE, NEW MEXICO

Proclamation

WHEREAS, THERE ARE MORE THAN 192,000 LICENSED NURSE PRACTITIONERS (NPS) IN THE UNITED STATES WITH 1,167 NPS PRACTICING IN THE STATE OF NEW MEXICO, PROVIDING HIGH QUALITY, COST-EFFECTIVE, PATIENT-CENTERED, PERSONALIZED HEALTH CARE FOR NEARLY HALF A CENTURY; AND

WHEREAS, NPS HAVE GRADUATE, ADVANCED EDUCATION (MOST HAVE MASTER'S DEGREES AND AN INCREASING NUMBER HAVE DOCTORATES); AND

WHEREAS, NPS ORDER, PERFORM, AND INTERPRET DIAGNOSTIC TESTS, DIAGNOSE AND TREAT ACUTE AND CHRONIC CONDITIONS, AND PRESCRIBE MEDICATIONS AND OTHER TREATMENTS; AND

WHEREAS, 19 STATES AND THE DISTRICT OF COLUMBIA HAVE GRANTED FULL PRACTICE AUTHORITY TO NPS, GIVING PATIENTS MORE DIRECT ACCESS TO THE PRIMARY, ACUTE, AND SPECIALTY CARE SERVICES THAT NPS PROVIDE; AND

WHEREAS, NPS ARE TRULY PARTNERS IN THE HEALTH CARE OF THEIR PATIENTS, SO THAT IN ADDITION TO CLINICAL SERVICES, NPS FOCUS ON HEALTH PROMOTION, DISEASE PREVENTION AND HEALTH EDUCATION AND COUNSELING, GUIDING PATIENTS TO MAKE SMARTER HEALTH AND LIFESTYLE CHOICES; AND

WHEREAS, THE EXCELLENCE, SAFETY, AND COST-EFFECTIVENESS OF THE CARE PROVIDED BY NPS IS WELL ESTABLISHED AND DOCUMENTED; AND

WHEREAS, THE FAITH AND TRUST THAT PATIENTS HAVE IN NP-DELIVERED HEALTH CARE IS EVIDENT BY THE MORE THAN 916 MILLION VISITS MADE TO NPS ANNUALLY; AND

WHEREAS, NPS PROVIDE HEALTH CARE TO PEOPLE OF ALL AGES AND IN DIVERSE HEALTH CARE SETTINGS SUCH AS PRIVATE OFFICE PRACTICE, HOSPITALS, LONG-TERM CARE FACILITIES, SCHOOLS, STATE AND LOCAL HEALTH DEPARTMENTS, MANAGED CARE FACILITIES, AND RETAIL-BASED CLINICS; AND

WHEREAS, MORE THAN 18 PERCENT OF NPS PRACTICE IN RURAL SETTINGS WITH POPULATIONS OF LESS THAN 25,000; AND

WHEREAS, IT IS DOCUMENTED THAT PATIENTS OF NPS ARE GIVEN MORE PERSONAL TIME AND ATTENTION THAN THEY TRADITIONALLY RECEIVE FROM OTHER HEALTH CARE PROVIDERS;

NOW, THEREFORE, I, SUSANA MARTINEZ GOVERNOR OF THE STATE OF NEW MEXICO, DO HEREBY PROCLAIM NOVEMBER 9TH THROUGH THE 15TH, 2014 AS

“NATIONAL NURSE PRACTITIONERS WEEK”

THROUGHOUT THE STATE OF NEW MEXICO.

SIGNED AT THE EXECUTIVE OFFICE
THIS 7TH DAY OF NOVEMBER 2014.

WITNESS MY HAND AND THE GREAT SEAL OF THE STATE OF NEW MEXICO.

SUSANA MARTINEZ
GOVERNOR

ATTEST:

DIANNA J. DURAN
SECRETARY OF STATE

NURSING NEWS&VIEWS

5
WHEREAS, there are more than 192,000 licensed nurse practitioners (NPs) in the United States with 1,165 NPs practicing in the State of New Mexico and 26 NPs practicing in the County of San Juan, providing high-quality, cost-effective, patient-centered, personalized health care for nearly half a century; and

WHEREAS, NPs have graduate, advanced education (most have master's degrees and an increasing number have doctorates); and

WHEREAS, NPs order, perform and interpret diagnostic tests, diagnose and treat acute and chronic conditions, and prescribe medications and other treatments; and

WHEREAS, 19 states and the District of Columbia have granted full practice authority to NPs, giving patients more direct access to the primary, acute and specialty care services that NPs provide; and

WHEREAS, NPs are truly partners in the health care of their patients, so that in addition to clinical services, NPs focus on health promotion, disease prevention and health education and counseling, guiding patients to make smarter health and lifestyle choices; and

WHEREAS, the excellence, safety, and cost-effectiveness of the care provided by NPs is established and well-documented; and

WHEREAS, the faith and trust that patients have in NP-delivered health care is evidenced by the more than 916 million visits made to NPs annually; and

WHEREAS, a majority of patients support legislation for greater access to NP services; and

WHEREAS, NPs provide health care to people of all ages and in diverse health care settings such as private office practice, hospitals, long-term care facilities, schools, state and local health departments, managed care facilities and retail-based clinics; and

WHEREAS, more than 18 percent of NPs practice in rural settings with populations of less than 25,000; and

WHEREAS, it is documented that patients of NPs are given more personal time and attention than they traditionally receive from other health care providers.

NOW, THEREFORE, the County of San Juan does hereby proclaim the week of NOVEMBER 9 – 15, 2014 as NORTHWEST NEW MEXICO NURSE PRACTITIONERS WEEK in recognition of the many contributions that this dedicated group of health care professionals makes to the health and well-being of the people in the communities they service in this great state and throughout the country.

BOARD OF COUNTY COMMISSIONERS
OF SAN JUAN COUNTY, NEW MEXICO

By: Jack Fortner, Chairman

ATTEST:
Debbie Holmes, County Clerk

Building a Stronger Community
The pursuit of happiness – straight from the Declaration of Independence and yet, perhaps not something that we truly strive to be present in our day-to-day lives. Or possibly, it is something that we may desire; yet we aren’t quite sure how to find and maintain “happiness.”

As nurses we are exposed to high-stress situations, challenging work environments, and extreme pressure due to life and death decision-making. These types of scenarios may cause us to feel frustrated, give up hope in the situation, or may result in a negative viewpoint. We may readily recognize the impact that negative-thinking, stress, and frustration can have on our mental and physical well-being; however, we may not consistently ward off these harmful feelings.

Interestingly, happiness and nursing was even written about and published in the early 1900’s. In 1930, Grace Cameron, RN wrote in the American Journal of Nursing about how a nurse may find happiness in her work. Nurse Cameron discussed the pleasure of being part of a group that is doing worthwhile things, and she stated that it was her belief that nurses are among the outstanding successes of the century. With that, she noted that philosophy teaches that success is dependent on three fundamental qualities, which include: courage (to overcome obstacles and keep going), skill, and vision. Nurse Cameron wrote that it is really vision that counts, and she went on to describe that nurses’ viewpoints may be restricted and narrow as a result of constant doing. She suggested that “oftentimes the beauty of a picture is lost because one is too near. Stand back, get the right perspective, and the loveliness of the painting is seen.”

Pamela Cipriano, PhD, RN, FAAN, who is the current president of the American Nurses Association, wrote the following in 2008 in the American Nurse Today publication:

Nurses have an advantage: Every day, we’re in a position to do meaningful work. Perhaps we should turn our attention to influencing high-relationship environments that underscore effective team work and peer support. We can buffer one another when life events are unfavorable. We can protect and preserve our health and the health of others. We can express love and caring for others through acts of kindness and professionalism. We can be responsible for elevating our own happiness – and it won’t cost a dime.

Having a support network (friends and family to call on) and self-care are components that the Diversion Program staff addresses at each face-to-face quarterly meeting with nurses that are enrolled in the Diversion Program. This is not only critical for nurses in recovery, but for all of us. Our personal and professional networks, support systems, and self-care are protective to help us manage and cope during stressful times. In addition, some strategies for happiness and well-being are:

- **Positive attitude** – optimism
- **Gratitude** – being thankful and satisfied with life
- **Caring for physical self** – exercise has been shown to improve mood and ward off depression
- **Caring for mental self** – activities such as meditation and mindfulness to help us to live in the moment
- **Pursue goals** – the pursuit of goals adds to our sense of purpose
- **Living a meaningful life** – focusing on strength rather than weaknesses

Wishing you all happiness and well-being in 2015; may we support one another in our successes and as well as our struggles. I have also included some pictures below of some Board recognitions/celebrations below.

Best regards,
NicoLe

References:

CLINICAL DECISION SUPPORT TECHNOLOGY

TANI C. SKINNER, MSN, RN

Introduction

Although technology in health care is certainly not new, the rate at which it is being developed, introduced and implemented is accelerating. With this accelerated pace, health care providers are being exposed to a vast assortment of hardware and software to support the delivery of patient care, and need to have the requisite knowledge to use it effectively (Cato, 2011).

Clinical Decision Support Technology (CDST) offers health professionals a means to rapidly access clinical information at the point of care (NEDST, 2002).

In 2000, the Institute of Medicine (IOM, 2001) released To Err Is Human: Building a Safer Health System, which focused on patient safety and resultant deaths due to medical errors. Despite effort to transform work environments and improve patient safety, mistakes have continued to occur and the number of legal claims continues to soar (Studdert, Mello & Brennan, 2004). In a subsequent report, Crossing the Quality Chasm: A New Health System for the 21st Century, the IOM was even more emphatic about the use of health information technology, and identified information technology as one of the most powerful tools available in the quest toward improved health care quality and safety in decision making (IOM, 2001).

Clinical Decision Support Technology

Since the 1960’s, the development of computer-based tools to support clinical decision making has been researched. Multiple approaches, including application of simple algorithmic logic, symbolic processing techniques, and numerical approaches based on comparative analysis and probability theory have been undertaken. However, in the last two decades applications have been built that aid in diagnostic and therapeutic decision making (Medical Applications, 2003), and have evolved from a foundation based upon statistical algorithms to complex artificial neural networks (Farukhi, 2010).

According to the Bates & Bitton (2010), clinical decision support systems are computer applications that assist clinicians in making diagnostic (clinical prediction rules), prevention and disease management (routine care reminders to doctors or patients) and therapeutic decisions (electronic medication prescribing) about patient care by providing assessments, or prompts, that are selected from a knowledge base according to their characteristics. The more complex systems match characteristics of individual patients with a computerized knowledge base and generate patient-specific and situation specific recommendations (NEDST, 2002; Payne, 2000). By assisting health professionals in making important decisions, the systems can contribute to improved safety and quality of healthcare and ultimately improved patient outcomes. CDST is essential to promote improved efficiency in healthcare delivery using best-practice standards (NEDST, 2002).

The three main components of CDST include knowledge, rules, and software, and vary in complexity. The systems are usually embedded in other computer applications, such as those used for prescribing and dispensing medicines, electronic health records, and other information systems. Ideally, the patient information used in the systems would come from existing electronic sources, such as electronic health records (NEDST, 2002).

Payne (2000) takes the position that CDST can: simplify access to data by making patterns more apparent through customized patient reports or graphs, leading to more efficient decision making; provide reminders and prompts of changes in a patient’s condition, which may change the clinician’s approach (Johnston, Langton, & Haynes, 1994); and assist in establishing a diagnosis and entering orders appropriately when a patient’s case is complex, or the clinician is inexperienced (Payne, 2000; NEDST, 2002).

Evidence of Improved Patient Safety, Quality, and Efficiency

There is substantial evidence of the effectiveness of CDST improving the safety, quality and efficiency of healthcare. Medication errors are recognized as one of the most common causes of unintended harm to patients. Studies suggest that medication errors are a significant cause of iatrogenic injury, death and costs in hospitals (Thomas, Dayton & Peterson 1999; Institute of Medicine, 2000). It is estimated that over 770,000 people in the United States are injured or die each year in hospitals as a result of adverse drug events. The greatest proportion (56 per cent) of preventable drug events occur at the drug ordering stage, 34 per cent at administration, 6 per cent at transcribing and 4 per cent at dispensing (Bates, et al., 1995).

Computerized physician order entry (CPOE) systems automate the medication ordering process, which improves standardization and reduces problems such as the legibility of orders. Many CPOE systems incorporate CDST by suggesting drug doses and checking for drug allergies and interactions with other drugs listed in the patient’s medical record. Many of these systems have built-in alerts to automatically signal the possibility of an adverse drug event (Payne, 2000).

CDST has also been shown to improve patient outcomes by increasing clinician compliance with management guidelines and care standards, improving compliance with clinical pathways and guidelines, reducing rates of inappropriate diagnostic testing and in supporting increased use of evidence by clinicians in direct patient care (NEDST, 2002).

Barriers to Implementation of Clinical Decision Support Technology

Designing and implementing a CDST is challenging, and requires an organizational will to change, as well as patience. It also requires a substantial financial and human resource
investment due to the infrastructure required. Despite these difficulties, there is substantial evidence from trials in a wide range of clinical settings that CDST helps clinicians do a better job of caring for patients. As electronic health records and order-entry systems become more common, CDST will develop a broader application in healthcare (Payne, 2000; NEDST, 2002; Farukhi, 2010).

According to NEDST (2002) the need for system standardization and compatibility are issues that affect quality and safety. Additionally, user acceptance is a significant issue for the development and greater use of electronic decision support systems. Factors that influence user acceptance include: confidence in the system’s underlying knowledge base, functionality and availability; their impact on work processes; lack of skills in using them; and concerns about medico-legal issues.

Electronic decision support systems will not operate in isolation. In many instances, particularly in hospitals, such systems will operate together with a range of other systems, such as patient administration, pharmacy, emergency, pathology and radiology. The issue of interoperability with other systems must be considered in the planning process to ensure sustainability of the systems (NEDST, 2002).

Future Direction of Clinical Decision Support Technology

In 2005, one hundred studies on the effectiveness of CDST on clinical performance and patient outcomes were evaluated and the results published (Garg, et al., 2005) which showed improved clinician performance in 62 (64%) out of 97 studies assessing CDST. The publication also showed improved performance in diagnostic systems (40%), reminder systems (76%), disease management systems (62%), and drug-dosing/prescribing systems (66%).

According to Garg, et al., (2005) the electronic healthcare technology market is responding to the demand for CDST with more intuitive tools which can be embedded in the provider’s workflow by way of computerized alerts and reminders to care providers and patients, clinical guidelines, condition focused order sets, patient data reports and summaries, documentation templates, diagnostic support, and other tools that enhance decision making in clinical workflow.

CDST also has the potential to contribute to patient education, practice audit and clinical outcome analysis. These systems provide the opportunity to use data to review clinical practice patterns, such as medications and tests ordered for specific patient groups (NEDST, 2002). This field is rapidly evolving because of technological advances, increasing access to computer systems in clinical practice, and growing concern about the process and quality of medical care (Garg, et al., 2005).

Security Issues

According to Siska & Tribble (2011), concern among healthcare providers and the public that health information remains confidential has led to the implementation of the federal Health Insurance Portability and Accountability Act (HIPAA). However, HIPAA legislation allows for more stringent state laws to preempt the federal standards. Significantly hindering the flow of health information is the often conflicting interpretation of state and federal privacy policies, making it difficult to gain access to data over the continuum of care. This will remain a challenging issue until state and federal privacy issues are resolved.

To implement CDST within an organization, an information technology security audit would need to be conducted to determine compliance of hardware and software with HIPAA mandated ANSI standards. Physical security, user authentication, digital signatures, access passwords which can be routinely changed, encryption and de-encryption, audits, and automated shutdown after a specific time of inactivity would need to be put into place to assure security. Additionally, surveillance of data integrity and monitoring of access with audit trails, reports, and policies and procedures addressing security issues, code of conduct, code of ethics, and computer usage policies would need to be addressed (Ball, Weaver & Kiel, 2010).

References

Albuquerque, NM -- A total of 20 nurses, three retired nurses, a nursing student and one individual were recently honored at the 2014 New Mexico Nursing Excellence Awards. Mary Blessing, senior director of nurse residency, education and research at the University of New Mexico Hospital (UNMH), received the top honor: New Mexico Distinguished Nurse of the Year.

Blessing, a nurse for 40 years, oversees education, research and nurse recruitment and retention programs in a 450-bed academic medical center that is also a designated public hospital, supervising a staff of 88 full-time employees.

She is credited with creating a nurse residency program that has increased the one-year retention rate for new nurses to 90 percent and the five-year retention rate for nurses to 75 percent. The program, which admitted 75 new graduates this year, is one of nine programs across the United States that has been accredited by the Committee on Collegiate Nursing Education. “Since this program was started over a decade ago, we have seen an increase in the number of baccalaureate prepared nurses in our hospital, and a significant increase in nurses returning to school to obtain advanced degrees,” said Margaret Edwards in nominating Blessing for the award.

In addition, Blessing is responsible beginning the Youth Empowerment Project, now in its third year, which encourages young people in underserved ethnic minority groups to consider careers in healthcare. Over the past several years, the program has brought 135 students to UNMH to learn about health care careers. It also includes a three-year after school program where students complete 36 hours of classroom time paired with 36 hours of volunteer work each year, and as much as three summer intensive experiences.

Blessing also operates the University of New Mexico Hospitals’ Rural Health Education outreach program, a live interactive webinar developed in 2011 to meet the continuing education needs of healthcare providers at all levels which has more than 700 participants each year. In 2009, Blessing helped establish the Gallup Indian Health Services Trauma training program, which trains nurses in neurotrauma assessments to help the IHS hospital maintain its Level 3 Trauma designation and educate staff on appropriate and timely transfers of patients from their facility to a Level 1 trauma center. This program educates about 25 nurses each year.

In addition, she has helped UNMH obtain four grants in nursing research, oversees clinical education offering 1,052 classes with 10,454 attendees and 14 academic programs with 20,000 student placements and is spearheading the hospital’s preparations to earn a Magnet designation.

“She carries the lamp of Florence Nightingale with courage, confidence and belief that all things are possible with patience and persistence. She is a hero of mine,” Edwards concluded.
A total of 161 nominations were submitted this year’s Nursing Excellence Awards. Other award honorees were:

**Excellence in Advanced Practice – Michelle L. Haack**, Wound, Ostomy, and Continence Care Nurse; New Mexico VA Healthcare System, Albuquerque

**Excellence in Ambulatory Care – Elizabeth Sego**, Staff Nurse, University of New Mexico Hospitals, Albuquerque

**Excellence in Behavioral Health – Danielle Hebert**, Staff Nurse, Presbyterian Kaseman Hospital Child & Adolescent Behavioral Health Unit, Albuquerque

**Excellence in Case/Quality Management/Managed Care/Informatics – Carrie A. Gilley**, Staff Nurse, Home Telehealth, New Mexico VA Healthcare System, Albuquerque

**Excellence in Community Service – Lynn Van Pelt Arnold**, Administrative Director, Memorial Medical Center Cancer Center, Las Cruces

**Excellence in Critical Care Nursing – Lisa H. Schultz**, Cardiac-Surgical Staff Nurse, Presbyterian Hospital, Albuquerque

**Excellence in Education/Research/Academia – Theresa Bacon**, Unit-Based Educator, University of New Mexico Hospitals, Albuquerque

**Excellence in Emergency Care – Peter J. Herendeen**, Emergency Department Staff Nurse, Presbyterian Hospital, Albuquerque

**Excellence in Home Health/Hospice Nursing – TinaMarie R. Sapien**, Home-Based Primary Care Registered Nurse, New Mexico VA Healthcare System, Albuquerque

**Excellence in Long-Term Care/Rehabilitation – Brenda J. Morales**, Clinical Nurse, Christus St. Vincent Hospital, Santa Fe

**Excellence in Maternal-Child/Women’s Health – Christen J. Richards**, Assistant Nurse Manager, Neonatal Intensive Care, Presbyterian Hospital, Albuquerque

**Excellence in Medical/Surgical – Cipriano Botello**, Nurse Supervisor, University of New Mexico Hospital, Albuquerque


**Excellence in Nurse Management/Emerging Leadership – Elizabeth J. Muller**, Nurse Supervisor, University of New Mexico Hospital Neurology Clinic, Albuquerque

**Nightingale (New Nurse) Award – Laura Cheadle**, Emergency Room Staff Nurse, Artesia General Hospital, Artesia

**Outstanding Nursing Student – Deidre Martinez**, Patient Care Technician, Sandoval Regional Medical Center, Rio Rancho

**Excellence in Perioperative Nursing – Louise Kaiser**, Nurse Supervisor, University of New Mexico Hospital


**Excellence in Rural Practice – Helen C. Major**, Staff Nurse, Socorro General Hospital, Socorro

**Touch a Life Award – Conni Brooks**, Medical Intensive Care Unit Nurse, New Mexico VA Health Care System, Albuquerque

Retired federal judge **Leslie C. Smith** of Las Cruces received the Friend of Nursing Award. **Fran A’Hern-Smith** and **Idolia “Dodie” Hesch** of Santa Fe were acknowledged as “Legends of Nursing.” Lovelace Health System was the presenting sponsor and the New Mexico Center for Nursing Excellence hosted the awards competition and gala. Other major sponsors were Presbyterian Healthcare Services and University of New Mexico Hospital.

Now in its 10th year, the New Mexico Nursing Excellence Awards recognize excellence in nursing practice and honor nurses for the contributions they make to their organizations, communities and the state. Proceeds from the Nursing Excellence Awards program support the New Mexico Center for Nursing Excellence (NMCNE). The NMCNE was established in 1993 as a nonprofit organization to convene stakeholders and facilitate dialogue and action that result in a stronger nursing workforce in New Mexico. The NMCNE’s goal is that every New Mexican has the opportunity to experience exceptional nurses when they need them the most.

For more information, visit www.nm nurs ingexcellence.org or call (505) 889-4518.

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NM Board of Nursing Moves to Improve Patient Safety, Reduce Suffering & Protect Nurses in Recent Vote to Update Rules

The New Mexico (NM) Board of Nursing (BoN), after a lengthy process of multiple committee meetings over a 3-year period, culminating in a unanimous Board vote on October 24th, followed by a well-attended, and spirited public hearing on December 16th, approved by unanimous vote Rules changes which include a definitions of “anesthetics” (16.12.2.7.A.5), “procedural sedation” (16.12.2.7.A.5), and the Standards of Nursing Practice section focusing on procedural sedation (16.12.2.12.H.2). These Rule changes will improve patient safety, reduce patient suffering and unnecessary delays in care, and provide clear guidelines and restrictions for the nurse’s role when administering sedation together with a physician performing a procedure.

One of the principal roles of the BoN is to interpret the Nursing Practice Act (NPA). Unfortunately, nurses and hospitals throughout the state have been perplexed for many years by a section in the NM NPA (which is very unique to New Mexico among state NPAs), as relates to the term, “anesthetics,” and how this relates to the nurses role in administration of a variety of medications used in procedural sedation, including sedative-hypnotics such as Propofol, and the dissociative agent, Ketamine. Meanwhile, since the turn of the century, these two medications in particular have come to serve as the workhorses of procedural sedation in emergency departments (EDs), as they have proven to be so much safer than other medications used in that role.

Secondly, and of equal importance, as addressed in the recent Rules change, many nurses across the state currently find themselves in a position of administering medications for procedural sedation, in environments that may not have the robust patient monitoring and rescue capability that is routinely available in the emergency department, and without clear guidance as to their duties and limitations in the role.

With this recent rule change, patient safety will be improved in two ways. Firstly, due to the perplexing language in the NPA, as described above, some hospitals have inferred this to mean that even in the emergency department, with readily available full rescue capability, where a patient is fully monitored (cardiorespiratory, pulse oximetry, end-tidal CO2), in the presence of an emergency physician who is immediately able to stop a procedure and tend to a patient's airway, the nurse has been restricted from pushing the plunger on the syringe of medication during the sedation. The irony is that it is the nurse who measures the volume of the drug (upon the physician's order for a medication dose), draws up the medication, and while monitoring the patient connects the syringe to the IV line. However, it is the physician who must reach over, while in the process of reducing a fracture or dislocation, just to push the plunger on the syringe (and then the nurse flushes the line). This process only serves to disrupt the flow of the procedure and the sedation, and thus, frequently results in more prolonged sedations, and the administration of higher total doses of sedating medications. With this Rules clarification, other emergency departments will be able to perform procedural sedation in the same safe, efficient, and state-of-the-art manner as has been done for many years in some hospitals in New Mexico (e.g. San Juan Regional in Farmington), consistent with both the American College of Emergency Physicians (ACEP) Clinical Policy Guidelines, the Procedural Sedation Consensus Statement (Emergency Nurses Association, et al), and the most recent revision to the Centers for Medicare & Medicaid Services (CMS) Interpretive Guidelines for Hospital Anesthesia Services (Jan 14, 2011).

Patient safety will be additionally improved because these Rules include specific requirements for the nurse's training and competency, clearly delineate the nurse's role in procedural sedation, and mandate capabilities of the team present for the procedure, requiring the continuous ability to rescue the patient. Although these requirements are certainly consistent with standard ED practice, and the core competencies of emergency physicians and nurses, there has been concern that this is not always the case outside of the ED. We believe these Rules will help ensure that procedural sedation is only performed in settings prepared to meet these safety standards, with an emphasis on the ability to perform patient rescue. In September of 2013, leadership from the New Mexico Society of Anesthesiologists (NMSA) and NM ACEP met to discuss concerns about the safe administration of procedural sedation. The NMSA made it clear that their primary concern was the ability to rescue the patient in settings outside of the emergency department. These Rule changes provide for that safety. Furthermore, with the support of these Rules, the nurse must decline to administer the sedating medication if the team present does not have the ability to rescue the patient (should it be necessary). Additionally, per the Rules change, if the nurse is uncomfortable administering a sedating medication, the nurse may decline that physician order.

Additionally, these Rule changes will prevent delays and reduce patient suffering. Again, due to the various interpretations of the term “anesthetics” in the NM NPA, some hospitals have required their EDs to have two physicians present at the bedside when performing procedural sedation (and the second physician is simply administering medication which the nurse has measured and drawn up). This second physician is unnecessary, as the primary attending emergency physician can always stop an ED procedure to perform patient rescue. Even
in large EDs there is often a substantial time delay before two ED physicians can (non-emergently) provide care at the same bedside. Delays are routinely much longer if waiting for an anesthetist. This challenge is further magnified in more rural hospitals with fewer providers immediately on hand. For the patient the result is either a prolonged period of inadequately treated severe acute pain (as sometimes very high doses of opioids are required for pain management), or proceeding with an emergent procedure with inadequate sedation, as some critical acute fractures and dislocations must be emergently reduced. In either scenario it is the patient who suffers. These Rule changes will greatly mitigate this unnecessary suffering and delay in care, by allowing emergency nurses to perform their duties, as they are fully trained and prepared to do.

This is an important step forward for New Mexico nurses and our patients, and will improve both patient safety and access to care. These Rule changes do not expand nursing scope of practice, but rather codify the state-of-the-art practice, as has long been conducted safely in many hospitals. We thus advise all nurses (and those who employ nurses), who may be participating in the administration of procedural sedation, or administration of medications often used in procedural sedation (e.g. Ketamine with its multiple indications) to become knowledgeable of the Rule changes. Nurses serving in this role must know their own training and competency requirements, know the capabilities required of the team present, the availability of additional personnel with airway management expertise, and that nurses can decline to administer sedating medications if not assured that these safety standards have been met. To that end, the NM Emergency Nurses Association plans to make education available at its next annual symposium related to the Rule change and the nurse’s role in procedural sedation as a means of further improving patient safety.

Michael Chicarelli MSN, RN, CEN
President, New Mexico Emergency Nurses Association 2014

Eric Ketcham, MD FACEP, FACHE
President-Elect, New Mexico Chapter American College of Emergency Physicians
NEw MEXICO’S FUTURE NURSES

Doña Ana Community College Nursing Program

Doña Ana Community College (DACC) serves the higher education needs of the county and state and has done so since 1973. In keeping with DACC’s mission to prepare students for the workforce, the DACC Nursing Program was established in 1995 to serve the growing need for nurses within New Mexico. Established as a career mobility program, it continues to deliver curriculum resulting in an Associate Degree in Nursing (ADN).

In 1996, the New Mexico Board of Nursing (NMBON) awarded full approval to the ADN program. The first cohort of 16 students graduated in May 1997. In 2004, the NMBON awarded full approval for a Licensed Practical Nurse (LPN) certificate curriculum option that has increased the number of students graduating from the program with the ability to enter the workforce as nurses. Since the inception of the program, it has graduated 611 ADN students and 29 LPN certificate students.

DACC offers the ADN, an LPN certificate, and an LPN-to-Registered Nurse (RN) bridge program. The ADN program is a two-year pre-licensure program that prepares students for the field of registered nursing by helping them acquire the skills and knowledge necessary to be successful partners in providing quality nursing care.

Each fall and spring semester, the program offers 16 traditional seats and a variable number of advanced-placement seats to students who meet ADN entry requirements. There are three entry tracks—traditional, advanced placement, and LPN to RN. Students desiring entry into the DACC nursing program must complete up to twenty-four credits of general education courses, after which they must apply to be accepted into the core nursing curriculum. Because it is a competitive entry program, completion of pre-requisite courses does not guarantee enrollment in ADN core courses.

Completion of the ADN program requires 67 to 69 credits. Technical nursing courses account for 44 credit hours and are taught over four semesters, or levels. Completion of each level is a prerequisite for admission to the next level. Each nursing student is assigned a nursing faculty member to assist with academic advising.

Those nonlicensed students who successfully complete selected third-level courses and a practical nurse (PN) exit exam qualify to apply for and receive an LPN certificate. This option requires 29 credit hours of technical nursing courses for a total of 52 to 54 credits, and students may exit the program or continue through to level four at which point they will have earned the associate in nursing degree. With either option, students who are awarded an LPN certificate may choose to take the NCLEX-PN exam and enter the nursing workforce.
Clinical experiences for the DACC Nursing Program are offered at a variety of healthcare facilities in Doña Ana County. In addition, the program has a well-equipped simulation lab with low- and high-fidelity simulators for skills development and practice of nursing care.

DACC offers 39 programs and serves an estimated population of 101,324 residents in the city of Las Cruces and 213,460 residents in Doña Ana County as a whole (2013 estimates). The city and county are the second largest city and county in the state of New Mexico.

DACC offers dual credit courses in high schools throughout Doña Ana County. Adult learning centers are located in five communities and satellite locations are dispersed throughout the county. DACC is accredited independently of New Mexico State University, its parent institution, by the Higher Learning Commission of the North Central Association of Colleges and Schools (HLC).

For further information about the DACC Nursing Program and for entrance requirements, please contact us at (575)528-7249, or visit our website at http://www.dacc.nmsu.edu/hps/nursing/
PRE-LICENSEURE BSN GROWTH IN NEW MEXICO:
THE NMNEC MODEL

Written by:
Judy Liesveld, PhD, PNP, RN, UMN Education Chair, NMNEC Leadership Council Member
Jenny Landen, RN, MSN, FNP-BC, SFCC Dean, School of Health, Math and Sciences, NMNEC Leadership Council Member
Becky Dakin, MA, NMNEC Program Leader

Setting the Stage for BSN Preparation

The Institute of Medicine’s 2010 report, The Future of Nursing: Leading Change, Advancing Health, issued the challenge of an 80-percent baccalaureate-prepared nursing workforce by 2020, (known as 80 by 20). Compelling research indicated that BSN-prepared (bachelor of science in nursing) nurses create a safer practice environment, have lower turnover rates, and are associated with lower mortality and hospital acquired conditions (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Charting Nursing’s Future, 2013; Yakusheva, Lindrooth, & Weiss, 2014). BSN-prepared nurses are also more likely to seek further education. Among nurses initially educated at the associate-degree level, 8.9% go on to earn a nursing or nursing-related graduate degree. In contrast, among nurses initially educated at the baccalaureate degree, 21.7% eventually earn a nursing or nursing-related graduate degree (U.S. Health and Human Services, 2010). In NM, graduate-prepared nurses are needed for nursing faculty, executive nursing positions, and as primary care providers in advanced nursing practice.

In New Mexico and nationwide, employers are increasingly calling for a higher percentage of BSN-prepared nurses. Employers understand that BSN-prepared nurses are a pipeline for leadership and management positions. Many hospitals and health systems are also seeking Magnet Status, a prestigious accreditation designation which recognizes nursing excellence and superior patient outcomes. To achieve this, hospitals must have a plan in place to achieve 80% BSN-prepared nurses by 2020.

Born out of the call for 80 by 20, the Future of Nursing; Campaign for Action was launched through an initiative of AARP and the Robert Wood Johnson Foundation (RWJF). Many states have risen to the challenge of 80 by 20 and to the Campaign for Action’s initiatives with creative pathways to achieve BSN preparation. For example, the Regionally Increasing Baccalaureate Nurses (RIBN) programs, in North Carolina and other states, have nursing students attend a community college, partnered with a university, for the first three years of nursing preparation and then transfer to the university setting for completion of the BSN. 1+2+1 programs, found in New York and other states, have nursing students begin their liberal arts studies at a college or university for one year, go to a community college for two years for nursing courses, and return the last year to the university for completion of the BSN. Many states are also supporting legislation known as the ‘BSN in 10.’ This initiative, backed by the American Nurses Association, requires that new RNs become BSN-prepared within ten years to continue working as a nurse. In New Mexico, the New Mexico Nursing Education Consortium (NMNEC), is a unique initiative to address the 80 by 20 challenge. (To learn more about The Future of Nursing; Campaign for Action and state initiatives, visit campaignforaction.org)

A Brief Synopsis of the NMNEC Story

NMNEC started over five years ago with the volunteer effort of nursing administrators and faculty across the state. Nurses from many different health care organizations, community agencies, and school districts also offered their insight and guidance in building the statewide initiative that primarily involved two major efforts: 1. placing a common nursing curriculum in all state-funded ADN and BSN (pre-licensure) programs in the state, and 2. partnering community college nursing programs with a university nursing program to offer the BSN on community college campuses.

The IOM report recommended that “nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (National Research Council, 2011). NMNEC recognized that a common nursing curriculum would provide the mechanism for seamless transfer between programs and build partnerships between universities and community colleges. The seamless feature of NMNEC provides cooperation between partnering nursing programs to inform students of open seats in their programs. Students also have opportunities to apply to NMNEC nursing programs in varying NM locations and to potentially transfer to other NMNEC programs if needed. Community colleges from all quadrants of the state will offer the BSN on their campuses, providing lower tuition and the opportunity to stay in one’s home community. With the NMNEC model, community colleges will continue to offer the ADN degree, using the NMNEC ADN program of study, for students choosing an ADN program. ADN-prepared nurses continue to be a strong part of NM’s workforce. Graduates of the NMNEC ADN programs are then encouraged to return to school in an RN-BSN completion program, another important component of meeting the 80 by 20 challenge.

The common curriculum was approved by NMNEC nursing programs in 2012 with 100% commitment for eventual implementation in all NMNEC schools following in 2013. This commitment involved seventeen state-funded nursing programs that offer the associate’s or bachelor’s degree in nursing. The implementation will roll out in stages as each school determines the best timeline for their curriculum change process. A complete list of the implementation status of nursing programs across the state can be found at nmnece.org/curriculum

The New Mexico Board of Nursing has provided important grant funding for NMNEC since 2010. In 2012, the Robert Wood Johnson Foundation added additional support as they began a national movement toward Academic Progression in Nursing (APIN) that involved growth in BSN education, the promotion of diversity of the nursing workforce, and the encouragement of employer partnerships to promote advancement in nursing education. The New Mexico Action Coalition is a key partner in the work of the APIN grant.
NMNEC’s Current Activities
This year, the emphasis of NMNEC’s work will be mentoring schools that are in the process of implementation along with providing Faculty Development. The common concept-based curriculum provides a framework for the program of study with the latitude for academic freedom and creativity in the teaching strategies employed by each program. As-needed phone-conference training sessions are held on a bi-weekly basis to discuss the details of teaching each level. Faculty share resources and materials between programs and benefit from the collaborative expertise of nursing faculty statewide. Additional ongoing trainings are taking place for student advisors, for program evaluation, and for teaching simulation.

NMNEC’s Exciting Growth
In 2013, a pre-licensure BSN could be obtained from only two universities in New Mexico. As of January, 2015, the pre-licensure BSN is now offered in six state-funded schools: UNM, NMSU, Santa Fe Community College, New Mexico Junior College, San Juan College, and Central New Mexico Community College. By 2017-2018 the BSN will be offered in seventeen state-funded nursing programs, in twenty locations across the state. Nursing educators across the nation have a keen interest in NMNEC’s progress. NMNEC nursing educators are presenting their unique model at every opportunity and sharing lessons learned so others may join the movement of academic progression, 80 by 20, to build our future nursing workforce.

References

Charting Nursing’s Future. (2013). The case for academic progression. Robert Wood Johnson Foundation. rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407597


## DISCIPLINARY ACTIONS

### ACTIONS TAKEN OCTOBER 2014

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<td>RN-77375</td>
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<tr>
<td>Applicant</td>
<td>Joyce Osei-Akoto</td>
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In addition to the above actions, the Board:

- Authorized the issuance of twenty three (23) Notices of Contemplated Action (NCA).
- Authorized the issuance of one (1) Pre-NCA Settlement Agreement. Dismissed (2) NCAs. Dismissed seven (7) complaints. Took no action on two (2) license. Issued five (5) SLOCs (Serious Letter of Concern). Discharged one (1) Diversion Program participant.

## DISCIPLINARY ACTIONS

### ACTIONS TAKEN DECEMBER 2014

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<td>CRNA-01195/CO RN-182483</td>
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<td>RN-75754</td>
<td>William Brawley</td>
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Full-time (9 month) or Part-time nursing faculty position

**MSN is required.**

[jobs.sfcc.edu to submit and online application or for further information call 505-428-1763.](jobs.sfcc.edu)

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In addition to the above actions, the Board:

Authorized the issuance of twelve (12) Notices of Contemplated Action (NCA). Authorized the issuance of one (1) Pre-NCA Settlement Agreement. Dismissed nine (9) complaints. Rejected one (1) Settlement Agreement/Set for Hearing. Took no action on two (2) complaints. Issued four (4) SLOCs (Serious Letter of Concern). Discharged one (1) Diversion Program participant.

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Fran A’Hern Smith Retires After 52 Year Career

A’Hern Smith retired in 2012 after a 52-year career spanning hospice care, public health nursing and education. She holds a Doctorate in Nursing Science degree from Boston University, a Master of Science in Nursing degree from Russell Sage College in Troy, New York and her Bachelor of Science in Nursing degree from the University of Wisconsin in Madison, Wisconsin.

While being Director of Nursing she was told she was the first public health nurse leader to serve on Nurse Practice Committee and later she served on the NM Nursing Education Committee. She was a driving force in establishing a committee to make NM one of the first states that became part of the compact states in the US.

A’Hern Smith also taught nursing in the bachelor’s and master’s degree programs for the University of Phoenix, and for Grand Canyon University, where she encouraged many of her colleagues to pursue advanced degrees. A number of students have commented that the courses she taught, including Ethics 101 and Jean Watson’s Caring Theory, made a profound difference in their professional careers.

In addition, A’Hern Smith was one of the founders of the New Mexico Center for Nursing Excellence and served as the first president of the board of directors of the organization. She was recently elected as the first non-Native American to the Board of Directors of the New Mexico Native American Indian Nurses Association. She has gathered over $250,000 in fundraising and grants for nursing in the past 13 years.

Her awards are numerous and include the March of Dimes Community Health Nurse in 2003, New Mexico Center for Nursing Excellence Distinguished Nurse of the Year in 2010; U.S. Public Health Service U.S. Assistant Surgeon General Chief Nurse Award in University of Phoenix Nursing Faculty of the Year Award in 2001.

During her 15-year tenure as a Director of Nursing Service, A’Hern Smith served as acting chief nurse for four years as well as director of nursing service, directing six public health offices in three counties. In that role she led the Families First project, increased the availability of immunizations for children and conducted research to help increase salaries for public health nurses to make them competitive with those in surrounding states. She was designated as the bill analyst for all bills submitted to the legislature annual that related to nursing and health and authored a bill to allow public health nurses to return to work after 3 months from retirement instead of waiting 3 years. She wrote curriculum for Quality Leadership Program and wrote the first nurse manager’s manual.

During her 15-year tenure as a Director of Nursing Service, A’Hern Smith moved to New Mexico in 1989 to start a freestanding hospice, but quickly realized there was a gap between the culturally diverse population of the state and the nurses who cared for them. She became a founding member of NMDOH CLAS (Cultural and Linguistic Access to Services), which works to reduce health inequalities and promotes cultural understanding, and in 2007 submitted an award-winning white paper on Disparities in Public Health Nursing. Presently, she is on the NM Diversity Committee that was established by NMNA and a grant from Con Alma.

In her retirement she serves on the following boards as VP for the Albuquerque Santa Fe Opera board, Albuquerque International Association, VP Summit Park Neighborhood Association, NMNA Foundation and UNM Osher curriculum committee, Board of Nursing Nurse Practice Advisory Committee and a Docent at the National Hispanic Culture Center.

“Fran A’Hern Smith is the consummate professional, who is both a legend and an inspiration to many nurses in the state of New Mexico. She has a strong commitment to nursing, and we are so fortunate to have her as our mentor, role model and advocate,” according to Kim McKinley and Deborah Walker, who nominated her for the honor.
As the largest healthcare provider in the state, Presbyterian is committed to the selection, growth, recognition, and career development of over 9,000 dedicated employees throughout New Mexico. A new job is a big change, and we want you to have a better life here — working at a place where your profession is an extension of your life.

Located in a beautiful part of the country and home to the International Balloon Fiesta, New Mexico is continually a national leader in population and employment growth. By investing hundreds of millions of dollars into facilities, technology, and services, and offering educational assistance and leadership development training for our people, Presbyterian Healthcare Services is keeping pace.

We stand proudly on our 100+ year foundation of improving the health of the patients, members and communities we serve. Join us in carrying on our tradition of excellence.

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- Asst. Nurse Mgr – Family Birthing Center (Req 53501)
- Asst Nurse Mgr- Pediatric Intensive Care (Req 53192)
- Asst Nurse Mgr- Surgical Care (Req 53561)
- Case Manager Care Coordination (Req 52958)
- Charge Nurse- Outpatient Kaseman Oncology (Req 52378)
- Clinical Critical Incidents Care Coordinator (Req 53470)
- Clinical Quality Of Care Coordinator (Req 53228)
- Director- IMM Case Management (Req 52707)
- Director – Patient Care Services (Req 51357)
- HEDIS Review Nurse (Req 52668)
- Infection Control Specialist (Req 53320)
- Manager of Nursing- GI Clinical Operations (Req 53310)
- Manager of Nursing- Operating Room (Req 53310)
- Manager of Nursing- Women's Care (Req 53728)
- Nurse Navigator Oncology Supportive Care (Req 53168)
- RN Cardiovascular Operating Room (Req 51345)
- RN Care Coordination (Req 48618)
- RN Clinical Education Specialist (Req 53254)
- RN Clinical Education Spc II (Req 53254)
- RN CVL (Req 53465)
- RN- Director- Urgent Care Operations (Req 53626)
- RN- Home Health Case Manager (Req 52698)
- RN Home Health/Hospice (Req 49397)
- RN IMM Case Management (Req 52961)
- RN Oncology (Reg 51299)
- RN Operating Room (Req 52018)
- RN Recovery Room/Education Focus (Req 53425)
- Supervisor- Clinical Practice (Req 52994)
- Supervisor- Utilization Management/Home Health (Req 53389)

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Every healthcare professional in America knows that we are in an era of profound change. From sweeping new standards set by The Affordable Care Act, to digital imaging, surgical and pharmaceutical breakthroughs, Electronic Medical Records, data-driven analytics, population management and more. The challenges of change are accelerating at an unprecedented rate. But beneath it all, one constant remains: healthcare is about people caring for each other.

Nobody understands this better than the staff at Memorial Medical Center in Las Cruces. All are justifiably proud of the hospital’s 62-year legacy of serving their community. They’re excited about a bold new program of expansion, innovation and improvement that is transforming MMC into one of the Southwest’s leading regional health care systems. Most of all, they’re pleased to know that one thing won’t change: a positive, growth-oriented work environment that truly values people.

This people-centric culture of compassion, teamwork and respect creates tremendous benefits for patients and employees alike. Small wonder so many of the nurses and staff refer to their fellow employees as their “family.” At MMC, the golden rule really does rule.

DeeDee Ramos noticed this years ago, when she gave birth at MMC. DeeDee’s nurse was so attentive, caring and professional that she inspired DeeDee to become a nurse herself. “I
saw what a difference you could make, during a life-changing experience a woman would always remember,” she says. Ramos returned to school and earned her BSN. She completed her clinicals at MMC, an experience that reinforced her initial impression. “Everyone was so nice, so helpful. They wanted you to succeed. The teamwork was great. You never felt alone,” she recalls. Today, Ramos works as a labor and delivery and neonatal nurse at Memorial.

Director of Women’s and Children’s Services Julie Howard, RN, will celebrate her thirtieth anniversary as an MMC employee next year. Howard started out as a Certified Nursing Assistant while working on her nursing degree. That experience convinced Howard that MMC was the place she wanted to be.

“No matter what floor I worked on, everyone made me feel at home,” Howard says.

That spirit of mentoring and mutual success turns up again and again in conversation with MMC employees. “Unity” is the word Nurse Deanne Hobbs uses to describe it. “Everybody is eager to teach, show and share,” she says, “from the techs to the nurses to the providers to the executives. Everyone understands that there are things you can only learn on the job, and we support each other.”

Like Ramos, Hobbs had given birth at the hospital before attending nearby NMSU and earning her degree. Deanne particularly appreciates the way everyone drives change at the hospital. “It’s not about top-down dictates. We have performance teams and unit improvement teams that anyone can volunteer for. We constantly look at ways we can improve, and create solutions that are implemented.” Hobbs had a successful career in real estate before she decided to pursue her lifelong interest in nursing.

MMC Director of Critical Care Thomas Ismond’s previous careers included working as an engineer at the White Sands Missile Base and managing a family-owned chili pepper processing facility. His nursing career has included stints as an ER director and a flight nurse.

In the spring of 2014, Tom “landed” at MMC, where he serves as Director of Critical Care Services. “As a lifelong community member, I knew Memorial,” Ismond says. “I knew the reputation of their ER and their ICU, and I was impressed. I knew the people there really cared about their patients and each other. They had a new CEO, John Harris, and had heard good things about him. He’s a strong supporter of nurses, and appreciates what we do.”

Ismond and others were aware that CEO John Harris had a clear vision for the hospital’s future, and are exhilarated that MMC is making that vision a reality. The results are truly impressive. Twenty-one new physicians, surgeons and clinicians have joined the MMC family of providers. Breadth and depth of services continues to expand across all departments.

The hospital has earned Certified Chest Pain Center status. A new neonatal transport team puts MMC one step closer to Level III NICU status, the highest level of care available in our region. The Joint Commission has again certified the Joint Replacement Center as a Center of Excellence. The MMC Cancer Center has earned Accreditation with Commendation from the Commission on Cancer of the American College of Surgeons.

Last summer, MMC opened a new Vein and Vascular Center. In November, they opened New Mexico’s first freestanding wound care and limb preservation center. The recent acquisition of a freestanding imaging center has expanded the reach and scope of imaging services. The transition to remodeled, all-private patient rooms began in December and will continue this year.

The nursing staff plays a key role in the hospital’s transformation, and is a valued presence across departments and facilities. “If someone in my family needed a hospital, I’d want them to be at MMC,” says Michelle Holguin, RN. “From the housekeepers to the executives, everyone believes in putting the patient first. That’s what’s really behind the changes here. When you put the patient first and work as part of a team that cares, it’s a pleasure to come to work every day.”
Samantha Gomez, RN
Home: Las Cruces, NM
Originally From: Las Cruces, NM
Profession: Nurse
Position: Director of Women’s Services
Hobbies: Camping, golfing, shopping, and most of all spending time with my family.
Favorite Book: Heaven Is For Real
Favorite Movie: The Notebook
Hero: My grandmother
Favorite Quote: “Stop worrying about what you have to lose and start focusing on what you have to gain.”

Why I Chose MountainView:
I chose MountainView because we are the premier health care provider in the region with the highest level of quality, service, integrity, and commitment to the Community. MountainView is home. Since I have had the honor of being with the MountainView Team, I have personally witnessed the hospital experience continual growth and ensure the quality of service remains at the highest levels. Every year, we accomplish something new to improve our patient care and to be the choice for health care in the region. MountainView strives every day to be a superior provider for healing and caring for our patients.

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