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Find out more from our nurse recruitment team: Kristy Fritz at 501-552-3738 (Little Rock) or Tamme Kinney at 501-622-4621 (Hot Springs)
Steve Jobs once said, “You cannot connect the dots looking forward; you can only connect them looking backwards.” I totally agree with his statement. As the Board of Nursing plans for the future, there is always discussion of the agency’s past history. One tool that assists with this look backwards is the ASBN Annual Report.

All state agencies are required to submit an annual report to the governor. The report is a chance for the agency to share what they have accomplished during the previous year. The ASBN Annual Report contains an abundance of information on finances, discipline, education, licensure and workforce statistics. The Board was created in 1913 and published the first annual report in 1915. At that time, the Board of Nursing had revenue of $376 and regulated 397 RNs. At the end of fiscal year 2015, the Board had revenue of $2,856,091 and regulated 53,943 nurses.

The nursing workforce has evolved over the years. Even with the increase in the number of men entering the nursing profession, nursing continues to be a predominately female profession. Currently in Arkansas, 91 percent of nurses are female, which is down from 1992 when 95 percent of the licensed nurses were female.

One area of the annual report I look at frequently is how many nurses have an active license in Arkansas. As you can see in Table 1, the number of active LPN licenses has not significantly changed over the past 30 years. However, the number of RNs has more than doubled during the same timeframe.

Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Active Licenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>LPN 12,000, RN 20,000</td>
</tr>
<tr>
<td>2015</td>
<td>LPN 20,000, RN 50,000</td>
</tr>
</tbody>
</table>

In 1995, legislation was passed to permit licensure of advanced practice registered nurses (APRNs). Since that time we have seen a steady increase in the number of APRNs licensed in Arkansas. In 2015 there were 2,852 actively licensed APRNs, which is approximately double the number of APRNs in 2005. Even with this steady increase, there is still a large shortage of providers, especially in the rural areas of Arkansas.

Table 2 shows the highest degree held by registered nurses. The good news is since 2005 there are 10 percent more nurses with a bachelor’s degree or higher.

Table 2

<table>
<thead>
<tr>
<th>Highest Degree</th>
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<tbody>
<tr>
<td>Diploma 15%</td>
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</table>

Table 3

<table>
<thead>
<tr>
<th>LPN Employment Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care 25%</td>
</tr>
<tr>
<td>Clinic/Office 31%</td>
</tr>
<tr>
<td>Home Health 10%</td>
</tr>
<tr>
<td>Hospital 5%</td>
</tr>
<tr>
<td>Not working in Nursing 5%</td>
</tr>
<tr>
<td>Long Term Care 5%</td>
</tr>
<tr>
<td>Public Health 5%</td>
</tr>
<tr>
<td>School 5%</td>
</tr>
</tbody>
</table>

Table 4

<table>
<thead>
<tr>
<th>RN Employment Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care 50%</td>
</tr>
<tr>
<td>Clinic/Office 10%</td>
</tr>
<tr>
<td>Home Health 10%</td>
</tr>
<tr>
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</tr>
<tr>
<td>School 10%</td>
</tr>
</tbody>
</table>
The settings in which nurses are employed change over time. As noted in Table 3, LPNs are primarily employed in the long term care setting and the clinic setting. In contrast, the primary employment setting for RNs is still the hospital setting (Table 4).

The data found in the annual report is used in many ways, but most commonly it is used as supporting data for activities such as writing grants, legislation, reports, and lectures. Reviewing the current data in the context of today’s environment, as well as looking at past data, allows the board to plan for the future.

Have you looked at the ASBN Annual Report lately? You can check it out by going to our website and clicking on the publications link.

Sue S. Ledford

NEW MEMBER APPOINTED TO THE ARKANSAS STATE BOARD OF NURSING

Lance K. Lindow, of Benton, was recently appointed to the Arkansas State Board of Nursing by Gov. Asa Hutchinson, and fills the at-large position for a registered nurse or licensed practical nurse. He is a registered nurse and earned his associate degree from National Park Community College. He received the Duke University Hospital “Strength, Hope and Caring” award in 2012. Lindow’s nursing background includes being a flight nurse and working in NICU. Currently, he is an emergency room nurse at the University of Arkansas for Medical Sciences. He states, “I became a nurse because I can’t change the world, but I can change my patients’ world 12 hours at a time.” Lindow is married and has two sons. In his spare time he likes Razorback sports and being with family.

$10,000 bonus plus relocation package for RNs with minimum two years’ experience.

Saint Francis Health System, northeastern Oklahoma’s leading healthcare provider, is seeking experienced nurses who have a passion for exceptional patient care. We have immediate openings in several adult units, and qualified RNs can receive a $10,000 sign-on bonus plus an enhanced relocation package.

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* Applies to Registered Nurses in adult patient units with at least two years of professional experience. Two-year work commitment required. EOE M/F/Vet/Disabled
Hello and happy spring! I hope everyone is enjoying the sunshine, longer days and warmer weather.

To continue the theme of the two previous articles, I would like to discuss another avenue of professionalism, or sometimes a lack thereof. We have seen how nurses can unite when faced with adversity. And once again, nurses were voted as the most respected profession in the country. However, one of the things that we hear all too frequently is how “nurses eat their young.”

The ANA’s Code of Ethics for Nurses with Interpretive Statements states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect.” Unfortunately, nurses today are still experiencing horizontal hostility. Despite the emphasis on professionalism and civility in the workplace, nurses still report being mistreated by their peers. What exactly is horizontal hostility? Alspach (2007) defines it as “a variety of unkind, discourteous, antagonistic interactions that occur between persons at the same organizational hierarchy level.” Horizontal hostility can be overt, openly displayed, or covert, hidden or covered. According to Farrell (1999), “Of all types of aggression nurses experience, peer to peer hostility is the most harmful.”

With 25 years experience in the nursing profession, I have been a witness to and a victim of this hostility. It is unpleasant, demeaning and nonproductive. It is easy to see why nurses leave the profession as being on the receiving end of this behavior damages one’s self-confidence and self-worth. As an educator, I have even had nursing students report being treated unprofessionally by peers. These two situations defy all recruitment efforts into a profession that is increasingly in demand.

There are four main areas affected when a nurse experiences horizontal hostility: psychological, physical, emotional, and social. This can be exhibited psychologically as post-traumatic stress disorder, burnout, and maladaptive responses such as substance abuse. Physically, there is a decreased immune response, increase in stress-related illnesses, cardiac arrhythmias, and other symptoms. Emotionally, nurses experience mood changes, a decrease in self-esteem, a lack of motivation, and even depression. The hostile work environment even takes its toll on their social life and relationships become affected.

What effect does it have on the nursing profession? Patient outcomes suffer, medical errors occur, patient, employee and employer satisfaction decreases, and there is an increase in staff turnover resulting in an increase in the cost to facilities.

So what can nurses and health care facilities do? Educating nurses and administrators on what behaviors are considered hostile is the first step. Secondly, developing strategies to foster a culture of respect within the profession which may include dedicated round-table discussions regarding the interpersonal and interprofessional relationships that foster acceptance of diversity within the workplace. Lastly, acting when hostility occurs by addressing the situation directly or communicating a phrase or code word that indicates to the other individual or those nearby that you feel threatened. Facilities that ignore the issue are supporting and condoning the behavior.

I would like to encourage you to be an advocate for our profession. To be a role model, support and encourage one another. To stand up for the new nurse, the student, and even the seasoned nurse. Work together to provide the best patient care possible, educate one another, help each other out, provide rest, assistance, and reassurance instead of doubt, negativity, and shame. Continue to ensure nursing is a respected profession by the public, but more importantly a profession we can all be proud to be a part of!

In addition, I want to formally acknowledge the work and effort of Board members whose terms ended this past year: Patricia Staggs, LPN, Shela Upshaw, RN, Gladwin Connell, D. Min., Doris Scroggin, RN and Cynthia Burroughs, PhD. I am grateful for their contributions and the thoughtful and thorough considerations they brought while serving on the Board. And I wish to welcome new Board member appointees, Kaci Bohn, PhD, Renee Mihalko-Corbitt, APRN, DNP, Pamela Leal, RN, Mike Burdine, RN, and Lance Lindow, RN.
April 2, 2016
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- Arkansas Democrat Gazette
- Arkansas Dept of Human Services
- Arkansas Health Center
- Arkansas Heart Hospital
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- Arkansas Regional Organ Recovery
- Arkansas State Board of Nursing
- Arkansas State University
- Arkansas Tech University
- ASAHOIN
- Baptist Health School of Nursing
- Central Arkansas Veterans
- Central Methodist University
- Chamberlain College of Nursing
- CHI/Saint Vincent Health
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- Correct Care Solutions
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- Highlands of Little Rock at Woodland Hills
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- LeBonheur Children’s Hospital
- Look-Book-Go-Travel
- LRBNAA
- Medline Staffing
- Methodist Family Medical Center
- North Metro Medical Center
- Phillips Community College
- Pinnacle Pointe Hospital
- Pryor Robertson/Farmers Insurance
- Pulaski Technical College
- Southern Arkansas University
- The Electronic Caregiver
- The Manor Assisted Living
- Total Life Changes
- UAMS
- UALR Department of Nursing
- Unity Health
- University of Arkansas Global Campus
- University of Central Arkansas
- Walden University
- White County Medical Center
- and many more....
The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update’s contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.
Serving, Caring, Helping and Healing for 25 years and counting!

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Act 304 of 2011 established the Arkansas Prescription Monitoring Program (PMP) to be implemented under the direction of the Arkansas Department of Health. This information tool was launched during the spring of 2013. When a controlled substance (Schedules II – V) is dispensed by an Arkansas pharmacist, the pharmacist must input the prescription data into the PMP databank. This allows prescribers to view their patients’ history of filled prescriptions for controlled substances prior to prescribing or refilling a prescription for a controlled substance.

The goals and benefits of using this tool include:

- To enhance patient care by providing prescription monitoring information that will help ensure legitimate use of controlled substances in health care
- To help curtail the misuse and abuse of controlled substances
- To assist in combating illegal trade and diversion of controlled substances
- To enable access to prescription information by practitioners, law enforcement agents and other authorized individuals and agencies

So why is the PMP reporting tool such a good friend to APRNs?

- It provides the APRN with information about what controlled substances their patient has had filled, including the date, quantity, and who prescribed the medications. This information is very beneficial when determining what the APRN decides to do regarding prescribing a controlled substance to their patient.
- If the APRN notes a potential issue with what the patient has had filled (i.e., addiction risk or suspicious activity, like selling the medications), they have objective evidence when choosing not to prescribe a controlled substance. It provides the APRN with evidence of suspicious activity instead of just a “gut feeling” that something is wrong.
- APRNs can run a PMP report on their own prescribing (on their own DEA number) to monitor for any unauthorized controlled substance prescriptions. A good habit for APRNs to practice is to run a weekly report on what controlled substances were

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EOE/AA/MINORITIES/FEMALES/DISABLED/VETERANS
filled under their name and DEA number. Generally, most APRNs can review a week’s worth of controlled substance prescriptions and recall if they prescribed them or not during the previous week. Sometimes errors are made when the prescription is filled (wrong prescriber’s name). If this happens, the APRN should contact the pharmacy and have them correct the error.

New legislation is being implemented to allow the AR Department of Health to notify prescribers if their patient is receiving controlled substances from more than three providers (effective date pending). Also, in an effort to encourage prescribers to review a PMP report prior to prescribing a controlled substance, legislation was passed that will allow prescribers to delegate the running of a PMP report. This will save the APRN time in running the report themselves; all they have to do is review the information. APRNs will be allowed to delegate this task to two licensed nurses at each practice facility. Please continue to watch for more information regarding an implementation date and for instructions for setting this process up for delegates. APRNs should NEVER give their own login information to a delegate to run a PMP report, as this information is HIPAA protected.

For APRNs (who hold a DEA number) who are not yet signed up with the PMP system, please follow these steps:

- Enter the www.arkansaspmp.com website
- Select the “Practitioner/Pharmacist” tab
- Select the blue hyperlink “Training Guide for Arkansas Practitioners and Pharmacists link.” You CANNOT skip this step - your temporary ID and password are in it.
- Select the “Practitioner/Pharmacist Registration” tab and enter the temporary ID and password
- Complete the registration form and submit
- You will receive two emails with your permanent ID and PIN plus a temporary password that you can change.

Arkansas prescribers are not mandated by law to access the PMP system prior to prescribing a controlled substance, but are highly recommended to do so. It is also a good idea to document in the patient’s chart that a current PMP report was reviewed prior to prescribing a controlled substance.
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EOE
As a state agency, the Arkansas State Board of Nursing (ASBN) takes financial responsibility seriously. One of the ways we ensure funds are being used appropriately, and in accordance with the agency’s mission, is by having a standing Finance Committee.

The ASBN Finance Committee consists of a group of designated board members who provide recommendations to the full board. Since the board members are responsible for the financial oversight of ASBN, the Finance Committee is charged with the review of all ASBN’s financial information. The board members currently serving in this capacity include:

- Dr. Cathleen Shultz, RN – Chair
- Karen Holcomb, RN
- Sandra Priebe, RN
- Yolanda Green, LPN
- Pamela Leal, RN
- Dr. Kaci Bohn

The financial information reviewed by the Finance Committee includes, but is not limited to, the following:
- Financial Statements
- Financial Documents provided by the Department of Finance & Administration (DFA)
- Reconciliations of Financial Statements to DFA documents
- Accounting Policies
- Authorizations of board member attendees for travel (i.e. Mid-Year, Annual Meetings)
- CAFR Reports
- Strategic Plan- Finance Related Items
- Signs of Financial Difficulty Reminders
- Biennial Budget
- Annual Operations Plan
- Audit Review
- Risk Assessment Review
- Nursing Student Loan Program
- Any other finance related issues or documents

As a staff member of ASBN, I appreciate the committee’s involvement in the process, and their interest in ensuring the board’s financial matters are conducted properly. If you are reading this, chances are good you are a nurse, or studying to become one. Since you either are or will be paying licensure fees every other year, I thought you might like to know we are working hard to be certain your hard earned money is being used for the intended purpose.
Our Nursing Team is professional and in HIGH DEMAND!! We are so very THANKFUL for our team… But we need MORE nurses!! ATTENTION RN’s & LPN’s: We are looking to increase our staff in all areas: Clinical Diagnostics ~ Rehab ~ Children & Adults w/Disabilities ~ Psych ~Senior Wellness Clinics ~ Correctional Nursing ~ And...So much more! *Never a fee to join our team!!! Call us today!! You will be so happy!!

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CCS is an EOE/Minorities/Females/Vet/Disability Employer
A nurse who is under investigation is often confused about the disciplinary process. Often the nurse does not know he or she is flagged as under investigation until a potential employer advises that there is an investigation flag on the nurse’s license.

**How is the investigation initiated?**
The board receives a complaint that the nurse may have violated the Nurse Practice Act (NPA) or Rules. The NPA and Rules are the laws that govern the practice of nursing. A copy may be obtained at the Board’s website at www.arsbn.org, under the Laws & Rules tab. It is the responsibility of each licensed nurse to know and understand what the laws are. The complaint sent to the Board must be in writing but can be anonymous. There is an online complaint form available on the Board’s website under the Discipline tab.

**Who can file a complaint?** Some nurses self-report that he or she has violated the NPA or Rules. Other complaints may come from patients, patient family members, the nurse’s employer, a co-worker of the nurse, other professionals, family members of the nurse, friends of the nurse, or from the Office of Long Term Care reports. Nurses are required to report another nurse who is in violation of the NPA or Rules or attempting to violate the NPA or Rules.

The complaint is reviewed by board staff to determine whether there is a potential violation of the NPA or Rules and if there is enough information to identify who the nurse is. If a complaint is about Jo Smith, this may not be enough information to open a complaint. The complaint needs to provide enough information for staff to identify who the nurse is and where the nurse works. If the complaint is found to be a potential violation of the NPA or Rules, an investigation is opened.

**What is an investigation?** The Board utilizes nurse and non-nurse investigators, and may work with the Attorney General’s Office, the Drug Enforcement Agency, investigators contracted with the Board, and Pharmacy Services with the Arkansas Department of Health. Information is collected and may include obtaining a statement from the nurse under investigation, the complainant (if known), witness interviews, and written statements. The Board has subpoena power and may obtain documents in this manner. The investigation may look at the nurse’s practice for prior years, not just the employment related to the current complaint.


**What happens after all the information collected by the investigation is reviewed?** The investigation of the nurse may be closed by board staff without action and no discipline. This will happen if there is not enough evidence to support a violation of the NPA. The Board can issue nondisciplinary action known as a Letter of Warning. This action is to alert the nurse that his or her actions were very close to a potential violation of the NPA or Rules. This action is not reported to the disciplinary databanks mentioned below.

Disciplinary actions include a Letter of Reprimand or a Consent Agreement. The nurse may also have a Formal Hearing before the Board. The Board may find the nurse not guilty; hence, no disciplinary action is warranted. But the Board may issue disciplinary action in the form of a Reprimand, Probation, Suspension, or Revocation. In Arkansas, all disciplinary actions are reflected permanently on the nurse’s license. In addition, the disciplinary action is reported to the National Council of State Boards of Nursing Disciplinary Data Bank and the National Practitioner Data Bank. Certain disciplinary actions are also reported to the

continued on page 18

Then there is the dreaded publication of disciplinary action in the ASBN Update. Nurses seem to dread this notification the most.

What happens if the nurse does not agree with the finding? For a Letter of Reprimand, the nurse may request a hearing before the full Board in lieu of the Letter of Reprimand. The nurse has thirty (30) days upon receipt of the letter to request a formal hearing before the Arkansas State Board of Nursing. The request must be sent in writing to the office of the Nursing Board.

When a case is decided by the Board, and the nurse’s license disciplined, the nurse may, within thirty (30) days, appeal any decision of the Board to the Circuit Court of the Arkansas county in which the nurse resides or the Circuit Court of Pulaski County, Arkansas.

What if the nurse does not want to enter into a Consent Agreement or go before the Board for a hearing? The nurse has the option of surrendering his or her license. The nurse needs to understand that voluntary surrender of licensure is disciplinary action and constitutes a final order of the Arkansas State Board of Nursing. Voluntary Surrender is:

• Public information
• Made a part of the nurse’s record
• Reported in the ASBN Update
• Reported to the National Council of State Boards of Nursing Disciplinary Data Bank, and
• Reported to the National Practitioner Data Bank.

To discuss any of the information presented, please contact Mary Trentham at mtrentham@arsbn.org.
The University of Arkansas for Medical Sciences College of Nursing (CON) announces a national search to recruit a new Associate Dean for Baccalaureate Education. Nominations and applications are being accepted now for this exciting career expanding opportunity. This 12-month, full-time administrative and faculty position reports to the Dean of the CON. The candidate will be administratively responsible for the BSN and the RN to BSN/Master’s Programs and will teach and pursue scholarly educational activities. The candidate will work closely with other Associate Deans and program directors to implement all aspects of baccalaureate education. Direct reports include the Director of the RN-BSN program, 40 faculty, and secretarial support staff. The CON is located on the only Health Science Center in Arkansas. With over 700 students, it offers BSN, MNSc (6 specialties), DNP and PhD programs and enjoys national recognition of high quality programs with outstanding NCLEX and certification pass rates.

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Donna Middaugh, PhD, RN
Associate Dean for Academic Programs
UAMS College of Nursing
MiddaughDonnaJ@uams.edu

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For the fifth year we are also honoring the outstanding nurse educator of the year. If you are a student and you have an educator that has been a driving force in development and support of your nursing career, send in your nominee’s name, place of work and a short story of why they should receive the award. Be sure you include your contact information for us to get back in touch with you.

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Deadline is April 30, 2016

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Karen Richardson, APRN Baptist Health Family Clinic (Warren)

2015 Outstanding Nurse Educator Award Winner
Dr. Jane Evans, UALR Department of Nursing

2016 Nursing Compassion Award

2016 Outstanding Nurse Educator Award

Come Celebrate Nursing at the 2016 Compassionate Nurse and Nurse Educator of the Year Awards.
Saturday June 4, 2016.

Held in the beautiful Chenal Country Club in West Little Rock.
Seating is limited-Order your table early!

All nominees & place of employment will be listed in the April Edition

• We hope to have nominees from every county and school.
• Be sure you’re a part of this celebration.
• Nominate a candidate today!
• Order your reserved table early. Seating is limited.
• Proceeds benefit the ThinkNurse Scholarship Fund.

For Nomination form go to www.ThinkNurse.com

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For Nomination form go to www.ThinkNurse.com
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Cindy Cooke, DNP, FNP-C, FAANP
- President American Association of Nurse Practitioners
Barb Bancroft, RN, MSN, PNP

This education activity is pending approval by the American Association of Nurse Practitioners of up to 12 contact hours of accredited education.

Join us and our special guest,
John Martin, Senior Health Policy Advisor to Governor
Asa Hutchinson on Saturday, February 16, 2016
LARCS ARE MOST RELIABLE CONTRACEPTIVE

Unintended pregnancy continues to be a public health concern in the United States. Of 6.6 million pregnancies per year in our country, 3.4 million are unintended. A higher proportion of unintended pregnancies occur among adolescent and young women, and racial and ethnic minorities. The majority of these pregnancies are also associated with an increased risk of poor health outcomes for mothers and babies, including delayed access to prenatal care, preterm birth, and negative physical and mental health effects.

In 2013, Arkansas had the highest teen birthrate in the nation, with 43.5 births per 1,000 girls ages 15-19, compared to the national average of 26 births per 1,000. The majority of teen births in Arkansas are to older teens, ages 18-19, which is 83 births per 1000, compared to the national average of 47 per 1000. The rate among older teens is nearly four times higher than younger teens in Arkansas.

The costs of unintended pregnancy, for a teen mother and to society, are substantial. Teen childbearing cost Arkansas taxpayers at least $129 million in 2013 for about 4,155 teen births. Nationally, teen childbearing costs taxpayers at least $9.4 billion each year.

Preventing and lowering unintended pregnancies can affect the present and future wellbeing of teens and families, while also contributing to the economic health of our state.

Lowering unintended pregnancy rates requires a multiple-faceted approach from the community, state and local governments, pediatricians, health care providers, school-based clinics, local health clinics, universities and colleges.

Unintended pregnancy is lowest in women who use the most reliable forms of contraception such as long-acting reversible contraception (LARC) options. LARC methods include intrauterine devices (IUD) and implants. The failure rate of these methods is less than 1 percent, and the continuation rate is higher than other methods. Unfortunately, only 10 percent of women use LARC; the utilization rate is even lower in adolescents.

The American College of Obstetricians and Gynecologists (ACOG) has long recommended LARC as the most effective reversible contraceptive option for most women, including those who have not given birth and adolescents who are sexually active.

The ACOG also recommends the following strategies to reduce barriers to the use of LARC methods and increase access to LARC methods, especially implants and IUDs:

- Adopt best practices for LARC insertion
- Advocate for coverage and appropriate payment and reimbursement for every contraceptive method, by all payers, in all clinically appropriate circumstances
- Become familiar with and support local, state (including Medicaid), federal and private programs that improve affordability of all contraceptive methods

LARC methods are covered by Arkansas Medicaid. Plans in the Health Insurance Marketplace must cover all contraceptive methods and counseling for all women, as prescribed by a health care provider. Plans must cover these services without charging a co-payment or co-insurance even if the patient has not met her deductible. Some religious employers do not cover any form of contraception.

The effectiveness of contraceptive methods:

- Most effective: IUD, implant
- Effective: pill, patch, vaginal ring, injection, diaphragm
- Less effective: condoms, cervical cap, sponge
- Least effective: spermicides
Arkansas Children’s Hospital
Nursing Open House
Saturday, February 27th
10am to 3pm

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The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

<table>
<thead>
<tr>
<th>Name</th>
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<th>City</th>
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### Disciplinary Actions

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<td>Reddin II</td>
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Disciplinary Actions

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<td>Wright</td>
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<td>L052832</td>
<td>Mena</td>
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<td>February 17, 2016</td>
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JRMC has been a major presence in Southeast Arkansas since the dawn of the 20th Century, but our vision for healthcare has always been focused on the future. We have committed ourselves to providing the latest technology, improving access to services, and anticipating the needs of our patients — all components of a larger goal to improve the quality of life in our community. Up next on the agenda: a new hospital to replace the existing facility. Construction is expected to begin in 2019.

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