

Leader *to* Leader

Nursing Regulation & Education Together

Fall 2013



Vicki Erickson

A Day in the Life of a Nursing Regulator

By day, you'll find **Vicki Erickson**, PhD, PNP-BC, FAANP, in front of a classroom of nursing students at the University of Colorado, where she is an associate professor and the director of the Doctor of Nursing Practice and Master's Program. By night, Erickson dons a different cap: that of the Colorado Board of Nursing (COBON) president. For the past four years, Erickson has volunteered to serve as the board president for the COBON, while also juggling a full teaching schedule.

In this interview, Erickson explains her role as board president, how Just Culture influences the COBON's discipline process and why nurse educators should consider joining their board of nursing (BON) (short answer: "do it for the love of the discipline of nursing"). "I have found that knowing the regulatory world informs my work as an educator and vice versa," Erickson said. Let's listen in.

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What inspired you to join the COBON?

As an advanced practice registered nurse (APRN), I was interested in participating in the regulatory process for RNs and APRNs. Although I had an idea, at least conceptually, what the BON did, I was unclear about how it was done. The opportunity to lead in the area of health care policy through nursing regulation was intriguing to me.

How does your position as the member board president differ from that of the executive officer?

The executive officer or program director, which is the title we use in Colorado, is a salaried position, although both the program director and I work for the same employer: the State of Colorado. The program director works daily on the issues surrounding the BON; I am more likely to be engaged in the process on weekends and nights, and then monthly at BON meetings. For our state, the program director is not required to be a nurse, so the board members are consultants with nursing expertise.

How do you represent the BON to the public?

I speak and participate in statewide meetings with educators and APRNs about regulatory issues. As a board president I always include a disclaimer that my opinions are my own and do not represent the COBON on any

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particular topic, but during my discussion, I like to compare our BON with others and talk about how legislation drives what we do.

What do you think is the biggest misconception educators and nurses have about BONs?

That the BON's job is to search for mistakes and punish nurses for making them. I was once introduced to a class by a colleague who said "remember the board of nursing is not your friend." It made me ponder, could a regulatory board be a "friend" (beyond Facebook of course)? I asked them theoretically if they had experience with a nurse who was endangering the public, what should be done?

I think that there are urban myths about BONs being indifferent or lacking a sense of justice. Most of the negative information about BONs comes from individuals who have been disciplined and I am sure that their communication about what happened and why might vary from the BON's view. I do think BONs should have outreach to our public, including educators and students though.

As the board president, you're involved in the discipline process. Does the COBON utilize the philosophy of Just Culture in its discipline process at all?

Absolutely. The basic premise is that mistakes happen and that most nurses want to deliver the best care for their patients. Almost always when a patient is at risk it is because of a combination of an individual mistake compounded by system problems.

"I have found that knowing the regulatory world informs my work as an educator and vice versa."

— Vicki Erickson

Punishing a nurse may not result in protecting the public in many circumstances.

As you mentioned, the board president is a volunteer position. Why should others consider volunteering to serve on their BON?

There is a rich opportunity to learn more about nursing, as well as other disciplines in health care. As the BON carries out legislative mandates, I have become much more aware of the impact of legislative language and this will make me a better nurse activist in the future. The camaraderie on our BON is fun and informative — we have a great BON.

Board members have the opportunity to be involved in policy formation and activities across boards. This month we will have a QUAD regulator meeting (QUAD represents the boards of medicine, nursing, pharmacy and dentistry) to discuss the issue of opiate abuse. I have also been appointed to serve on an insurance commissioner task force, along with my colleagues in medicine, to simplify the preauthorization process for health care providers and their patients. ●

The 2013 National RN Workforce Survey Results

For many years researchers have predicted an impending shortfall of registered nurses (RNs). An aging RN workforce and aging U.S. population, coupled with the implementation of the Patient Protection and Affordable Care Act calls into question whether there will be enough RNs to meet the escalating demand. An adequate supply of RNs in the workforce is one of the essential components of a safe and effective health care system.

The 2013 National Nursing Workforce Survey of Registered Nurses provides a current and comprehensive snapshot of the nursing workforce today. The survey was a collaborative research effort between NCSBN and The National Forum of State Nursing Workforce Centers, which provided critical RN supply data.

Survey data were collected from January to March of 2013. A random sample of RNs, stratified by state, was drawn from all RN licensees in the U.S. and its territories. A total of 42,294 RNs participated in the survey.



In addition to providing a description of the current state of the nursing workforce, the data may be used for the following:

- An examination of trends by comparison with past Health Resources Services Administration (HRSA) and other nurse workforce data.
- Data may serve as a baseline for future data collection.
- State analysis — each board of nursing and state workforce center was provided with their raw state data; they are free to conduct their own analysis of their state workforce data. These data may be used to help inform policy decisions.
- Be used to predict possible shortages and assist in the allocation of resources, program development decisions, and recruitment efforts in both the health care system and education sectors.

The full report is available as a supplement to the July 2013 issue of the *Journal of Nursing Regulation (JNR)*. To purchase the report, visit the [JNR website](#). ●

Improving Communication Channels at the Board of Nursing

Sue Petula, PhD, MSN, RN, NEA-BC, FRE

Nursing Education Advisor, Pennsylvania State Board of Nursing

The Pennsylvania State Board of Nursing (PABON) was one of 20 Pennsylvania agencies selected as finalists in the Governor's Innovation Office Expo on July 31, 2013. This Expo highlighted projects undertaken by Pennsylvania state agencies that improve service, boost productivity and reduce spending. Sue Petula, PhD, MSN, RN, NEA-BC, FRE, nursing education advisor, and Laurette Keiser, MSN, RN, executive secretary, showcased the PABON's innovation: eppiccNURSE, a Web-based education program portal and information communication channel.

eppiccNURSE is an innovative management information system that is highly effective in its ability to enhance communication between the PABON and the state's nursing education programs by:

- Allowing secure submission of nursing education programs' annual reports;
- Ensuring that faculty (>5,000) in Pennsylvania's 141 approved nursing education programs meet regulatory requirements;
- Providing immediate access for nursing education programs to identify clinical sites from an available master list (>3,500);
- Allowing secure submission of nursing graduates (>7,000/year) program completion documents; and
- Automatically matching nursing education program completion documents with Pennsylvania graduates' application information via the licensing record system.

Since the inception and continued expansion of eppiccNURSE, its impact has been noteworthy throughout the Commonwealth due to its positive outcomes, including:

- An estimated cost savings of \$150,000 annually;



- Increased satisfaction of nursing education programs due to the enhanced ability to identify clinical agencies contributing to nursing program expansion and improved program quality;
- Improved quality of nursing care throughout the Commonwealth;
- Contributed to the economic growth of the health care industry by reducing the effects of the nursing shortage across the Commonwealth;
- Reduced PABON staff processing time by 75–90 percent, while at the same time, improved the approval turnaround time for both education programs and applicant licensure; and
- Engaged nursing education program directors as strategic partners with the PABON, enhancing their knowledge of the PABON's regulations.

Health care is changing rapidly and becoming increasingly complex; one change that has helped in handling these complexities is the use of robust and sophisticated information technology systems such as eppiccNURSE. This system has transformed the manner in which the PABON supports nursing throughout the Commonwealth. ●

SAVE THE DATE: NCSBN 2014 Scientific Symposium



The NCSBN 2014 Scientific Symposium is going to be big. In addition to focusing on diverse national and international studies that increase the body of knowledge in nursing regulation, policy and patient safety, **NCSBN will be sharing for the first time, the results from the Transition to Practice Study and National Simulation Study!** This is one symposium you are not going to want to miss. Mark your calendars and join NCSBN on April 10, 2014, in Arlington, Va.

If you're interested in being a part of the Scientific Symposium as a presenter, **NCSBN is currently accepting abstracts for both posters and presentations.** Research should result in or have potential to change nursing policy and make nursing care safer. Abstracts from the international nursing community are welcome. For more information, visit the 2014 Scientific Symposium [webpage](#). ●

The Clock is Ticking: Keeping Time with APRN Consensus

The APRN Consensus set an ambitious timeline for completion of new standards for advanced practice registered nurses (APRNs). It's the fall of 2013 and there's a target consensus implementation date of 2015. How are we doing? Let's look at each area of APRN preparation that needs to be accomplished: education, accreditation, certification and licensure.

Education

Educators have an ambitious agenda; they need to teach new content, as well as align with new accreditation requirements. New APRN programs need to be preaccredited. Programs need to align their curriculum with the Master's Essentials (2011) or the Doctorate of Nursing Practice (DNP) Essentials (2006). Additionally, they all must be accredited for core role programs offering one of the six described populations, as well as adhering to core competencies, clinical hours requirements, offer the three Ps (advanced pharmacology, advanced health assessment and physiology/pathophysiology courses), produce a transcript, embed wellness and gerontology content, and delineate acute or primary focus for certified nurse practitioner (CNP) programs. Educators have largely achieved their charges and aligned programs to these requirements. Some programs, we learn, do not produce transcripts that offer clear evidence of compliance and that continues to be worked on. Students may not always be aware of whether their programs are properly accredited, meet guidelines and allow for easy eligibility to sit for required certification at the program's completion. Postgraduate certificate completion programs also need to be accredited by 2015, and feedback indicates there may be too few of them to meet the needs of interested APRNs.

Education Program Accreditors

Education program accreditors will preapprove new programs, assure that all reviewed programs are aligned, set new standards to measure that, and accredit postgraduate certificate programs by 2015. They released new standards in the summer of 2013 and are on target to meet their timeline.

Certification

Certification testing programs for APRN roles and populations must devise new tests that measure acquisition of content knowledge in wellness, gerontology, the three Ps, and core role content. They must establish eligibility criteria for testing that assures the education program addressed all the requirements of the APRN Consensus

Model, including clinical hour requirements. New role certification tests have been launched for the adult/gerontology population and for certified nurse specialist (CNS) wellness through acute care. The previous tests will be phased out in 2014 or 2015. This is important for those APRN graduates who may never have attained certification. If they are graduates of earlier programs they need to test now because their programs would not qualify them for these new tests and the previous tests (that are appropriate for them) will no longer be available. Also, it is vital that those who presently hold advanced certification maintain that certification and not allow it to lapse. All certification programs allow for continued maintenance of certification through continuing education and other means. Allowing a current advanced certification to expire holds no guarantee that one could qualify to retest under the new exam criteria. Certification programs are meeting their timeline of 2013 for launch of new exams, and are on target to meet timelines for the retirement of previous exams.

Licensure

What of licensure? How are regulators doing in their requirements for consensus? Regulators were charged with implementing legislative language that would align state nurse practice acts or rules with the APRN Consensus Model. This was done through the NCSBN Model Acts and Model Rules, which were revised and aligned in 2012.

Regulators were charged to issue a second license to APRNs, license APRNs as independent practitioners with full prescriptive authority, to provide APRN representation on the board of nursing, and to include a grandfathering clause for currently practicing APRNs. The timeline for completion of these tasks is Dec. 31, 2015. Regulators were also charged with providing a means to measure progress towards these goals. This was accomplished through the [APRN maps project](#). States are displayed by their progress in aligning title, roles, second license,

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The clock is ticking. The focus must be unwavering. The dedicated efforts of these past years are a remarkable predictor that the implementation of the APRN Consensus Model will be accomplished.

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graduate or postgraduate degree requirements, advanced certification requirement, autonomous practice, and independent prescribing. Using this methodology, which assigns a single point for each element for each of the four roles, states/jurisdictions are 68 percent towards the total points needed by 2015.

A final element for regulators is the provision of a grandfather clause for those presently practicing. The APRN Consensus Model, Model Acts and most states' nurse practice acts have language that would address the grandfathering of those APRNs presently licensed or recognized within a state. Several states do not yet recognize all four roles as described in the model and, as they add them, they will define the eligibility for those who may be newly recognized.

Regulators are pretty well on target to meet the consensus deadline, but they are well aware that the work that remains is not just ambitious, it's also tough. During each legislative session gains are made. The past three years have seen remarkable state and jurisdictional alignment with consensus. The effort that produces such change is the result of cooperation and collabora-

tion between the boards of nursing and elements of LACE (licensure, accreditation, certification and education), as well as professional associations, consumer groups, government entities, action coalitions, and dedicated APRNs and RNs. Some efforts languish without action on important bills. Some efforts move fully towards alignment and some incrementally towards goals. All efforts are important and must be sustained.

The clock is ticking. The focus must be unwavering. The dedicated efforts of these past years are a remarkable predictor that the implementation of the APRN Consensus Model will be accomplished. ●

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CENTER FOR REGULATORY EXCELLENCE (CRE) GRANT PROGRAM

CRE awards grants up to **\$300,000** (for up to two years) for research that advances the science of nursing policy and regulation. Research priorities include, but are not limited to: national and international regulatory issues; patient safety; practice; nursing education; continued competence; nurse mobility; and substance use.

Grant applications are due **April 4, 2014**.
Visit www.ncsbn.org/389.htm for more information.



Ask
NCSBN

Q&A



Q: This semester, we'll be talking about discipline at the board of nursing (BON). We've already discussed what Just Culture is, so I wondered, do any BONs use Just Culture in their discipline process?

A: Just Culture is becoming an increasingly popular concept in the nursing community, from education programs to clinical settings to even the BON. Discipline is not always effective in preventing future errors. System change and remediation have been demonstrated in other professions to prevent future occurrences. Changing the paradigm to a focus on the analysis of the system and analysis of the nurse's behavioral choices, as well as remediation, counseling and supervision may prevent future errors and serve to protect the public.

NCSBN created a Regulatory Decision Pathway (RDP) in 2012, which incorporates this new paradigm. The RDP assists BONs in the discipline process, specifically in cases of practice errors or unprofessional conduct. With the RDP, BONs will consistently focus on system evaluation, as well as evaluation of the nurse's behavioral choices. Each incident is evaluated for behavioral choices, including deliberate harm, concealment of the error, substantial or unjustifiable risk, history of previous errors and mitigating factors. Also included in the RDP is communication with the facility to determine action plans for system error or nurse error. Several BONs currently use the RDP.

One BON that has embraced Just Culture and NCSBN's RDP is the District of Columbia Board of Nursing (DCBON). Since 2012, the DCBON discipline committee chooses a handful of closed cases and reviews them again to make sure that the discipline was consistent with the RDP. So far, the committee has agreed with 100 percent of the judgments that were originally made, a testimony to the consistency that is available when using the RDP tool. Felicia Stokes, JD, RN, nurse consultant, Discipline, DCBON, explained that by using priorities that are consistent with Just Culture and the RDP, the focus shifts away from patient outcome and instead,

towards the root cause of the error. "In the past, sometimes, decisions were made based on emotions and what happened to the patient. Too much focus was on the patient outcome and not on the system or individual errors that led to the outcome," she said. "All BONs should use Just Culture or the RDP if they aren't already."

Q: We offer distance education programs in a number of states and struggle with keeping up with all the different state requirements. Is NCSBN working on any distance education initiatives?

A: **Yes!** NCSBN's Board of Directors convened the Distance Learning Education Committee, which worked on the complex issues of distance education programs moving across states, in fiscal year 2013 (FY13) and that committee will continue in FY14. NCSBN's committees are composed of members or staff at BONs from across the country. On this committee there is a mix of BON executive officers and staff education consultants, as well as educators who are state BON members. The Distance Learning Education Committee consulted with educators, staff from the American Association of Colleges of Nursing (AACN), the U.S. Department of Education and the WICHE Cooperative for Educational Technologies (WCET) as part of their work. The committee is charged with identifying current and evolving issues related to distance learning education programs and developing recommendations for prelicensure distance learning education programs. The recommendations will be presented to the NCSBN Board of Directors in May 2014. ●

A Timely New Course from NCSBN

Understanding the NCLEX®—A Guide for Nursing Educators

Licensure exams are high-stakes, not only for students, but also for faculty and schools of nursing. Ultimately, every nursing educator's efforts lead to one pivotal accomplishment for their students—the NCLEX®.

NCSBN designed this new course to help nursing educators serve as NCLEX ambassadors, relieving student's fears with factual information. Armed with facts, students are more confident, focused and better prepared when they walk into the testing center to take the exam.

Six lessons with interactive quizzes quickly assess learning, while engaging graphics and audio recordings bring the content to life. Interrelated Web-based workbook assignments involve creating a personalized "cheat sheet" about the NCLEX, giving educators a valuable resource they can use for their students long after the course has ended.

The course begins with a historical overview and an explanation of the relationship between the NCSBN Examinations department and the Pearson VUE test service. Then the course gets into

the nitty-gritty of test development and how the passing standard is set. Next, there's a synopsis about the science and practice of computerized adaptive testing (CAT), which includes different scenarios to explain how an NCLEX candidate can pass (or fail) the examination. Rounding off the course is information about navigating the examination process.

Upon completion, nursing educators will be able to:

- Explain the basic process used to develop the NCLEX;
- Describe the basic process of setting the NCLEX passing standards;
- Summarize how CAT is used for the NCLEX; and
- State the process used to schedule and take the NCLEX.

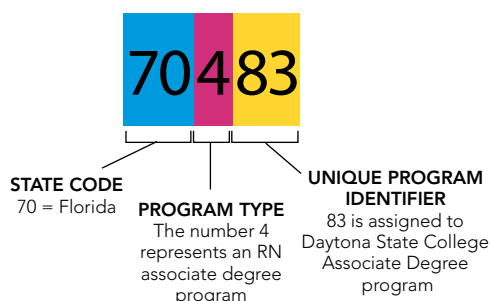
The cost is \$30. Upon successful completion, instructors will receive 3.0 contact hours.

Register and learn more about this course at learningext.com.



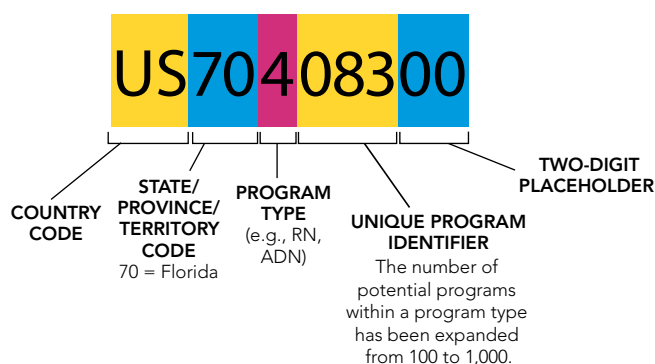
Educational Program Code Enhancement

Each nursing program approved by a board of nursing is identified by a unique code assigned by NCSBN. Currently, this code is five digits in length, with the first two digits representing the state in which the program is located. The third digit represents the program type, and the fourth and fifth digits represent the specific program. For example, program code 70483 is the code assigned to the Daytona State College Associate Degree program in Daytona Beach, Fla. The breakdown is as follows:



The existing format has led to constraints in jurisdictions with more than 100 approved programs of one type. NCSBN was able to circumvent this constraint temporarily for ADN programs by adding a second identifier, but some jurisdictions will begin to outgrow even that second identifier in the future.

In order to support the expansion of new nursing programs within existing jurisdictions, as well as to accommodate the addition of the nursing programs in Canada, NCSBN is lengthening the program codes to 10 digits. The new program code for Daytona State College Associate Degree program will look like this:



The information from the existing five-digit code remains intact, while the code has been lengthened to provide more information specific to the program code.

In anticipation of the questions you may have regarding these program code changes, NCSBN will be providing a tutorial this fall. Please contact NCLEXprogramcodes@ncsbn.org with any questions regarding the new program code format.

NCSBN's Social Media Update

In 2010 NCSBN began studying social media in nursing. Boards of nursing (BONs) were receiving complaints about nurses posting private patient information onto Facebook pages, Twitter feeds and blogs. It became clear that nurses needed resources to help them understand how to properly use social media without breaking privacy and confidentiality laws. NCSBN published a white paper that provided guidelines for social media use, in addition to producing a free educational video and brochure. To date, more than 500,000 brochures have been distributed, the video has been viewed nearly 50,000 times and the brochure has been downloaded from the [NCSBN social media website](#) more than 5,000 times.

NCSBN encourages educators to use these scenarios, in addition to the resources available in the social media toolkit, to start a dialogue with nursing students regarding the appropriate use of social media in the workplace.



Although NCSBN is vigorously trying to get the word out about the appropriate use of social media, BONs are still receiving complaints. Below are two complaints received by BONs. NCSBN encourages educators to use these scenarios, in addition to the resources available in the social media toolkit, to start a dialogue with nursing students regarding the appropriate use of social media in the workplace.

Scenario 1:

Some hospitals use a service that allows family members and friends to receive consistent information via a single website, and eliminates the need to place and receive numerous telephone calls. Its functionality is similar to a blog.

One family set up such a site for their sick child. Many of the nurses who cared for the child were also "friends" on the site. One nurse posted to the site: "I had a severe migraine headache at work today... and was surprised I could even function." The patient's mother read the posting and the next day, spoke to the nurse manager to inquire if her child was safe and if the nurse is able to provide competent care after what she posted. The mother was visibly concerned for her child's safety.

Scenario 2:

A clinical group of eight students (who were in their last semester and eight weeks from graduation) set up a private Facebook group where they could discuss their clinical day together. The students made the group setting private, so no one else could read their comments. Facebook occasionally does updates and after the fact, each individual must readjust their privacy settings. One of the students forgot to reset her privacy settings and all of the entries from the group were shared on the student's Facebook page. Since this student was "friends" with many other students in the program, the postings spread like wildfire. It did not take long for the nursing faculty to find out about the postings, which included information regarding patients, faculty and other students. All eight students were suspended for HIPAA violation.

It is important for nursing faculty to incorporate social media guidelines into their courses from day one of the program. Since many students have been raised using social media, it is imperative to set reasonable limits to the responsible use of social media in nursing. Besides addressing patient issues, other questions such as faculty "friending" students and the social media's impact on lateral violence in nursing should also be discussed. Social media has many benefits in nursing, but it must be used appropriately so as not to violate patient confidentiality or privacy. ●

Program Outcome Index[®]: A Measure of Program Effectiveness

An Excerpt from *Summary and Analysis of Annual Reports from Arizona Nursing Education Programs 2011*.

Pamela Randolph, MS, RN

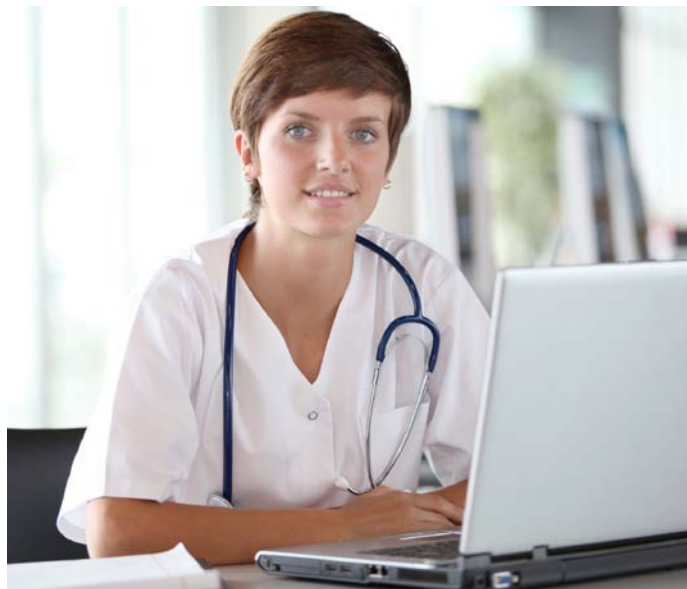
Associate Director, Education/Evidence Based Regulation
Arizona State Board of Nursing

While first time NCLEX[®] pass rates are viewed by stakeholders as a measure of quality, if a program does not graduate the majority of admitted students in the prescribed time, the pass rate can become a measure of individual aptitude and self-teaching capacity, not overall program educational performance. The public and certifying agencies are interested in knowing attrition and persistence of students in programs in addition to licensure exam pass rates. Starck, Love and McPherson (2008) call for measuring “on time” (e.g., according to the published curriculum plan) graduations as opposed to graduations within 150% of the allotted time. Conversely just taking “on time” graduate percentages without licensure exam results may reflect lack of rigor or grade inflation in programs. Combining and giving equal weight to these numbers will reflect both how the educational programs meet the learning needs of students and the academic rigor of the program. The Board is well aware that admission policies may also affect pass and completion rates as students who are not well grounded in essential reading and math skills will have difficulty comprehending nursing knowledge. The Arizona Administrative Code (R4-19-204), requires program faculty together with the program

The Program Outcome Index[®] is a measure of the program’s ability to educate, and make eligible for licensure, admitted students in an optimal time-frame.

administrator to set the admission and progression standards of the program. Faculty and administrators should ensure that those admitted to the program are given the essential tools in terms of teaching content and modalities to succeed in graduating on schedule and passing NCLEX on the first attempt.

As part of the Annual Reports from Arizona Nursing Education Programs (available at www.azbn.gov) on-time graduation rates from each nursing program’s reported data were calculated and added to the NCLEX first time pass rate obtained from NCLEX Reports to calculate a “Program Outcome Index[®]”. The “Program Outcome Index[®]” is a measure of the program’s ability to educate, and make eligible for licensure, admitted students in



an optimal time frame. The maximum index is 200 (100% NLCEX first-time pass rate and 100% on-time graduation). The mean index in 2011 was 157. Index scores ranged from a high of 195 to a low of 119. The top six program outcome indices were: University of AZ (195), Pima Medical Institute–Tucson (186), Pima Medical Institute–Phoenix (185), Arizona State University (185), Coconino Community College (183) and Northern Arizona University (183). There was a difference in outcome index means between associate degree and baccalaureate programs with baccalaureate programs at 165 and associate degree at 155. LPN program mean index was lower than RN at 154 vs. 158, a reflection of increased attrition. There was no difference in index means between private and public programs except in BSN programs. The mean program outcome index was 188 in public baccalaureate programs (total enrollment 976 students) and 141 in private baccalaureate programs (total enrollment 1025 students). All outcome indices of Arizona pre-licensure nursing programs can be found in the [full article](#), *Summary and Analysis of Annual Reports from Arizona Nursing Education Programs 2011* available on the Board’s website listed above. Further study is warranted to determine trends and factors that influence the outcome index of nursing programs. ●

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Providing Licensure and Discipline Notification

Whether it's in a hospital or a classroom, a doctor's office or an elementary school, it's important for practicing nurses to maintain their license. Practicing without a license has serious consequences for the nurse, the employer and even the patient. And as you know, nurse educators need to maintain an active license in order to teach nursing students. Not only is this the law in most states, it's also required for schools to be accredited education programs. With so many faculty members employed at education programs though, keeping track of whose license is about to expire can be extremely time consuming and sometimes costly for colleges and universities. NCSBN's Nursys® e-Notify can help. Since its launch in December 2012, it has become an important resource for the nursing community, helping nursing education programs keep track of their licensure and discipline information easily, effectively and economically.

Nursys e-Notify is an innovative nurse licensure notification system where employers receive real-time email notifications about nurses in their employ. The system provides licensure information, in addition to publicly available discipline data. There are currently 703 institutions registered and 36,003 nurses enrolled in e-Notify. El Paso Community College in Texas is one such institution. "We have a process in place to help us know when a nurse's license is expiring and e-Notify serves as our back-up system so no one can slip through," Gail Meagher of El Paso Community College explained. "It's easy to use, secure and provides timely notifications that give us a piece of mind."

Employers like the El Paso Community College can choose how often it receives licensure notifications, even forwarding those licensure renewal reminders onto its nurses via email. It's another

layer of protection for nursing schools that need to know whose license is about expire. "It's like having an extra set of eyes on our current process," said Keri Nunn-Ellison of Sinclair Community College in Ohio. "Allowing a nurse to practice without a valid license is not a liability we are willing to take." Sinclair Community College has uploaded its full-time faculty into e-Notify and just in time too: it's a renewal year.

"With so many of our faculty needing to renew their licenses this year, it's been great to receive notifications from e-Notify about whose license is about expire. For us, it's an additional safety net."

Two of the biggest benefits for nursing programs is that e-Notify saves time and is economical, features that are important to Cathy Jacobson and Julie Traynor of the Dakota Nursing Program. "e-Notify saves us time as we are no longer looking at individual licenses. We wanted to have a process in place where if our faculty had issues, we'd know about it," commented Jacobson. Traynor added, "The notifications are great, and it's very economical, since we have less than 100 nurses enrolled." Traynor is referring to the fact that the first 100 nurses are free of charge. After that, each nurse is \$1 per year.

Are you ready to enroll your nurses in e-Notify? Then visit www.nursys.com to get started. ●

Leader to Leader

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