



Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration



JULY 5, 2017

DISTRICT OF COLUMBIA BOARD
OPEN SESSION AGENDA

“The mission of the Board of Nursing is to safeguard the public’s health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel.”

| BOARD MEMBERS | |
|---------------------------------|--|
| Amanda Liddle, RN - Chairperson | |
| Meedie Bardonille, RN | |
| Layo George, RN | |
| Margaret Green, LPN | |
| Elizabeth Lamme, RN | |
| Vera Mayer, Consumer | |
| Missy Moore, LPN | |
| Laverne Plater, RN | |
| Winslow Woodland, RN | |
| Nancy Uhland, RN | |
| Monica Goletiani, Consumer | |

| STAFF PRESENT | STAFF PRESENT |
|-------------------------------------|---------------------------------------|
| Senior Deputy Director, HRLA | Nurse Specialists |
| Sharon Lewis | Bonita Jenkins |
| | Concheeta Wright |
| Executive Director | Cathy Borris-Hale |
| Karen Scipio-Skinner | |
| | Investigator |
| Attorney | Joanne Drozdoski |
| Van Brathwaite | |
| | Board of Nursing Support Staff |
| Investigator | Antoinette Butler |
| Mark Donatelli | Diane Mooror |

CALL TO ORDER

ROLL CALL OF BOARD MEMBERS AND STAFF

Welcome. Please be reminded that this section is recorded.

CONSENT AGENDA

MOTION: May 3, 2017 Minutes approved a written

VOTE:

CHAIRPERSON/BOARD MEMBER REPORTS

Select Vice-Chair

Vice-chair needs to be selected. Vice-chair acts in the absence of the chair.

Upcoming conference/meetings

NCSBN's Annual Meeting

August 16 - 18, 2017; Chicago, IL. Attending: Amanda Liddle, Meedie Bardonille, Cathy Borris-Hale

Board of Nursing's Leadership Symposium

ISSUE: Feedback from the Board's leadership symposium held June 30, 2017.

EXECUTIVE DIRECTOR'S REPORT

Home Care Agency Meeting

ISSUE: Feedback from June 27th, Home Health Agency meeting.

NCSBN Discipline Case Management Conference

ISSUE: Feedback from June 12 - 14 Discipline Case Management Conference

NCSBN Executive Officer's Summit

ISSUE: Feedback from June 20 - 21 EO Summit

 Policymaking

 Bylaws Changes

 Next Generation NCLEX

 EO Competencies

COMMENTS FROM THE PUBLIC

PRESENTATION: Current status of VMT Nursing Program

 Solanges Vivens, CEO VMT; Camile Williams Vice President, Strategy and
Operations VMT Long Term Care Management

PRESENTATION: APRN's accessing online recommendation portal for the Medical Marijuana Program/Marijuana Controls Commission

Dr. Shauna White, Executive Director – District of Columbia Board of Pharmacy and Pharmaceutical Control Division

Arian Gibson, Program Manager - Division of Marijuana and Integrative Therapy

ATTORNEY ADVISOR REPORT

Legislation impacting the board

Death with Dignity

ISSUE: Law passed. Plans are underway to implement by June 30th

APRN Signature Authority

ISSUE: Grants signature authority to APRNs for forms that require a physician's signature, as long as it is consistent with their scope of practice.

Staffing Ratios

ISSUE: Legislation establishes minimum and specific nurse-to-patient staffing ratios for hospitals.

Regulation status (See below)

COMMITTEE REPORTS

Discipline Committee:

| | |
|----------------------------------|---|
| Notice of Intent to Discipline: | 1 |
| Negotiated Settlement Agreement: | 1 |
| Revocation: | 1 |
| COIN: | 1 |

COIN Report:

| | |
|-------------------------|----|
| Current Participants: | 17 |
| New participants: | 0 |
| Completed: | 0 |
| Referred to Discipline: | 1 |

Education Committee

The Board of Nursing's Nursing Programs Annual Report was updated as follows:



Government of the District of Columbia
Department of Health



Health Regulation and Licensing Administration
Board of Nursing

**2017 ANNUAL REPORT
FOR
POST SECONDARY DIPLOMA AND HIGHER DEGREE PROGRAMS IN NURSING**

GUIDELINES: An Annual Report, prepared and submitted by the faculty of the nursing program will provide the Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the nurse education program(s) in the District of Columbia. The annual report is intended to inform the Board of program operations during the preceding year.

PURPOSE: To provide a mechanism to monitor components essential to the maintenance of a quality nursing education program.

DIRECTIONS: To complete the annual report form attached, use data from the academic period **August 2016 – July 2017** unless otherwise indicated.

Complete a separate Annual Report for **APRN, BSN, ADN, PN** program.

Return by September 30, 2017

Include the most recent school catalog and nursing school brochures.

Indicate type of Nursing Program for this Report: **APRN**__ **BSN**__ **ADN**__ **PN**__

Name of School of Nursing:

Dean/Director of Nursing Program

Name and credentials: _____

Title:

Email:

Program Phone #:

Website:

Accreditation status:

*** Indicate current nursing accreditation status and date of next accreditation visit:**

***If nursing accreditation has not been attained, attach documentation detailing progress towards achieving accreditation.**

*** Indicate current Department of Education Regional Accreditation Status and date of next visit:**

*** If regional accreditation status has not been attained, attach documentation detailing progress towards achieving accreditation.**

SECTION I: ADMINISTRATION

Using an **X**, indicate whether you have made any of the following changes during the preceding academic year. **For all "yes" responses attach an explanation or description.**

1. Change in program objectives or reorganization of program
Yes__ No__
2. Implementation of distance education within the program this year
Yes__ No__
3. Addition of programs(s)
Yes__ No__ Change in method of academic measurements of clock and/or
Credit hours or change in the number of clock and/or credit hours
Yes__ No__
4. Adverse action by educational or nursing accrediting agency
Yes__ No__
5. Were any programs closed during this year
Yes__ No__
6. Change in Dean or Director
Yes__ No__
7. Change or addition of program coordinators for APRN programs
Yes__ No__
8. Change in program resources/facilities
Yes__ No__

SECTION II: PROGRAM

1. What was your job placement (percentage) during the preceding calendar or academic year? (Employment in nursing within 9 months after graduation) ____%
2. Do you require students to pass a *standardized* comprehensive exam before taking NCLEX? (Prelicensure Programs ONLY)
Yes__ No__
If so, which exam(s)? _____

When in the program:
a) Upon completion Yes__ No__
b) As part of a course Yes__ No__

If part of a course, identify course _____
3. Has a pattern of declining performance on NCLEX, certifying exams and or employment rates been identified?
Yes__ No__
4. How many clinical simulation hours are being applied toward program completion? ____
Attach a list of the portion of hours in each clinical course that is being replaced by clinical simulation.

5. Describe the limitations on the capacity of your program below:
- a) Faculty recruitment Specify area(s) _____
- b) Challenges to clinical placements No____ Yes____
- If Yes, Specify the challenge areas:
- Medical nursing _____
- Surgical nursing _____
- Maternal and newborn health _____
- Pediatric nursing _____
- Psychiatric and mental health nursing _____
- Long-term care _____
- Community health _____
- c) APRN specialty area _____
- d) Other programmatic concerns Specify _____
6. Changes in clinical facilities or agencies used (attach additions and deletions)
- Yes__ No__

SECTION III: ADMISSION REQUIREMENTS

For each nursing program in this report, list **changes to** the admission requirements into the College/ University and nursing program.

College/University Admission Requirements: _____

Nursing Program Admission Requirement: _____

SECTION IV: STUDENTS

1. Total number of students admitted during the reporting period. (Provide the number of **new** students admitted to the nursing program during the preceding academic year, and the number that have graduated, as applicable). Please include only those admitted to the nursing program.

(Do not include pre-nursing students with nursing as a declared major and not yet admitted to the program).

- i. Fall ____ Spring ____ Summer ____
2. Total number of graduates during the reporting period
 - i. Fall ____ Spring ____ Summer ____
3. What is your graduation rate for the class of 2017? (The % of students out of the total admitted to your college/university/program who graduated within the specified program length of time as determined by the type of program)
 - i. # Admitted: ____ # Graduates: ____ Graduation Rate: ____
4. Please attach a brief description of all formal complaints/grievances about the program, and include how they were addressed/resolved.
5. Significant change in enrollment in the program (>20%)

Increase ____ Decrease ____ No significant change ____
6. Indicate the type of program delivery system:

Semesters ____ Quarters ____ Other ____ (specify) _____
7. Frequency of student admissions: Fall ____ Spring ____ Summer ____
8. Indicate the number of students by ethnic/racial distribution and gender for total student population in the nursing program during the reporting period.

| Racial/Ethnic/Gender Distribution | Student Population |
|-----------------------------------|--------------------|
| African | |
| American Indian | |
| Asian/Pacific Islander | |
| Black, non Hispanic | |
| Hispanic | |
| White, non Hispanic | |
| Unknown | |
| Female | |
| Female Mean Age | |
| Male | |
| Male Mean Age | |

SECTION V: FACULTY

1. Complete the attached Faculty Roster form for *new* faculty only.
2. Total full-time faculty teaching in this program in the preceding academic year (2016 – 2017). (Briefly explain how the program defines fulltime faculty)
 - A. Number of doctoral prepared fulltime faculty _____
 - B. Number of fulltime faculty with highest degree master's _____
 - C. Number of fulltime faculty with highest degree BSN _____

- D. Number of part-time didactic faculty _____
- E. Number of fulltime clinical instructors _____
- F. Number of part-time clinical instructors _____
- 3. Total number of faculty positions unfilled _____
- 4. How many nursing faculty have been teaching in the program for 5 or more years? _____
- 5. Indicate names of faculty who have retired or resigned during 2016 - 2017 academic year.

SECTION VI: DISTANCE EDUCATION

Which of the following options best apply to the *on-line* offerings of your nursing program?
Indicate option(s) with an X.

- 1. Entire Nursing program major is on-line ____
If your entire nursing program is online, please **list specific** programs that are online.
Note: faculty teaching online in your program must have a DC license and meet requirements of Title 17 DCMR Chapter 56 section 5611.5.
- 2. Several Courses of the nursing program major are on-line _____. Specify if online courses are didactic or lab.
- 3. One Course of the nursing program major is on-line ____ Specify if didactic or lab course is online.
- 4. On-line Activities as requirements in at least one course of the nursing major ____
- 5. No On-line Activities ____

SECTION VII: PROGRAM EVALUATION

Please attach pertinent data retrieved from your evaluation plan, and indicate any changes that have been implemented as a result of this evaluation process.

* APRN programs – **Attach a copy of each certification pass rate received from APRN certification organizations.** If not indicated on the form, include the date range for the reported period.

*PN programs - Attach your program's progress toward revising the PN program to award credit for courses completed.

I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge.

Dean/Director of Nursing

Date

Your comments and suggestions are welcomed. Please attach to the end of your Annual Report.

Submit completed reports to Dr. Bonita Jenkins via email (bonita.jenkins@dc.gov)

MATTERS FOR BOARD CONSIDERATION

RN Regulations (See attached)

ISSUE: Continue revision of RN Regulations

FYI ITEMS

Regulation status

| Board | Regulation | Status | Comment |
|----------------|---|--------------------------|------------------------|
| NURSING | Registered Nurse (RN) | Draft | Board finalizing draft |
| | Licensed Practical Nurse (LPN) | Draft | Board finalizing draft |
| | Certified Nurse Practitioner | Legal sufficiency review | |
| | Clinical Nurse Specialist | Legal sufficiency review | |
| | Certified Registered Nurse Anesthetist | Legal sufficiency review | |
| | Certified Nurse Midwife | Legal sufficiency review | |
| | Home Health Aides (HHA) regulation amendments | Legal sufficiency review | |
| | Omnibus Nursing Assistive Personnel (NAP) | Legal sufficiency review | |

The American Association of Nurse Attorneys Position Paper (See attached)

Background:

The Nurse Practice Act (“NPA”) in each state or territory defines both the practice of nursing and the authority granted to Boards. Boards have express authority to receive complaints, initiate investigations and take disciplinary action against its licensees if deemed appropriate and necessary to protect the public.

Close review and comparison of each NPA shows some general similarities but also exposes tremendous inconsistencies in the detailed application of nursing rules and regulations among jurisdictions. Vague or inconsistent statutory language makes it difficult for nurses to fully understand their rights and responsibilities while licensed and working in one state or another.

With few exceptions, our collaborative review of the NPAs in all jurisdictions revealed scant language, if any, describing the time in which: (1) a complaint must be filed;^{vii} (2) the Board must complete an investigation; (3) formal disciplinary action must be taken against a licensee; (4) reciprocal actions must be initiated and completed; or (5) a Board retains jurisdiction to take action against a lapsed or expired license.

CONCLUSION:

Based on our extensive review of current trends, existing legislation and recent case studies, TAANA concludes there is an immediate need for the codification of uniform STATUTES OF LIMITATION for nursing disciplinary actions in all jurisdictions throughout the United States. TAANA also recommends the adoption of reasonable and consistent legislative mandates placing limits on RETAINED JURISDICTION for all nursing regulatory agencies throughout the country.

Specific language is needed within each State’s **Statutes of Limitation** to provide guidance at each of the following stages of the disciplinary process for consistent and fair outcomes.

Legislative changes are necessary to set time limits for:

- (1) Complainants to submit allegations to the proper authorities;**
- (2) Boards to initiate and complete investigations;**
- (3) Boards to prosecute cases and report final dispositions; and**
- (4) Boards to take reciprocal actions against actively licensed nurses** (actions solely based on actions taken in another state).

TAANA also emphasizes that nurses should be able to move out of state and allow their licenses to lapse or expire without fear of further prosecution after a certain number of years have passed; regardless of any allegations that may be presented against them in the future.

If disciplined, nurses who satisfy all board requirements should be able to relocate without fear of denial or duplication of actions for past mistakes after remediation or a reasonable amount of time has passed.

There must be limits on Retained Jurisdiction.

More often, nurses are repeatedly disciplined in multiple states; even for single or minor errors. Meanwhile, Boards are increasingly overwhelmed by having to consider every mistake from the past for potential action against those who no longer pose a threat to the public. Reviewing matters that are immaterial to public safety takes valuable time and resources. Formally disciplining nurses who cease to have ties to the community can lead to delays of important, potentially dangerous situations that may be in need of attention in order to protect the public from the potential for imminent harm. It is not necessary for Boards to consider every prior action from other jurisdictions for decades on end. This policy is overly burdensome to all parties involved.

*TAANA urges the immediate adoption of reasonable and consistent Statutes of Limitation which specifically include limits on Retained Jurisdiction in every state.
Please see the following page for our proposed model language.*

Response to TAANA Position Paper (See attached)

ADJOURNMENT

This concludes the Public Open Session of the meeting. The Board will now move into the Executive Section, which is closed to the public, to seek the advice of counsel to the board, pursuant to D.C. Official Code § 2-575(b)(4); to discuss disciplinary matters.