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.”

<table>
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<tr>
<th>BOARD MEMBERS</th>
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<tbody>
<tr>
<td>Amanda Liddle, RN - Chairperson</td>
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<tr>
<td>Meedie Bardonille, RN</td>
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<td>Layo George, RN</td>
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<tr>
<td>Margaret Green, LPN</td>
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<tr>
<td>Elizabeth Lamme, RN</td>
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<tr>
<td>Vera Mayer, Consumer</td>
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<tr>
<td>Missy Moore, LPN</td>
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<tr>
<td>Laverne Plater, RN</td>
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<td>Winslow Woodland, RN</td>
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<td>Nancy Uhland, RN</td>
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<td>Monica Goletiani, Consumer</td>
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<tr>
<th>STAFF PRESENT</th>
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<tr>
<td>Senior Deputy Director, HRLA</td>
<td>Nurse Specialists</td>
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<tr>
<td>Sharon Lewis</td>
<td>Bonita Jenkins</td>
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<td>Concheeta Wright</td>
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<td>Executive Director</td>
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<td>Karen Scipio-Skinner</td>
<td>Investigator</td>
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<td></td>
<td>Joanne Drozdoski</td>
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<td>Attorney</td>
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<td>Van Brathwaite</td>
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<td>Board of Nursing Support Staff</td>
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<td>Investigator</td>
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<td>Antoinette Butler</td>
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<td>Mark Donatelli</td>
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<td>Diane Moorer</td>
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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 - 21EO 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:
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).

1. 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.

<table>
<thead>
<tr>
<th>Racial/Ethnic/Gender Distribution</th>
<th>Student Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
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<tr>
<td>Asian/Pacific Islander</td>
<td></td>
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<tr>
<td>Black, non Hispanic</td>
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<tr>
<td>Hispanic</td>
<td></td>
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<tr>
<td>White, non Hispanic</td>
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<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
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<tr>
<td>Female Mean Age</td>
<td></td>
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<tr>
<td>Male</td>
<td></td>
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<tr>
<td>Male Mean Age</td>
<td></td>
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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

<table>
<thead>
<tr>
<th>Board</th>
<th>Regulation</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSING</td>
<td>Registered Nurse (RN)</td>
<td>Draft</td>
<td>Board finalizing draft</td>
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<tr>
<td></td>
<td>Licensed Practical Nurse (LPN)</td>
<td>Draft</td>
<td>Board finalizing draft</td>
</tr>
<tr>
<td></td>
<td>Certified Nurse Practitioner</td>
<td>Legal sufficiency review</td>
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<tr>
<td></td>
<td>Clinical Nurse Specialist</td>
<td>Legal sufficiency review</td>
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<tr>
<td></td>
<td>Certified Registered Nurse Anesthetist</td>
<td>Legal sufficiency review</td>
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<td></td>
<td>Certified Nurse Midwife</td>
<td>Legal sufficiency review</td>
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<td></td>
<td>Home Health Aides (HHA) regulation amendments</td>
<td>Legal sufficiency review</td>
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<td></td>
<td>Omnibus Nursing Assistive Personnel (NAP)</td>
<td>Legal sufficiency review</td>
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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; (2) the Board must complete an investigation; (3) formal disciplinary action must be taken against a license; (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)

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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.