



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



JULY 5, 2017

DISTRICT OF COLUMBIA BOARD
OPEN SESSION MINUTES

"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	P
Meedie Bardonille, RN	P
Layo George, RN	P
Margaret Green, LPN	P
Elizabeth Lamme, RN	P
Vera Mayer, Consumer	P
Missy Moore, LPN	P
Laverne Plater, RN	P
Winslow Woodland, RN	E
Nancy Uhland, RN	P
Monica Goletiani, Consumer	

STAFF PRESENT	STAFF PRESENT
Executive Director	Nurse Specialists
Karen Scipio-Skinner	Bonita Jenkins
Attorney	Investigator
Van Brathwaite	Joanne Drozdoski
Investigator	Board of Nursing Support Staff
Derek Brooks	Antoinette Butler
Gregory Scurlock	Diane Moorner

CALL TO ORDER

Amanda Liddle called the meeting to order at 9:00 a.m.

CONSENT AGENDA

MOTION: March 1, 2017 Minutes approved as written

VOTE: Unanimous

CHAIRPERSON/BOARD MEMBER REPORTS

Select Vice-Chair

Laverne Platter was selected as vice-chair.

Upcoming conference/meetings

NCSBN's Annual Meeting

August 16 - 18, 2017; Chicago, IL. Attending: Amanda Liddle, Meedie Bardonille, will attend as Delegates. Cathy Borris-Hale and Karen Skinner will also attend.

Board of Nursing's Leadership Symposium

ISSUE: Board members and staff provided feedback regarding the Board's leadership symposium held June 30, 2017. All attending the symposium commented that the program went very well and thanked Bonita Jenkins for her hard work in planning the event.

EXECUTIVE DIRECTOR'S REPORT

Home Care Agency Meeting

ISSUE: Missy Moore and Karen Skinner provided feedback from June 27th, Home Health Agency meeting convened by Cathy Borris-Hale. Staff shared the Board's discipline process and asked that complaints be submitted timely, specifying the documentation needed to support the complaints. Attendees discuss challenges that face in this industry.

NCSBN Discipline Case Management Conference

ISSUE: Feedback from June 12 - 14 Discipline Case Management Conference attended by Cathy Borris-Hale.

Tabled until September 6, 2017

NCSBN Executive Officer's Summit

ISSUE: Karen Skinner provided feedback from June 20 - 21, 2017 EO Summit regarding the following issues discussed:

- Policymaking

- Bylaws Changes

- Next Generation NCLEX

- EO Competencies

COMMENTS FROM THE PUBLIC

PRESENTATION: Current status of VMT Nursing Program

Camile Williams Vice President, Strategy and Operations VMT LTC Management;
Cynthia Dallas, Director of VMT Education Center; Kachi Armony, CIO, VMT LTC

Management provided the Board with an update regarding the progress of VMT's CNA and HHA programs.

DISCUSSION: VMT noted that the feedback from Pearson VUE has improved and asked that the Board request Pearson Vue to:

Provide reports every month on time, including the months where no test were administered.

Provide complete raw data, or at the very least the state and national comparisons, along with a breakdown for each content area so that the schools can continue to understand what the areas of improvements are for the students.

Change the application to read "I want to be a Home Health Aide" or "I want to be a certified nursing assistant" and make it a mandatory field.

Staff will follow up with Pearson VUE and VMT.

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

Carla Williams, Attorney Advisor, District of Columbia Board of Pharmacy and Pharmaceutical Control Division

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

Jawara Kasimu-Graham, Pharmacist, Division of Marijuana and Integrative Therapy

DISCUSSION: Board members discussed with the presenters, the implications for APRNs being able to recommend medical marijuana.

ATTORNEY ADVISOR REPORT
Legislation impacting the board

Death with Dignity

ISSUE: This law has passed was implemented 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 under FYI)

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

ISSUE: Bonita Jenkins provided an overview of the Education Committee's revisions to the Board of Nursing's Nursing Programs Annual Report as follows:

**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)

LPN Renewal:

ISSUE: The LPN Renewal period ended June 30, 2018.

DISCUSSION: There is a sixty (60) day grace period following each renewal period. LPNs can continue work without being sanctioned by the board, as long as they renew their license no later than August 30, 2017. Licensees will incur an \$85.00 late fee during the grace period. After August 30th LPNs will have to apply for licensure reinstatement.

Renewal statistics as of July 5, 2017

Total Renewed: 1875
Number LPNs: 2648
Percentage Renewing: 71%

MATTERS FOR BOARD CONSIDERATION**RN Regulations**

ISSUE: The board continued its review of the RN Regulations.

DECISIONS:

The following language was added:

5403.5 If after a review of the applicant's CBC results it is determined that the applicant is not eligible for licensure, the Board shall:

- (a) Send a letter to the applicant offering them an opportunity to meet with the Board.
- (b) The applicant shall be given 15 (fifteen) days to either request a meeting with the Board or notify the Board that they wish to withdraw their licensure application.
- (c) If the applicant does not respond, the Board shall request issuance of a Notice of Intent to deny licensure.

The Board agreed amend section 5406.1 to read as follows, removing language which specifies the credentials evaluation organization applicants may use.

5406.1 (b) That the applicant has successfully completed a credentials evaluation by an organization recognized by the Board.

After much discussion, the Board asked staff to research how other boards address this requirement.

5407.5 Applicants who pass NCLEX five (5)/three (3) years or more after the date the applicant became eligible to apply to sit for examination must submit proof of having completed a RN refresher course, prior to licensure.

Staff was asked to revise section 5418.14 separating delegation requirements for MACs and TMEs.

After much discussion the agreed to eliminate this proposed status

5411 VOLUNTEER NURSE STATUS

"Research" was eliminated as new Continuing Competency Option

5415.2 (f) Research Option

- (1) Full credit shall be awarded to an applicant who provides evidence of conducting qualitative or quantitative research during the period for which credit is claimed.

The definition of Nursing Assistive Personnel was revised to broaden the terminology changing "nursing" tasks to read "assigned patient care" tasks
5999 Definitions

***Nursing Assistive Personnel** – an individual, other than a licensed nurse, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse, in providing direct patient care or in carrying out assigned patient care tasks]*

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 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.