

NURSE

REGULATION EDUCATION PRACTICE



"Culture of Safety—It Starts with You"

Join us in Celebrating National Nurses Week May 6-12, 2016



- **Nursing Program Regulations & School Status Update**
- **RN/APRNs: Have You Renewed Your License?**
- **COIN Asks: Are You Fit for Duty?**



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Edition 45

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Address Change? Name Change? Question?

Please notify the Board of Nursing of any changes to your name or address. Thank you.

DC BON Mission Statement: “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.”

Circulation includes over 37,000 licensed nurses, nursing home administrators, nurse staffing agencies and nursing assistive personnel in the District of Columbia.

Feel free to e-mail your “Letters to the Editor” for our quarterly column. The IN THE KNOW and NAP Q&A columns include your opinion on the issues, and our answers to your questions. E-mail your letters to hpla.doh@dc.gov. (Lengthy letters may be excerpted.)

Message from the Chair



Cathy Boris-Hale, RN, MHA, BSN, provides testimony at DC Council hearing.

As we approach Nurses Week, which culminates with Florence Nightingale's birthday, I wonder what Nurse Educators will write about the practice of nursing in the 21 century, 150 years from now. It is fascinating that we are still addressing conditions relating to infection prevention, nutrition, domestic violence and preventive health. We are still discussing the criteria for entry into practice and expanding roles for nurses. One fact that remains undisputable is that patient outcomes improve because of nursing interventions.

The Affordable Care Act (2010) recognizes the importance of nurses in improving patient outcomes, and calls for nurses to have a larger role in the delivery of health care in the US. The act provides for investments in improving the quality of care, the nursing workforce, and nursing

education. It emphasizes new models of care that feature nurses in prominent roles. While nurses account for one of the largest segments of the health care workforce, with more than 3 million nationwide, many advanced practice registered nurses (APRNs) currently are not able to practice to the full extent of their education and training, due to practice barriers.

The IOM report, *The Future of Nursing* concluded that nurses must take a greater leadership role in the delivery and development of care. The ultimate goal of the initiative is to improve how health care is delivered to better meet the needs of all patients. The report had several recommendations and, most notably, included the following:

1. *Nurses should practice to the full extent of their education, training, and licensure, which requires the removal of scope of practice barriers.*

2. *Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.*

3. *Effective health care workforce planning and policy making require better data collection and an improved information infrastructure,*

particularly as it relates to nursing contribution to care.

4. *Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression, including nurse residency programs and lifelong learning.*

I encourage every nurse to reflect on how health care is provided in the organization or practice they find themselves and ask the question "How can I enhance my ability to practice at the highest boundaries of my license?" Don't limit your learning and know that we are the men and women with the lamp. We stand on the shoulders of Florence Nightingale, Mary Eliza Mahoney, Mary Seacole, Adah Belle Samuel Thorn, Harriet Tubman, Clara Barton, Sojourner Truth, Hazel E. Johnson Brown, Joe Hogan, Iladauna Murillo-Rohode, Edward L.T. Lyon, Martha Ballard, Dorothy Dix and Congresswoman Karen Bass.

Nurses continue to be in the best position to shape the future of nursing on many levels. More importantly, we have unique opportunities to touch lives in memorable moments. Maya Angelo said, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Let us be able to look back on our lives and be proud of the hands we held, the babies we saved, the children we protected, the men we comforted, the women we educated and the seniors we honored. Let us not be pawns of policy but makers of reform and shape the future of nursing.

Happy Nurses Week!

Cathy Boris-Hale, RN, MHA, BSN
Chairperson, DC Board of Nursing



**FAREWELL
SIMMY
RANDHAWA,
DNP, MBA, MS,
RN, NE-BC BOARD
VICE CHAIR**

The Board of Nursing would like to express our deep appreciation to Simmy for her many years of dedicated service as a Board Member and a Board Vice Chairperson! She will be missed.



**FAREWELL
FELICIA STOKES,
BSN, JD, NURSE
CONSULTANT/
DISCIPLINE**

The Board of Nursing would like to thank our outgoing Board Nurse Consultant for Discipline. A dedicated nurse and attorney, Felicia provided the Board with many years of excellent service. Best wishes!

Greetings from DOH Director LaQuandra S. Nesbitt, MD, MPH



Government of the District of Columbia Department of Health



Office of the Director

Dear Nurses of the District of Columbia:



Congratulations for achieving another year of excellence in nursing practice!

Once again, we marked a new spring by celebrating National Nurses Week on May 6-12, 2016. This year's theme was "Culture of Safety — It Starts with You." I would like to thank you personally for all you do to facilitate a culture of safety, collaboration, transparency and excellence in clinical care. Your dedication to the art of caring, and your professional expertise, contribute greatly to the quality of life of our residents. We appreciate your work on behalf of the residents of the District of Columbia, as well as the millions of visitors who travel each year to the nation's capital.

A successful nursing career requires knowledge, compassion, communication skills, and a willingness to advocate for the patient. As the first line of care in a variety of settings, nurses shoulder an enormous amount of responsibility and often work under strenuous and challenging conditions. You play an essential role in ensuring patient safety. Your focus and commitment to the profession of nursing help your practice setting assure better outcomes for those in your care.

This year the Department of Health (DOH) has committed to focusing on Health Equity. At the State of the District of Columbia Address, Mayor Muriel Bowser said:

The District is a place of immense riches. It is high on every list of best; best educated, best place to live for those graduating college and one of the most fit cities in the country. But yet, despite these "bests" and the fact that we have the second highest insurance rate in the country (second only to Massachusetts), each year District residents are afflicted or die from preventable health conditions that could be changed through lifestyle and better choices.

I invite all of you to work with us as we strengthen our focus on preventive health, achieving health equity and working to change behaviors that lead to poor health outcomes.

The value of your role, which is essential, cannot be measured. You are an advocate and voice for our most vulnerable citizens.

Please accept my warmest appreciation and most sincere thanks.

Sincerely,

LaQuandra S. Nesbitt, MD, MPH
Director

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provides institutions licensure and publicly available disciplinary data as it is entered into Nursys by boards of nursing (BONs). **Institutions don't have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically.** The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary action/resolutions and alerts/notifications.

For example, if a nurse's license is about to expire, the system will send a

notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from each participating BON's database (for participating jurisdictions visit nursys.com). Nursys is live and dynamic, and all updates to the system are reflected immediately.

Through a written agreement, participating BONs have designated Nursys as a primary source equivalent database. NCSBN posts licensure and disciplinary information in Nursys as it is submitted by individual BONs.

If you need assistance in getting started, have any questions or need additional information please send an email to Dennis Roy at droy@ncsbn.org.

You can also learn more about Nursys® e-Notify by viewing an introductory video at <https://www.nursys.com/Help/HelpVideoPlayer.aspx?VID=EN>

Or by visiting the Nursys website at: <https://www.nursys.com/> ■

BOARD OF NURSING MEETINGS

Members of the public are invited to attend...

Date:

First Wednesday of every **other** month.

Time:

9:30 a.m. – 11:30 a.m.

Location:

2nd Floor Board Room
899 North Capitol St NE
Washington, DC 20002

Please note new schedule.

Transportation:

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To confirm meeting date and time, call (202) 724-8800.

Meetings scheduled for 2016:

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September 1, 2016

November 2, 2016



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For more info call 1-877-434-6323 or go to www.CEBroker.com. ■

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IN THE KNOW

The Board of Nursing has established the “In The Know” column in response to the many phone calls and e-mails the Board receives regarding licensure and other issues. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the better outcomes we can expect.

Death Certificates

Q: Has there been any movement toward allowing Nurse Practitioners to sign death certificates? I believe our peers, the Physician Assistants (PAs), are able to sign.

A: According to the Department of Health (DOH) Vital Records Division, neither Advanced Practice Registered Nurses (APRNs) nor PAs can certify a cause of death. This topic has been in discussion for some time and the Vital Records Division will continue to explore the request as they consider updates.

RNs and Coude Catheter

Q: Is there any language in the scope of practice that allows an RN to insert a coude catheter? We have a urology resident who says that he has never worked in any other setting where RNs didn't do this.

A: The Board does not have requirements specific to that procedure, but the RN regulation states the following:

5414.2 A registered nurse may provide nursing services, which are beyond the basic nursing

DC Board of Nursing asks the National Council of State Boards of Nursing about APRN, CNM, and CNP Titling Requirements

Q: Is using both APRN and CNP (certified nurse practitioner), or APRN and CNM (certified nurse midwife) redundant? What is the reason that CNP is not used without the APRN in the title? We want to be consistent with the consensus model but need to explain the reasoning to our constituents.

A: While it may seem cumbersome using both, it does describe a specific preparation which is certainly different from medicine or the PA (physician assistant). The APRN Model was proposed and endorsed as a regulation strategy that would be common across all four APRN roles, which are all based on the registered nurse foundation. The commonality is that the accredited curriculum must be based on the Master's or Doctoral Essentials, include the graduate level “3 P” courses (pharmacology, pathophysiology, and assessment) and have a minimum number of clinical hours. The “APRN” part tells others that this common platform has been reached, and this person is first and always a nurse. Then, the role designation tells others that this individual is prepared for a specific type of advanced nursing practice at the level of a role and population (CNP, CNM, etc.)

NOTE: This question was posed in response to language found in the Board's proposed APRN regulation revision. Below is proposed language found in the draft nurse practitioner regulations. This will be the same format for all APRN titling:

USE OF TITLES OR ABBREVIATIONS

5913.1 Only those persons who hold a license to practice advanced practice registered nursing in DC shall have the right to use the title “advanced practice registered nurse” and the role of “certified nurse practitioner” and the abbreviations “APRN,” and “CNP,” respectively.

5913.2 The abbreviation for the APRN designation of a certified CNP will be APRN, CNP.

5913.3 It shall be unlawful for any person to use the title “APRN” or “APRN” and role titles, the role title alone, authorized abbreviations, or any other title that would lead a person to believe the individual is an APRN, unless permitted by the Act.

preparation for a registered nurse, if the registered nurse has the appropriate education, knowledge, competency, and training to safely perform the services. Therefore, your facility can educate a nurse to assure that they are competent to perform this procedure.

Accreditation and NCLEX

Q: Regarding the relationship between programmatic accreditation and the DC Board of Nursing: does the loss of program accreditation for a program operating in DC limit the ability of its graduates to seek licensing?

A: Loss of accreditation of a nursing program does not prevent a nurse graduating from that program from taking the NCLEX. But loss of Board of Nursing approval may prevent them from taking the NCLEX. Boards of Nursing require applicants for licensure by examination to have graduated from a Board-approved nursing program. ■

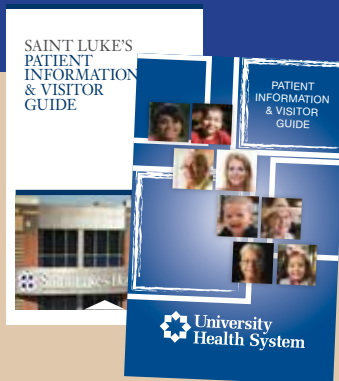
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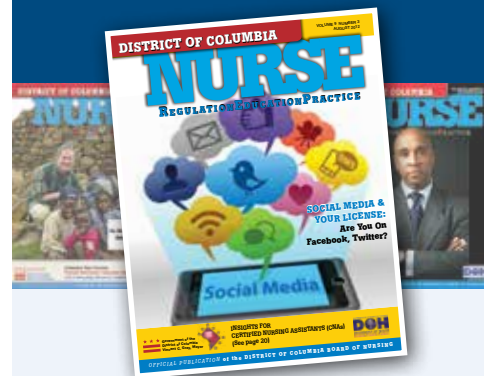
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NAP NEWS!

Nursing Assistive Personnel

Q & A

PCA Role vs. HHA Role

Q: In the Notice of Emergency and Proposed rule for Medicaid Reimbursement for Personal Care Services (November 6, 2015), the emergency and proposed rule amends the previously published rule. The area of concern is item #3 which discusses the expansion of the definition of PCA (Personal Care Assistant) services: measuring height and weight, implementing universal (standard) precautions, assisting with telephone use and shopping. Upon review of the previously published rule, Chapter 50, Medicaid Reimbursement for Personal Care Services, of Title 29, Public Welfare, of the District of Columbia Municipal Regulations, 5006.7, "PCA services," which defines PCA services, the rule excludes several approved tasks as documented in the published Home Health Aide (HHA) Regulations. The following tasks are excluded in the Medicaid PCA program requirements:

1. Simple dressing changes that do not require the skills of a licensed nurse
2. Assisting with routine care of prosthetic and orthotic devices
3. Emptying and changing colostomy bags and performing care of the stoma
4. Cleaning around a G-tube site
5. Administering an enema
6. Administering oxygen therapy

A: Medicaid is revising their requirements to clarify the distinction between the role of the PCA and the role of the HHA. For consistency, the Board has revised the HHA regulations. As of the date of this publication these proposed amendments have not been promulgated as final.

Chapter 93 Home Health Aides Title 17, Business, Occupations, and Professions, of the District of Columbia Municipal Regulations, 9315.1, "Personal Care Aide Tasks": When employed as a PCA under the supervision of a licensed

nurse, based on an approved plan of care, persons may perform the following tasks:

- (a) Cueing or hands-on assistance with performance of routine activities of daily living such as, bathing, transferring, toileting, dressing, feeding, and maintaining bowel and bladder control;
- (b) Shopping for items that are in accordance with dietary guidelines and other health needs;
- (c) Assisting with telephone use.
- (d) Preparing meals in accordance with dietary guidelines, and assisting with eating;
- (e) Assisting with tasks related to keeping the patient's living area in a condition that promotes the patient's health and comfort;
- (f) Assisting the patient with transfer, ambulation, and exercise as prescribed;
- (g) Assisting the patient with self-administration of medication;
- (h) Reading and recording temperature, pulse, and respiration
- (i) Measuring and recording blood pressure, height and weight;
- (j) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;
- (k) Implementing universal precautions to ensure infection control;
- (l) Accompanying the patient to medical and medically-related appointments, to the patient's place of employment, and recreational activities; and
- (m) Assisting with incontinence, including bed pan use, changing urinary drainage bags, protective underwear, and monitoring urine input and output.

9315.2 In addition to the tasks specified in § 9315.1 under the supervision of a licensed nurse or health professional when employed as a HHA persons may perform the following tasks:

- (a) Changing simple dressings that do not require the skills of a licensed nurse;
- (b) Assisting the patient with activities that are directly supportive of skilled therapy services;
- (d) Assisting with routine care of prosthetic and orthotic devices;
- (e) Emptying and changing colostomy bags and performing care of the stoma;
- (f) Cleaning around a g-tube site;
- (g) Administering an enema;
- (h) Administering oxygen therapy; and
- (i) Administering medications, provided that the HHA is certified as a medication aide.

HHA Renewals

Q: It is true that Home Health Aide (HHA) renewals are not based on where HHAs were trained, but on their continued work experience within the parameters of their scope of practice while working under the supervision of a Registered Nurse? With the implementation of the NAP (Nursing Assistive Personnel) regulations, I wasn't aware that HHAs are restricted to working only for a Home Health Agency to be eligible for renewal of their certification. There are RNs that work in various settings within their scope of practice, and that is how I understood an NAP/

HHA would maintain their certifications—based on continuing education and supervised work within the scope. I am in receipt of your statement that the DC Board of Nursing has determined that HHAs working for staffing agencies that provide Private Duty services must also provide evidence to the Board that they worked with a Certified Home Health Agency for 8 hours during their renewal period.

HHA Certification Process – Patience is a Virtue

During the November 2015 meeting of the Board of Nursing, concerns were raised about Health Aide (HHA) testing.

Issue: In the “old days, students would take their proctored National Association of Home Care (NAHC) exam on the last day of class. This was ideal because the material was fresh in their minds. NAHC would give us the results within a couple of weeks and the student would receive their certification.

Response: The test that is currently offered is a written and skills exam. It is a national certification and therefore cannot be proctored by the training program.

Issue: There have been difficulties scheduling fingerprinting for the criminal background check.

Response: Applicants can walk-in to be fingerprinted at our office at 899 North Capitol Street, NE, first floor. They are not required to schedule online.

Issue: Do students need to receive their certification in the mail before they can work?

Response: Once their certification status is made active, and it can be viewed online, they can work. They are not required to wait until they receive a copy of their certificate. ■

REMINDER: RN/APRN LICENSES EXPIRE JUNE 30, 2016!

HAVE YOU RENEWED? If not, to renew your license access:

<https://app.hpla.doh.dc.gov/mylicense/PersonSearchResults.aspx>

Renewal period will not be extended.

If you have already renewed, please disregard this notice.

COIN Asks: Are You Fit for Duty?

Fitness for duty means that employees must be able to perform the essential duties of their jobs in a safe, secure, productive, and effective manner, without presenting a safety hazard to themselves, other employees, or the public.

The Committee on Impaired Nurses (COIN) works with nurses licensed in DC to ensure that their mental health issues or substance use disorders do not interfere with their safety at work. The goal of COIN is to preserve the nurse while protecting the public.

On the mental health side, a good example is depression. Depression can interfere with your ability to do your job. Symptoms may include feelings of sadness, irritability, hopelessness, insomnia or hypersomnia, loss of interest in things that previously pleased you. Anger is another issue that can be a barrier to being productive at work and usually has four beliefs underlying the emotion: 1) What is happening to you is absolutely unfair; 2) This is happening only to you (and no one else); 3) What is happening to you is out of your control; and, 4) You feel that your territory is being invaded by someone else. The underlying cause of anger is often hidden fear. Things build up until you feel that you cannot breathe—you are choking on emotions that you cannot even put into words. You begin to lose your perspective and find it harder and harder to “shake it off.” Your stomach is in a knot, your mind is whirling, and you are not paying attention to your work. You begin to make mistakes—usually little ones, but as your anxiety grips you tighter, your mistakes can become more costly. You forget to give a medication. You give the wrong medication. You feel like your life is spinning and you feel out of control.

On the substance use disorder side, some nurses have

presented to COIN because of diversion. Some tell us that they took the drugs to help them get some rest when they are on different shifts. Some talk about taking the medication to help calm their anxieties. Other nurses talk about how having a drink after work had turned into daily drinking until they pass out. They talk about the feelings of depression and despair that go along with the guilt and self-loathing they feel about themselves. They don’t want to drink, or smoke, or snort—but they feel a compulsion to do so. They might even suspect they are in trouble, but are fearful to admit that because they don’t want to have to give up their drug of choice.

When these nurses come to COIN, they are offered an assessment to see the scope of the problem. They are then referred into the community for an evaluation and treatment (which includes medications as appropriate). When nurses willingly ask COIN for assistance for themselves, their participation is considered voluntary—meaning that their participation in the COIN program is confidential. When nurses are referred to COIN by the Board of Nursing, their co-workers or family, or by a facility, their participation is considered disciplinary, meaning that COIN will monitor and make a report to the Board of Nursing on their ability to perform their jobs safely.

COIN hopes that you will reach out for help before your personal crisis affects your ability to do your job safely.

To contact COIN, send an email to our Nurse Manager, Concheeta Wright, at concheeta.wright@dc.gov. ■

Kate Malliarakis, PhD, ANP-BC, MAC, FAAN
Chairperson

Contact COIN

If you are an **NAP (Trained Medication Employee, Home Health Aide or Certified Nursing Assistant)**, **LPN, RN**, or **APRN** whose practice is unsafe due to **drug or alcohol dependence, or mental illness**, please feel free to contact Concheeta Wright, Nurse Manager II, by email at concheeta.wright@dc.gov. The purpose of the COIN (Committee on Impaired Nurses) is to provide an alternative to Board discipline. The Committee monitors the recovery of participants and their practice to ensure that they practice within acceptable standards of care. **All information about the participants in the program is confidential. ■**

Tenth

NURSING CONTINUING EDUCATION

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This activity will be submitted to South Central Accreditation Program for approval to award contact hours. South Central Accreditation Program is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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Tue	Fun Day At Sea		
Wed	Montego Bay, Jamaica	09:00 AM	06:00 PM
Thu	Grand Cayman Island	07:00 AM	04:00 PM
Fri	Cozumel, Mexico	10:00 AM	06:00 PM
Sat	Fun Day At Sea		
Sun	Galveston, TX	08:00 AM	

For more information about the cruise and the curriculum please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.



POE TRAVEL

You Can Help Prevent and Identify Fraud in the Medicaid Program

By Gerald Wilson, Director
Division of Program Integrity
Department of Health Care Finance



As the new Director of the Division of Program Integrity for DC's Department of Health Care Finance, one of my primary goals is to strengthen program Integrity by building on our existing relationships with medical professionals, associations, and other departments. In support of this goal, I'd like to expand our outreach and training efforts, including seeking your thoughts on the most effective ways to meet that goal. I also seek your help in preventing and identifying fraud in the Medicaid program. I know a vast majority of medical professionals provide quality and necessary services to those most in need in our community, but I'm also aware that professionals can be placed in compromising circumstances and are seeking answers on how to resolve these situations.

For example, how would you feel if you found out a colleague you work with had been paid for providing Medicaid services while they were on vacation out of the country? What about if you worked six hours and found out your employer was getting paid by Medicaid for eight hours? What if a beneficiary you serve said they didn't need you to perform any services, but offered to sign off on your timesheet anyway if you paid them a kickback? Believe it or not, these are all actual examples of Medicaid fraud that have occurred in the District of Columbia. Needless to say, all of these behaviors are unfair, against the law, and rob you and your neighbors of funds that were supposed to help the most vulnerable residents of the District of Columbia.

The duties of the Division of Program Integrity include the prevention, detection, and investigation of alleged fraud and abuse in the Medicaid program. It is a resource you can turn to, anonymously if you so desire, to report any concerns, provide information, or make suggestions. We will work to use the information you provide to improve the program. In addition, if further examination of reported concerns detects fraud or abuse by providers or beneficiaries, we will work to obtain the appropriate remedial action, including non-payment of claims, civil penalties or fines, criminal or civil liability, education, or administrative action.

Examples of Fraud by a Medical Provider can include:

- Billing for services not rendered
- Billing for services that are not medically necessary
- "Upcoding"—billing services at a higher level of complexity than what was actually provided—or other inappropriate billing that results in a loss to the Medicaid program
- Inappropriate or lack of documentation to support services billed
- Quality of care issues that fail to meet professionally recognized health care standards

- Falsifying certificates of medical necessity, plans of treatment, and medical records to justify payment
- Soliciting or receiving kickbacks; and
- Violating Medicaid policies, procedures, rules, regulations, or statutes

Examples of Fraud by a Recipient of Services can include:

- Providing incorrect eligibility or false information to the District to obtain Medicaid
- Living outside of the District, but giving a false District address to obtain Medicaid
- Excessive use or overuse of Medicaid
- Using another's Medicaid Identification card
- Lending, altering or duplicating a Medicaid ID
- Providing incorrect eligibility or false information to a provider to obtain treatment
- Simultaneously receiving benefits in DC and another state
- Knowingly assisting providers in rendering services to defraud the Medicaid program. For example, it is illegal for a recipient to accept a payment of any type in exchange for signing a time sheet for Personal Care Assistance Services that have not been provided.
- Prescription fraud ■

REPORT MEDICAID FRAUD

Working together, we can ensure more dollars are spent funding critically needed programs and medical procedures. Please contact me or my team at the following:

Department of Health Care Finance
Division of Program Integrity
441 Fourth Street, NW, 10005
Washington, D.C. 20001

Phone: 202-698-2000

Fraud Hotline Phone Number: 1-877-632-2873

On the web:

<https://www.dc-medicaid.com/dcwebportal/nonsecure/reportFraud>



PROFESSIONAL NURSING SCHOOLS

Patricia McMullen, PhD, JD, CNS, CRNP,
Dean, Catholic University School of Nursing
620 Michigan Avenue, N.E.
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FULL APPROVAL

PRACTICAL NURSE PROGRAMS

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scato@udc.edu
PH: (202) 274-6950
FAX: (202) 274-6509

NURSING ASSISTANT AND HOME HEALTH AIDE TRAINING PROGRAMS

Allied Health & Technology Institute (CNA/HHA)
2010 Rhode Island Avenue, NE 2nd Fl
Washington, DC 20018
email: alliedhealthdc@yahoo.com
PH: (202) 526-3535
FAX: (202) 526-3939
BRIDGE COURSE - HHA
APPROVAL - CNA
APPROVAL - HHA

Carlos Rosario International Public Charter School (CNA)
514 V Street, NE
Washington, DC 20002
email: cramirez@carlosrosario.org
PH: (202) 797-4700
FAX: (202) 232-6442
CONDITIONAL - CNA

HealthWrite Training Center (CNA/HHA)
2303 14th St NW, Suite 100
Washington, DC 20009
www.healthwrite.org
PH: (202) 349-3934
BRIDGE COURSE - HHA
CONDITIONAL - HHA
APPROVAL - CNA

Intellect Health Institute
3811 Minnesota Ave., NE
Washington, DC. 20019
www.intellect-health.com
PH: (202) 239-2666
Email: intellecthealth@yahoo.com
BRIDGE COURSE - HHA
CONDITIONAL - HHA

Ingleside at Rock Creek After School Programs (CNA/HHA)
3050 Military Road NW
Washington, DC 20015
email: classiter@westministeringleside.org
PH: (202) 363-8310, ext. 3128
INITIAL APPROVAL - CNA
INITIAL APPROVAL - HHA

Innovative Institute (CNA/HHA)
1805 Montana Avenue NE
Washington, DC 20002
email: nazoroh@thcii.com
PH: (202) 747-3453/ 202 747-3450
FAX: (202) 747-3481
BRIDGE COURSE - HHA
CONDITIONAL - CNA
CONDITIONAL - HHA

**Opportunities Industrialization Center of
Washington DC (OIC DC) (HHA)**
3016 Martin Luther King Jr. Avenue S.E
Washington, DC 20032
email: dlittle@oicdc.org
PH: (202) 373-0330
(202) 373-0336
CONDITIONAL - HHA

**University of the District of Columbia-Community
College (CNA/HHA)**
Bertie Backus Campus Certificate Programs
5171 South Dakota Avenue, NE
Washington, DC 20017
email: cthornton@udc.edu
PH: (202) 274-6950
APPROVAL - CNA

VMT Education Center (CNA/HHA)
901 First Street, NW
Washington, DC 20002
email: cdallas@vmttcc.com
PH: (202) 282-3143
FAX: (202) 282-0012
BRIDGE COURSE - HHA
CONDITIONAL - CNA
CONDITIONAL - HHA

District of Columbia NCLEX Pass Rates

October 1, 2014 – September 30, 2015

REGISTERED NURSE PROGRAMS	% pass
Catholic University of America	80.72
Georgetown University	95.77
Howard University	60.98
Radians college	54.00
Trinity Washington University	57.89
University of District of Columbia Community College	46.77
National Average: Baccalaureate Programs	87.27
Associate Degree programs	81.57
District of Columbia Required Pass Rate	80.00

PRACTICAL NURSE PROGRAMS	% pass
Radians College	61.54
Saint Michael School of Allied Health	100
University of District of Columbia Community College	45.45
National Average: Practical Nurse Programs	81.81
District of Columbia Required Pass Rate	80.00

Nursing program approval/accreditation status is determined annually by the DC Board of Nursing and is based on the performance of the graduates of nursing programs on their first attempt taking the NCLEX as set forth in the regulatory requirements in "17 DCMR Chapter 56."

5603.1 The Board may grant full approval to a program after initial approval provided that the program has done the following:

- (a) Submitted proof that the percentage of the program's National Council Licensure Examination (NCLEX) pass rate is at least eighty percent (80%) for first time test takers. The percentage pass rate shall be based on the cumulative results of the first two (2) quarters following graduation of the first class;
- (e) Submitted proof that the program has demonstrated continued ability to meet the standards and requirements of this chapter.

5603.2 In order to maintain full approval a program shall demonstrate the following:

- (a) The annual pass rate for first time test takers on the licensure or certification examination is not less than eighty percent (80%);
- (b) The annual program reports that meet requirements of this chapter; and
- (c) The accreditation status that verifies the program meets requirements of this chapter.

5605.2 The Board may place a nursing program on conditional approval status if it has failed to maintain the requirements and standards of this chapter.

5605.3 Conditional approval status denotes that certain conditions must be met within a designated time period for the program to be granted full approval. ■

DC National Nurse Aide Assessment Program

Pass Rates • 2015

Training programs	% pass	Status
Allied Health & Technology Institute	87.66	Approval
CAPTEC	94.12	Approval
Carlos Rosario International	70.37	Conditional Approval
Healthwrite Training Center	82.35	Approval
Innovative Institute	73.42	Conditional Approval
University of District of Columbia Community College	75.49	Approval
VMT Educational Center	71.28	Conditional Approval
Bethel Training Institute	N/A	Initial
Required DC Pass Rate	75%	

DC Home Health Aide Exam Pass Rates • 2015

Training programs	% pass	Status
Allied Health & Technology Institute	89.21	Approval
CAPTEC	95.24	Approval
Healthwrite Training Center	72.97	Conditional Approval
Innovative Institute	51.35	Conditional Approval
Intellect Health Institute	71.28	Conditional Approval
Opportunities Industrialization Center	72.00	Conditional Approval
VMT Education Center	57.89	Conditional Approval
Bethel Training Institute	N/A	Initial
Required DC Pass Rate	75%	

NCSBN Board of Directors Upholds Passing Standard for the NCLEX-RN Exam

The National Council of State Boards of Nursing (NCSBN) voted to uphold the current passing standard for the NCLEX-RN Examination (the National Council Licensure Examination for Registered Nurses). The passing standard will remain at the current level of 0.00 logit that was instituted April 1, 2013. This passing standard will remain in effect through March 31, 2019. After consideration of all available information, the NCSBN Board determined the current passing standard was sufficient as a measure of safe and effective entry-level RN practice. NCSBN convened an expert panel of 11 nurses to perform a criterion-referenced standard-setting procedure. The panel's findings supported retaining the current passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities. The NCSBN Board evaluates the passing standard for the NCLEX-RN Examination every three years.

Revised Nursing School Regulations – Title 17 DCMR Chapter 56

*The revised Nursing School Regulations approved as final
December 7, 2015*

Attention: Healthcare Facility Nurse Administrators

Please be advised that there are new regulations for distance learning programs.

- Distance educational programs offering Prelicensure or APRN clinical experiences in the District must be approved by their home state/ jurisdiction and be accredited.
- Faculty supervising Prelicensure clinical experiences in the District must be licensed by the District of Columbia Board of Nursing and conduct onsite visits.
- RNs enrolled in a distant APRN program and completing clinical experiences in DC must be licensed in the District.

(See "Distance Nursing Education" below.)

The revised regulations reflect a number of changes to the oversight of nursing educational programs.

Full Approval Status: Full Approval Status now requires programs to meet an 80% pass rate on the NCLEX for first-time test takers. It also requires that programs have accreditation from a national nursing accrediting organization, as well as regional or national accreditation by a US Department of Education accrediting organization.

Conditional Approval Status: There is a specified maximum time frame for programs to have this status.

Education Administration: This is a new titled section that addresses many items that were in the previous regulations, in addition to new requirements such as: for Exit Examinations when used as a graduation requirement;

and notification to the Board of correspondence with accreditation organizations.

Prelicensure Nursing Education Standards: This section replaces the Practical Nursing, Associate Degree, and Baccalaureate Nursing Programs in the prior regulations. The new requirements:

- programs must be within degree-bearing institutions and able to award course credits for all programs;
- accreditation by a US Department of Education recognized accrediting agency by 2020;
- national nursing accreditation by 2020;
- changes to program administrator qualifications for programs leading to the RN;
- clinical Simulations up to 30% of a clinical course;
- minimum clinical hours – 650 for programs leading to RN, 600 for programs leading to LPN; and
- maternal/newborn clinical experiences are no longer a requirement for LPN programs.

Advanced Practice Registered Nursing Education Standards: The education standards are aligned with the new APRN Consensus Model and require separate core graduate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. It also includes information about certification programs that prepare for the APRN specialty.

Distance Nursing Education: This is a new section that addresses DC programs that offer distance learning that require Board approval. It also requires distance (outside of DC) educational programs offering clinical experiences in the District of Columbia health facilities for Prelicensure or APRN programs to be approved by their home state/ jurisdiction, be accredited; and DC licensure requirements for the faculty supervising clinical in the Prelicensure program; or the RN student in the APRN program. ■

NCSBN NEWS

DC Board of Nursing Wins NCSBN "Shark Tank"!

By Felicia Stokes, JD, RN

The National Council of State Boards of Nursing (NCSBN) held its first-ever Shark Tank style Competition.* The call for submissions was made, inviting both national and international boards of nursing to submit ideas and allow NCSBN to discover regulatory innovators, authors, and developers of new initiatives and processes for boards. The District of Columbia Board of Nursing's submission was one of only five states chosen to present.

"Mobile Application: Trending"—A Look into the Regulatory Future

According to a Pew Research study, almost one in three adults own a smartphone. Fifty-two percent of 18-to-29 year olds use smartphones and 45% of 30-to-49 year olds use smart phones. It is projected that mobile internet use will take over desktop internet use in the very near future. In order to keep up with the trend, the DC Board of Nursing recommends that NCSBN create a mobile application. The DC Board proposes the creation of a mobile application for accessing NCSBN services.

Within this mobile application, many of the current features that NCSBN offers on the website would become available on a mobile platform. For example, Student

Resources, Learning Extension, License Verification and License Lookup could be completed and paid with a few simple clicks. Individual licensing information could be available to employers, and the public, by simply downloading the app. The same information that is available on Nursys.com now, would be available on a smartphone.

Scenario 1#: Registered nurse Jenny is attempting to submit verification of licensure from her home state in order to obtain a Compact License. She is in transit to a new state for a new job and loses her laptop along the way. She is frantic because she knows that she must have verification for endorsement. With a mobile app, Jenny can instantly download and pay for verification with a few simple clicks on her phone.

Scenario #2: A nurse manager hires a new nurse to work on her hospice unit. The nurse manager relied on Human Resources to verify Nurse Annie's registered nurse license. Unfortunately, HR failed to diligently verify Annie's license. In the interim, Nurse Annie began working on the unit. The nurse manager was suspicious of Annie and immediately recognized her as being suspended from another hospital. The nurse manager simply clicked on her mobile phone to License Lookup. With a few simple clicks, the manager was able to determine that Nurse Annie had a revoked license.

The "Mobile Application: Trending" presentation was met with welcoming support. NCSBN arranged a panel of four "sharks"—Bobby Lowery, RN, MN, FNP-BC, PhD; Janet Haebler, RN, MSN; Maryann Alexander, RN, PhD, FAAN; and Tammy Spangler—to question the representatives of the DC Board about the efficacy of the mobile "app."

Tammy Spangler, Director of NCSBN

Interactive Services asked, "Where will the revenue come in associated with this application? What are additional money making opportunities?"

"Advertising and marketing," answered Cathy Borris-Hale, Chair of the DC Board.

"With technology, it is important to focus. What is the priority of the mobile application?" Ms. Spangler asked.

"If you look at: What are people going to the website for?" Ms. Borris-Hale answered. "What are the biggest hits in the area? On the flip side, what portion of the website are people missing because they don't see it or they have to scroll down? It is not really readily available, but this is real-time information that you want your members to know about. Getting information to people in the moment is the most important idea of the application."

"Given that the National Council is a member-driven organization, who is your target audience?" Bobby Lowery inquired.

Ms. Borris-Hale responded, "From the organizational standpoint, information that you want to share with consumers and information that is available to the public now. It would be configured in the same way."

The innovative and forward-thinking mindset of the DC Board of Nursing captivated the panel, and our "Mobile Application: Trending" took home the honor and satisfaction of having provided NCSBN with a great idea for facilitating stakeholder engagement with their services. ■

* Shark Tank is a television program on which aspiring-entrepreneur contestants pitch business investment opportunities before a panel of investors.



Creator of the Winning Concept

The NCSBN smartphone application is a concept created by the DC Board's outgoing

Nurse Consultant for Discipline Felicia Stokes, BNS, JD. Thank you, Ms. Stokes, for your innovative idea!

APRNs Needed for American Nurses Credentialing Center (ANCC) Preceptor Bank

The ANCC Preceptor Bank is a tool designed to help graduate students find the preceptors needed for graduate school clinicals, while allowing APRNs to volunteer their time to earn professional development hours for certification renewal. All universities in the Certification Eligibility Curriculum Review Program (CECRP) will have access to the Preceptor Bank to help students eliminate the costs associated with finding a volunteer. CECRP gives nursing schools an advantage, ensuring nurse practitioner and clinical nurse specialist programs meet ANCC certification education eligibility criteria. Students gain assurance that the nursing program they have chosen qualifies them to seek ANCC national certification. (See <http://www.nursecredentialing.org/CECRP>)

To apply, fill out the two forms at <http://www.nursecredentialing.org/PreceptorBankForms>; send your CV and/or questions to: ANCCPreceptorbank@ana.org. ■

NCSBN Reports that Veterans Affairs Department to Allow APRNs Full Practice Authority

The US Department of Veterans Affairs (VA) has submitted draft regulations for final review that would allow Advanced Practice Registered Nurses (APRNs) full practice authority in Veterans Health Administration facilities. The Office of Management and Budget (OMB) is facilitating the final review and will publish the proposed rule in the Federal Register for public comment. Reports note an excerpt from the OMB's regulatory agenda posting that states: "the VA is proposing to amend its medical regulations to permit the full practice authority of all VA APRNs when they are acting within the scope of their VA employment ... this rule would permit VA to use its health care resources more effectively and in a manner that is consistent with the non-VA health care sector, while maintaining the patient-centered, safe, high quality health care that veterans receive from VA." ■

Fentanyl Confiscations and Fatalities

The US Centers for Disease Control and Prevention (CDC) and the Drug Enforcement Administration (DEA) are investigating increases in fentanyl-related unintentional overdose fatalities in multiple states. Fentanyl is a synthetic analgesic. Fentanyl, a synthetic and short-acting opioid analgesic, is 50-100 times more potent than morphine and approved for managing acute or chronic pain associated with advanced cancer. Although pharmaceutical fentanyl can be diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF). NPF is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects. **While NPF-related overdoses can be reversed with naloxone, a higher dose or a multiple number of doses per overdose event may be required to revive a patient due to the high potency of NPF.**

The DC Department of Health (DOH) encourages increased vigilance among health care providers, first responders and medical examiners to the possibility of similar increases in the District.

The complete health notice can be viewed at: <http://doh.dc.gov/page/health-notices> ■

REMINDER: RN/APRN LICENSES EXPIRE JUNE 30, 2016!

HAVE YOU RENEWED? If not, to renew your license access:

<https://app.hpla.doh.dc.gov/mylicense/PersonSearchResults.aspx>

Renewal period will not be extended.

If you have already renewed, please disregard this notice.

Mosquito Bite Prevention Tips

- When outdoors, wear long sleeves, pants, socks and shoes.
- Apply Environmental Protection Agency (EPA)- approved insect repellent to exposed skin and/or clothing as directed by the product label.
- When indoors, use air-conditioning and ensure that windows have untorn screens and doors are secured.

Mosquito Control Tips

- Empty or throw away water-filled containers.
- Cover or turn over empty items that collect water.
- Clean and scrub bird baths and pet-watering dishes weekly.
- Report high numbers of mosquitoes or standing water in your neighborhood by calling (202) 442-5833 or emailing mosquito.info@doh.gov.

Please visit the Department of Health (DOH) website for more information at:

www.doh.dc.gov/service/Controlling-and-Repelling-Mosquitoes

Questions or concerns? Please contact the DOH Animal Services Program at: (202) 442-5833 or by emailing mosquito.info@dc.gov.

Zika and Ebola Virus Disease (Travel-Related Illnesses)

Every month nearly six million travelers arrive in the United States. The District of Columbia Department of Health (DOH) strives to track the movement and spread of communicable diseases in the District, including those related to travel-associated exposures. DOH asks health care providers to assist in surveillance efforts by doing the following:

- Consistently collect travel history information during the clinical evaluation of patients.
- Promptly report suspected cases of travel-associated illness.

Case reports are an essential means by which we collect and accurately report data on the burden of illnesses among District residents. The complete health notice can be viewed on our website using the following link: <http://doh.dc.gov/page/health-notices>

Stay abreast of the issues:

Visit the DOH Mosquito information webpage at

<http://doh.dc.gov/service/Controlling-and-Repelling-Mosquitoes> ■



APRN Consensus Model Frequently Asked Questions

Below are frequently asked questions developed by LACE (Licensure, Accreditation, Certification and Education) to clarify the APRN Consensus Model. LACE is the implementation mechanism for the APRN Consensus Model.

1. Why was the Consensus Model developed?

There is increased appreciation of the important role that APRNs can play in improving access to high quality, cost-effective care. However, the lack of common definitions regarding the APRN roles, increasing numbers of nursing specializations, debates on appropriate credentials and scope of practice, and a lack of uniformity in educational and state regulations has limited the ability of patients to access APRN care. The Consensus Model seeks to address these issues.

2. Who developed the Consensus Model?

The document is the result of the collaborative work of the APRN Consensus Work Group and National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee with extensive input from a larger APRN stakeholder community.

3. How is the role of APRN defined?

There are four APRN roles defined:

- certified registered nurse anesthetist (CRNA)
- certified nurse--midwife (CNM)
- clinical nurse specialist (CNS)
- certified nurse practitioner (CNP)

4. Will I still be able to practice as an APRN after the APRN Consensus Model is implemented?

The ability of an APRN to practice and

the scope of that practice are determined by state law (i.e., the state's nurse practice act and Board of Nursing Rules). When a state adopts new eligibility requirements for licensure, currently practicing APRNs are expected to continue to practice within that state if they maintain an active license. In addition, the Model recommends that state boards adopt language that would allow APRNs to move from another state and be licensed in the new state if they meet the education criteria that were in place when that individual was originally licensed to practice. Model legislative language that stipulates that an APRN will be grandfathered and allowed to practice has been developed by NCSBN. It is anticipated that legislation to implement the Model in each state will employ this language. APRNs currently in practice should keep abreast of legislative efforts in their own states and engage in activities to ensure that a grandfather clause is included.

5. How must APRNs legally represent themselves after the implementation of the APRN Consensus Model?

APRNs must legally represent themselves as APRN plus the specific role (i.e., CRNA, CNM, CNS, CNP). This representation includes the legal signature. The population and specialty may also be included in addition to the role (e.g., APRN, CNP, adult oncology). APRNs prepared and licensed for more than one role would use the relevant designations.

6. How does an acute care NP fit into the APRN Consensus Model?

The certified nurse practitioner (CNP) is educationally prepared to meet core competencies for all NPs and competencies for a population focus. The competencies at the population focus may be primary care or acute care. Currently, the acute care NP preparation is available with an

adult-gerontology or pediatric focus. The graduate of an adult-gerontology acute care NP program is eligible to sit for an acute care adult-gerontology NP certification exam. Similarly, the graduate of a pediatric acute care NP program is eligible to sit for an acute care pediatric NP certification exam. Graduates of acute care population focused NP programs are not eligible to sit for primary care population focused NP certification exams and vice versa. The certified NP would identify himself/herself as an APRN-CNP with either an adult-gerontology or pediatric acute care population focus.

7. What is the difference between an APRN and a nurse with a graduate degree?

An APRN is a registered nurse who has completed a graduate degree or postgraduate program that has prepared him/her to practice in one of the four advanced practice roles (i.e., CRNA, CNM, CNS, or CNP). This includes the advanced knowledge and skills to provide direct patient care in the health promotion and maintenance of individuals. Nurses with advanced education in areas of practice that do not include direct care to individuals such as public health or administration are not APRNs and do not require the additional regulatory oversight beyond the RN license.

8. Why is the APRN Consensus Model called a regulatory model?

The APRN Consensus Model is called a regulatory model based on the broad definition of regulation. According to Webster's Dictionary, regulation is defined as 'the control according to rule, principle or law.' For the APRN Consensus Model, this includes those entities that control the preparation and credentialing of the APRN including nurse educators, certifiers, and

licensing regulators. It also includes the accreditors of nurse education programs.

9. If the APRN's legal title is APRN plus role, how will the employer know in what population focus or foci the APRN is educated?

It will be the responsibility of the employer to verify the APRN's license. The license will identify the population focus or foci.

10. Why does the APRN Consensus Model require APRN educational programs to be pre-approved?

Having APRN educational programs pre-approved will eliminate barriers of not being eligible for certification and/or licensure. By having accrediting bodies pre-approve APRN educational programs before students enter the program, accreditors can ensure that programs meet established educational standards and that graduates of the program will be eligible to sit for national certification.

11. How can APRN educational programs be sure that their graduates meet the eligibility criteria for APRN certification and licensure?

The pre-approval process conducted by the nursing accrediting bodies will help to ensure that new graduates meet eligibility requirements for certification and licensure. Existing programs should keep students informed of certification and licensure requirements.

12. I am an APRN. What will happen to my practice if I am grandfathered to practice by my state after the implementation of the APRN Consensus Model?

Because of a commonly-used regulatory mechanism called grandfathering, it is anticipated that there will be no difference in your practice. Grandfathering is a provision in a new law exempting those already in the existing system that is

being regulated. When states adopt new eligibility requirements for APRNs, currently practicing APRNs will be permitted to continue practicing within the state of their current license. It is also anticipated that APRNs applying for licensure by endorsement in another state would be eligible for grandfathering if they meet certain criteria. In addition, it is important to remember that grandfathering is an individual process for each state, so eligibility requirements for practice may vary state by state. Employers also may establish new or separate requirements for professionals granted credentials to practice in that facility.

13. If I want to specialize as an APRN in an area such as oncology, palliative care, or nephrology, how would I do so after the APRN Consensus Model is implemented?

Areas such as oncology, palliative care, and nephrology are among the many specialty areas of APRN practice and are not one of the population foci in the APRN Consensus Model. To be eligible for APRN licensure and certification, the APRN must complete his/her educational program in a role and population focus (or foci) as defined in the Consensus Model but can also specialize in a more specific area of practice. Preparation in a specialty area of practice is optional, but, if included in the educational program, it must build on the APRN role/population focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to obtain certification for licensure in and to practice in the APRN role and population focus. Educational programs may concurrently prepare individuals in a specialty providing they meet all of the other requirements for APRN educational programs, including preparation in the APRN core, role, and population core competencies. A specialty area of practice is developed by the professional organization and is not regulated by boards of nursing.

Professional organizations determine the expected competencies for the specialty and establish certification or assessment requirements. It is not required but recommended that the APRN practicing in a specialty area of practice seek specialty certification if available.

14. Will the Model define age parameters for each population focus?

The APRN Consensus Model does not define the age parameters for any of the population foci. Definitions may exist in other processes such as educational competencies and/or certification requirements.

15. What is the timeline for transition from adult-focused educational programs to the combined adult-gerontological population focus now included in the APRN Consensus Model?

A target date for full implementation of the Consensus Model and all embedded recommendations is the year 2015. A process is currently underway to identify the competencies for the merged adult-gerontology foci in the CNS and NP roles. When these competencies are available, the expectation is that adult and gerontology NP and CNS programs will proceed with a merger to a single adult-gerontology NP or CNS program. In fact, many programs have already begun to merge the two foci. These merged programs will prepare graduates to provide comprehensive care to the entire adult population which includes the young adult through the older adult including the frail elderly. The NP and CNS certifying bodies will also develop certification exams that comprehensively assess this merged population focus. Certification entities have indicated that they will have these expanded exams to meet the Model requirements.

Continued on page 26

16. What is the timeline for needed educational changes to be made in all APRN programs for congruence with the Consensus Model?

As identified in the in the Consensus Model a target date for full implementation is the Year 2015. To meet this target date it is anticipated that changes in many educational programs may occur before 2015 to ensure that graduates are prepared to meet certification and licensure criteria. However, it is important to note that not all APRN groups are operating on the same timeline and so there will likely be various dates when full implementation will occur for all APRNs. Educational programs must continue to monitor changes in licensure requirements in individual states, as well as, changes in certification and accreditation requirements that may occur prior to or after 2015.

17. What should the academic transcript include?

The transcript is official documentation from the academic institution and is a complete record of the individual's academic history at the institution. The transcript must specify the role and population focus of the APRN educational program as completed by the individual. The transcript should also include sufficient detail to enable verification that the individual completed core educational requirements. For example, in implementing the Consensus Model, the NCSBN APRN Model Act/Rules and Regulations specify that the transcript should include the 3 P courses. A transcript (or other similar official documentation) must be available for degree- granting and postgraduate certificate programs.

18. What can be done to move academic institutions to providing the needed transcripts?

The accrediting and certifying bodies can place such requirements on educational programs to motivate academic institutions

to move forward with providing the necessary official documentation for graduates of both degree- granting and certificate programs.

19. What is LACE?

LACE is proposed as a communication network to include organizations that represent the Licensure, Accreditation, Certification, and Education components of APRN regulation. LACE is intended to be a transparent process for communicating about APRN regulatory issues, facilitating implementation of the APRN Consensus Model, and involving all stakeholders in advancing APRN regulation.

20. Are LACE and the APRN Consensus Model the same thing?

No. The APRN Consensus Model stands alone as a product of the work done jointly by the NCSBN APRN Advisory Committee and the APRN Consensus Work Group. LACE (see # 19 above) is broader in nature and is a mechanism to include all interested stakeholders representing the components of LACE in ongoing communications and implementation of the Model.

21. How do LACE and the APRN Consensus Model relate to the DNP?

The educational criteria within the APRN Consensus Model relate to the preparation of all APRNs, regardless of whether a master's or doctoral degree is conferred. A Doctor of Nursing Practice (DNP) program that is preparing an individual for entry into an APRN role must meet all of the criteria put forth in the Model. The Model does not require or preclude the DNP as an entry level degree for APRNs.

22. Are there advocacy tools available for use in explaining the Consensus Model to others, particularly state legislators?

Organizations participating in LACE

have developed presentations and other resources to address questions specific to their members/stakeholders.

23. How realistic is the 2015 target implementation date?

2015 is a target date for full implementation of the APRN Consensus Model. The organizations participating in LACE have agreed to work towards this target date. Therefore, we encourage action now towards this implementation, recognizing that some components will take longer than others to accomplish.

24. Does the Consensus Model require a graduate degree in Nursing?

No, the Consensus Model specifically states that "APRN education must be formal education with a graduate degree or post- graduate certificate (either post- master's or post- doctoral) that is awarded by an academic institution and accredited by a nursing or nursing- related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)." Although many types of nurse practitioners must have a graduate degree in nursing in order to take their national certification exams, this is not the case for nurse- midwives or nurse anesthetists. Many accredited programs in nurse- midwifery and nurse anesthesia confer graduate degrees in nursing- related fields such as midwifery or health sciences, and the national certification processes for both nurse- midwives and nurse anesthetists do not require a graduate degree in nursing. The Consensus Model recognizes the validity of these other degrees. ■

This FAQ provided courtesy of the National Council of State Boards of Nursing (www.ncsbn.org). For more information, go online at: <http://www.aacn.nche.edu/education-resources/aprn-consensus-process>

Bed Bugs (correction)

In our last issue, we stated that “self-treatments don’t work” in tackling bed-bug infestation, but we should have informed our readers that **District residents can prevent and negate bed bug infestation without hiring a professional exterminator.** Many District residents may be limited, by a fixed income, and need assistance. The Department of Health’s Health Regulation and Licensing Administration Rodent Control Division is here to assist residents in battling the tiny pests. Please provide residents with this important information:

PREVENT BED BUGS, STOP BED BUGS!

Get help from the DC Department of Health Rodent and Vector Control Division

Webpage

Residents can watch a public service announcement video or a 40-minute Bed Bug educational seminar video at:
<http://doh.dc.gov/service/bed-bugs-information>

Phone

Residents can get help! Educational outreach is available. Call the Rodent and Vector Control Division at:
(202) 535-1954 or Call 311



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Black Nurse of the Year: Pier A. Broadnax, PhD, RN



The Black Nurses Association of Greater Washington, DC Area, Inc. selected **Pier A. Broadnax, Ph.D., RN** as the 2016 Black Nurse of the Year. Dr. Pier Broadnax is an Associate Professor and Nursing Program Director of the Flagship Nursing Program at the University of the District of Columbia. In addition to this academic appointment, she was formerly the Chairperson of the Undergraduate Nursing Program at Howard University and held a courtesy appointment at Yale University. She also held the position of Visiting Researcher in the School of Nursing, at the Catholic University of Chile in Santiago, Chile. She has held positions in the public and private sector as a Healthcare Administrator. Her practice areas include Adult Health, Quality Management, Correctional Healthcare and School Health. She was a Charter Member of the Mayor's Health Policy Council for the District of Columbia. As a member of the Ward 8 Health Policy Council and the Health Alliance of Ward 7 in Washington DC, Dr. Broadnax is an active participant in attempting to improve the health of the

residents of this area. Her most recent community leadership position is as Co-leader of the District of Columbia Action Coalition, Future of Nursing-Campaign for Action sponsored by AARP and Robert Wood Johnson.

During her doctoral studies, Dr. Broadnax interned in the U.S. Congress Office of Technology Assessment, which was the policy division of Congress. Her primary project concerned the impact of insurance on health outcomes which contributed to the early discussions on increasing access to healthcare coverage for underserved populations.

Dr. Broadnax has served as a researcher and consultant in international leadership development, to include sessions with the World Health Organization and the International Council of Nursing in Geneva, Switzerland, as well as with the Royal College of Nursing in London, England.

the topic of obesity in children.

Throughout her career, Dr. Broadnax has focused on improving the health of vulnerable populations. Currently, she is working to increase the diversity of the professional nurse workforce by recruiting students from diverse populations and strengthening relationships to community-based care organizations. Last but by no measure least, Dr. Broadnax led her team to a full eight (8) years of re-affirmation of the nursing program accreditation until 2023.

Dr. Broadnax is a graduate of Winston-Salem State University with a BSN. She then earned a Masters of Science in Advanced Adult Nursing with an Administrative Tract from Hampton University. She was then awarded a Ph.D. in Nursing with an emphasis on Health Policy Development from George Mason University.

Her motto is:

"If I can help somebody along my life's journey, then my living will not have been in vain."

Interactions with these groups served to expand her world view of healthcare and the critical role of nursing in improving health in developing countries and underserved areas of the world. She was invited to present at the 20th Anniversary of the Oxford Roundtable at Oxford University in Oxford, England on

In her spare time, Dr. Broadnax enjoys tending to her plants and has begun replicating family recipes, making some adjustments for today's busy woman. She is never far from her spiritual foundation and seeks to integrate her spirituality in her actions and projects. ■

Kudos!

Congratulations to DC Board of Nursing Member **Toni A. Eason, DNP, MS, PHCNS, COHN-S, RN-BC**, who has been selected as one of the American Association of Occupational Health Nurses, Inc. (AAOHN) 2016 class of Fellows. AAOHN Fellows

comprise a distinguished group of leaders who provide vision to advance skills, knowledge and abilities of occupational and environmental health nurses, influence formation of policy, contribute to research and exemplify highly effective management and clinical practices.

Congratulations to the DC Board of Nursing's Nurse Specialist/Education **Bonita Jenkins, EdD, RN, CNE**, who has been appointed to the Nursing Education Trends

Committee of the National Council of State Boards of Nursing by the organization's Board of Directors.

Congratulations to DC Board of Nursing's Nurse Specialist/Discipline **Felicia Stokes BSN, JD**, who has accepted a position as a Senior Policy Advisor for the Center for Ethics and Human Rights with the American Nurses Association. ■

Nurses Revise Preadmission Screening and Resident Review (PASRR) Form



Nurses from the Department of Health Care Finance (DHCF) joined efforts with nurses from the Department of Behavioral Health and the Department on Disability Services recently to ensure that the District is in compliance with the 1978 Supreme Court Olmstead ruling which states that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act. It requires that individuals are in the most integrated setting and least restricted environment and received the same consistent level of services either in a nursing facility or community.

The Preadmission Screening and Resident Review (PASRR) team trained ninety (90) stakeholders, hospital social workers, discharge planners, and administrators from nursing facilities, hospitals, and community providers

(Unity Clinic, SOME and Christ House). The PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

All people being admitted into a certified Medicare or Medicaid nursing facilities must have a PASRR before admission.

Management Analyst Pamela Hodge, RN, MS, offered introductory remarks, and greetings were offered by Claudia Schlosberg, JD, Senior Deputy Director/ Medicaid Director; Marc Dalton, MD, Chief Clinical Officer of the Department of Behavioral Health; and Laura Nuss, of the Department on Disability Services. Program speakers included Frank L. Tetrick, III, of PASRR Technical Assistance Center (PTAC), Cavella Bishop, RN, BSN, MBA and Janet Blackwood, RN, BSN, MA/MPA of Qualis Health Care. The program also featured Chaka Curtis, RN, of the Department of

Behavior Health; and Shirley Quarles-Owens, RN MSN of the Developmental Disabilities Administration.

The District was 25% Quartile in 2012 nationally. After the District nurses revised the form the District is now 100% Quartile nationally. ■

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If you or a colleague is in need of an Attorney to represent you before the D.C. Board of Nursing or FOR ANY OTHER LEGAL MATTER, Call a Nurse Attorney for a confidential consultation.

Please contact Izu I. Ahaghotu, RN, Esquire directly:

Office: 202.726.0001 DIRECT 202.361.6909

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DISCIPLINARY ACTION

Board Public Orders

Available at <https://app.hpla.doh.dc.gov/Weblookup>

REVOKED

Boussougou, Etienne HHA5116 (08/17/2015) - This home health aide's certification was revoked based on a criminal conviction of second degree fraud related to defrauding the D.C. Medicaid program.

Cash, Michelle HHA7242, TME435 (02/12/2016) - This home health aide's and TME's certifications were revoked based on performing services which exceeded the scope of her certification; for demonstrating a willful or careless disregard for the health, welfare or safety of a patient, regardless of whether the patient sustains actual injury; and for acting in a manner inconsistent with the health and safety of the residents of the nursing facility of which the licensee is the administrator.

Epse-Acha, Rose HHA0034 (04/19/2016) - This home health aide's certification was revoked based on a criminal conviction of second degree fraud related to defrauding the D.C. Medicaid program.

Fobeteh, Brandon HHA3778 (03/02/2016) - This home health aide's certification was revoked based on a criminal conviction for one count of Attempted Theft in the Second Degree.

Fomundam, Michael HHA2663 (02/10/2016) - This home health aide's certification was revoked based on a criminal conviction for one count of Second Degree Fraud.

Mbide, James RN1009120 (04/06/2016) - This registered nurse's license was revoked based on a voluntary surrender affidavit predicated on the fact that he agreed to plead guilty to one misdemeanor count of Making or Causing to be Made False Statements or Representation.

Mukala, Eric HHA117 (08/27/2015) - This home health aide's certification was revoked based on a criminal conviction of second degree fraud related to defrauding the D.C. Medicaid program.

Obioha, Damian RN1011829 (09/23/2015) - This registered nurse's license was revoked based on a voluntary surrender affidavit predicated on the fact that the nurse's education could not be verified and therefore he did not meet qualifications for licensure.

Weldeyohannes, Endale LPN1007061 (04/06/2016) - This practical nurse's license was revoked based on failing to conform to standards of acceptable conduct in that he allegedly engaged in sexual contact with patients. (Endale Weldeyohannes is also known as Endale Arega.)

SUMMARILY SUSPENDED

Britt, Paula RN1028382 (08/12/2015) - This registered nurse's license was summarily suspended based on an allegation that she knowingly or intentionally possessed a controlled substance which was not obtained directly from or pursuant to a valid prescription.

SUSPENDED

Applegate, Nancy RN1032489 (11/13/2015) - This registered nurse's license was suspended based on a voluntary surrender of her license in Missouri based on physical impairment.

Bridges, Yunlay RN64283 - This registered nurse's license was suspended due to a failure to respond to a complaint alleging he improperly restrained and secluded a patient.

Britt, Paula RN1028382 (04/06/2016) - This registered nurse's license was suspended based on an allegation that she knowingly or intentionally possessed a controlled substance which was not obtained directly from or pursuant to a valid prescription.

Ewell, Andrea HHA4996 (10/14/2015) - This home health aide's certification was suspended based on failure to conform to standards of acceptable conduct regarding allegations that she

cashied seven checks which she forged and endorsed to herself from a client.

Kaufman, Yvonne RN46442 (10/16/2015) - This registered nurse's license was suspended based on the fact that she knowingly or intentionally possessed a controlled substance which was not obtained directly from or pursuant to a valid prescription or order of a practitioner.

Makun, Thomasena HHA10701 (11/12/2015) - This home health aide's certification was suspended based on allegations that she submitted timesheets for services which were not provided. This home health aide's certification was reinstated on 02/20/2016.

Nchofua, Edwin HHA4490, TME2799 (04/06/2016) - This home health aide's and trained medication employee's certifications were suspended based on allegations that he submitted timesheets for services which were not provided.

Ngo, Charles HHA8338 (11/13/2015) - This home health aide's certification was suspended based on an allegation that he signed and submitted timesheets for services which were not provided. This home health aide's certification was reinstated.

Rios, Rackiel HHA6417 (10/14/2015) - This home health aide's certification was suspended based on allegations that she signed and submitted timesheets for services which were not provided.

Sani, Muhammadu HHA3232 (11/13/2015) - This home health aide's certification was suspended based on allegations that he submitted timesheets for services which were not provided.

Urias, Ana HHA4220 (10/14/2015) - This home health aide's certification was suspended based on the fact that she signed and submitted time sheets documenting care provided, however, the patient was hospitalized during the times in question. This home health aide's certification was reinstated on 2/3/2016.

REPRIMAND

Mansfield, Deanna RN10324245 (11/13/2015) - This registered nurse's license was reprimanded for submitting a false test results in order to gain employment.

Jalloh, Fatmata RN1027914 (02/22/2016) - This registered nurse's license was fined based on failure to conform to the standards of acceptable conduct and prevailing practice, specifically the nurse's failure to provide care for a patient and false documentation of a timesheet and nursing notes.

LICENSE/CERTIFICATION DENIED

Davis, Ebony (05/02/2016) - This applicant's application for certification as a home health aide was denied based on an arrest for assault on a police officer and for multiple criminal convictions for assault and for filing a false or misleading statement with the Board regarding prior arrests or criminal convictions.

Rosario, Lucy HHA10750 (07/27/2015) - This home health aide's certification was denied based on information from the educational training site which indicated she was never a student at their institution, thereby making the document submitted in her application fraudulent.

Beal, Rose HHA0920 (09/03/2015) - This home health aide's certification was denied based on multiple convictions of theft.

Taylor, Yvonne LPN1007534 (11/13/2015) - This licensed practical nurse's application was denied based on a criminal conviction of failure to report an international transportation of currency over the amount of \$10,000.

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