VIRGINIA BOARD OF NURSING
Final Agenda

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

Tuesday, March 21, 2017

9:00 A.M. - Business Meeting of the Board of Nursing – Quorum of the Board - Conference Center Suite 201 – Board room 2

Call to Order: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

Establishment of a Quorum.

Announcements:

- NCSBN Annual Meeting is scheduled for August 16-18, 2017 in Chicago – Attendees TBA
- Disciplinary Case Management Conference is scheduled for June 12-14, 2017 in Pittsburgh, PA – **registration deadline is Tuesday, May 30, 2017**
- New Board Member Appointment – Alice B. Clark, Citizen Member

Upcoming Meetings:

- Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for April 12, 2017
- NCSBN APRN Roundtable – Ms. Hershkowitz, Chair of Committee of the Joint Boards of Nursing and Medicine will attend

Review of the Agenda: (Except where times are stated, items not completed on March 21, 2017 will be completed on March 22, 2017.)

1. Additions, Modifications
2. Adoption of a Consent Agenda

Disposition of Minutes:

C January 23, 2017 Panel – Dr. Hahn*
C January 24, 2017 Quorum – Dr. Hahn*
C January 25, 2017 Panel – Dr. Hahn*
C January 25, 2017 Panel – Dr. McDonough*
C January 26, 2017 Panel – Dr. McDonough*
C January 25, 2017 – Possible Summary Suspension Meeting*
C February 28, 2017 – Possible Summary Suspension Telephone Conference Call*
C March 16, 2017 – Possible Summary Suspension Telephone Conference Call

Reports:

C Agency Subordinate Tracking Log*
C January 2017 Finance Report*
C Board of Nursing Monthly Tracking Log**
C Health Practitioners Monitoring Program Report as of January 31, 2017*
C Health Practitioners Monitoring Program Report as of February 28, 2017**
- ➢ DHP Key Performance Measure Report*
- ➢ Executive Director Report – Ms. Douglas***
- ➢ Simulation Guidance Document Committee January 24, 2017 minutes - Dr. Hahn*

- CORE Committee January 24, 2017 minutes - Ms. Krohn*
- Committee of the Joint Boards of Nursing and Medicine February 8, 2017 Business Meeting and Formal Hearing minutes - Ms. Hershkowitz*
- Nurse Licensure Compact Administrators (NLCA) Meeting report – Ms. Douglas and Ms. Willinger
- NCSBN Mid-Year meeting report – Dr. Hahn, Ms. Douglas, and Ms. Willinger

Other Matters:

- Board of Nursing Appeals Update – Charis Mitchell, Board Counsel (oral report)
- November 2016 Board Development Workshop Action Items – Dr. Hahn/Ms. Douglas*
- Naloxone Flyer – FYI*
- Informal Conference Dates for the 2nd Half of 2017 – Staff**
- Future Agenda Items for Consideration
  - Guidance Document 90-57 (By-Laws of the Board of Nursing) – last revised in 2012
  - Guidance Document 90-11 (Continuing Competency Violations for Nurse Practitioners)– amendment is needed to include RN and LPN

Education:

- Education Staff Report – Dr. Saxby (oral report)
- NCLEX Pass Rate Report – Ms. Ridout**
- Introduction of DNP Students – Dr. Saxby
  - Pam Crowder, George Mason University
  - Vivienne McDaniel, Walden University

10:00 A.M. – Public Comment

Legislation/Regulations:

- Status of Regulatory Actions – Ms. Yeatts*
- Final Report on 2017 General Assembly Legislation – Ms. Yeatts*
- Adoption of Guidance Document 90-56 (Practice Agreements) – Ms. Yeatts*
- Adoption of the Proposed Amendments to 18VAC90-19-50 (Name Badge Regulation) under a Fast-Track Action – Ms. Yeatts*
- Adoption of Nurse Practitioners Pain Management and Prescribing of Buprenorphine Regulations as an Emergency Action – Ms. Yeatts*
- Adoption of the Amendments to 15VAC90-19-30 (Fee Reduction) as Exempt Action – Ms. Yeatts**
- Chapter 19 (Regulations Governing the Practice of Nursing, Revised Date of February 24, 2017) – FYI*
- Chapter 27 (Regulations for Nursing Education Programs, Revised Date of February 24, 2017) - FYI*
- Discussion of any possible legislative proposals for General Assembly 2018 – Ms. Douglas

Consent Orders: (Closed Session)

- Sandra Elaine Heflin Thomas, RN*
- Nicholas Christian Currie, LMT***
- Megan Elizabeth Moehring, RN***
- Tammy Renee Simone, LPN***
- Haitang Li, LMT

12:00 P.M. – Lunch

ADJOURNMENT

Committee Meetings
(*Chair)

2:00 P.M. – Probable Cause Case Review – Board Members who are not serving on Committees

2:00 P.M. – CBC Committee Meeting
Board Members - Dr. Hahn*, Ms. Holmes, Mr. Monson, and Mr. Traynham
Board Staff – Ms. Power, Ms. Willinger, Mr. Campbell, and Ms. Tiller, Ms. Krohn
(Agenda and Materials are in the 3rd mailing)

2:30 P.M. – Revision of Guidance Document 90-6 (PICC Line Insertion and Removal) Committee Meeting
Board Members – Ms. Hershkowitz*, Ms. Caliwagan, and Mr. Traynham
Board Staff – Ms. Power or Ms. Douglas
(Agenda and Materials are in the 3rd mailing)

3:00 P.M. – Nurse Aide Curriculum Committee Meeting
Board Members – Dr. Hahn* Mr. Monson, and Ms. Phelps
Board Staff – Dr. Saxby and Ms. Krohn
(Agenda is in the 3rd mailing)

(* mailed 3/1) (** mailed 3/8) (***mailed 3/15)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 23, 2017

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on January 23, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Guia Caliwagan, RN, MAN, EdS
Regina Gilliam, LPN (**Brown case ONLY)**
Rebecca Poston, PhD, RN, CPNP-PC
Dustin S. Ross, DNP, MBA, RN
William Traynham, LPN, CSAC (**joined at 10:15 am**)

STAFF PRESENT:

Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, RN, PhD, Discipline Staff
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
PN Students from Massanutten Technical Center
PN Students and Senior Nursing Students from Fortis College

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established

FORMAL HEARINGS: **Kelly Brown, RMA Applicant**
Ms. Brown appeared accompanied by her sister.

Tammie Jones, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:40 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Brown. Additionally, Dr. Ross moved that Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:10 P.M.

Dr. Ross moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. Caliwagan moved the Board of Nursing approve Ms. Brown's application for registration as a medication aide. The motion was seconded and passed. Ms. Caliwagan, Ms. Gilliam, and Dr. Poston voted in favor of the motion. Dr. Hahn and Dr. Ross opposed the motion.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Gilliam left at 10:15 A.M.

Mr. Traynham joined the hearings at 10:15 A.M.

FORMAL HEARINGS:

Toni R. Hall, LPN 0002-087763
Ms. Hall appeared accompanied by her mother.

David Bulger, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Debra Hay-Pierce, Senior Investigator, Department of Health Professions, and Denise Ortiz-Smith, Revenue Cycle Manager, Virginia League of Planned Parenthood, were present and testified.

CLOSED MEETING:

Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:34 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Hall. Additionally, Dr. Ross moved that Ms. Krohn, Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:45 P.M.

Dr. Poston moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Dr. Ross moved that the Board of Nursing indefinitely suspend Ms. Hall's practical nurse license with stayed suspension upon Ms. Hall entry into Health Practitioners Monitoring Program (HPMP) and remaining in compliance thereafter. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Lea L. New, RN 0001-235380**
Ms. New did not appear.

Steven Bulger, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Meghan Wingate, Senior Investigator, Department of Health Professions, Stephanie Nesbitt, Coordinator at Sola Inc., and Sherry O'Malley, RN at Sola Inc., were present and testified.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:50 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. New. Additionally, Dr. Ross moved that Ms. Krohn, Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:00 P.M.

Dr. Ross moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Ms. Caliwagan moved that the Board of Nursing indefinitely suspend Ms. New's registered nurse license for a period of not less than two years and until such time that Ms. New can appear before the Board and prove that she is safe and competent to practice. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 1:05 P.M.

RECONVENTION: The Board reconvened at 1:50 P.M.

FORMAL HEARINGS: **Cynthia Y. Ellis, RN Reinstatement 0001-129471**
Ms. Ellis appeared.

Steve Bulger, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Marcella Luna, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:12 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Ellis. Additionally, Dr. Ross moved that Ms. Krohn, Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:47 P.M.

Ms. Caliwagan moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Dr. Poston moved the Board of Nursing reprimand Ms. Ellis, deny her application for reinstatement of registered nurse license, indefinitely suspend with suspension stayed contingent upon Ms. Ellis entry into Health Practitioners Monitoring Program (HPMP) and remaining in compliance thereafter, and completion of two (2) NCSBN courses (Documentation: A Critical Aspect of Nursing, and Professional Accountability and Legal Liability for Nurses Care) within 90 days of entry of the Order. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Ashley Hogge Mamay, RN 0001-170332**
Ms. Hamay did not appear.

Carla Boyd, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kelly Ashley, Senior Investigator, Department of Health Professions, testified via telephone. Rebecca Britt, Case Manager, Health Practitioners Monitoring Program (HPMP), was present and testified.

CLOSED MEETING: Ms. Caliwagan moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:16 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Hamay. Additionally, Ms. Caliwagan moved that Ms. Krohn, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:22 P.M.

Ms. Caliwagan moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Mr. Traynham moved the Board of Nursing reprimand Ms. Hamay and indefinitely suspend her registered nurse license for a period of not less than two (2) years and until such time that she can appear before the Board and prove that she is safe and competent to practice. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:23 P.M.

Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
MINUTES
January 24, 2017

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:02 A.M. on January 24, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

BOARD MEMBERS PRESENT:
Kelly McDonough, DNP, RN; Vice President
Guia Caliwagan, RN, MAN, EdS
Marie Gerardo, MS, RN, ANP-BC
Regina Gilliam, LPN
Louise Hershkowitz, CRNA, MSHA
Trula Minton, MS, RN
Rebecca Poston, PhD, RN, CPNP-PC
Dustin Ross, DNP, MBA, RN, NE-BC
William Traynham, LPN, CSAC

BOARD MEMBERS ABSENT:
Jennifer Phelps, LPN, QMHPA; Secretary
Joana Garcia, Citizen Member
Jeanne Holmes, Citizen Member
Mark D. Monson, Citizen Member

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
Stephanie Willinger; Deputy Executive Director
Huong Vu, Executive Assistant
Linda Kleiner, RN, Discipline Case Manager
Paula B. Saxby, RN, PhD; Deputy Executive Director
Charlette Ridout, RN, MS, CNE; Senior Nursing Education Consultant
Ann Tiller, Compliance Manager

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
Lisa Hahn, Department of Health Professions Chief Deputy Director

IN THE AUDIENCE:
Representatives from Riverside College of Health Careers
Janet Wall representing the Virginia Nurses Association (VNA)
Wendy Dotson representing Virginia Affiliate of American College of Certified Nurse-Midwives (ACNM)
Nai'm Campell, BON Criminal Background Investigation Supervisor
Justine James, BON Criminal Background Investigation Specialist

ESTABLISHMENT OF A QUORUM:
With 10 members present, a quorum was established.

ANNOUNCEMENTS:

Dr. Hahn noted the announcements on the agenda. Dr. Hahn added that Riverside College of Health Careers (RCHC) representatives from the programs are here to speak to the Board.

Representatives present are: Robin Nelhuebel, System Director of Education, Deborah Sullivan-Yates, Senior Director of Education Programs, Elizabeth Compton, Program Director, Nicole Bruney, Nursing Faculty, and Patricia Nickell, Nursing Faculty.

Ms. Nelhuebel noted that RCHC celebrated its 100th Anniversary in 2016 and the program graduated the last cohort of 30 diploma graduates as of November 28, 2016. She added that program has graduated a total of 2,951 students and provided a handout referencing their nursing program curriculum and partnership with Old Dominion University (ODU).

Ms. Sullivan-Yates thanked the Board for its support and collegial relationship over the years. She especially noted that Dr. Paula Saxby, Ms. Charlette Ridout, and Ms. Beth Yates as wonderful resources in helping RCHC moving forward to the associate program.

Ms. Compton provided information referencing transition to Associate of Applied Science (AAS) degree and formalizing concurrent partnership with ODU. She noted that the concurrent enrollment option blends RN-BSN course work throughout the AAS curriculum enabling qualified students to complete AAS requirements, take the NCLEX-RN licensing exam, and complete the requirements for the BSN in just one or two additional semesters following the completion of the AAS.

Ms. Bruney and Ms. Nickell both thanked the Board for the continuing support and allowing students to attend the hearings.

Dr. Hahn thanked RCHC staff for coming and sharing their journey.

UPCOMING MEETINGS:

Dr. Hahn noted the upcoming meetings on the agenda and reminded Board members to let the President or Ms. Douglas know if interest in attending NCSBN meetings.

DIAGLOG WITH DHP DIRECTOR:

Ms. Hahn provided the General Assembly (GA) Update on behalf of Dr. Brown:

Two DHP bills that are technical in nature:

1. **HB 1541(BON; powers and duties)** – authorizing the Board to deny or withdraw approval from *training* programs for failure to meet prescribed standards.

2. **SB 922 (DPOR and DHP; licensure, certification, registration, and permitting)** – making it clear that health regulatory boards have authority to take action on permits also.

Four Opioid Bills that DHP is the leading agency:

1. **SB 848 (Naloxone; dispensing for use in opioid overdose reversal, etc.)** – allowing a person who is authorized by the Department of Behavioral Health and Developmental Services (DBHDS) to train individuals on the administration of naloxone for use in opioid overdose reversal.
2. **SB 1230 (Opiate prescriptions; electronic prescriptions)** - requiring a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substances that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020.
3. **SB 1232 (Controlled substances; limits on prescription containing opioids)** – prohibiting a prescriber providing treatment for a patient in an emergency department of a corporation, facility, or institution licensed, owned, or operated by the Commonwealth to provide health care from prescribing a controlled substance containing an opioid in a quantity greater than a three-day supply. This bill is also applied to a pharmacist who dispenses.
4. **SB 1020 (Registration of peer recovery specialist and qualified mental health professionals)** – authorizing the registration of peer recovery specialists and qualified mental professionals by the Board of Counseling at the DHP. It is collaboration between DHP, DBHDS, and Department of Medical Assistance Services (DMAS).

Other Bills:

a. **SB 1180 (Opioids and Buprenorphine; Board of Dentistry (BOD) and Board of Medicine (BOM) to adopt regulations for prescribing)** – directing BOD and BOM to adopt regulations for the prescribing of opioids and products containing Buprenorphine. BOM is working on regulations of two hours mandating continuing education (CEs) for opioid prescribing.
b. **SB 1484 (Prescription Monitoring Program (PMP); disclosure and authority to access)** – requiring the information in the possession of the PMP disclosed by DHP Director to a physician or pharmacist employed by the Virginia Medicaid managed care program to be provided electronic access to the PMP in real time.
c. **HB 1885 (Opioids; limit on amount prescribed)** – requiring a prescriber to obtain information from PMP at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than seven consecutive days.

Dr. Hahn thanked Ms. Hahn for joining the meeting and for the information.

ORDERING OF AGENDA:

Dr. Hahn asked staff to update the Board on the modifications of the Agenda. Ms. Douglas indicated:

- Board members will meet at 9 a.m. in Board Room 2 on Wednesday, January 25, 2017, to consider possible summary suspension regarding a license nurse practitioner;
- The Legislation/Regulation has been moved to 1p.m. today due to Ms. Yeatts' required attendance at the General Assembly in the morning;
- Board Members and staff of the two Committee meetings at 2 p.m. today have been listed incorrectly on the Agenda; and
- Board Members who are not on the Committee meetings will conduct probable cause review.

Ms. Krohn indicated the additional modifications:

- Katherine L. Hyde's Consent Order has been added to the agenda for Board consideration;
- Panel A will be in Board Room 3 and Ms. Smith (#35) plans to appear for consideration of Agency Subordinate Recommendations on Wednesday, January 25, 2017;
- Edna Salyer Formal Hearing has been continued and removed from the agenda before Panel A on Wednesday, January 25, 2017;
- Panel B will be in Board Room 2 and Ms. Akridge (#6) plans to appear for consideration of Agency Subordinate Recommendations on Wednesday, January 25, 2017;
- Ms. Caliwagan is moved to Panel B for the Stephanie Martin case only due to Board member absence; and
- Kelly Gregory and Hellen Yiapan Formal Hearings have been continued and removed from the agenda on Thursday, January 26, 2017.

CONSENT AGENDA:

The Board did not remove any items from the consent agenda. Dr. McDonough moved to accept the consent agenda. The motion was seconded and carried unanimously.

Minutes:

November 14, 2016	Panel – Dr. Hahn
November 15, 2016	Quorum – Dr. Hahn
November 16, 2016	Panel – Dr. Hahn
November 16, 2016	Panel – Dr. McDonough
November 17, 2016	Panel – Dr. McDonough

Reports:
Agency Subordinate Tracking Log
Finance Report
Nursing Monthly Tracking Log-Licensure and Disciplinary Statistics
Health Practitioners Monitoring Program

Ms. Hershkowitz noted that she will complete her first term in 2017 and will apply for reappointment. Ms. Douglas commented that the Nominating Committee did not discuss Ms. Herhskowitz' term so it will be noted in the Business meeting minutes today. Ms. Hershkowitz moved to accept the November 16, 2017 Nominating Committee minutes. The motion was seconded and carried unanimously.

Ms. Hershkowitz noted that the correction is needed for her first name and Ms. Caliwagan's first name on the December 7, 2016 Telephone Conference Call minutes. Ms. Hershkowitz move to accept the December 7, 2016 Telephone Conference Call minutes as amended. The motion was seconded and carried unanimously.

REPORTS:

Executive Director Report:

Ms. Douglas added to her written report the following:

- **Paperless Licensing** - DHP is moving forward as an agency. The proposal contemplates licensees receiving an initial paper license, but once they renew there will be no paper license issued. DHP is exploring the ability for licensees to print the license if needed. DHP is also moving to "e-notification" for renewal which is more efficient.
- **Calendar Year 2016 Statistics for the Board** – currently the Board has 217,182 current license count. For 2016, the Board received 23,670 applications, issued 18,344 licenses, conducted 736 Informal Conferences and 150 Formal Hearings, received 1,944 cases for nursing and 798 cases for nurse aide, and closed 1,882 cases for nursing and 724 cases for nurse aide.
- **Update on Compact** – draft regulations for the new Compact version (which includes uniform licensure requirements, and changes in Database which will identify why a license is issued single-state and not multi-state) is under development and Ms. Douglas is on this NCSBN Committee. Currently, 21 states are on board with the new version and 26 states are needed for the new version to pass. After 26 states adopt, there may be six months lag time before new compact is in effect. NCSBN is preparing materials regarding new NLC version for students and public. NURSYS has led the way in terms of the Compact and will be the key communication tool. Virginia is not moving forward with the Medical Compact at this time. Psychology, Physician Assistants, Speech Pathology, and Nutritionists are all developing National Compact Models.

Ms. Douglas thanked Board members for their patience and understanding regarding multiple Board business mailings which was impacted by Holidays and closure due to inclement weather.

Massage Therapy Advisory Board December 1, 2016 minutes:
Ms. Krohn reviewed the minutes and key discussion of the December 1, 2016 meeting of the Massage Therapy Advisory Board including:

- Massage Therapists are now Licensed Massage Therapist (LMT) and no longer Certified Massage Therapist (CMT);
- Public comment made regarding why Rolfing is not and should not be considered Massage Therapy;
- Two GDs (90-47 and 90-59) to be reviewed by Ms. Yeatts; and
- The Frequently Asked Questions were revised and the Criminal Background Check process was added.

Ms. Krohn noted that an e-mail to essential DHP staff regarding the transition of Massage Therapist from CMTs to LMTs and CBC requirement was sent on January 4, 2017.

Committee of the Joint Boards of Nursing and Medicine December 7, 2016 minutes:
Ms. Hershkowitz reviewed key discussion of the Committee of the Joint Boards December 7, 2016 meeting including:

- Impact of Opioid Crisis and BOM pending regulations referencing Buprenorphine;
- Correction is needed regarding Ms. Douglas' report on the total numbers of LNPs. Ms. Douglas stated that she will check the numbers and amend the December 7, 2016 as needed.
- Adoption of proposal to combine license for Licensed Nurse Practitioners (LNPs) with Prescriptive Authority (PA). This will now go under further DHP review.
- Revision of the GD 90-56 (Practice Agreement) to include deleting "authority to write DNR orders" for an LNP in the category of CNM and differentiating between "should" and "may" section;
- Replacement on the Advisory Committee of the Joint Boards - Dr. Stuart Mackler was elected to the physician position and Dr. Cathy Harrison was elected to the nurse practitioner position;
- CARA implications; and
- Two hours of continuing education referencing pain management for LNPs with PA.

PUBLIC COMMENT: **Wendy Dotson**, Virginia Affiliate of the ACNM, provides the following comments and changes regarding GD 90-56 (Practice Agreement):

- The 2016 legislation that described a required *consultative* practice agreement for Certified Nurse-Midwives was presented with the support and collaboration of both the Virginia Affiliate of the ACNM and the Virginia Chapter of the American College of OB-GYNs (ACOG). Practice Agreements that will be developed between CNMs and MDs may contain much more than what is stipulated in the guidance document. Due to a variety of practice settings and consultative relationships, however, simplicity and clarity must be maintained.
- The first bullet is unnecessary and should be omitted because a physician functions in the role of a consultant not as a supervisor.
- The second bullet is redundant and essentially restates what is itemized in the fourth bullet.
- The third bullet should be changed to "*Categories of drugs and devices that may be prescribed **in Schedule II-V***" since CNMs prescribe almost entirely within Category VI (medicines which are not required to have physician supervision).

Ms. Dotson thanked the Board for consideration of these changes.

RECESS: The Board recessed at 10:14 AM

RECONVENTION: The Board reconvened at 10:30 AM

PUBLIC COMMENT (cont.):

Janet Wall, CEO for VNA, provided the following information:

- The "Nurses Change Lives" license plate - VNA got the first 450 orders for $25 per plate and plans to use the money raised in revenue to go toward nursing scholarship.
- Workplace Violence Bill (SB 973-HB 1921) – an existing physical battery bill which applied to emergency room employees only. It is now expanded to everyone in the hospital. The bill will be in the Committee of Justice tomorrow and will ask the Virginia Department of Health (VDH) to notify the public.
- Student Group Lobby Day - 125 students went with VNA to GA and the program was well received.
- Survey Collection – VNA will be happy to survey its members regarding Name Tag Identification regulations and share the findings with the Board.
- Spring Conference – it is scheduled for April 25, 2017, in Richmond, VA and will focus on "Nursing Ethics and Moral Distress".

POLICY FORUM:

The 2016 Healthcare Workforce Data Center (HWDC) reports:

Dr. Carter informed the Board that there will be webinar regarding Best Practice in Nursing today at 2 p.m. The second series will be on February 22, 2017, and the third on March 22, 2017.

Dr. Carter provided two additional handouts (Data Products and Healthcare Workforce in Virginia) noting that they are used as resources for grant writing.

Dr. Carter then provided the 2016 HWDC reports including:

- **LNPs** – diversity index improved (29%), 76% obtained master degree, and level of debt dropped (66%). Ms. Hershkowitz requested that information about LNPs will be broken down to three groups (LNP, CRNA, CNM) in future reports. The Board agreed.
- **RNs** – 16% not in the workforce, 55% with BSN or higher education, and15% currently enrolled in education advancement.
- **LPNs** – only 9% not in the workforce, 6% in military, and more license renewals than new licenses issued.
- **CNAs** – slight drop in numbers of certificates, 6% not in the workforce, and turnover remains high (38%) compared to other professions.

Dr. Carter stated that if all reports are approved by the Board, they will be posted on website today. The Board approved all reports for posting.

PRESENTATION ON NURSE AIDE ONLINE TESTING/APPLICATION PROCESS:

Susan Durante, Program Manager, Health and Professional Services, and Art McMann provided information regarding Migration to the Credentia Management System as follow:

- Instruction will be provided to instructors to provide to students;
- As of April 21, 2017, NACES will no longer be testing contractor;
- On April 22, 2017, Virginia will start the process of migrating all information to Credentia Management. Blackout also begins;
- May 9, 2017, blackout ends and candidates can register and schedule their exam;
- May 19, 2017, first test date in Credentia Management;
- Instruction handout on how to create and upload a roster for training program provider, and candidate account activation was provided;
- Candidate must have valid e-mail address and a credit card/debit card in order to register;
- Three trainings will be offered in March/April in Roanoke, Central Virginia, and in Tidewater. Webinar will also be available soon;
- Credentia is focused on certain administrative activities in the program while Pearson VUE delivers virtually all functions that require nurse aide testing experience.

Elaine Yeatts, DHP Policy Analyst, joined at 11:25 A.M.

REPORTS (cont.):

Calendar Year 2016 Non-Routine Applicant Report:

Ms. Power reported the following:

- Data has been collected since 2009. Calendar Year 2016 will be the last annual report in this format as a manual log will no longer be kept of self-reported information.
- 6.3% of all applications received are considered non-routine with the three main "Causes for Denial" being convictions, impairment, and disciplinary action in another state.
- Of all non-routine applications, 86% are self-reported convictions, of which 55% reported only one conviction; 9% are felonies and 91% are misdemeanors.
- Less than 1% self-reported impairment; this less than accurate number/percentage may be due to the subjective nature of the question, which is under review by the Office of Attorney General for revision.
- 96.7% of Non-Routine applications are reviewed, with determination by Staff (consistent with delegated authority in GD 90-10).
- 3.3% of Non-Routine applications are reviewed, with determination made by Board President.
- In terms of resolution, 85.4% are approved based upon document review only and 14.6% require a proceeding or Pre-Hearing Consent Order (PHCO). Ms. Power noted that the number of PHCOs are unchanged, but those requiring hearings are doubled since last year, which bears watching.
- The CBC Committee will be evaluating the first full calendar year worth of data since criminal background implementation to determine if and how nondisclosure impacts the process and whether guidelines and processes may need changing.

Calendar Year 2016 CBC Report:

Ms. Willinger reported the total number of LPN/RN applications that were processed by CBC in 2016:

- 9,259 applications total;
- 244 with self-disclosed criminal convictions (RN = 179, LPN = 65); and
- 154 with criminal convictions NOT disclosed (RN = 88, LPN = 66);

Ms. Willinger said that moving forward the report will include total for LPN, RN, and LMT.

Nurse Aide Curriculum Committee December 8, 2016 minutes:

Dr. Hahn reported that the Nurse Aide Curriculum Committee met and discussed possible changes to the Regulations and the Curriculum pertaining to Nurse Aide Education Programs. She noted that the Committee is a hardworking and invested group with excellent discussion. Dr. Hahn

highlighted that the Virginia Board of Nursing requires a minimum of 120 hours with 40 hours of clinical experience which is well above Federal requirements of a minimum of a 75 hour program, with a 40 hour minimum for clinical experience. Dr. Hahn added that the next steps include:

- Each stakeholder will review and share their feedback on the proposed changes to the regulations in regards to their area of expertise;
- The possibility of adding regulations requiring Nurse Aide educators meeting qualified training prior to teaching in a Nurse Aide program;
- Dr. Saxby will gather information of other states as well as provide the number of hours and exam pass rates by type of program in Virginia to the Committee at its next meeting on March 21, 2017.

Dr. Saxby added that currently staff is creating a spreadsheet to be placed on the Board website of the nurse aide exam pass rate for each program approved in Virginia.

OTHER MATTERS:

Board of Nursing Appeals Update:
Ms. Mitchell, Board Counsel, had no appeals to report.

Election of 2017 Board of Nursing Officers:
Dr. McDonough reported on the slate of officers presented by the Nominating Committee for 2017:

President:	Joyce A. Hahn, PhD, APRN, NEA-BC, FNAP
	Trula Minton, MS, RN
Vice President:	Louise Hershkowitz, CRNA, MSHA
	Rebecca Poston, PhD, RN, CPNP-PC
Secretary:	Marie Gerardo, MS, RN, ANP-BC
	Mark Monson, Citizen Member

Dr. Hahn asked for nominations from the floor for the office of President, Vice President and Secretary; none were received.

Dr. McDonough called for a vote for Dr. Hahn for the office of President and received six votes. Dr. McDonough called for a vote for Ms. Minton for the office of President and received four votes. Dr. Hahn was elected as President.

Dr. McDonough called for a vote for Ms. Hershkowitz for the office of Vice President and received six votes. Dr. McDonough called for a vote for Dr. Poston for the office of Vice President and received four votes. Ms. Hershkowitz was elected as Vice President.

Dr. McDonough called for a vote for Ms. Gerardo for the office of Secretary and received nine votes. Dr. McDonough called for a vote for Mr. Monson for

the office of Secretary and received one vote. Ms. Gerardo was elected as Secretary.

Dr. McDonough congratulated Dr. Hahn, Ms. Hershkowitz, and Ms. Gerardo on election of officers.

Dr. Hahn thanked the Nominating Committee for the work and contributions of all Board members.

NURSYS e-Notify:
Ms. Willinger reported that with e-Notify, any institution that employs a nurse can utilize the system to track licensure and discipline information for no charge. She noted that currently six employers in Virginia have signed up thus far. She added that the link will be put on DHP/BON website.
Ms. Douglas added that she plans to ask VNA to include e-Notify information on its next publication.

CORE Committee's Report:
Ms. Minton reported on the work of the CORE Committee and thanked Committee members and Board staff for their shepherding.

Ms. Minton then provided the following regarding FY2014Licensure Summary:

- Key Points from Aggregate Findings;
- Points of Pride for Virginia Board of Nursing Findings;
- Limitations; and
- Opportunity

Ms. Minton noted that Virginia has good results in the Key Points related to Licensure and it should be shared with the constituents. Dr. Hahn suggested the Board providing a link on its website and thanked the Committee for great work.

RECESS: The Board recessed at 12:31 PM

RECONVENTION: The Board reconvened at 1:05 PM

Ms. Mitchell left at 1:00 PM

Erin Barret, Assistant Attorney General, Board Counsel, joined at 1:00 PM

EDUCATION:

Education Special Conference Committee January 11, 2017 Minutes and Recommendations:
Dr. Hahn reviewed highlights from the Education Special Conference Committee meeting on January 11, 2017. Mr. Traynham moved to accept the

January 11, 2017 Education Special Conference Committee minutes and recommendations. This motion was seconded and unanimously carried.

NCLEX Review:
Dr. Saxby asked Board members to let her know if interested in reviewing NCLEX-RN and LPN exams by Thursday, January 25, 2017. She added that the review will be for one day between April 17 and May 5, 2017.

Education Staff Report:
Ms. Ridout reported that Community Colleges now have VDH educating faculty and students about opioid crisis.

OTHER MATTERS: (cont.)

November 2016 Board Development Workshop Action Items:
Dr. Hahn deferred this item to the March 2017 meeting.

Making Business Meeting Materials available on BON website and TownHall:
Ms. Vu indicated that Board business and Committee meeting materials will be available on the Board website and TownHall. Ms. Vu added that she will send an e-mail notifying when meeting materials are posted with links to website and TownHall. Ms. Vu noted this will give Board members and public access to materials anytime and anywhere. Ms. Douglas asked Board members to let Ms. Vu know if they want hard copy of meeting materials to be mailed to them still or only having them at their place on the meeting date.

LEGISLATION/ REGULATION:

Status of Regulatory Action:
Ms. Yeatts reviewed the chart of regulatory actions.

2017 General Assembly Report:
Ms. Yeatts reviewed the 2017 Legislative Report.

Amendments to GD 90-56 (Practice Agreements):
Ms. Yeatts stated that the draft document is presented as recommendation of the Committee of the Joint Boards of Nursing and Medicine, which met on December 7, 2016, for Board consideration.

Ms. Gerardo moved that the Board amend the GD as suggested by the CMT public comment and send it back to the Committee of Joint Boards of Nursing and Medicine, and Board of Medicine for consideration. The motion was seconded and passed. Ms. Gerardo, Ms. Caliwagan, Ms. Gilliam, Dr. Hahn, and Dr. McDonough were in favor of the motion. Ms. Hershkowitz, Ms. Minton, Dr. Poston, and Mr. Traynham opposed the motion.

Proposed Amendments for Accreditation of RN Nursing Education Program:

Ms. Yeatts notes that the Board intends to amend its regulations to require all pre-licensure registered nursing education programs in Virginia to have accreditation or candidacy status with a national accrediting agency recognized by the U.S. Department of Education by the year 2020. She stated that NOIRA was published on October 17, 2016 and no comments were received during the comment period. She added that proposed amendments to 18VAC90-27-10 and 220 are presented for Board consideration.

Ms. Hershkowitz moved to adopt the proposed regulations. The motion was seconded and passed unanimously.

Renewal Fee Reduction by Exempt Action:
Ms. Yeatts noted that the law requires the Board to adjust its fees when the projected biennium cash balance to be 10% more or less. She stated that 25% and 30% fee reduction proposals are presented for Board consideration.

Ms. Douglas commented that Mr. Giles is out the office but has prepared this package for Board review. She noted that the last time the Board increased the fees was in 2011. She added that nurse aide fee was not reviewed since it is for renewal only. She also said that if Prescription Authority is eliminated, the fee reduction would not impact the Board financial balance.

Ms. Minton moved to adopt the 25% reduction in renewal fees for 2017-2018. The motion was seconded and passed unanimously.

Proposed Amendments to 18VAC90-50-10 (Massage Therapy):
Ms. Yeatts notes that the Advisory Board of Massage Therapy met on December 1, 2016 to complete the review and recommended proposed amendments to regulations since massage therapy changed from certification to licensure on December 31, 2016.

Ms. Hershkowitz moved to adopt the proposed regulations as presented. The motion was seconded and passed unanimously.

Ms. Yeatts left the meeting at 2:00 PM

OTHER MATTERS:
(cont.)

Revision Request of GD 90-6 (PICC Line Insertion and Removal):
Ms. Douglas stated that two requests for revision of GD 90-6 were received from the public. She noted that the last time the GD was revised was in 2012. She added that the Board has two options: motion to proceed with revision or to deny request.

Ms. Caliwagan moved to accept the request and to convene a Committee to review the GD 90-6. The motion was seconded and carried with nine votes in favor and one vote (Mr. Traynham) opposed.

Dr. Hahn asked for volunteers on the Committee. Ms. Caliwagan, Ms, Hershkowitz, and Mr. Traynham volunteered to be on the Committee.

Dr. Hahn, Ms. Caliwagan, Mr. Traynham, Dr. Saxby, and Charlette Ridout left the meeting at 2:15 PM to attend the Simulation Guidance Document Committee meeting.

RECESS: The Board recessed at 2:15 PM

RECONVENTION: The Board reconvened at 2:25 PM

Dr. McDonough assumed Chair of the meeting.

RECONSIDERATION OF ORDERS AND CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:28 P.M. for the purpose of deliberation to consider consent orders. Additionally, Ms. Gerardo moved that Ms. Douglas, Ms. Power, Ms. Krohn, Ms. Tiller, Ms. Vu, and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:50 P.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Emily F. Marshman, RN 0001-194744

Mr. Gilliam moved to accept the consent order to reprimand Emily F. Marshman and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege, and said suspension stayed upon proof of Ms. Marshman's re-entry into a Contract with the Virginia Health Professionals' Monitoring Program (HPMP) and to comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Austin Lovell, RN 0001-261256

Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Austin Lovell to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege, and said suspension stayed contingent upon Mr. Lovell's continued compliance with all

terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried. Ms. Gerardo, Ms. Gilliam, Ms. Minton, Dr. McDonough, Ms. Poston, and Dr. Ross were in favor of the motion. Ms. Hershkowitz opposed the motion.

Robin Beale Franklin, RN 0001-089651

Ms. Minton moved to accept the consent order to suspend the license of Robin Beale Franklin to practice professional nursing in the Commonwealth of Virginia, and said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Tina Ann Long, LPN 0002-075929

Ms. Minton moved to accept the consent order to indefinitely suspend the license of Tina Ann Long to practice practical nursing in the Commonwealth of Virginia, and said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Katherine Leigh Hyde, RN 0001-193852

Ms. Minton moved to accept the consent order to accept the voluntary surrender for indefinite suspension the license of Katherine Leigh Hyde to practice professional nursing in the Commonwealth of Virginia, and said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 2:51 P.M.

Joyce Hahn, PhD, RN, NEA-BC, FNAP
President

Note - Copies of reports referenced can be obtained by contacting the Board of Nursing office.

DRAFT

VIRGINIA BOARD OF NURSING
MINUTES
January 25, 2017
Panel – A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:35 A.M. on January 25, 2016 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Guia Caliwagan, RN, MAN
Marie Gerardo, MS, RN, ANP-BC
Regina Gilliam, LPN
Dustin Ross, DNP, MBA, RN, NE-BC

STAFF PRESENT: Jodi P. Power, RN, JD; Deputy Executive Director
Jane Elliott, RN, PhD, Discipline Staff
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:45 A.M., for the purpose of consideration of agency subordinate recommendations. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Elliott, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:55 A.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Amanda Kathtleen Noble, RN 0001-22711
Ms. Noble did not appear but submitted a written response.

Ms. Caliwagan moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of Amanda Kathleen to practice professional nursing with suspension stayed contingent upon

Ms. Noble's entry into Health Practitioners' Monitoring Program and remaining in compliance thereafter. The motion was seconded and carried unanimously.

Cherish Van Schaik, RN 0001-135125
Ms. Schaik did not appear.

Ms. Gilliam moved that the Board of Nursing reject the Agency Subordinate recommendation for Cherish Van Schaik, RN and refer the matter to a formal hearing. The motion was seconded and carried unanimously.

Laura Mesagno, LPN NC# 080775 with Multistate Privileges
Ms. Mesagno did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the multistate privilege of Laura Mesagno to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Jillian Dalton, RN 0001-255856
Ms. Dalton did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jillian Dalton. The motion was seconded and carried unanimously.

Joan S. Birch, LPN 0002-078845
Ms. Birch did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Joan S. Birch to practice practical nursing and the suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Melanie Anne Davis, RN 0001-126997
Ms. Davis did not appear.

Ms. Gilliam moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Melanie Anne Davis to practice professional nursing and the suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Monique Yolanda Smith, LPN 0002-092094
Ms. Smith did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Monique Yolanda Smith. The motion was seconded and carried unanimously.

Shann Kay Hartman, RN 0001-170473
Ms. Hartman did not appear, but submitted a written response.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Shann Kay Hartman and to indefinitely suspend the license of Ms. Hartman to practice professional nursing and the suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Stacy Elaine Paul, RN 0001-233421
Ms. Paul did not appear, but submitted a written response.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Stacy Elaine Paul. The motion was seconded and carried unanimously.

Anne Meadows, CNA 1401-149762
Ms. Meadows did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Anne Meadows. The motion was seconded and carried unanimously.

Janine Rochelle Mitchell, RN 0001-227015
Ms. Mitchell did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Janine Rochelle Mitchell and to indefinitely suspend Ms. Mitchell's license to practice professional nursing, the suspension applies to any multistate privilege, and with suspension stayed contingent upon Ms. Mitchell's entry into a contract with the Health Practitioners' Monitoring Program (HPMP) and remaining in compliance thereafter. The motion was seconded and carried unanimously.

Delsa Michelle Sally, CNA 1401-155396
Ms. Sally did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Delsa Michelle Sally and to indefinitely suspend Ms. Sally's right to renew her certificate to practice as a

nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Lauren N. Barrett, RN 0001-256524
Ms. Barrett did not appear but submitted a written response.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to require Lauren N. Barrett to provide written proof satisfactory to the Board of successful completion of the following NCSBN courses within 60 days from the date of entry of the Order:

1. Disciplinary Actions: What Every Nurse Should Know,
2. Medication Errors: Causes and Prevention,
3. Professional Accountability and Legal Liability for Nurses

The motion was seconded and carried unanimously.

Jasmyne M. Mable, CNA 1401-151276
Ms. Mable did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Jasmyne M. Mable to practice as a certified nurse aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry, based upon a single occurrence. The motion was seconded and carried unanimously.

Wendy Nicole Spinner, RMA 0031-003173
Ms. Spinner did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Wendy Nicole Spinner to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carries unanimously.

Tracy Tonette Marsh Williams, CNA 1401-073819
Ms. Williams did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Tracy Tonette Marsh Williams to practice as a nurse aide in the Commonwealth of Virginia and to enter the Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Tracy Tonette Marsh Williams, RMA 0031-007844
Ms. Williams did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of Tracy Tonette Marsh Williams to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Nolan Floyd Campbell, RN 0001-160460
Mr. Campbell did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Nolan Floyd Campbell to renew his license to practice professional nursing in the Commonwealth of Virginia and the suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Chalanda Mabry, CNA 1401-161682
Ms. Mabry did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Chalanda Mabry. The motion was seconded and carried unanimously.

Isa Pearline Joseph Smith, CNA 1401-051261
Ms. Smith did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Isa Pearline Joseph Smith. The motion was seconded and carried unanimously.

Deborah Lynn Griffith, RN 0001-197145
Ms. Griffith did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the license of Deborah Lynn Griffith to practice professional nursing and the revocation applies to any multistate privilege. The motion was seconded and carried unanimously.

Maggie Rose Choate, RN 0001-262929
Ms. Choate did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action against Maggie Rose Choate at this time contingent upon Ms. Choate's continued compliance with all terms

and conditions of the Health Practitioners' Monitoring Program (HPMP). The motion was seconded and carried unanimously.

Ashley Nicole Sowers, LPN 0002-079273
Ms. Sowers did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Ashley Nicole Sowers and to continue her on indefinite probation for not less than one year subject to terms and conditions. The motion was seconded and carried unanimously.

Amy Sue Swan Berg, LPN 0002-070797
Ms. Berg did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to accept the voluntary surrender for indefinite suspension of the license of Amy Sue Swan Berg to practice practical nursing in the Commonwealth of Virginia and the suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Marilyn Marcia Gordon, RN 0001-088197
Ms. Gordon did not appear.

Ms. Caliwagan moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Marilyn Marcia Gordon and to indefinitely suspend her license to practice professional nursing and the suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 10:00 A.M.

Jodi Power, RN, JD
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 25, 2017
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:06 A.M. on January 25, 2017 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Guia Caliwagan, RN, MAN, EdS
Marie Gerardo, MS, RN, ANP-BC
Regina Gilliam, LPN
Dustin Ross, DNP, MBA, RN, NE-BC
Dawn Hogue, MA, LMT, Massage Therapy Advisory Board Member

STAFF PRESENT:

Jodi Power, RN, JD; Deputy Executive Director
Jane Elliott, RN, PhD, Discipline Staff
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established

FORMAL HEARINGS: **Juan C. Villanueva, LMT 0019-004930**
Mr. Villanueva did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Cheryl Hodgson, Senior Investigator, Department of Health Professions, and Colleen Mosley, were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:25 A.M., for the purpose of deliberation to reach a decision in the matter of Mr. Villanueva. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Elliott, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:33 P.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Ross moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. Hogue moved that the Board of Nursing revoke Mr. Villanueva's license to practice as massage therapist. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS:

Yun Yun Li, LMT 0019-012458
Ms. Li appeared accompanied by Shaoming Cheng, Esquire, Quisha Peng, Interpreter, and Kim Winfrey, Owner of Rainbow Massage.

Steve Bulger, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Ashley Hester, Senior Investigator, Department of Health Professions, Officer Jason Hairslip, Henrico County Police Department, and Kim Winfrey, Owner of Rainbow Massage, were present and testified.

CLOSED MEETING:

Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:00 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Li. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Elliott, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 1:21 P.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gilliam moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Hogue moved that the Board of Nursing revoke Ms. Li's license to practice as massage therapist. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Caliwagan left the meeting at 1:20 P.M

RECESS: The Board recessed at 1:20 P.M.

RECONVENTION: The Board reconvened at 2:00 P.M

FORMAL HEARINGS: **Spurgeon D. Day, CMT 0019-010162**
Mr. Day did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Naima Fellers, Senior Investigator, Department of Health Professions, and Danielle Foote, previous General Manager at Massage Envy, were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:15 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Day. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Elliott, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:25 P.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Ross moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Ms. Gilliam moved that the Board of Nursing revoke Mr. Day's right to renew his certification to practice as massage therapist. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Mary F. Thompson, LMT 0019-013826**
Ms. Thompson did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Laura Pezzulo, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:42 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Thompson. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Elliott, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:48 P.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gilliam moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Dr. Ross moved that the Board of Nursing indefinitely suspend Ms. Thompson's license to practice as a massage therapist until such time that she can appear before the Board and prove that she is safe and competent to practice. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 2:50 P.M.

Jodi Power, RN, JD
Deputy Executive Director

VIRGINIA BOARD OF NURSING
MINUTES
January 25, 2017
Panel – B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:30 A.M. on January 25, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:
Kelly McDonough, DNP, RN; Vice President
Louise Hershkowitz, CRNA, MSHA
Trula Minton, MS, RN
Rebecca Poston, PhD, RN, CPNP-PC
William Traynham, LPN, CSAC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT: Erin Barrett, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:
With five members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Adriane Monique Martin Akridge, RN 0001-237530
Ms. Akridge appeared.

CLOSED MEETING: Mr. Traynham moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:35 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Akridge. Additionally, Mr. Traynham moved that Ms. Douglas, Ms. Krohn, Ms. Vu and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:37 A.M.

Mr. Traynham moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to place Adriane Monique Martin Akridge on probation subject to terms and conditions. The motion was seconded and carried unanimously.

CLOSED MEETING: Mr. Trynham moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:40 A.M., for the purpose of consideration of agency subordinate recommendations regarding the remaining subordinate recommendations. Additionally, Mr. Traynham moved that Ms. Douglas, Ms. Krohn, Ms. Vu and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:46 A.M.

Mr. Taynham moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Sarah Delton Hogge Evans, LPN 0002-075505
Mr. Evans did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Sarah Delton Hogge Evans and to indefinitely suspend her right to renew her license to practice practical nursing, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Wanda Jean Strother, RN 0001-109474
Ms. Strother did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Wanda Jean Strother and to indefinitely suspend her right to renew her license to practice professional nursing, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Tiffany Yvette Curry, RN 0001-249448
Ms. Curry did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Tiffany Yvette Curry to practice professional nursing, said suspension applies to any multistate privilege, and said suspension stayed contingent upon Ms. Curry's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Martha W. Forrester, LPN 0002-013300
Ms. Forrester did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Martha W. Forrester to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Amanda Michelle Walcer McCannon, LPN 0002-079960
Ms. McCannon did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to require Amanda Michelle Walcer McCannon to provide written proof satisfactory to the Board of successful completion of the following NCSBN courses within 90 days from the date of entry of the Order:

1. Documentation: A Critical Aspect of Client Care, and
2. Medication Errors: Causes and Prevention.

The motion was seconded and carried unanimously.

Janet Eads Waltz, RN 0001-163874
Ms. Waltz did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Janet Eads Waltz and to order Ms. Waltz shall undergo a mental health evaluation and a physical evaluation conducted by a Board-approved specialist who holds an unrestricted license, and have a written report of the evaluation, including a diagnosis, recommended course of therapy, prognosis, and any other recommendations sent to the Board, within 90 days of the entry of the Order. The motion was seconded and carried unanimously.

Kari Nicole Prellwitz Garman, LPN 0002-086177
Ms. Garman did not appear.

Dr. Poston moved that the Board of Nursing modify the recommended decision of the agency subordinate and to indefinitely suspend the license of Kari Nicole Prellwitz Garman to practice practical nursing, said suspension applies to any multistate privilege, and said suspension stayed contingent upon proof of Ms. Garman's re-entry into a contract with Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Esther N. Carter, CNA 1401-147136
Mr. Carter did not appear.

Dr. Poston moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Esther N. Carter and to continue her on probation for a period of not less than one year subject to terms and conditions. The motion was seconded and carried unanimously.

Claytisha Marquisa Riddick, CNA 1401-139220
Ms. Riddick did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Claytisha Marquisa Riddick and to indefinitely suspend her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Esther Obi Adefoku, CNA 1401-110507
Ms. Adefoku did not appear.

Dr. Poston moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Esther Obi Adefoku. The motion was seconded and carried unanimously.

Gretchen Dawn Chapman, RN 0001-159383
Ms. Chapman did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Gretchen Dawn Chapman and to accept the voluntary surrender for indefinite suspension of Ms. Chapman's license to practice professional nursing, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Chelsea Edwards, CNA 1401-162075
Ms. Edwards did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of Chelsea Edwards to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Kendra N. Tarpley, CNA 1401-157488
Ms. Tarpley did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Kendra N. Tarpley. The motion was seconded and carried unanimously.

Keisha Marie Brooks, LPN 0002-072926
Ms. Brooks did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Keisha Marie Brooks and to indefinitely suspend her right to renew her license to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Christopher Sheldon Gregory, RN 0001-214615
Mr. Gregory did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Christopher Sheldon Gregory and to indefinitely suspend his license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Tammie LeighAnn Turner Slaughter, CNA 1401-170346
Ms. Slaughter did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Tammie LeighAnn Turner Slaughter to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Carmen Brevo Parrish, RMA 0031-004104
Ms. Parrish did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Carmen Brevo Parrish and to require Ms. Parrish to undergo a chemical dependency evaluation conducted by a Board-approved specialist who holds an unrestricted license, and have a written report of the evaluation, including a diagnosis, recommended course of therapy, prognosis, and any other recommendations sent to the Board, within 90 days of the entry of the Order. The motion was seconded and carried unanimously.

Michelle Basham, RN 0001-184263
Ms. Basham did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Michelle Basham to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Kim S. Lowe Copeland, RN 0001-151150
Ms. Copeland did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Kim S. Lowe Copeland to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Kimberly Anne Fletcher, RN 0001-215281
Ms. Fletcher did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Kimberly Anne Fletcher and to require Ms. Fletcher within 60 days to provide evidence of successful completion of the courses specified in the North Carolina Board of Nursing's January 6, 2016, Order:

a) www.rn.com online course entitled "Professional Nursing Practice: An Update," and
b) www.rn.com online course entitled "Jurisprudence and Nursing Ethics."

The motion was seconded and carried unanimously.

Lisa Monique Lumumba, LPN 0002-060190
Ms. Lumumba did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to accept voluntary surrender for indefinite suspension of the license of Lisa Monique Lumumba to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Lee Caswell Hughes, RN 0001-190366
Ms. Hughes did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Lee Caswell Hughes, to assess a monetary penalty of $500.00 to be paid to the Board within 90 days from the date of entry of the Order, and to order Ms. Hughes to undergo a chemical dependency

evaluation conducted by a Board-approved specialist who holds an unrestricted license, and have a written report of the evaluation, including a diagnosis, recommended course of therapy, prognosis, and any other recommendations sent to the Board, within 90 days of the entry of the Order. The motion was seconded and carried unanimously.

Christy A. Carr, LPN 0002-091931
Ms. Carr did not apprear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action against Christy A. Carr at this time contingent upon Ms. Carr's entry into the Virginia Health Practitioners' Monitoring Program (HPMP), provide to the Board proof of entry into a Contract with HPMP within 60 days of the date of the Order, and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:50 A.M.

Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 25, 2017
Panel – B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on January 25, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Kelly McDonough, DNP, RN; Vice President
Louise Hershkowitz, CRNA, MSHA
Trula Minton, MS, RN
Rebecca Poston, PhD, RN, CPNP-PC
William Traynham, LPN, CSAC

STAFF PRESENT:

Brenda Krohn, RN, MS; Deputy Executive Director
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT:

Erin Barrett, Assistant Attorney General, Board Counsel
Senior Nursing Students from Southside Regional Medical Center
Senior Nursing Students from Rappahannock Community College

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established.

FORMAL HEARINGS: **Cindy R. Salay, RN 0001-063200**
Ms. Salay appeared.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kimberly B. Lynch, RN, MS, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Dr. Poston moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(15) of the *Code of Virginia* at 10:20 A.M., for the purpose of consideration and discussion mental health records of Ms. Lynch that are excluded from the Freedom of Information Act by Virginia Code Section 1 of 2.2-3705.5. Additionally, Dr. Poston moved that Ms. Douglas, Ms. Krohn, Ms. Vu, Ms. Boyd, Ms. Barrett, and Ms. Holt attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:30 A.M.

Dr. Poston moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting

requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

CLOSED MEETING: Mr. Traynham moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:36 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Salay. Additionally, Mr. Traynham moved that Ms. Douglas, Ms. Krohn, Ms. Vu and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:50 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Ms. Hershkowitz moved that the Board of Nursing dismiss the case against Cindy R. Salay. The motion was seconded and carried. Ms. Hershkowitz, Dr. Poston, and Mr. Traynham were in favor of the motion. Ms. Minton and Dr. McDonough opposed the motion.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 10:55 A.M.

RECONVENTION: The Board reconvened at 12:59 P.M.

FORMAL HEARINGS: **Shane'll Jenkins, CNA 1401-127042**
Ms. Jenkins did not appear.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Christopher J. Moore, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Mr. Traynham moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:17 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Jenkins. Additionally, Mr. Traynham moved that Ms. Douglas, Ms. Krohn, Ms. Vu and

Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:25 P.M.

Mr. Traynham moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd. The motion was seconded and carried unanimously.

ACTION: Mr. Traynham moved that the Board of Nursing indefinitely suspend the right of Shane'll Jenkins to renew her certificate to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Minton left at 1:30 P.M.

Ms. Caliwagan joined at 1:30 P.M.

FORMAL HEARINGS: **Stephanie T. Martin, RN 0001-185694**
Ms. Jenkins appeared.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Jennifer Challis, Senior Investigator, Department of Health Professions, and Dawn France, Case Manager, Health Practitioners' Monitoring Program, were present and testified.

CLOSED MEETING: Mr. Traynham moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:51 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Martin. Additionally, Mr. Traynham moved that Ms. Douglas, Ms. Krohn, Ms. Vu and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:00 P.M.

Mr. Traynham moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss. The motion was seconded and carried unanimously.

ACTION: Ms. Hershkowitz moved that the Board of Nursing reprimand Stephanie T. Martin and indefinitely suspend her license to practice as a professional nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:06 P.M.

RECONVENTION: The Board reconvened at 3:14 P.M.

Ms. Caliwagan left at 3:06 P.M.

Ms. Minton joined at 3:14 P.M.

FORMAL HEARINGS: **Monique R. Fikes, LPN 0002-062795**
Ms. Fikes appeared.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Anna J. Badgley, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Mr. Traynham moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:38 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Fikes. Additionally, Mr. Traynham moved that Ms. Douglas, Ms. Krohn, Ms. Vu and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:42 P.M.

Mr. Traynham moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hershkowitz moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd. The motion was seconded and carried unanimously.

ACTION: Ms. Minton moved that the Board of Nursing reprimand Monique R. Fikes and approve her reinstatement application to practice as practical nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 3:45 P.M.

Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 26, 2017

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:30 A.M. on January 26, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Kelly S. McDonough, DNP, RN; Vice President
Marie Gerardo, MS, RN, ANP-BC
Regina Gilliam, LPN
Louise Hershkowtiz, CRNA, MSHA
Trula Minton, MS, RN

STAFF PRESENT:

Jay Douglas, MSM, RN, CSAC, FRE, Executive Director
Jodi P. Power, JD, RN; Deputy Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT:

James Rutkowski, Assistant Attorney General, Board Counsel
Senior Nursing Students from Longwood University
Nurse Aide Students from Southside Virginia Community College

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established

FORMAL HEARINGS: **Connie D. Robbins, RN Reinstatement Applicant 0001-125413**
Ms. Robbins appeared.

Steve Bulger, Adjudication Specialist represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Patricia Sheehan, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Minton moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:24 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Robbins. Additionally, Ms. Minton moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:45 A.M.

Ms. Minton moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gilliam moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Hershkowtiz moved that the Board of Nursing reprimand Connie D. Robbins and reinstate her license to practice as professional nursing contingent upon received written proof of successful completion two NCSBN courses:

1. Ethics of Nursing Practice, and
2. Professional Accountability and Legal Liability for Nurses

The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 10:50 A.M.

RECONVENTION: The Board reconvened at 1:00 P.M

FORMAL HEARINGS: **Antoinette W. Reese, RN Reinstatement Applicant 0001-236569**
Ms. Reese appeared accompanied by Charles Bibbs, Jr., and Henry Harley, Jr.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Patricia Sheehan, Senior Investigator, Department of Health Professions, Charles Bibbs, Jr., and Henry Harley, Jr., were present and testified.

CLOSED MEETING: Ms. Minton moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:45 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Reese. Additionally, Ms. Minton moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:00 P.M.

Ms. Minton moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gilliam moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. Hershkowitz moved that the Board of Nursing reprimand Antoinette W. Reese, reinstate her license to practice as professional nursing, and require her to complete Board-approved registered nurse refresher courses within 180 days from the date of entry of the Order. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS:

Sherry M. Spradlin, CNA 1401-091545
Ms. Spradlin did not appear.

David Kazzie, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Pamela Twombly, RN, Acting Enforcement Director, Department of Health Professions, was present and testified.

CLOSED MEETING:

Ms. Minton moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:32 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Spradlin. Additionally, Ms. Minton moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:40 P.M.

Ms. Minton moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gilliam moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie. The motion was seconded and carried unanimously.

ACTION: Ms. Hershkowitz moved that the Board of Nursing indefinitely suspend the certificate of Sherry M. Spradlin to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 2:42 P.M.

Jodi P. Power, RN, JD
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION MEETING
January 25, 2017

A possible summary suspension meeting of the Virginia Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine was held January 25, 2017 at 9:03 A.M.

The Board of Nursing members participating in the meeting were:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; Chair
Guia Caliwagan, RN, MAN, EdS
Marie Gerardo, MS, RN, ANP-BC
Regina Gilliam, LPN
Kelly S. McDonough, DNP, RN
Trula Minton, MS, RN
Rebecca Poston, PhD, RN, CPNP
Dustin S. Ross, DNP, MBA, RN, NE-BC
William Traynham, LPN, CSAC

The Committee of the Joint Boards members participating in the meeting were:

Marie Gerardo, MS, RN, ANP-BC
Kelly S. McDonough, DNP, RN
Rebecca Poston, PhD, RN, CPNP
Kenneth J. Walker, MD

Others participating in the meeting were:

Erin Barrett, Assistant Attorney General, Board Counsel
Jam Rutkowski, Assistant Attorney General
Wayne Halbleib, Assistant Attorney General
David Kazzie, Adjudication Specialist
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, PhD, RN; Discipline Staff
Huong Vu, Executive Assistant
Darlene Graham, Senior Discipline Staff

The meeting was called to order by Dr. Hahn. With nine members of the Board of Nursing and four members of the Committee the Joint Boards of Nursing and Medicine participating, a quorum was established.

Wayne Halbleih, Assistant Attorney General presented evidence that the continued practice of nursing by Paul Howard Werbin, RN 0001- 090514 may present a substantial danger to the health and safety of the public.

Mr. Traynham moved to summarily suspend the nursing license of Paul Howard Werbin pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Wayne Halbleih, Assistant Attorney General presented evidence that the nurse practitioner practice of Paul Howard Werbin, LNP 0024- 090514 may present a substantial danger to the health and safety of the public.

Ms. Gerardo moved to summarily suspend the nurse practitioner license of Paul Howard Werbin, pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 9:25 A.M.

Jodi P. Power, RN, JD
Deputy Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
February 28, 2017

A possible summary suspension telephone conference call meeting of the Virginia Board of Nursing was held February 28, 2017 at 12:10 P.M. The Board members participating in the call were:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; Chair
Marie Gerardo, MS, RN, ANP-BC
Regina Gilliam, LPN
Louis Hershkowitz, CRNA, MSHA
Trula Minton, MS, RN
Mark Monson, Citizen Member
Rebecca Poston, PhD, RN, CPNP
Dustin S. Ross, DNP, MBA, RN, NE-BC
William Traynham, LPN, CSAC

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Wayne Halbleib, Assistant Attorney General
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
Linda Kleiner, RN, Discipline Case Manager
Anne Joseph, Deputy Director, Adjudication Proceeding Division

The meeting was called to order by Dr. Hahn. With nine members of the Board participating, a quorum was established. A poll of those participating showed that a good faith effort to convene a regular meeting within the week was not possible.

Wayne Halbleib, Assistant Attorney General presented evidence that the continued practice of nursing by Michael Hiett, RN Maryland license number R180665 with a multistate privilege to practice in Virginia may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the multistate license privilege to practice professional nursing in Virginia of Michael Hiett, pending a formal administrative hearing and to offer a consent order for indefinite suspension of his multistate license privilege to practice in Virginia in lieu of a formal hearing. The motion was seconded and carried with eight votes yes and one vote, Mr. Traynham, no.

The meeting was adjourned at 12:28 P.M.

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Jodi Power, RN, JD
Deputy Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
TELEPHONE CONFERENCE CALL
March 16, 2017

A telephone conference call meeting of the Virginia Board of Nursing was held on March 16, 2017 at 12:00 P.M. The Board members participating in the meeting were:

Louis Hershkowitz, CRNA, MSHA ; Chair
Gui Caliwagan, RN, MAN, EdS
Regina Gilliam, LPN
Jeanne Holmes, Citizen Member
Kelly S. McDonough, DNP, RN
Trula Minton, MS, RN
Mark Monson, Citizen Member
Dustin Ross, DNP, MBA, RN, NE-BC
William Traynham, LPN, CSAC

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Wayne Halbleib, Assistant Attorney General
Jodi P. Power, RN, JD; Deputy Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Carla Boyd, Adjudication Specialist

The meeting was called to order by Ms. Hershkowitz. With nine members of the Board participating, a quorum was established. A poll of those participating showed that a good faith effort to convene a regular meeting within the week was not possible.

Wayne Halbleib, Assistant Attorney General presented evidence that the continued practice of massage therapy by William Eric Eberhardt, LTM 0019- 005404 may present a substantial danger to the health and safety of the public.

Mr. Traynham moved to summarily suspend the right to renew the massage therapy license of William Eric Eberhardt pending a formal administrative hearing and to offer a consent order for indefinite suspension of the right to renew his massage therapy license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 12:50 P.M.

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Brenda Krohn, RN, MS
Deputy Executive Director

Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	***2572***	***2265***	***88.1%***	***211***	***8.2%***				***91***	***3.5%***				***66***	***67***	***81***	***4***	
CY2017 to Date:	*48*	*46*	*95.8%*	*1*	*2.1%*	*0*	*0*	*1*	*1*	*2.1%*	*0*	*1*	*0*	*0*	*2*	*1*	*N/A*	
Jan-17	48	46	95.8%	1	2.1%	0	0	1	1	2.1%	0	1	0	0	2	1		
Annual Totals:																		
Total 2016	*241*	*227*	*94.2%*	*9*	*3.7%*	*0*	*8*	*0*	*5*	*2.1%*	*2*	*4*	*0*	*4*	*8*	*2*		
Total 2015	*240*	*218*	*90.8%*	*14*	*5.8%*	*2*	*12*	*2*	*8*	*3.3%*	*3*	*6*	*1*	*9*	*6*	*5*	N/A	
Total 2014	*257*	*235*	*91.4%*	*17*	*6.6%*	*2*	*8*	*9*	*5*	*1.9%*	*1*	*3*	*2*	*3*	*3*	*7*	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20	N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3	N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4	N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2		N/A	

** Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.*

*** Final Outcome Difference = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (& referred to FH).*

	Nursing
Board Cash Balance as of June 30, 2016	$ 9,780,675
YTD FY17 Revenue	7,610,749
Less: YTD FY17 Direct and Allocated Expenditures	7,225,785 *
Board Cash Balance as January 31, 2017	10,165,639

*** Includes $35,141 deduction for Nurse Scholarship Fund**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	732,119.00	1,515,000.00	782,881.00	48.32%
4002406	License & Renewal Fee	5,310,056.00	8,792,925.00	3,482,869.00	60.39%
4002407	Dup. License Certificate Fee	14,730.00	23,750.00	9,020.00	62.02%
4002408	Board Endorsement - In	483,600.00	755,900.00	272,300.00	63.98%
4002409	Board Endorsement - Out	11,570.00	7,560.00	(4,010.00)	153.04%
4002421	Monetary Penalty & Late Fees	139,140.00	250,000.00	110,860.00	55.66%
4002432	Misc. Fee (Bad Check Fee)	515.00	1,750.00	1,235.00	29.43%
4002660	Administrative Fees	250.00	-	(250.00)	0.00%
	Total Fee Revenue	6,691,980.00	11,346,885.00	4,654,905.00	58.98%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,565.00	-	(1,565.00)	0.00%
	Total Sales of Prop. & Commodities	1,565.00	-	(1,565.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	33,000.00	60,400.00	27,400.00	54.64%
	Total Other Revenue	33,000.00	60,400.00	27,400.00	54.64%
	Total Revenue	6,726,545.00	11,407,285.00	4,680,740.00	58.97%
5011110	Employer Retirement Contrib.	124,194.25	207,789.00	83,594.75	59.77%
5011120	Fed Old-Age Ins- Sal St Emp	69,685.33	118,077.00	48,391.67	59.02%
5011130	Fed Old-Age Ins- Wage Earners	7,625.06	30,759.00	23,133.94	24.79%
5011140	Group Insurance	12,202.21	20,179.00	7,976.79	60.47%
5011150	Medical/Hospitalization Ins.	168,827.50	336,576.00	167,748.50	50.16%
5011160	Retiree Medical/Hospitalizatn	10,994.43	18,176.00	7,181.57	60.49%
5011170	Long term Disability Ins	6,195.14	10,167.00	3,971.86	60.93%
	Total Employee Benefits	399,723.92	741,723.00	341,999.08	53.89%
5011200	Salaries				
5011230	Salaries, Classified	892,119.97	1,540,318.00	648,198.03	57.92%
5011250	Salaries, Overtime	9,186.89	3,166.00	(6,020.89)	290.17%
	Total Salaries	901,306.86	1,543,484.00	642,177.14	58.39%
5011300	Special Payments				
5011310	Bonuses and Incentives	2,000.00	-	(2,000.00)	0.00%
5011380	Deferred Compnstn Match Pmts	3,917.50	13,440.00	9,522.50	29.15%
	Total Special Payments	5,917.50	13,440.00	7,522.50	44.03%
5011400	Wages				
5011410	Wages, General	99,251.08	402,073.00	302,821.92	24.68%
5011430	Wages, Overtime	423.08	-	(423.08)	0.00%
	Total Wages	99,674.16	402,073.00	302,398.84	24.79%
5011530	Short-trm Disability Benefits	39,657.05	-	(39,657.05)	0.00%
	Total Disability Benefits	39,657.05	-	(39,657.05)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	5,895.49	-	(5,895.49)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011660	Defined Contribution Match - Hy	3,257.61	-	(3,257.61)	0.00%
	Total Terminatn Personal Svce Costs	9,153.10	-	(9,153.10)	0.00%
5011700	WTA Term Prsnl Svc Costs				
5011720	WTA FICA for Salaried State Employees	61.19	-	(61.19)	0.00%
5011740	WTA Group Life Insurance	18.93	-	(18.93)	0.00%
	Total WTA Term Prsnl Svc Costs	80.12	-	(80.12)	0.00%
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	1,455,512.71	2,700,720.00	1,245,207.29	53.89%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	1,239.64	4,395.00	3,155.36	28.21%
5012120	Outbound Freight Services	-	10.00	10.00	0.00%
5012140	Postal Services	77,091.97	85,633.00	8,541.03	90.03%
5012150	Printing Services	55.00	1,322.00	1,267.00	4.16%
5012160	Telecommunications Svcs (VITA)	17,357.78	21,910.00	4,552.22	79.22%
5012170	Telecomm. Svcs (Non-State)	337.50	-	(337.50)	0.00%
5012190	Inbound Freight Services	95.39	17.00	(78.39)	561.12%
	Total Communication Services	96,177.28	113,287.00	17,109.72	84.90%
5012200	Employee Development Services				
5012210	Organization Memberships	6,000.00	8,764.00	2,764.00	68.46%
5012220	Publication Subscriptions	(2.12)	120.00	122.12	1.77%
5012240	Employee Trainng/Workshop/Conf	3,939.00	482.00	(3,457.00)	817.22%
5012250	Employee Tuition Reimbursement	-	1,000.00	1,000.00	0.00%
	Total Employee Development Services	9,936.88	10,366.00	429.12	95.86%
5012300	Health Services				
5012360	X-ray and Laboratory Services	1,653.09	4,232.00	2,578.91	39.06%
	Total Health Services	1,653.09	4,232.00	2,578.91	39.06%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	108,004.52	197,340.00	89,335.48	54.73%
5012440	Management Services	1,320.67	370.00	(950.67)	356.94%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	2,935.00	5,616.00	2,681.00	52.26%
	Total Mgmnt and Informational Svcs	112,260.19	203,375.00	91,114.81	55.20%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	-	3,001.00	3,001.00	0.00%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	-	3,370.00	3,370.00	0.00%
5012600	Support Services				
5012630	Clerical Services	75,677.30	292,088.00	216,410.70	25.91%
5012640	Food & Dietary Services	4,516.60	-	(4,516.60)	0.00%
5012660	Manual Labor Services	16,405.83	38,508.00	22,102.17	42.60%
5012670	Production Services	113,549.04	158,515.00	44,965.96	71.63%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012680	Skilled Services	500,899.00	1,119,774.00	618,875.00	44.73%
	Total Support Services	711,047.77	1,608,885.00	897,837.23	44.20%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,769.03	5,260.00	3,490.97	33.63%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	457.68	2,454.00	1,996.32	18.65%
5012850	Travel, Subsistence & Lodging	2,032.63	6,635.00	4,602.37	30.63%
5012880	Trvl, Meal Reimb- Not Rprtble	787.00	3,597.00	2,810.00	21.88%
	Total Transportation Services	5,046.34	17,947.00	12,900.66	28.12%
	Total Contractual Svs	936,121.55	1,961,462.00	1,025,340.45	47.73%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	13,291.51	11,696.00	(1,595.51)	113.64%
5013130	Stationery and Forms	373.87	3,790.00	3,416.13	9.86%
	Total Administrative Supplies	13,665.38	15,486.00	1,820.62	88.24%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	29.00	29.00	0.00%
	Total Repair and Maint. Supplies	-	29.00	29.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	128.52	408.00	279.48	31.50%
5013630	Food Service Supplies	-	1,108.00	1,108.00	0.00%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	Total Residential Supplies	128.52	1,538.00	1,409.48	8.36%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	182.00	182.00	0.00%
	Total Specific Use Supplies	-	182.00	182.00	0.00%
	Total Supplies And Materials	13,793.90	17,334.00	3,540.10	79.58%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	-	504.00	504.00	0.00%
	Total Insurance-Fixed Assets	-	667.00	667.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3,728.23	9,014.00	5,285.77	41.36%
5015350	Building Rentals	200.04	-	(200.04)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	79,742.45	132,159.00	52,416.55	60.34%
	Total Operating Lease Payments	83,670.72	141,448.00	57,777.28	59.15%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,897.00	1,897.00	0.00%
5015540	Surety Bonds	-	112.00	112.00	0.00%
	Total Insurance-Operations	-	2,009.00	2,009.00	0.00%
	Total Continuous Charges	83,670.72	144,129.00	60,458.28	58.05%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	522.00	1,123.00	601.00	46.48%
	Total Educational & Cultural Equip	522.00	1,123.00	601.00	46.48%
5022300	Electrnc & Photographic Equip				
5022330	Voice & Data Transmissn Equip	255.00	-	(255.00)	0.00%
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	255.00	1,666.00	1,411.00	15.31%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	1,560.00	1,097.00	(463.00)	142.21%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	1,560.00	1,374.00	(186.00)	113.54%
5022700	Specific Use Equipment				
5022710	Household Equipment	-	133.00	133.00	0.00%
	Total Specific Use Equipment	-	133.00	133.00	0.00%
	Total Equipment	2,337.00	4,296.00	1,959.00	54.40%
	Total Expenditures	2,491,435.88	4,827,941.00	2,336,505.12	51.60%
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	$ 4,235,109.12	$ 6,579,344.00	$ 2,344,234.88	64.37%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	Total
4002400	Fee Revenue								
4002401	Application Fee	108,595.00	103,085.00	90,355.00	93,061.00	129,535.00	106,008.00	101,480.00	732,119.00
4002406	License & Renewal Fee	812,125.00	828,195.00	679,825.00	823,925.00	734,520.00	662,255.00	769,211.00	5,310,056.00
4002407	Dup. License Certificate Fee	2,005.00	2,665.00	2,145.00	2,285.00	1,980.00	1,680.00	1,970.00	14,730.00
4002408	Board Endorsement - In	78,260.00	86,530.00	75,410.00	59,370.00	57,810.00	54,030.00	72,190.00	483,600.00
4002409	Board Endorsement - Out	1,365.00	2,040.00	1,590.00	1,435.00	1,750.00	1,710.00	1,680.00	11,570.00
4002421	Monetary Penalty & Late Fees	22,770.00	22,440.00	20,835.00	21,480.00	16,920.00	15,420.00	19,275.00	139,140.00
4002432	Misc. Fee (Bad Check Fee)	35.00	105.00	175.00	-	95.00	105.00	-	515.00
4002660	Administrative Fees	-	-	-	-	-	250.00	-	250.00
	Total Fee Revenue	1,025,155.00	1,045,060.00	870,335.00	1,001,556.00	942,610.00	841,458.00	965,806.00	6,691,980.00
4003000	Sales of Prop. & Commodities								
4003020	Misc. Sales-Dishonored Payments	365.00	355.00	395.00	50.00	225.00	175.00	-	1,565.00
	Total Sales of Prop. & Commodities	365.00	355.00	395.00	50.00	225.00	175.00	-	1,565.00
4009000	Other Revenue								
4009060	Miscellaneous Revenue	4,400.00	4,400.00	6,600.00	-	6,600.00	2,200.00	8,800.00	33,000.00
	Total Other Revenue	4,400.00	4,400.00	6,600.00	-	6,600.00	2,200.00	8,800.00	33,000.00
	Total Revenue	1,029,920.00	1,049,815.00	877,330.00	1,001,606.00	949,435.00	843,833.00	974,606.00	6,726,545.00
5011000	Personal Services								
5011100	Employee Benefits								
5011110	Employer Retirement Contrib.	25,350.23	17,098.72	16,213.48	16,567.04	16,567.04	16,216.64	16,181.10	124,194.25
5011120	Fed Old-Age Ins- Sal St Emp	14,101.65	9,382.56	9,513.45	9,194.90	9,259.75	9,131.27	9,101.75	69,685.33
5011130	Fed Old-Age Ins- Wage Earners	1,437.48	1,117.31	879.94	1,054.44	1,140.81	1,184.53	810.55	7,625.06
5011140	Group Insurance	2,408.30	1,665.79	1,616.17	1,632.17	1,651.10	1,614.34	1,614.34	12,202.21
5011150	Medical/Hospitalization Ins.	33,041.50	22,197.00	22,328.50	23,120.50	23,110.00	22,515.00	22,515.00	168,827.50
5011160	Retiree Medical/Hospitalizatn	2,155.55	1,500.45	1,455.75	1,487.22	1,487.22	1,454.12	1,454.12	10,994.43
5011170	Long term Disability Ins	1,251.23	839.25	814.26	831.86	831.86	813.34	813.34	6,195.14
	Total Employee Benefits	79,745.94	53,801.08	52,821.55	53,888.13	54,047.78	52,929.24	52,490.20	399,723.92
5011200	Salaries								
5011230	Salaries, Classified	189,682.16	122,820.22	120,610.73	113,098.12	116,995.59	114,071.30	114,841.85	892,119.97
5011250	Salaries, Overtime	2,376.50	1,186.48	693.74	1,286.18	599.81	2,489.65	554.53	9,186.89
	Total Salaries	192,058.66	124,006.70	121,304.47	114,384.30	117,595.40	116,560.95	115,396.38	901,306.86
5011310	Bonuses and Incentives	-	1,500.00	-	500.00	-	-	-	2,000.00
5011380	Deferred Compnstn Match Pmts	777.50	525.00	525.00	525.00	525.00	525.00	515.00	3,917.50
	Total Special Payments	777.50	2,025.00	525.00	1,025.00	525.00	525.00	515.00	5,917.50
5011400	Wages								
5011410	Wages, General	18,688.94	14,605.23	11,502.29	13,783.56	14,912.80	15,290.28	10,467.98	99,251.08
5011430	Wages, Overtime	102.00	-	-	-	-	193.58	127.50	423.08
	Total Wages	18,790.94	14,605.23	11,502.29	13,783.56	14,912.80	15,483.86	10,595.48	99,674.16
5011500	Disability Benefits								
5011530	Short-trm Disability Benefits	-	2,051.90	2,441.51	11,237.96	7,882.79	7,819.40	8,223.49	39,657.05
	Total Disability Benefits	-	2,051.90	2,441.51	11,237.96	7,882.79	7,819.40	8,223.49	39,657.05
5011600	Terminatn Personal Svce Costs								
5011620	Salaries, Annual Leave Balanc	-	-	5,547.09	-	-	-	348.40	5,895.49
5011660	Defined Contribution Match - Hy	680.75	428.68	428.68	435.02	435.02	406.94	442.52	3,257.61
	Total Terminatn Personal Svce Costs	680.75	428.68	5,975.77	435.02	435.02	406.94	790.92	9,153.10
5011700	WTA Term Prsnl Svc Costs								
5011720	WTA FICA for Salaried State Employees	-	-	-	61.19	-	-	-	61.19
5011740	WTA Group Life Insurance	-	-	-	18.93	-	-	-	18.93
	Total WTA Term Prsnl Svc Costs	-	-	-	80.12	-	-	-	80.12
	Total Personal Services	292,053.79	196,918.59	194,570.59	194,834.09	195,398.79	193,725.39	188,011.47	1,455,512.71
5012000	Contractual Svs								
5012100	Communication Services								
5012110	Express Services	215.15	202.40	285.71	-	-	536.38	-	1,239.64
5012140	Postal Services	13,346.16	7,838.54	13,734.05	14,714.90	6,895.89	13,879.24	6,683.19	77,091.97
5012150	Printing Services	-	13.00	-	-	-	42.00	-	55.00
5012160	Telecommunications Svcs (VITA)	2,065.58	2,535.74	2,354.62	-	2,387.91	2,918.25	5,095.68	17,357.78

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	Total
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00	45.00	337.50
5012190	Inbound Freight Services	-	50.00	-	-	-	45.39	-	95.39
	Total Communication Services	15,694.39	10,684.68	16,419.38	14,759.90	9,328.80	17,466.26	11,823.87	96,177.28
5012200	Employee Development Services								
5012210	Organization Memberships	6,000.00	-	-	-	-	-	-	6,000.00
5012220	Publication Subscriptions	-	-	-	-	-	(2.12)	-	(2.12)
5012240	Employee Trainng/Workshop/Conf	-	-	3,790.00	-	-	149.00	-	3,939.00
	Total Employee Development Services	6,000.00	-	3,790.00	-	-	146.88	-	9,936.88
5012300	Health Services								
5012360	X-ray and Laboratory Services	-	844.76	-	-	-	808.33	-	1,653.09
	Total Health Services	-	844.76	-	-	-	808.33	-	1,653.09
5012400	Mgmnt and Informational Svcs								
5012420	Fiscal Services	12,580.45	12,805.77	15,261.15	14,827.73	13,061.74	14,334.69	25,132.99	108,004.52
5012440	Management Services	-	749.82	-	423.92	-	146.93	-	1,320.67
5012470	Legal Services	1,535.00	-	1,225.00	-	-	175.00	-	2,935.00
	Total Mgmnt and Informational Svcs	14,115.45	13,555.59	16,486.15	15,251.65	13,061.74	14,656.62	25,132.99	112,260.19
5012600	Support Services								
5012630	Clerical Services	9,991.25	11,675.63	10,247.53	-	-	43,762.89	-	75,677.30
5012640	Food & Dietary Services	1,199.43	428.87	1,237.17	-	-	1,651.13	-	4,516.60
5012660	Manual Labor Services	2,750.18	2,391.54	2,733.86	1,031.57	2,638.44	2,119.57	2,740.67	16,405.83
5012670	Production Services	28,465.79	14,334.35	17,682.88	6,902.86	13,792.90	15,523.82	16,846.44	113,549.04
5012680	Skilled Services	71,662.36	71,785.28	70,556.08	72,276.96	71,293.60	73,014.48	70,310.24	500,899.00
	Total Support Services	114,069.01	100,615.67	102,457.52	80,211.39	87,724.94	136,071.89	89,897.35	711,047.77
5012800	Transportation Services								
5012820	Travel, Personal Vehicle	536.76	403.93	377.46	303.46	147.42	-	-	1,769.03
5012840	Travel, State Vehicles	54.67	127.32	148.37	-	127.32	-	-	457.68
5012850	Travel, Subsistence & Lodging	1,931.79	-	100.84	-	-	-	-	2,032.63
5012880	Trvl, Meal Reimb- Not Rprtble	462.00	68.25	256.75	-	-	-	-	787.00
	Total Transportation Services	2,985.22	599.50	883.42	303.46	274.74	-	-	5,048.34
	Total Contractual Svs	152,864.07	126,300.20	140,036.47	110,526.40	110,390.22	169,149.98	126,854.21	936,121.55
5013000	Supplies And Materials								
5013100	Administrative Supplies								-
5013120	Office Supplies	1,817.68	2,973.74	2,848.90	-	(85.34)	5,768.21	(31.68)	13,291.51
5013130	Stationery and Forms	-	-	-	-	-	373.87	-	373.87
	Total Administrative Supplies	1,817.68	2,973.74	2,848.90	-	(85.34)	6,142.08	(31.68)	13,665.38
5013600	Residential Supplies								
5013620	Food and Dietary Supplies	-	-	72.38	-	-	56.14	-	128.52
	Total Residential Supplies	-	-	72.38	-	-	56.14	-	128.52
	Total Supplies And Materials	1,817.68	2,973.74	2,921.28	-	(85.34)	6,198.22	(31.68)	13,793.90
5015000	Continuous Charges								
5015300	Operating Lease Payments								
5015340	Equipment Rentals	762.87	734.12	734.12	-	-	1,497.12	-	3,728.23
5015350	Building Rentals	-	98.98	-	-	101.06	-	-	200.04
5015390	Building Rentals - Non State	10,938.05	12,616.98	10,938.05	10,938.05	12,412.01	10,961.26	10,938.05	79,742.45
	Total Operating Lease Payments	11,700.92	13,450.08	11,672.17	10,938.05	12,513.07	12,458.38	10,938.05	83,670.72
	Total Continuous Charges	11,700.92	13,450.08	11,672.17	10,938.05	12,513.07	12,458.38	10,938.05	83,670.72
5022000	Equipment								
5022200	Educational & Cultural Equip								
5022240	Reference Equipment	-	-	-	-	-	522.00	-	522.00
	Total Educational & Cultural Equip	-	-	-	-	-	522.00	-	522.00
5022300	Electrnc & Photographic Equip								
5022330	Voice & Data Transmissn Equip	-	-	-	-	-	255.00	-	255.00
	Total Electrnc & Photographic Equip	-	-	-	-	-	255.00	-	255.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	Total
5022800	Office Equipment								
5022820	Office Furniture	440.00	1,120.00	-	-	-	-	-	1,560.00
	Total Office Equipment	440.00	1,120.00	-	-	-	-	-	1,560.00
	Total Equipment	440.00	1,120.00	-	-	-	777.00	-	2,337.00
	Total Expenditures	458,876.46	340,762.61	349,200.51	316,298.54	318,216.74	382,308.97	325,772.05	2,491,435.88
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	$ 571,043.54	$ 709,052.39	$ 528,129.49	$ 685,307.46	$ 631,218.26	$ 461,524.03	$ 648,833.95	4,235,109.12
	Allocated Expenditures								
20400	Nursing / Nurse Aid	3,358.53	5,799.83	790.63	5,073.70	5,226.90	7,153.71	1,999.87	29,403.18
30100	Data Center	108,520.03	152,870.39	61,735.22	138,842.90	39,261.17	106,423.39	135,303.15	742,956.26
30200	Human Resources	683.66	11,716.70	647.92	585.42	649.94	75,564.61	555.95	90,404.20
30300	Finance	109,185.37	64,492.70	37,578.56	99,832.72	105,458.64	(7,983.31)	84,412.24	492,976.91
30400	Director's Office	38,967.78	27,352.70	27,114.85	25,598.27	29,543.58	26,885.19	26,538.41	202,000.78
30500	Enforcement	258,305.78	177,145.03	182,344.00	179,951.85	180,452.33	162,330.68	148,684.70	1,269,214.36
30600	Administrative Proceedings	68,203.13	42,492.48	32,244.22	40,984.59	41,899.60	42,630.11	34,276.63	302,730.76
30700	Impaired Practitioners	8,088.49	5,619.97	5,655.76	5,577.19	5,705.70	5,863.47	5,548.54	42,059.12
30800	Attorney General	-	-	49,692.04	49,692.04	-	-	49,692.04	149,076 12
30900	Board of Health Professions	16,842.90	13,621.85	11,523.99	10,908.22	14,400.15	15,066.84	10,890.56	92,854.51
31300	Emp. Recognition Program	639.11	2,101.35	-	-	-	334.82	-	3,075.28
31400	Conference Center	173.63	160.85	947.41	(99.11)	74.19	153.25	73.62	1,483.85
31500	Pgm Devlpmnt & Implmentn	19,141.49	12,910.00	13,324.12	11,857.45	12,022.88	22,658.31	13,555.75	105,470.01
	Total Allocated Expenditures	631,909.89	516,283.84	423,598.71	568,805.25	414,695.08	457,081.08	511,331.47	3,523,705.32
	Net Revenue in Excess (Shortfall) of Expenditures	$ (60,866.35)	$ 192,768.55	$ 104,530.78	$ 116,502.21	$ 216,523.18	$ 4,442.95	$ 137,502.48	$ 711,403.80

Virginia Department of Health Professions
Cash Balance
As of November 30, 2016

	Certified Nurse Aides (State)
Board Cash Balance as of June 30, 2016	$ (4,256,484)
YTD FY17 Revenue	884,204
Less: YTD FY17 Direct and In-Direct Expenditures	1,175,503
Board Cash Balance as January 31, 2017	(4,547,783)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	550.00	300.00	(250.00)	183.33%
4002406	License & Renewal Fee	628,340.00	1,062,950.00	434,610.00	59.11%
4002408	Board Endorsement - In	3,960.00	-	(3,960.00)	0.00%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	140.00	700.00	560.00	20.00%
	Total Fee Revenue	632,990.00	1,064,280.00	431,290.00	59.48%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	251,063.71	558,242.00	307,178.29	44.97%
4003020	Misc. Sales-Dishonored Payments	150.00	-	(150.00)	0.00%
	Total Sales of Prop. & Commodities	251,213.71	558,242.00	307,028.29	45.00%
4009000	Other Revenue				
	Total Revenue	884,203.71	1,622,522.00	738,318.29	54.50%
5011110	Employer Retirement Contrib.	10,315.16	17,762.00	7,446.84	58.07%
5011120	Fed Old-Age Ins- Sal St Emp	6,610.57	10,073.00	3,462.43	65.63%
5011130	Fed Old-Age Ins- Wage Earners	4,652.69	5,071.00	418.31	91.75%
5011140	Group Insurance	993.90	1,725.00	731.10	57.62%
5011150	Medical/Hospitalization Ins.	19,953.50	32,724.00	12,770.50	60.98%
5011160	Retiree Medical/Hospitalizatn	893.98	1,554.00	660.02	57.53%
5011170	Long term Disability Ins	503.94	869.00	365.06	57.99%
	Total Employee Benefits	43,923.74	69,778.00	25,854.26	62.95%
5011200	Salaries				
5011230	Salaries, Classified	74,700.03	131,662.00	56,961.97	56.74%
5011250	Salaries, Overtime	2,356.54	-	(2,356.54)	0.00%
	Total Salaries	77,056.57	131,662.00	54,605.43	58.53%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	540.00	1,440.00	900.00	37.50%
	Total Special Payments	540.00	1,440.00	900.00	37.50%
5011400	Wages				
5011410	Wages, General	60,363.12	66,280.00	5,916.88	91.07%
5011430	Wages, Overtime	456.48	-	(456.48)	0.00%
	Total Wages	60,819.60	66,280.00	5,460.40	91.76%
5011530	Short-trm Disability Benefits	2,942.65	-	(2,942.65)	0.00%
	Total Disability Benefits	2,942.65	-	(2,942.65)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	6,739.37	-	(6,739.37)	0.00%
5011630	Salaries, Sick Leave Balances	2,966.82	-	(2,966.82)	0.00%
5011640	Salaries, Cmp Leave Balances	213.44	-	(213.44)	0.00%
5011660	Defined Contribution Match - Hy	27.06	-	(27.06)	0.00%
	Total Terminatn Personal Svce Costs	9,946.69	-	(9,946.69)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Personal Services	195,229.25	269,160.00	73,930.75	72.53%
5012000	Contractual Svs				
5012100	Communication Services				
5012140	Postal Services	30,749.36	32,117.00	1,367.64	95.74%
5012150	Printing Services	-	276.00	276.00	0.00%
5012160	Telecommunications Svcs (VITA)	1,142.54	2,500.00	1,357.46	45.70%
	Total Communication Services	31,891.90	34,893.00	3,001.10	91.40%
5012300	Health Services				
5012360	X-ray and Laboratory Services	19.80	125.00	105.20	15.84%
	Total Health Services	19.80	125.00	105.20	15.84%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	13,366.13	24,920.00	11,553.87	53.64%
5012440	Management Services	181.38	530.00	348.62	34.22%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	13,547.51	25,460.00	11,912.49	53.21%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	-	72.00	72.00	0.00%
5012600	Support Services				
5012660	Manual Labor Services	607.32	2,454.00	1,846.68	24.75%
5012670	Production Services	6,708.17	10,300.00	3,591.83	65.13%
5012680	Skilled Services	9,341.92	48,303.00	38,961.08	19.34%
	Total Support Services	16,657.41	61,057.00	44,399.59	27.28%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	6,227.95	6,893.00	665.05	90.35%
5012830	Travel, Public Carriers	130.00	-	(130.00)	0.00%
5012840	Travel, State Vehicles	406.55	310.00	(96.55)	131.15%
5012850	Travel, Subsistence & Lodging	1,484.18	912.00	(572.18)	162.74%
5012880	Trvl, Meal Reimb- Not Rprtble	1,404.25	528.00	(876.25)	265.96%
	Total Transportation Services	9,652.93	8,643.00	(1,009.93)	111.68%
	Total Contractual Svs	71,769.55	130,250.00	58,480.45	55.10%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	675.04	1,092.00	416.96	61.82%
5013130	Stationery and Forms	51.35	1,203.00	1,151.65	4.27%
	Total Administrative Supplies	726.39	2,295.00	1,568.61	31.65%
5013200	Energy Supplies				
5013230	Gasoline	36.17	-	(36.17)	0.00%
	Total Energy Supplies	36.17	-	(36.17)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	762.56	2,621.00	1,858.44	29.09%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	106.00	106.00	0.00%
	Total Insurance-Fixed Assets	-	106.00	106.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	8.87	-	(8.87)	0.00%
5015350	Building Rentals	27.24	-	(27.24)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	18,932.94	31,378.00	12,445.06	60.34%
	Total Operating Lease Payments	18,969.05	31,428.00	12,458.95	60.36%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	399.00	399.00	0.00%
5015540	Surety Bonds	-	24.00	24.00	0.00%
	Total Insurance-Operations	-	423.00	423.00	0.00%
	Total Continuous Charges	18,969.05	31,957.00	12,987.95	59.36%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
	Total Equipment	-	166.00	166.00	0.00%
	Total Expenditures	286,730.41	434,154.00	147,423.59	66.04%
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	$ 597,473.30	$ 1,188,368.00	$ 590,894.70	50.28%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	Total
4002400	Fee Revenue								
4002401	Application Fee	125.00	50.00	75.00	25.00	100.00	75.00	100.00	550.00
4002406	License & Renewal Fee	108,900.00	103,095.00	83,995.00	86,410.00	68,230.00	82,670.00	95,040.00	628,340.00
4002408	Board Endorsement - In	-	-		3,960.00	-	-	-	3,960.00
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	-	-	35.00	-	-	140.00
	Total Fee Revenue	109,060.00	103,215.00	84,070.00	90,395.00	68,365.00	82,745.00	95,140.00	632,990.00
4003000	Sales of Prop. & Commodities								
4003007	Sales of Goods/Svces to State	-	71,807.50	-	54,862.07	-	-	124,394.14	251,063.71
4003020	Misc. Sales-Dishonored Payments	60.00	60.00	-	-	30.00	-	-	150.00
	Total Sales of Prop. & Commodities	60.00	71,867.50	-	54,862.07	30.00	-	124,394.14	251,213.71
	Total Revenue	109,120.00	175,082.50	84,070.00	145,257.07	68,395.00	82,745.00	219,534.14	884,203.71
5011000	Personal Services								
5011100	Employee Benefits								
5011110	Employer Retirement Contrib.	2,260.18	1,480.08	1,480.08	1,480.08	1,480.08	898.36	1,236.30	10,315.16
5011120	Fed Old-Age Ins- Sal St Emp	1,232.99	854.15	851.56	835.27	816.80	1,423.09	596.71	6,610.57
5011130	Fed Old-Age Ins- Wage Earners	855.74	650.86	517.00	505.34	756.70	863.09	503.96	4,652.69
5011140	Group Insurance	209.02	143.74	143.74	143.74	143.74	87.24	122.68	993.90
5011150	Medical/Hospitalization Ins.	4,186.50	2,727.00	2,727.00	2,727.00	2,727.00	2,132.00	2,727.00	19,953.50
5011160	Retiree Medical/Hospitalizatn	187.06	129.46	129.46	129.46	129.46	78.58	110.50	893.98
5011170	Long term Disability Ins	108.60	72.40	72.40	72.40	72.40	43.94	61.80	503.94
	Total Employee Benefits	9,040.09	6,057.69	5,921.24	5,893.29	6,126.18	5,526.30	5,358.95	43,923.74
5011200	Salaries								
5011230	Salaries, Classified	16,457.61	10,971.74	10,971.74	10,971.74	11,127.68	5,910.45	8,289.07	74,700.03
5011250	Salaries, Overtime	494.81	844.93	610.95	398.03	-	207.82	-	2,356.54
	Total Salaries	16,952.42	11,816.67	11,582.69	11,369.77	11,127.68	6,118.27	8,289.07	77,056.57
5011380	Deferred Compnstn Match Pmts	120.00	80.00	80.00	80.00	80.00	60.00	40.00	540.00
	Total Special Payments	120.00	80.00	80.00	80.00	80.00	60.00	40.00	540.00
5011400	Wages								
5011410	Wages, General	11,186.30	8,332.35	6,758.30	6,605.39	9,891.66	11,001.32	6,587.80	60,363.12
5011430	Wages, Overtime	-	175.57	-	-	-	280.91	-	456.48
	Total Wages	11,186.30	8,507.92	6,758.30	6,605.39	9,891.66	11,282.23	6,587.80	60,819.60
5011500	Disability Benefits								
5011530	Short-trm Disability Benefits	-	-	-	-	-	2,942.65	-	2,942.65
	Total Disability Benefits			-	-	-	2,942.65	-	2,942.65
5011600	Terminatn Personal Svce Costs								
5011620	Salaries, Annual Leave Balanc						6,739.37		6,739.37
5011630	Salaries, Sick Leave Balances						2,966.82		2,966.82
5011640	Salaries, Cmp Leave Balances	-	-	-	-	-	213.44		213.44
5011660	Defined Contribution Match - Hy	-	-	-	-	-	-	27.06	27.06
	Total Terminatn Personal Svce Costs	-	-	-	-	-	9,919.63	27.06	9,946.69
	Total Personal Services	37,298.81	26,262.28	24,342.23	23,948.45	27,225.52	35,849.08	20,302.88	195,229.25
5012000	Contractual Svs								
5012100	Communication Services								
5012140	Postal Services	7,172.59	4,588.74	4,307.95	5,409.84	3,287.97	3,937.63	2,044.64	30,749.36
5012160	Telecommunications Svcs (VITA)	165.06	164.51	158.28	-	157.04	165.48	332.17	1,142.54
	Total Communication Services	7,337.65	4,753.25	4,466.23	5,409.84	3,445.01	4,103.11	2,376.81	31,891.90
5012300	Health Services								
5012360	X-ray and Laboratory Services	-	19.80	-	-	-	-	-	19.80
	Total Health Services	-	19.80	-	-	-	-	-	19.80
5012400	Mgmnt and Informational Svcs								
5012420	Fiscal Services	2,087.79	2,324.66	1,909.38	1,685.25	1,450.89	1,427.52	2,480.64	13,366.13
5012440	Management Services	-	102.98	-	58.22	-	20.18	-	181.38
	Total Mgmnt and Informational Svcs	2,087.79	2,427.64	1,909.38	1,743.47	1,450.89	1,447.70	2,480.64	13,547.51
5012600	Support Services								
5012660	Manual Labor Services	30.81	151.98	42.97	46.64	66.03	194.25	74.64	607.32
5012670	Production Services	1,530.58	1,451.24	267.70	311.44	389.04	2,296.57	461.60	6,708.17
5012680	Skilled Services	1,229.20	1,229.20	1,475.04	1,475.04	1,475.04	1,229.20	1,229.20	9,341.92
	Total Support Services	2,790.59	2,832.42	1,785.71	1,833.12	1,930.11	3,720.02	1,765.44	16,657.41

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	Total
5012800	Transportation Services								
5012820	Travel, Personal Vehicle	998.10	1,412.42	443.34	586.44	737.15	1,040.07	1,010.43	6,227.95
5012830	Travel, Public Carriers	-	45.38	-	35.69	-	48.93	-	130.00
5012840	Travel, State Vehicles	-	-	-	-	-	151.91	254.64	406.55
5012850	Travel, Subsistence & Lodging	-	98.61	507.51	-	105.06	242.82	530.18	1,484.18
5012880	Trvl, Meal Reimb- Not Rprtble	76.50	309.75	197.50	-	136.50	127.50	556.50	1,404.25
	Total Transportation Services	1,074.60	1,866.16	1,148.35	622.13	978.71	1,611.23	2,351.75	9,652.93
	Total Contractual Svs	13,290.63	11,899.27	9,309.67	9,608.56	7,804.72	10,882.06	8,974.64	71,769.55
5013000	Supplies And Materials								
5013100	Administrative Supplies								-
5013120	Office Supplies	71.91	93.37	272.24	-	-	237.52	-	675.04
5013130	Stationery and Forms	-	-	-	-	-	51.35	-	51.35
	Total Administrative Supplies	71.91	93.37	272.24	-	-	288.87	-	726.39
5013200	Energy Supplies								
5013230	Gasoline	-	-	-	8.78	16.35	11.04	-	36.17
	Total Energy Supplies	-	-	-	8.78	16.35	11.04	-	36.17
	Total Supplies And Materials	71.91	93.37	272.24	8.78	16.35	299.91	-	762.56
5015000	Continuous Charges								
5015300	Operating Lease Payments								
5015340	Equipment Rentals	4.90	-	-	-	-	3.97	-	8.87
5015350	Building Rentals	-	13.62	-	-	13.62	-	-	27.24
5015390	Building Rentals - Non State	2,596.98	2,995.60	2,596.98	2,596.98	2,946.93	2,602.49	2,596.98	18,932.94
	Total Operating Lease Payments	2,601.88	3,009.22	2,596.98	2,596.98	2,960.55	2,606.46	2,596.98	18,969.05
	Total Continuous Charges	2,601.88	3,009.22	2,596.98	2,596.98	2,960.55	2,606.46	2,596.98	18,969.05
	Total Expenditures	53,263.23	41,264.14	36,521.12	36,162.77	38,007.14	49,637.51	31,874.50	286,730.41
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	$ 55,856.77	$ 133,818.36	$ 47,548.88	$ 109,094.30	$ 30,387.86	$ 33,107.49	$ 187,659.64	597,473.30

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011130	Fed Old-Age Ins- Wage Earners	1,203.94	3,005.00	1,801.06	40.06%
	Total Employee Benefits	1,203.94	3,005.00	1,801.06	40.06%
5011400	Wages				
5011410	Wages, General	15,737.60	39,269.00	23,531.40	40.08%
	Total Wages	15,737.60	39,269.00	23,531.40	40.08%
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	16,941.54	42,274.00	25,332.46	40.08%
5012000	Contractual Svs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	10,089.25	16,757.00	6,667.75	60.21%
5012830	Travel, Public Carriers	-	39.00	39.00	0.00%
5012850	Travel, Subsistence & Lodging	7,555.15	13,828.00	6,272.85	54.64%
5012880	Trvl, Meal Reimb- Not Rprtble	3,348.00	6,546.00	3,198.00	51.15%
	Total Transportation Services	20,992.40	37,170.00	16,177.60	56.48%
	Total Contractual Svs	20,992.40	61,878.00	40,885.60	33.93%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022000	Equipment				
5022600	Office Equipment				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	Total Office Equipment	-	2,100.00	2,100.00	0.00%
	Total Equipment	-	2,100.00	2,100.00	0.00%
	Total Expenditures	37,933.94	106,266.00	68,332.06	35.70%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	Total
5011000	Personal Services								
5011100	Employee Benefits								
5011130	Fed Old-Age Ins- Wage Earners	339.56	153.12	41.51	87.21	292.05	167.68	122.81	1,203.94
	Total Employee Benefits	339.56	153.12	41.51	87.21	292.05	167.68	122.81	1,203.94
5011400	Wages								
5011410	Wages, General	4,438.72	2,001.44	542.64	1,140.08	3,817.44	2,192.00	1,605.28	15,737.60
	Total Wages	4,438.72	2,001.44	542.64	1,140.08	3,817.44	2,192.00	1,605.28	15,737.60
	Total Personal Services	4,778.28	2,154.56	584.15	1,227.29	4,109.49	2,359.68	1,728.09	16,941.54
5012000	Contractual Svs								
5012800	Transportation Services								
5012820	Travel, Personal Vehicle	371.52	2,246.94	129.60	2,465.10	1,249.56	3,260.48	366.05	10,089.25
5012850	Travel, Subsistence & Lodging	104.44	1,571.85	403.36	1,831.79	712.66	2,003.15	927.90	7,555.15
5012880	Trvl, Meal Reimb- Not Rprtble	70.00	672.50	59.25	794.25	494.75	1,079.50	177.75	3,348.00
	Total Transportation Services	545.96	4,491.29	592.21	5,091.14	2,456.97	6,343.13	1,471.70	20,992.40
	Total Contractual Svs	545.96	4,491.29	592.21	5,091.14	2,456.97	6,343.13	1,471.70	20,992.40
	Total Expenditures	5,324.24	6,645.85	1,176.36	6,318.43	6,566.46	8,702.81	3,199.79	37,933.94

2017 Monthly Tracking Log

License Count

Nursing	Dec-16	Jan-17	Feb - 17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Pres Auth	6,366	6,417	6,468											12,885
Massage Therapy	8,097	8,175	8,219											16,394
Medication Aide	5,909	5,967	5,885											11,852
Clinical Nurse Spec	440	439	440											879
Nurse Practitioner	9,290	9,384	9,469											18,853
Practical Nurse	29,379	29,319	29,259											58,578
Registered Nurse	105,254	105,598	105,633											211,231
Total for Nursing	164,735	165,299	165,373								0	0	0	330,672
Nurse Aide	52,376	52,842	52,564											105,406
Advanced Nurse Aide	71	70	68											138
Total for Nurse Aide	52,447	52,912	52,632								0	0	0	105,544
Total	217,182	218,211	218,005	0	0	0	0	0	0	0	0	0	0	436,216

Open Cases Count

Nursing	1033	995	1004											1,999
Nurse Aide	358	343	341											684
Total	1,391	1,338	1,345	0	0	0	0	0	0	0	0	0	0	2,683

Rec'd RN	66	53	74											127
Rec'd PN	44	32	46											78
Rec'd NP, AP, CNS	9	20	12											32
Rec'd LMT	2	7	2											9
Rec'd RMA	11	6	6											12
Rec'd Edu Program	3	2	2											4
Total Rec'd Nursing	135	120	142	0	0	0	0	0	0	0	0	0	0	262
Closed RN	90	57	95											152
Closed PN	58	22	71											93
Closed NP, AP, CNS	52	14	10											24
Closed LMT	3	5	6											11
Closed RMA	8	10	10											20
Closed Edu Program	0	4	2											6
Total Closed Nursing	211	112	194	0	0	0	0	0	0	0	0	0	0	306
Nurse Aide														
Received	55	45	59											104
Rec'd Edu Program	0	0	0											0
Total Rec'd CNA	55	45	59											104
Closed	79	60	65								0	0	0	125
Closed Edu Program	0	0	0											0
Total Closed CNA	79	60	65	0	0	0	0	0	0	0	0	0	0	125

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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TEL (804) 367- 4400
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MEMORANDUM

TO: Board Executives

FROM: Peggy Wood

Date: February 2, 2017

RE: HPMP Participation and MPC actions

Attached you will find the enrollment numbers per Board as of 1/31/17.

The Monitoring Program Committee (MPC) met on 1/27/17 and took the following actions regarding HPMP participants:

Board of Nursing:	Vacated stay/dismissal	**1 RN**
	Dismissed	**2 RNs, 3 LPNs, 1 RN/LNP**
	Dismissed due to Resignation	**2 RNs**
	Urgently dismissed	**3 RNs and 1 LPN**
	Successful Completions:	**5 RNs and 1 LPN**
Board of Medicine:	Vacated stay	**1 RTA**
	Dismissed/ineligible	**1 MD**
	Dismissed due to Resignation	**1 OTA**
	Successful Completions	3 MDs and 1 LAT
Board of Dentistry:	Dismissed/ineligible	**1 DDS**
Board of Pharmacy:	Successful Completions	**2 Pharmacists**

HPMP Monthly Census Report
Active Cases January 31, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	276	LPN	38	8.7156
Nursing	276	RN	225	51.6055
Nursing	276	LNP	13	2.9817
			276	**63.3028**
Nursing	5	CNA	**5**	**1.1468**
Medicine	107	DO	11	2.5229
Medicine	107	Intern/Resident	12	2.7523
Medicine	107	MD	66	15.1376
Medicine	107	PA	6	1.3761
Medicine	107	Rad Tech	1	0.2294
Medicine	107	DC	2	0.4587
Medicine	107	OT	1	0.2294
Medicine	107	RT	6	1.3761
Medicine	107	DPM	1	0.2294
Medicine	107	LBA	1	0.2294
			107	**24.5413**
Pharmacy	18	RPh	**18**	4.1284
Dentistry	15	DDS	10	2.2936
Dentistry	15	DMD	2	
Dentistry	15	DHG	3	0.6881
			15	**2.9817**
Social Work	3	LCSW	**3**	**0.6881**
Psychology	2	Clin Psy	**2**	0.4587
Counseling	1	LPC	**1**	0.2294
Veterinary Medicine	2	DVM	**2**	**0.4587**
Audiology & Speech-Language	1	SLP	**1**	**0.2294**
Physical Therapy	6	PT	3	0.6881
Physical Therapy	6	PTA	3	0.6881
			6	**1.3761**
TOTALS			**436.00**	**100.00**

HPMP Monthly Census Report
Active Cases February 28, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	278	LPN	37	8.4282
Nursing	278	RN	227	51.7084
Nursing	278	LNP	14	3.1891
			278	**63.3257**
Nursing	4	CNA	**4**	**0.9112**
Medicine	110	DO	11	2.5057
Medicine	110	Intern/Resident	12	2.7335
Medicine	110	MD	67	15.2620
Medicine	110	PA	7	1.5945
Medicine	110	Rad Tech	1	0.2278
Medicine	110	DC	2	0.4556
Medicine	110	OT	2	0.4556
Medicine	110	RT	6	1.3667
Medicine	110	DPM	1	0.2278
Medicine	110	LBA	1	0.2278
			110	**25.0569**
Pharmacy	18	RPh	**18**	4.1002
Dentistry	15	DDS	10	2.2779
Dentistry	15	DMD	2	0.4556
Dentistry	15	DHG	3	0.6834
			15	**3.4169**
Social Work	4	LCSW	4	**0.9112**
Psychology	2	Clin Psy	**2**	0.4556
Counseling	1	LPC	**1**	0.2278
Veterinary Medicine	2	DVM	**2**	**0.4556**
Audiology & Speech-Language	1	SLP	1	**0.2278**
Physical Therapy	4	PT	2	0.4556
Physical Therapy	4	PTA	2	0.4556
			4	**0.9112**
TOTALS			**439.00**	**100.00**

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q2 2013 - Q2 2017

David E. Brown, D.C.
Director

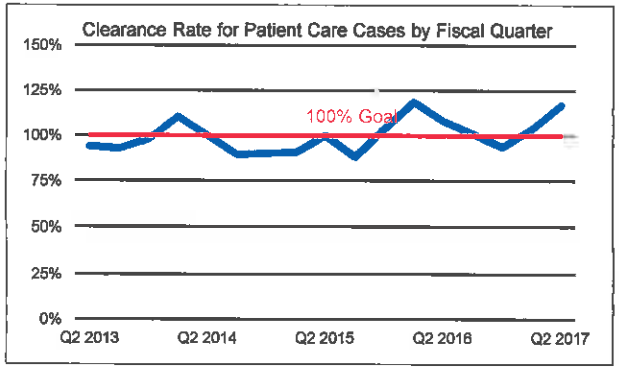
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

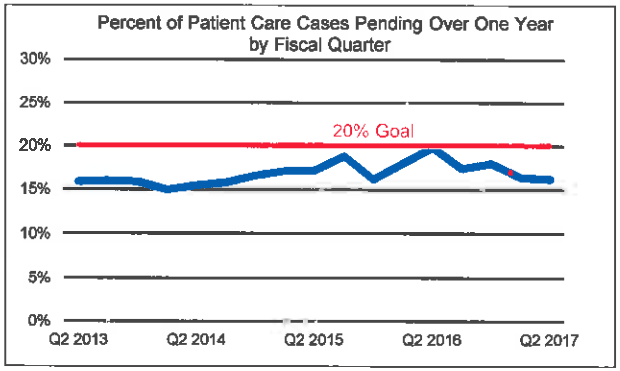
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

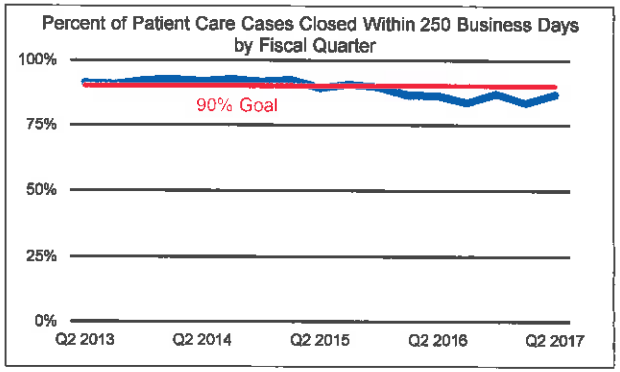
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct. The current quarter's clearance rate is 117%, with 914 patient care cases received and 1069 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%. The current quarter shows 16% patient care cases pending over 250 business days with 2,504 patient care cases pending and 406 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days. The current quarter shows 87% percent of patient care cases being resolved within 250 business days with 1032 cases closed and 895 closed within 250 business days.







Submitted: 2/2/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

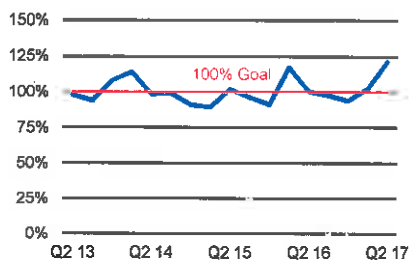
Clearance Rate

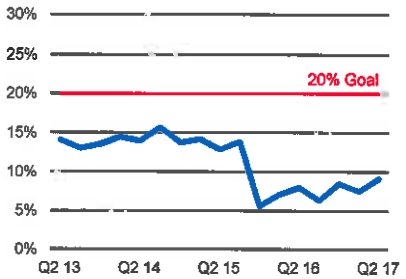
Age of Pending Caseload
(percent of cases pending over one year)

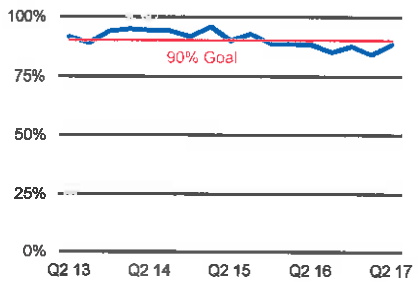
Percent Closed in 250 Business Days

Nursing - In Q2 2017, the clearance rate was 121%, the Pending Caseload older than 250 business days was 9% and the percent closed within 250 business days was 88%

Q2 2017 Caseloads:
Received=447, Closed=541
Pending over 250 days=106
Closed within 250 days=478

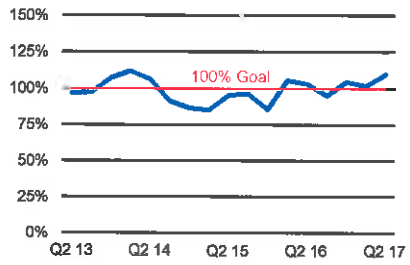


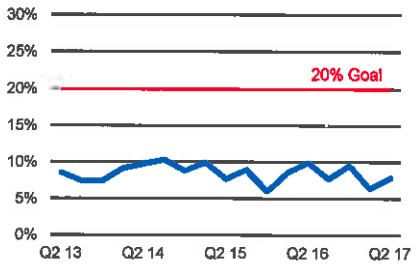


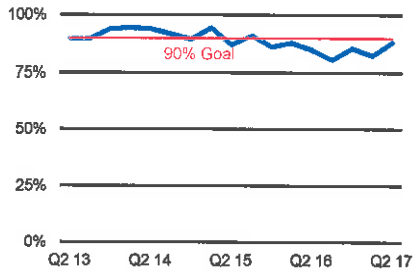


Nurses - In Q2 2017, the clearance rate was 110%, the Pending Caseload older than 250 business days was 8% and the percent closed within 250 business days was 88%.

Q2 2017 Caseloads:
Received=324, Closed=357
Pending over 250 days=66
Closed within 250 days=315

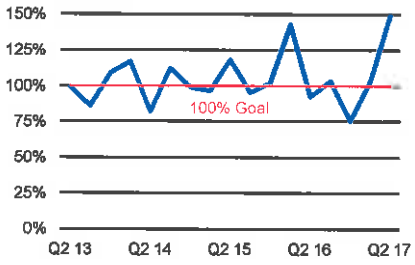


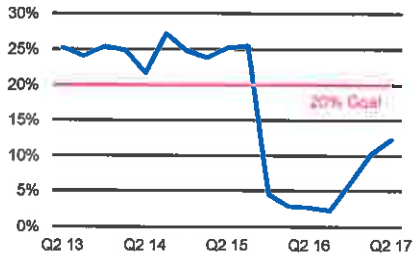


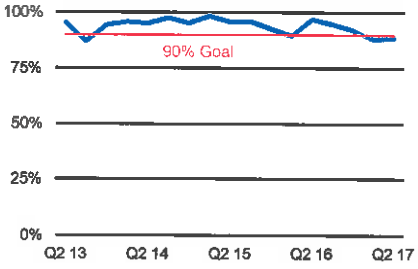


CNA - In Q2 2017, the clearance rate was 150%, the Pending Caseload older than 250 business days was 12% and the percent closed within 250 business days was 89%.

Q2 2017 Caseloads:
Received=123, Closed=184
Pending over 250 days=40
Closed within 250 days=163







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 2/2/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

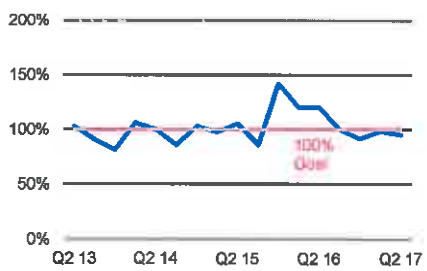
Clearance Rate

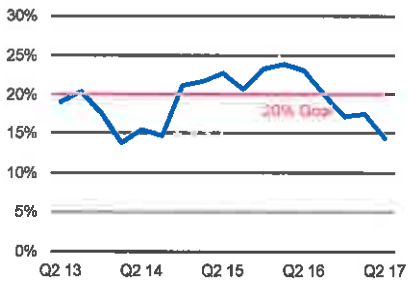
Age of Pending Caseload
(percent of cases pending over one year)

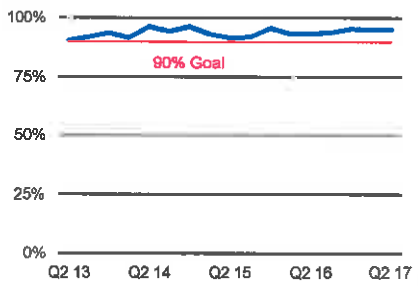
Percent Closed in 250 Business Days

Medicine - In Q2 2017, the clearance rate was 95%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 95%.

Q2 2017 Caseloads:
Received=305, Closed=290
Pending over 250 days=84
Closed within 250 days=266

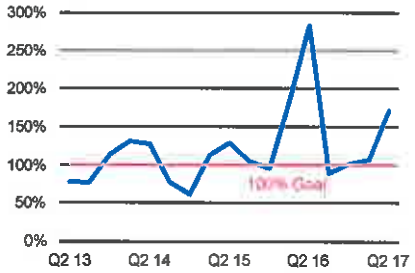


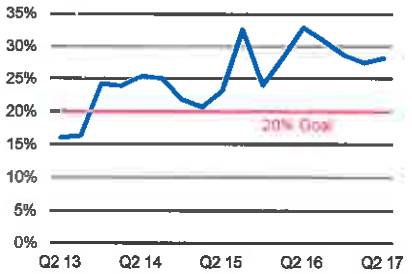


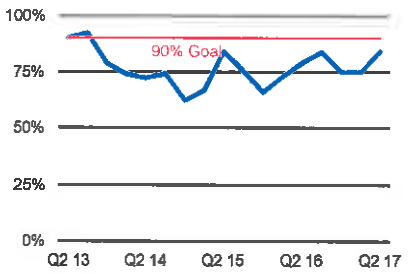


Dentistry - In Q2 2017, the clearance rate was 171%, the Pending Caseload older than 250 business days was 28% and the percent closed within 250 business days was 84%.

Q2 2017 Caseloads:
Received=34, Closed=58
Pending over 250 days=50
Closed within 250 days=43

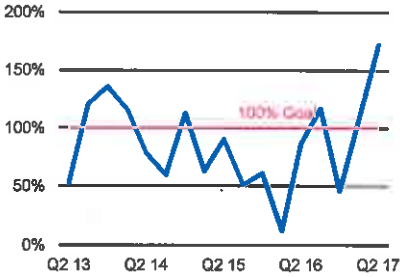






Pharmacy - In Q2 2017, the clearance rate was 172%, the Pending Caseload older than 250 business days was 33% and the percent closed within 250 business days was 59%.

Q2 2017 Caseloads:
Received=32, Closed=55
Pending over 250 days=47
Closed within 250 days=26



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Submitted: 2/2/2017

Prepared by: Department of Health Professions

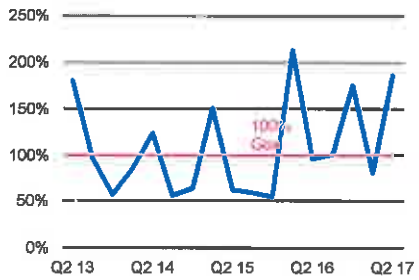
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

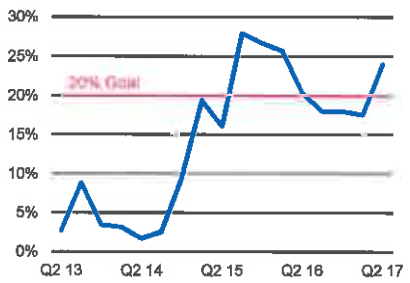
Clearance Rate

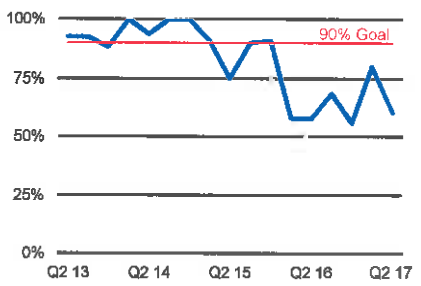
Age of Pending Caseload
(percent of cases pending over one year)

Percent Closed in 250 Business Days

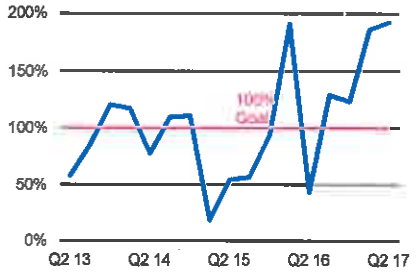
Veterinary Medicine - In Q2 2017, the clearance rate was 138%, the Pending Caseload older 250 business days was 24% and the percent closed within 250 business days was 61%.
Q2 2017 Caseloads:
Received=21, Closed=39
Pending over 250 days=28
Closed within 250 days=23

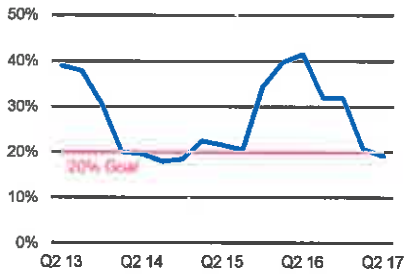


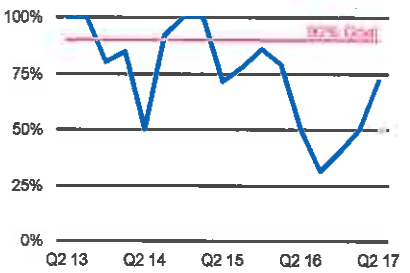




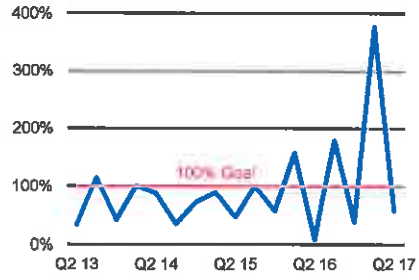
Counseling - In Q2 2017, the clearance rate was 192%, the Pending Caseload older than 250 business days was 19% and the percent closed within 250 business days was 72%.
Q2 2017 Caseloads:
Received=13, Closed=25
Pending over 250 days=9
Closed within 250 days=18

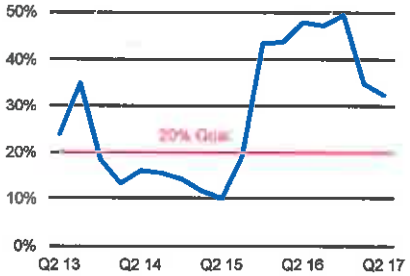


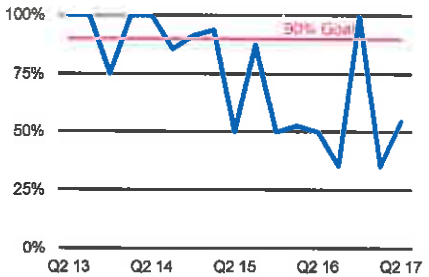




Social Work - In Q2 2017, the clearance rate was 58%, the Pending Caseload older than 250 business days was 32% and the percent closed within 250 business days was 55%.
Q2 2017 Caseloads:
Received=19, Closed=11
Pending over 250 days=25
Closed within 250 days=6







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Submitted: 2/2/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

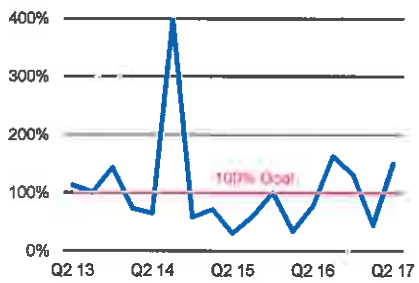
Clearance Rate

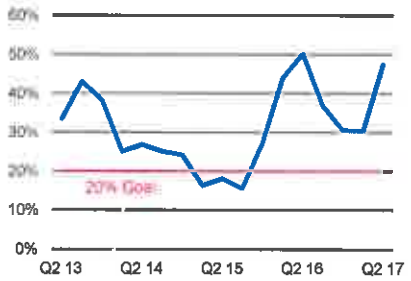
Age of Pending Caseload
(percent of cases pending over one year)

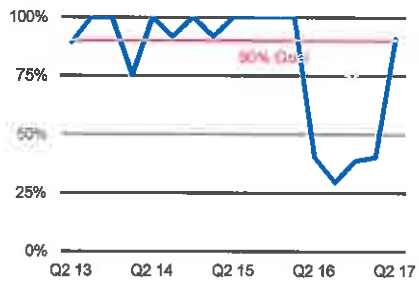
Percent Closed in 250 Business Days

Psychology - In Q2 2017, the clearance rate was 150%, the Pending Caseload older than 250 business days was 47% and the percent closed within 250 business days was 91%.

Q2 2017 Caseloads:
Received=10, Closed=15
Pending over 250 days=27
Closed within 250 days=10

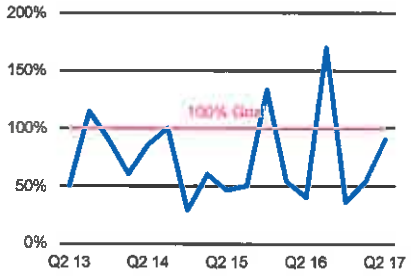


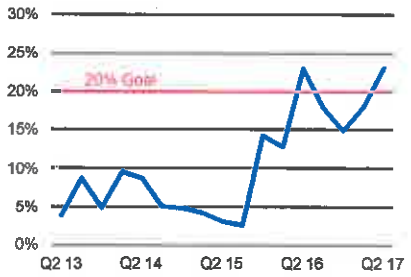


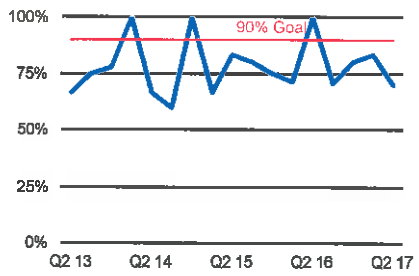


Long-Term Care - In Q2 2017, the clearance rate was 91%, the Pending Caseload older than 250 business days was 23% and the percent closed within 250 business days was 70%.

Q2 2017 Caseloads:
Received=11, Closed=10
Pending over 250 days=12
Closed within 250 days=7

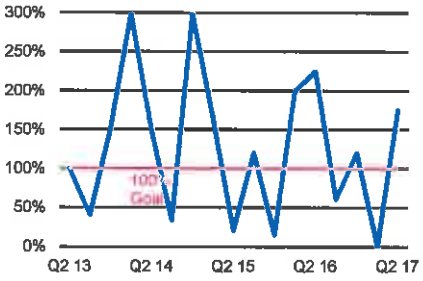


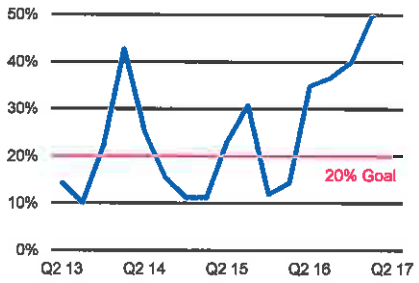


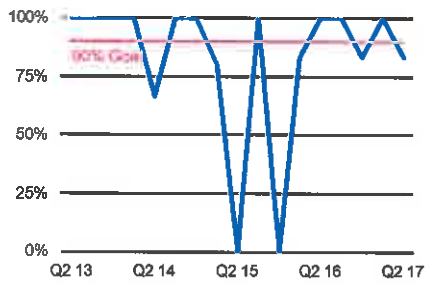


Optometry - In Q2 2017, the clearance rate was 175%, the Pending Caseload older than 250 business days was 53% and the percent closed within 250 business days was 83%.

Q2 2017 Caseloads:
Received=4, Closed=7
Pending over 250 days=8
Closed within 250 days=5







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Submitted: 2/2/2017

Prepared by: Department of Health Professions

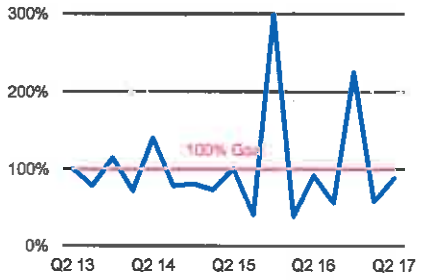
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

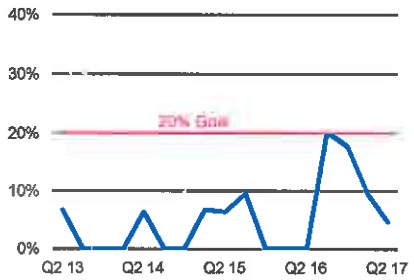
Clearance Rate

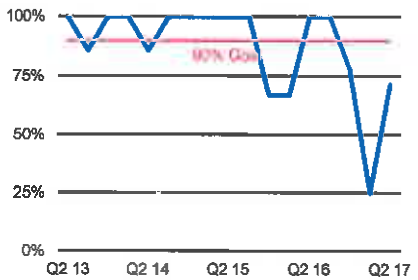
Age of Pending Caseload
(percent of cases pending over one year)

Percent Closed in 250 Business Days

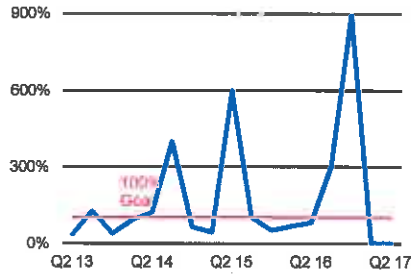
Physical Therapy - In Q2 2017, the clearance rate was 57%, the Pending Caseload older than 250 business days was 10% and the percent closed within 250 business days was 25%.
Q2 2017 Caseloads:
Received=7, Closed=4
Pending over 250 days=2
Closed within 250 days=1

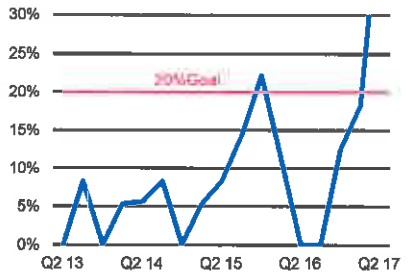


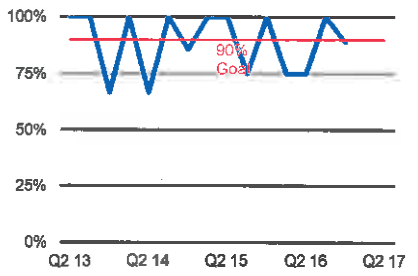




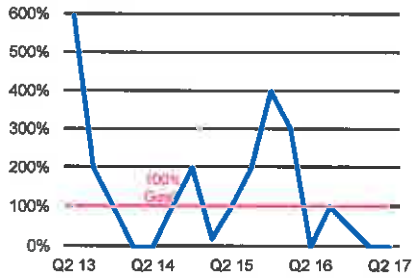
Funeral - In Q2 2017, the clearance rate was 0%, the Pending Caseload older than 250 business days was18% and the percent closed within 250 business days was N/A.
Q2 2017 Caseloads:
Received=3, Closed=0
Pending over 250 days=2
Closed within 250 days=0

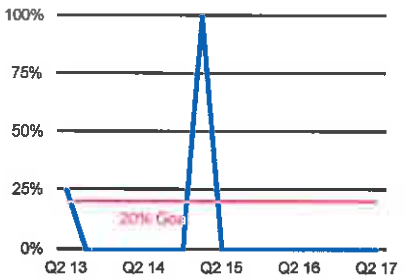


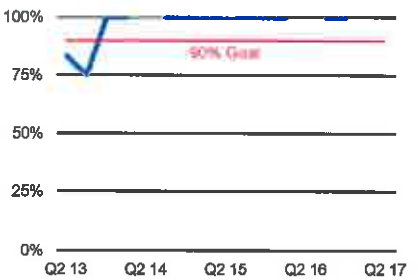




Audiology - In Q2 2017, the clearance rate was 0% the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was N/A.
Q2 2017 Caseloads:
Received=1, Closed=0
Pending over 250 days=0
Closed within 250 days=0







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Submitted: 2/2/2017

Prepared by: Department of Health Professions

Virginia Board of Nursing
Simulation Guidance Document Committee
9960 Mayland Drive - Conference Center Suite 201 – Board Room 3 - Henrico, Virginia 23233
January 24, 2017

Minutes

TIME AND PLACE:	A meeting of the stakeholders regarding the Simulation Guidance Document of the Virginia Board of Nursing was called to order by Dr. Joyce Hahn, Board President at 2:25 p.m. on January 24, 2017 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia.
BOARD MEMBERS PRESENT:	Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, Board President (Chair) Guia Caliwagon, RN, MAN William Traynham, LPN, CSAC
STAKEHOLDERS PRESENT:	Dr. Patricia Davis, George Washington University Cynthia Cunningham, Radford University and VASSA Sheri Shelburne, Radford University and Bluefield College Nancy Leahy, John Tyler Community College and VASSA Reba Moyers Childress, University of Virginia and VASSA
DHP STAFF PRESENT:	Paula B. Saxby, RN, PhD, Deputy Executive Director, Virginia Board of Nursing Charlette N. Ridout, RN, MS, Senior Nursing Education Consultant, Virginia Board of Nursing
DISCUSSION:	The meeting was convened with the above representatives to review and possibly revise Guidance Document 90-24: The Use of Simulation in Nursing Education. The focus of the meeting was to discuss possible changes to the guidance document to make it relevant and current. Stakeholders with Simulation experience were asked to participate in the process. There was discussion about each section of the guidance document and what information would be important to assist faculty when they use simulation in their nursing education programs in lieu of direct client care. The group felt that the following were key components that needed to be included: • Faculty preparation/education • Distinguish between skills acquisition and experience in lieu of direct client care • School commitment to support simulation and faculty involvement • Mission, vision and goals of simulation – add language from accrediting bodies • Framework of Simulation – include in the curriculum plan and course objectives. (Further discussion about the Board of Nursing to adopt a framework of simulation) • Simulation Certification – at least two years of experience in simulation • Include standards of Best Practice

- Update definitions (environment, debriefing, group size and faculty/student ratios, fidelity, etc)

There was discussion about updating the "Introduction and Background" sections with current information from articles (NCSBN and others), and update the reference section.

PLAN FOR FOLLOWUP: Paula Saxby and Charlette Ridout will prepare a DRAFT guidance document with the information and changes that were discussed and distribute to the committee members for review and feedback. The committee will reconvene at the May or July 2017 Board meeting to discuss a final revision of the guidance document.

ADJOURNMENT: The committee adjourned at 4:00 p.m.

Paula B. Saxby, R.N., Ph.D.

Paula B. Saxby, R.N., Ph.D., Deputy Executive Director

CORE COMMITTEE MEETING

JANUARY 24, 2017

PRESENT: KELLY McDONOUGH
REBECCA POSTON
BRENDA KROHN

ABSENT: TRULA MINTON

The Committee briefly reviewed the new reports that have been received for 2016. These included the 2016 Reports for:

Discipline
Licensure
Education.

The Aggregate Report for 2016 is not currently available.
We also did not have a copy of the 2014 Education Report.
I will contact NCSBN to see if these two reports can be obtained.

The plan is:

1. Review the 2016 *Licensure Report* with the same format→ Key Points
   Points of Pride
   Limitations
   Opportunities
   Next Step Recommendations

2. Review the 2014 and the 2016 *Discipline Reports* with the same format as above.

3. Review the 2014 and 2016 *Education Report* with the assistance of Charlette Ridout and Paula Saxby. Both sets of reports will be shared with Ms. Ridout and Dr. Saxby.

4. Reports the Board will be as follows→ March BM Report on 2016 Licensure Report
   May BM Report on 2014 & 2016 Discipline Reports
   July BM Report on 2014 & 2016 Education Reports

Meeting was adjourned.

DRAFT

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 8, 2017

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 8, 2017 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT:
Louise Hershkowitz, CRNA. MSHA; Chair
Marie Gerardo, MS, RN, ANP-BC
Rebecca Poston, PhD, RN, CPNP
Wayne Reynolds, DO
Kenneth Walker, MD

MEMBERS ABSENT: Lori D. Conklin, MD

ADVISORY COMMITTEE MEMBERS PRESENT:
Joseph F. Borzelleca, Jr., MD, MPH
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
Cathy A. Harrison, DNAP, CRNA
Sarah E. Hobgood, MD
Stuart F. Mackler, MD

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Jodi P. Power, RN, JD; Deputy Executive Director; Board of Nursing
Stephanie Willinger, Deputy Executive Director; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT:
Erin Barrett, Assistant Attorney General; Board Counsel
David Brown, DC; Director; Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE:
W. Scott Johnson, Medical Society of Virginia (MSV)
Julie Galloway, Medical Society of Virginia (MSV)
Lynn Poole, FNP-BC
Joyce A, Hahn, PhD, RN, NEA-BC, FNAP, Board of Nursing President
Mary Duggan, American Association of Nurse Practitioners (AANP) State Representative
Caroline Perrin, MWC
Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA)
Letha Fisher, RN, Public Health Nursing Director; Virginia Department of Health (VDH)
Hughes Melton, MD, MBA, FAAFP, FABAM, Chief Deputy Commissioner, Office of the Commissioner, Virginia Department of Health (VDH)

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

Dr. Borzelleca stated that he will be retiring soon and asked the Committee of the Joint Boards to consider the nomination of Tholozeni Lipato, MD as his replacement. Ms. Hershkowitz said the Committee will consider this matter at its next meeting and thanked Dr. Borzelleca for his service.

ESTABLISHMENT OF A QUORUM:

Ms. Hershkowitz called the meeting to order and established a quorum was present.

REVIEW OF MINUTES: The minutes of December 7, 2016 was reviewed. Ms. Gerardo moved to accept the minutes as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT: There was no one present that wished to address the Board.

DIALOGUE WITH AGENCY DIRECTOR: **Opioid Crisis** – Dr. Brown reported that the fatalities from opioid overdose in 2016 are closed to 1100 and over prescribing is the major of the problem. Dr. Reynolds asked what percentage of the fatalities in 2016 was due to heroin overdose. Dr. Brown said he did not have the breakdown but he could ask.

Dr. Brown stated that there are many bills providing guidelines in controlled substance prescribing and treating opioid addiction that the current General Assembly is considering.

OLD BUSINESS: **Revision of Guidance Document (GD) 90-56 (Practice Agreements):**
Ms. Yeatts noted that Ms. Douglas prepared the GD 90-56 time line which includes modification by Board of Medicine, revision by Committee of the Joint Boards of Nursing and Medicine at its last meeting, and amendment by Board of Nursing at its January 2017 meeting. She added that the current version includes changes in highlighted languages as suggested by the CNM public comment and is presented to the Committee of Joint Boards of Nursing and Medicine for consideration. She noted that it will be presented to the Board of Medicine at its February meeting for adoption.

Dr. Reynolds moved to adopt the GD as presented. The motion was seconded and passed unanimously.

Board of Medicine FAQ's related to Controlled Substances CE requirements for Nurse Practitioners:
Ms. Douglas referred to Dr. Harp for clarification. Dr. Harp stated that the FAQ's was sent to all practitioners who prescribe controlled substances to notify them of CE requirements. He noted that over 1,000 inquiries were made of which maybe three were from Nurse Practitioners. He added that this is also posted at Board of Medicine website.

NEW BUSINESS:

The Opioid Public Health Crisis and the CARA Act, Implications for Virginia:

Dr. Melton, Chief Deputy Commissioner, Office of the Commissioner, VDH, provided three handouts regarding Virginian's Plan for Well-Being Measures and the Role of the Nurse in Addiction Disease Management. He commented that:

- Substance use disorder (SUD) diagnosis of members enrolled in Medicaid is spread across Virginia
- Southwest area is reported having largest Hepatitis C population with SUD diagnosis
- Distribution of treatment resources in Virginia is not uniform

Ms. Fisher, Public Health Nursing Director, VDH, said that addiction is treated as chronic disease. She noted that recovery of chronic illness management is a long process and relapse is expected. Ms. Fisher added that the American Nurses Association (ANA) encourages comprehensive pharmacology education for nurses practicing in all settings to ensure safe and appropriate prescription of drugs.

Dr. Melton stated that CARA 2016 makes it possible for physician assistants (PA) and nurse practitioners (NP) to obtain a waiver to use buprenorphine to treat opioid addiction. PA's and NP's must complete 24 hours of education on buprenorphine and obtain a waiver from the Substance Abuse Mental Health Service Administration (SAMHSA) before treating patients. Dr. Melton added that currently there are 28 educational sessions scheduled throughout Virginia and 800 practitioners have signed up already. He noted that he will provide the detail of the training sessions to Ms. Douglas.

Ms. Dotson asked if certified nurse midwives are included in the training sessions. Dr. Melton said that he will check and communicate with Ms. Douglas regarding the findings.

Ms. Hershkowitz commented that she received the training email from VDH and has signed up for the training session.

Dr. Walker asked if the training session is qualified for the required two CE hours. Dr. Melton said yes.

Dr. Harrison commented appreciation for the information provided.

Dr. Hahn, Board of Nursing President, asked if these training sessions are available to NP students. Dr. Melton replied yes.

Ms. Hershkowitz suggested the Advisory members to pass on the information to respective associations.

RECESS: The Committee recessed at 9:43 A.M.

RECONVENTION: The Committee reconvened at 9:57 A.M.

Regulatory Update and 2017 General Assembly Report:

Ms. Yeatts reviewed the Bills that are currently considered by the General Assembly including:

HB 1885 (Opioids; limit on amount prescribed) – requiring a prescriber to obtain information from PMP at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than seven consecutive days.

HB 2119 (Laser hair removal; limits practice) – adding nurse practitioners.

HB 2164 (Drugs of concern; gabapentin) – adding any material, compound, mixture, or preparation containing any quantity of gabapentin, including any of its salts, to the list of drugs of concerns.

SB 848 (Naloxone; dispensing for use in opioid overdose reversal, etc.) – allowing a person who is authorized by the Department of Behavioral Health and Developmental Services (DBHDS) to train individuals on the administration of naloxone for use in opioid overdose reversal.

SB 1020 (Registration of peer recovery specialist and qualified mental health professionals) – authorizing the registration of peer recovery specialists and qualified mental professionals by the Board of Counseling at the DHP. It is collaboration between DHP, DBHDS, and Department of Medical Assistance Services (DMAS).

SB 1180 (Opioids and Buprenorphine; Board of Dentistry (BOD) and Board of Medicine (BOM) to adopt regulations for prescribing) – directing BOD and BOM to adopt regulations for the prescribing of opioids and products containing Buprenorphine. BOM is working on regulations of two hours mandating continuing education (CEs) for opioid prescribing.

SB 1230 (Opiate prescriptions; electronic prescriptions) - requiring a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substances that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. Ms. Yeatts added that this is the Governor Bill and there will be a work group to discuss how to implement.

SB 1232 (Controlled substances; limits on prescription containing opioids) – prohibiting a prescriber providing treatment for a patient in an emergency department of a corporation, facility, or institution licensed, owned, or operated by the Commonwealth to provide health care from prescribing a controlled substance containing an opioid in a quantity greater than a three-day supply. This bill is also applied to a pharmacist who dispenses.

Emergency Regulations for Nurse Practitioners with Prescriptive Authority: Pain Management, Opioid Treatment, use of Buprenorphine:
Ms. Yeatts stated that on November 21, 2016, the Commission of Health declared a statewide Public Health Emergency for Virginia as a result of the opioid addiction epidemic. The Board of Medicine (BOM) convened a Regulatory Advisory Panel (RAP) with four addiction specialists to draft regulations for prescribing of opioids and buprenorphine. The proposed amendments to prescriptive authority regulations in the agenda package are virtually identical to the regulations recommended by the BOM Legislative Committee which will be adopted as emergency regulations by the BOM on February 16th.

Ms. Yeatts noted that once the emergency regulations are adopted, there is no public comment required and the regulations remain in effective for up to 18 months during which the permanent regulations must be prepared for adoption.

Ms. Yeatts said the task today is for the Committee to review and to make change to the draft regulations as presented. The draft regulations will be presented at the BON meeting in March 2017 for adoption and are forwarded to BOM Executive Committee for adoption in April 2017.

Ms. Yeatts then went through the proposed amendments to prescriptive authority regulations noting the Committee comments and suggestions:

18VAC90-40-150. Evaluation of the patient for acute pain –
Section A – Ms. Gerardo asked if homecare patients can be added to this section. Ms. Yeatts said that she will check.

Part VI. Management of Chronic Pain – Dr. Walker stated that too many requirements for primary provider to treat patient with chronic pain, it is better to refer to a specialist. Ms. Gerardo stated that urine test on elderly patients are prone to more infection. Dr. Reynolds stated that the requirement of urine test every three months is a burden.

Dr. Brown asked Committee members to provide more specific suggestions that will promote good practices and deter bad practices. Ms. Barrett reminded Committee members that this is a chance for the Committee to provide input.

Dr. Harp suggested requiring urine test every three months for the first year then requiring twice or once per year after that. Ms. Yeatts asked Committee members to send her comments before February 16th. Ms. Barret asked that comments are send to Ms. Yeatts only and not copied others.

Part VII. Prescribing of Buprenorphine –
18VAC90-40-260.D – Ms. Douglas suggested adding other practitioners (QMHP, CNS, CSAC) who can provide counseling other than licensed mental health professional for counseling.

18VAC90-30-220(8) and (9) – these languages should be added to 18VAC90-40-130 also.

Ms. Dotson asked if the public will be educated regarding the new requirements and available training. Dr. Brown stated that the Virginia Department of Health is taking the lead on this task and media campaign discussion is at state level.

Ms. Hershkowitz said that consistency between regulations are valuable and asked the Committee members to send comments to Ms. Yeatts as soon as possible. Ms. Hershkowitz asked if the Committee wishes to meet after the BOM meeting on February 16th and prior to BON March meeting. The consensus was no. Ms. Hershkowitz thanked Ms. Yeatts for the information.

Information Only Materials:

- NCSBN CARA Implementation: Educational Opportunities for Meeting Federal Requirements
- DEA Advisory regarding renewal of DEA numbers
- Changes in name of certifying body AANPCP to AANPCB
- NCSBN Annual APRN Certification Examination Report Data
- NCSBN APRN Roundtable Meeting, April 4, 2017, in Rosemont, IL – Ms. Hershkowitz attending
- Veterans Administration APRN Revised Rules – Ms. Hershkowitz notes that the rules include changes to APRN supervising language and did not include CRNA

Ms. Hershkowitz reminded available Board Members that assistance was needed with probable cause review following the meeting.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:26 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

DRAFT

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING MINUTES
February 8, 2017

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 12:55 P.M., February 8, 2017 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

CHAIR: Louise Hershkowitz, CRNA, MSHA; Chair

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:
Marie Gerardo, MS, RN, ANP-BC, Board of Nursing, Joint Board Member
Rebecca Poston, PhD, RN, CPNP, Board of Nursing, Joint Board Member
Wayne Reynolds, DO, Board of Medicine, Joint Board Member
Kenneth Walker, MD, Board of Medicine, Joint Board Member

BOARD OF NURSING MEMBERS PRESENT:
Guia Caliwagan, RN, MAN, EdS
Joyce Hahn, PhD, RN, NEA-BC, FNAP
William Traynham, LPN, CSAC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Jodi P. Power, RN, JD; Deputy Executive Director
Darlene Graham, Senior Discipline Specialist; Board of Nursing

OTHERS PRESENT: Erin Barrett, Assistant Attorney General; Board Counsel
Amy Weiss, Adjudication Specialist (joined later)

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATION:

CLOSED MEETING: Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:00 P.M., for the purpose of consideration of agency subordinate recommendations. Additionally, Dr. Poston moved that Ms. Douglas, Ms. Power, Ms. Graham and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:20 P.M.

Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Cherish Van Schaik, LNP 0024-171314; Prescriptive Authority 0017-141362
Ms. Schaik did not appear.

Ms. Gerardo moved that the Committee of the Joint Board of Nursing and Medicine modify the recommended decision of the agency subordinate to reprimand Cherish Van Schaik and to place her on probation with terms for at least one year of active employment as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Lee Caswell Hughes, LNP 0024-169677; Prescriptive Authority 0017-140240
Ms. Hughes did not appear.

Dr. Walker moved that the Committee of the Joint Board of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Lee Caswell Hughes, to assess a monetary penalty of $500.00 to be paid to the Board within 90 days from the date of entry of the Order, and to order Ms. Hughes to undergo a chemical dependency evaluation conducted by a Committee-approved specialist who holds an unrestricted license, and have a written report of the evaluation, including a diagnosis, recommended course of therapy, prognosis, and any other recommendations sent to the Committee, within 90 days of the entry of the Order. The motion was seconded and carried unanimously.

Ms. Power left at 1:30 P.M.

Ms. Weiss joined the hearing at 1:32 P.M.

ESTABLISMENT OF A QUORUM:

With five members of the Committee of the Joint Boards present, a quorum was established. Additionally there were three members of Board of Nursing present with two members of the Board of Nursing serving in dual capacity.

FORMAL HEARING:

Julie Maria Hall Megaro, RN 0001-217867; LNP 00024-0024168815
Ms. Megaro appeared and accompany by Kristin Paudling, Esquire.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Barret was legal counsel for the Committee of Joint Boards and Board of Nursing. Mary Tretar, court reporter from Crane Snead and Associates, recorded the proceedings.

Lane Raker, Senior Investigator, Department of Health Professions, and Amy Vinson, Office Manager, OB/GYN Physicians Inc., were present and testified

CLOSED MEETING:

Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine and panel of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 2:57 P.M., for the purpose to reach a

decision in the matter of Ms. Megaro. Additionally, Dr. Poston moved that Ms. Douglas, Ms. Graham and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:34 P.M.

Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine and panel of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusion of law as presented by Ms. Weiss and amended by the Board.

Dr. Hahn moved that the Board of Nursing reprimand Julie Maria Hall Megaro and place her on probation with terms for a period of not less than two years of active employment as a professional nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine accept the findings of fact and conclusion of law as presented by Ms. Weiss.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine reprimand Julie Maria Hall Megaro and place her on probation with terms for a period of not less than two years of active employment as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT: The meeting was adjourned at 3:38 P.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

VIRGINIA BOARD OF NURSING
Board Development Workshop

Notes

November 15, 2016

Discussion regarding Opioid Epidemic and possible Board actions;

- Mandate for course content education programs(prevention , assessment , referral and treatment)
- Possible survey of education programs to see what currently exists and if students are participating in nontraditional SA clinical experiences
- Possible partnership with VNA, SAMSA & NAMNI
- Consider requiring CE for prescribers → **Accomplished**
- Place NCSBN Substance Abuse Disorders (SUD) course link on DHP webpage → **Accomplished**
- Provide information to Nursing Education Programs → **Accomplished**
- Educate Board members more formally on spectrum of treatment options. In depth HPMP presentation?
- Utilize VDH resources posted
- NCLEX testing
- Joint Board of Nursing and Medicine Opioid Epidemic agenda item at 12/7 business meeting

Management of BON Discipline case load

Board review of the following;

- DHP Biennial Report Statistics
- Review of case disposition data (FY 2015 & 2016)
- Guidance Document 90-12
- Case trends; increase in fraud cases, mandatory reports of Mental Health admissions.
- Implications of reprimands as a Board sanction
- Is the Board spending its time on the most serious issues?

- Alternate ways to resolve cases, noted in reports that there was a drop in CCA's and Advisory letters offered when comparing FY 2015 to FY 2016. Board agreed to consider a) making findings of fact and imposing no sanctions in less egregious cases ,b) consider more monetary penalties in cases involving fraud, financial gain and practicing on expired licenses/certs/registrations c) delegation to staff to settle cases and d) utilize more NCSBN courses.
- Modify Guidance Document 90-12 to delegate to staff use of PHCO's consistent with SRP's for any type of case.
- Add designated time for Probable Cause/Case review on Board business meeting and other meeting agendas
- Staff will propose changes to guidance documents and processes to reflect action items.

Presentation: "*Virginia's Plan for Wellbeing*" by Chris Gordon, MA, REHS, VCA/VCO, Chief of Staff, Community Health Services, Virginia Department of Health. Presentation was well received.

Guidance Document: 90-12 Revised: January 24, 2017 November 17, 2015

Delegation of Authority to Board of Nursing
RN Education and Discipline Staff

I. The Board of Nursing delegates to professional education staff the authority to:

- Approve nursing education programs with curriculum changes that relate to decreasing the number of clinical hours across the life cycle as long as the hours meet Board regulation 18VAC90-20-120 E.
- Approve quarterly reports from nursing education programs that meet all regulation requirements.
- Approve nurse aide education programs that meet requirements as determined by a review of a nurse aide education program application, an on-site review and/or a program evaluation report.
- Approve a change of location or additional locations for nurse aide education programs that meet Board of Nursing requirements.

II. The Board of Nursing delegates to professional discipline staff the authority to conduct probable cause review, issue Advisory Letters, offer Prehearing Consent Orders (PHCO's) and Confidential Consent Agreements (CCA's), or close a case, in the following circumstances:

A. Probable Cause Review – Professional discipline staff are delegated the authority to determine if there is probable cause to initiate proceedings or action on behalf of the Board of Nursing, including the authority to close a case if staff determines probable cause does not exist, the conduct does not rise to the level of disciplinary action by the Board, or the Board does not have jurisdiction. Additionally, staff may review a case with a Special Conference Committee for advice to determine if the case should be closed, a proceeding initiated, or an alternative disposition offered. Specifically, staff may:

B. Close cases in the following circumstances:

- Insufficient evidence of a violation of law or regulation, or not rising to the level of disciplinary action by the Board
- Undetermined for reconsideration should another similar complaint be received
- Undetermined until the lapsed/suspended/revoked licensee applies to reinstate or late renew

C. **Advisory Letters** - Professional discipline staff are delegated the authority by the Board to issue an Advisory Letter to the person who was the subject of a complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined a disciplinary proceeding will not be instituted.

D. Initial and Reinstatement Applicants:

For initial and reinstatement applicants, professional staff may offer the following where there is cause for denial of licensure/certification/registration, in lieu of instituting a proceeding:

- PHCO to approve with sanction or terms consistent with that of another state
- PHCO to approve and require HPMP participation and compliance for applicants whose only causes for denial are related to impairment issues.
- PHCO to reinstate and comply with HPMP when a lapsed licensee was under a prior order to participate and comply with HPMP
- PHCO to reinstatement with same terms of probation for a probationer who allowed their license to lapse while under terms
- PHCO to Reprimand and approve, for failing to reveal a criminal conviction on a current or prior application for licensure/certification/registration (except for cases resulting in mandatory suspension).
- PHCO to Reprimand and approve. if applicant has only one misdemeanor conviction involving moral turpitude, that conviction is less than 5 years old, and the applicant has satisfied all court requirements – consistent with Guidance Document # 90-10.

E. Disciplinary Cases : For disciplinary cases, professional discipline staff may offer the following, in lieu of instituting a proceeding

1. **General PHCOs:**
   - PHCOs for discipline cases for all occupations regulated by the Board of Nursing for sanctions consistent with the approved Sanction Reference Worksheet Guidelines (see Guidance Document 90-7) ~~and as delegated in this document~~
   - PHCO to Accept Voluntary Surrender for Indefinite Suspension during any type of investigated case when licensee indicates to the investigator the desire to surrender, or individual mails in license during course of the investigation
   - PHCO for similar sanction consistent with another state board of nursing action

- PHCO for similar terms/conditions (Probation or HPMP) for cases based upon action taken by another state board of nursing.

2. **Practice on Expired license/certificate/registration:**
   - PHCO for monetary penalty ranging from $100 – $500 and possible Reprimand for Nurses practicing on expired license, consistent with Guidance Document # 90-38
   - Advisory Letter or PHCO for monetary ranging from $50 - $150 and possible Reprimand for CNAs, CMTs, and/or RMAs practicing on expired certificates or registrations, consistent with Guidance Document # 90-61
3. **Impairment**
   - Either a PHCO for Reprimand or a CCA (in lieu of scheduling an informal conference), depending on the facts of the case, for cases involving a positive urine drug screen on duty for a substance not prescribed to the licensee.
   - Either PHCO to Take No Action contingent upon entry into and/or remaining in compliance with HPMP, or offer CCA with terms (i.e. quarterly reports from treating provider) for cases resulting from mandatory reports or self reports of admission to hospitals for mental health issues where there are no practice issues. (Additionally, staff are authorized to close such cases undetermined if deemed appropriate.)
   - PHCO to Take No Action contingent upon HPMP compliance in lieu of an IFC for disciplinary cases with Health Practitioner Monitoring Program (HPMP) participation and no prior Board history, no prior stay granted, the licensee is compliant with HPMP contract and no issues other than impairment.
   - PHCO to Take No Action contingent upon continued HPMP compliance for cases with report received from PMP committee wherein stay of disciplinary action was vacated, but the individual was not dismissed from HPMP, and is now fully compliant with contract. (Include in the PHCO's findings of fact that stay was vacated.)
   - PHCO to Accept Voluntary Surrender for Indefinite Suspension for cases involving HPMP participant that was ordered into program, but is now unable to participate due to medical reasons and HPMP committee dismisses or accepts individual's resignation
4. **Standard of Care**
   - PHCO for Reprimand for a one time failure to provide acceptable standard of care.

- PHCO for Reprimand for abandonment of patients by licensees in a nursing home or other healthcare facility and where this is the only alleged issue.
- PHCO for Reprimand based upon unprofessional conduct for allegations of verbal/physical abuse with mitigating circumstances.

5. Fraud/Financial Gain Cases

- PHCO for Monetary Penalty for cases involving fraud or underlying actions/misconduct resulting in financial gain by the licensee/applicant. This may include but is not limited to: falsifying time records to indicate worked when did not; falsifying employment and licensure applications; altering expiration dates on records/certifications (ie CPR cards); falsifying work/school notes, etc. [NOTE: Staff is authorized to add a Reprimand to the Monetary Penalty in the case of egregious, intentional conduct.]
- Monetary Penalty amount imposed shall not exceed $5,000 for each violation of law or regulation, in accordance with Va Code § 54.1-2401, and shall only be imposed if the individual is not criminally prosecuted for the violation. As a rule of thumb, staff are authorized to impose a Monetary Penalty based upon a calculation of $, per violation incidence.

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F. Compliance

For cases involving noncompliance with prior board orders, professional discipline staff are authorized to do the following in the circumstances below, in lieu of instituting a proceeding:

- Offer PHCOs consistent with Guidance Document # 90-35 based upon noncompliance with a prior board order.
- Have authority to modify probation orders.
- Close undetermined any noncompliance case where the licensee on probation has allowed the license to lapse (not working). Board of Nursing database would be flagged so staff could offer PHCO with same terms as initial probation orders, once the license is being made current.
- Issue Orders of successful completion of HPMP, when participation was board-ordered.
- Issue Orders of successful completion of probation with terms (effective November 15, 2011, consistent with the way the Board handles successful completion of board-ordered HPMP participation).

[NOTE: *Said Orders related to HPMP and Probation completion shall be scanned onto the agency website and provide consistency to the public in Board of Nursing documentation in the future.*]

G. Confidential Consent Agreements (CCA's):

~~In the following scenarios, p~~Professional disciplinary staff are delegated authority to offer CCA's for those cases that meet the criteria in Va. Code §54.1-2400(14), which includes but is not limited ot the following scenarios:

1. Impairment and/or HPMP:

- Pre-employment positive drug screen without evidence it has affected practice
- Possible impairment without evidence that it has affected practice (i.e. coming to work with alcohol on breath & sent home; hospitalized for psychiatric or substance abuse treatment)
- HPMP participant not eligible for a stay, but with minimal practice issues

2. Standard of Care:

- Single medication error with no patient harm
- Standard of care violation "with little or no injury"
- Standard of care violation that may be in part due to systems issues.
- Single incident of exceeding scope of practice – accepting assignment or agreeing to do a task without adequate training obtained or competency maintained and no patient harm.
- Unintentional/inadvertent Practice Agreement violations for LNP's with Prescriptive Authority.

3. Abuse / Neglect / Misappropriation / Boundary violation:

- Single boundary violation with no patient harm (i.e., getting involved with patient finances) and not resulting in criminal conviction.
- Vague "rough handling" where there is no patient harm and does not rise to the level of abuse
- Inappropriate verbal response that does not rise to the level of verbal abuse (i.e., "shut up")

4. Miscellaneous:

- CE violations for CMT's, RMA's, LPN's, RN's, and LNP's.
- Technical probation violations (i.e., late reports, etc.) that do not rise to the level of Noncompliance cited in Guidance Document 90-35.

- A single misdemeanor conviction involving moral turpitude but unrelated to practice, with no other issues (ex. Worthless check; shoplifting).

Replaces Guidance Documents 90-33, 90-35, 90-39, 90-47, 90-48, 90-49, 90-50, 90-51
Board revisions: 5/15/07, 7/17/07, 5/18/2010, 9/13/11, 11/15/2011, 5/15/2012, 1/29/2013, 5/21/13, 9/16/14, and 11/17/2015

Understanding Naloxone

A message from the Virginia Board of Pharmacy on use of naloxone in the fight against opioid drug overdose

What is naloxone?

Naloxone (also known as Narcan® and Evzio®) is a prescription opioid antagonist drug that reverses the effects that opioids have on the brain.

Naloxone is safe, effective, and has been used by healthcare professionals for decades.

How does naloxone work?

When a person overdoses on opioids, the opioid overwhelms specific receptors in the brain, slowly decreasing respiration and heart rate before finally stopping it altogether.

Naloxone has a very high affinity for these receptors and effectively pushes the opioid off of the brain receptor. This action allows a person's body to resume respiration.

Who may obtain naloxone?

Anyone may obtain naloxone from a participating pharmacy under the Health Commissioner's statewide standing order. No prescription is needed. Simply inform the pharmacist that you would like to obtain naloxone. It is recommended that you contact the pharmacy first to ensure it is in stock. Alternatively, if your prescriber has issued you a prescription for naloxone, any pharmacy may dispense you the naloxone.

Regardless of how you obtain naloxone, you may administer the drug to anyone you suspect is experiencing (or is about to experience) an opioid overdose.

For more information on obtaining naloxone, the Board of Pharmacy has prepared a Protocol for the Prescribing and Dispensing of Naloxone.
https://www.dhp.virginia.gov/pharmacy/news/NaloxoneProtocolForPharmacists.pdf

Using Naloxone

How can naloxone be administered?

The FDA has approved both intra-nasal and intra-muscular applications of naloxone to counteract opioid overdose. Bystanders who come to the aide of an overdose victim may administer naloxone using either method.

By intranasal spray

There are currently two formulations for administering intranasally:

1. Narcan® is an FDA-approved drug provided by the manufacturer as a nasal spray.
2. An atomizer may be placed on the FDA-approved injectable formulation of naloxone and administered intranasally.

By intramuscular injection

There are currently two formulations for administering intramuscularly:

1. Naloxone is an FDA-approved drug manufactured for injecting into the deltoid (upper arm muscle) or the outer thigh. This formulation is often used by emergency medical services.
2. Evzio® Auto-Injector is an FDA-approved hand-held auto-injector containing naloxone.

When should naloxone be administered?

Naloxone is a temporary but powerful antidote to opioids and heroin. It should be administered to anyone experiencing or about to experience an opioid overdose. Opioids include prescription drugs, e.g., oxycodone, hydrocodone and hydromorphone, as well as heroin.

Additional Resources

is an online resource featuring specific pages for parents, educators, licensed practitioners, law enforcement officers and drug dependents offering best practices for recognizing, preventing, diagnosing, treating, and recovering from opioid/heroin abuse.

Virginia's Prescription Monitoring Program (PMP) collects prescription data for Schedule II-IV drugs into a central database which can then be used by authorized users to assist in deterring the illegitimate use of prescription drugs.
https://www.dhp.virginia.gov/dhp_programs/pmp/

Visit PMP's Education Toolkit.
https://www.dhp.virginia.gov/dhp_programs/pmp/toolkit.htm

The Virginia Department of Behavioral Health and Developmental Services' REVIVE! initiative provides training to professionals, stakeholders, and others on how to recognize and respond to an opioid overdose emergency with the administration of naloxone. http://dbhds.virginia.gov/individuals-and-families/substance-abuse/revive

TO: BOARD MEMBERS

FROM: JODI POWER
BRENDA KROHN

DATE: MARCH 21, 2017

RE: IFC/SCC SCHEDULES
AUGUST, OCTOBER, DECEMBER 2017

It is that time again!! We need to look at dates for IFCs in the SECOND ½ OF 2017!

It may seem early to be planning for the 2nd ½ of 2017, but we need to line up rooms, APD coverage, etc.

Please bring your calendars to the Board Meeting MARCH 21, 2017 and get with your partner to come up with dates that will work for you both to schedule IFC dates for your committee. **It is important that both members of a committee agree on the dates prior to giving those dates to us.**

Also, we ask that for December dates, you give dates between November 27, 2017 and December 7, 2017. With the holidays in December, it is just too hard on everyone to try and do IFCs past that first week in December.

We have attached a worksheet that you can work with to put your first and second choice of dates. **It is important that you include a first and a second choice.** We have to consider several variables (more than one committee on same day; room availability, APD availability, etc.), so it is important to have a first and second choice. We always try to honor the first choice for everyone, but we need the option in case.

You can give your completed sheet to one of us and we will develop a schedule that hopefully works for everyone.

Thanks very much for doing this and for all that you do as Board Members of the Board of Nursing.

(over)

INFORMAL CONFERENCE SCHEDULE
PLANNING SHEET
August, October, December 2017

Please include 1st and 2nd choice of dates each month

		SCC-A Holmes/Ross	#	SCC-B Minton/Phelps
AUGUST	1		1	
	2		2	
OCTOBER	1		1	
	2		2	
DECEMBER	1		1	
	2		2	

		SCC-C Hershkowitz/Monson	#	SCC-D Gerardo/Gilliam
AUGUST	1		1	
	2		2	
OCTOBER	1		1	
	2		2	
DECEMBER	1		1	
	2		2	

		SCC-E Traynham/Poston	#	SCC-F McDonough/Caliwagan
AUGUST	1		1	
	2		2	
OCTOBER	1		1	
	2		2	
DECEMBER	1		1	
	2		2	

******December dates should be between November 27th and December 7th only. No dates after December 7th.***

*NCLEX-PN Pass Rates for Past Five Calendar Years

Year	Virginia	National
2016	78.76%	83.73%
2015	79.25%	81.89 %
2014	79.21%	82.16%
2013	78.89%	84.63%
2012	74.97%	84.23%

* Source: NCSBN NCLEX Year End Report

*NCLEX-RN Pass Rates for Past Five Calendar Years

(For All Types of RN Programs Combined)

2012 - 2016

Year	Virginia	National
2016	86.87%	84.57%
2015	87%	84.53%
2014	82.90%	81.78%
2013	83.06%	83.04%
2012	90.43%	90.34%

* Source: NCSBN NCLEX Year End Report

*NCLEX-RN Pass Rates for Past Five Calendar Years

By Type of Program

Year	Type	#Tested	#Passed	Virginia	National (testers)
2016	Diploma	51	45	88.24%	85.39% (2745)
	ADN	1864	1592	85.41%	81.68% (72,637)
	BSN	1963	1732	88.23%	87.80% (81,653)
2015	Diploma	76	72	94.74%	85.77%
	ADN	2011	1708	84.49%	82%
	BSN	1884	1675	88.90%	87.49%
2014	Diploma	86	71	82.55%	83.28%
	ADN	2116	1701	80.00%	79.26%
	BSN	1809	1553	85.80%	84.93%
2013	Diploma	193	165	85.49%	83.42%
	ADN	2156	1763	81.77%	81.42%
	BSN	1700	1435	84.41%	85.18%
2012	Diploma	292	276	94.5%	91.18%
	ADN	2013	1794	89.12%	89.32%
	BSN	1573	1435	91.23%	91.66%

*Prepared by Charlette Ridout on Feb. 3, 2017 from the NCSBN NCLEX Year End Reports

2016

Number of Candidates Taking NCLEX Examination and Percent Passing, by Type of Candidate

RN	Jan-Mar 2016[3]		Apr-Jun 2016		Jul-Sep 2016		Oct-Dec 2016		Year to Date Total	
Type of Candidate	#[1]	%[2]	#	%	#	%	#	%	#	%
First Time, US Educated										
Diploma	792	82.45%	471	87.90%	1,277	86.61%	205	83.42%	2,745	85.39%
Baccalaureate Degree	19,045	86.93%	24,547	90.32%	23,123	86.72%	5,922	84.41%	72,637	87.80%
Associate Degree	22,696	80.86%	26,777	84.83%	24,719	82.10%	7,461	71.53%	81,653	81.68%
Invalid or Special Program Codes	0	0.00%	12	41.67%	12	75.00%	10	50.00%	34	55.88%
Total First Time, US Educated	42,537	83.60%	51,807	87.45%	49,131	84.39%	13,598	77.31%	157,073	84.57%
Repeat, US Educated	10,760	42.94%	11,618	42.00%	13,486	52.34%	11,626	46.06%	47,490	46.14%
First Time, Internationally Educated	2,411	36.91%	2,811	37.96%	3,062	37.52%	3,285	42.28%	11,569	38.85%
Repeat, Internationally Educated	3,940	24.24%	4,051	21.06%	3,913	21.60%	4,349	27.25%	16,253	23.61%
All Candidates	59,648	70.45%	70,287	74.13%	69,592	72.58%	32,858	56.12%	232,385	70.18%

PN	Jan-Mar 2016[4]		Apr-Jun 2016		Jul-Sep 2016		Oct-Dec 2016		Year to Date Total	
Type of Candidate	#	%	#	%	#	%	#	%	#	%
First Time, US Educated	10,789	82.62%	10,115	83.26%	17,035	86.62%	9,345	80.24%	47,284	83.73%
Repeat, US Educated	3,634	33.93%	4,097	32.76%	3,391	36.98%	3,744	36.06%	14,866	34.84%
First Time, Internationally Educated	293	43.00%	317	47.32%	271	45.39%	198	46.47%	1,079	45.51%
Repeat, Internationally Educated	350	20.00%	325	20.62%	293	25.60%	312	19.87%	1,280	21.41%
All Candidates	15,066	68.65%	14,854	67.19%	20,990	77.22%	13,599	66.20%	64,509	70.59%

[1] The # symbol denotes the number of candidates who took the exam.
[2] The % symbol denotes the percentage of candidates that passed the exam.
[3] The RN Passing Standard is 0.00 logits.
[4] The PN Passing Standard was -0.21 logits.

NCSBN Report 6 – Number and Percent Passing of First-Time Candidates Educated in BON/RB Jurisdictions, By Degree Type(PN Version)

Pearson | VUE

Custom Date Range (Click Run Below to Enter)
1/1/2016 12:00:00 AM
1/1/2017 12:00:00 AM

Printed By: Ann Tiller
Report Date: 06-Mar-2017 09:49 AM
Data as of(CST): 06-Mar-2017 08:01 AM

NCLEX Education Program Jurisdiction Code	NCLEX Education Program Jurisdiction	All PN Programs			Special Program Codes			Total		
		Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate
78	Alabama Board of Nursing (78)	789	742	94.04%	0	0	0.00%	789	742	94.04%
94	Alaska Board of Nursing (94)	10	9	90.00%	0	0	0.00%	10	9	90.00%
02	American Samoa Health Services Regulatory Board (02)	11	5	45.45%	0	0	0.00%	11	5	45.45%
96	Arizona Board of Nursing (96)	482	444	92.12%	1	1	100.00%	483	445	92.13%
39	Arkansas State Board of Nursing (39)	892	811	90.92%	46	44	95.65%	938	855	91.15%
22	California Board of Vocational Nursing & Psychiatric Technicians (22)	5,674	4,301	75.80%	500	160	32.00%	6,174	4,461	72.25%
95	Colorado Board of Nursing (95)	324	308	95.06%	2	2	100.00%	326	310	95.09%
69	Connecticut Board of Examiners for Nursing (69)	415	359	86.51%	0	0	0.00%	415	359	86.51%
12	Delaware Board of Nursing (12)	126	112	88.89%	0	0	0.00%	126	112	88.89%
75	District of Columbia Board of Nursing (75)	41	25	60.98%	0	0	0.00%	41	25	60.98%
70	Florida Board of Nursing (70)	3,111	2,278	73.22%	148	119	80.41%	3,259	2,397	73.55%
31	Georgia Board of Nursing (31)	877	774	88.26%	0	0	0.00%	877	774	88.26%
87	Guam Board of Nurse Examiners (87)	26	13	50.00%	0	0	0.00%	26	13	50.00%
37	Hawaii Board of Nursing (37)	57	53	92.98%	18	9	50.00%	75	62	82.67%
82	Idaho Board of Nursing (82)	176	172	97.73%	0	0	0.00%	176	172	97.73%
49	Illinois Board of Nursing (49)	1,346	1,219	90.56%	1	0	0.00%	1,347	1,219	90.50%
48	Indiana State Board of Nursing (48)	703	621	88.34%	0	0	0.00%	703	621	88.34%
60	Iowa Board of Nursing (60)	897	820	91.42%	0	0	0.00%	897	820	91.42%
68	Kansas State Board of Nursing (68)	879	755	85.89%	4	3	75.00%	883	758	85.84%
76	Kentucky Board of Nursing (76)	416	375	90.14%	0	0	0.00%	416	375	90.14%
34	Louisiana State Board of Practical Nurse Examiners (34)	955	805	84.29%	0	0	0.00%	955	805	84.29%
40	Maine State Board of Nursing (40)	61	42	68.85%	0	0	0.00%	61	42	68.85%
07	Maryland Board of Nursing (07)	136	130	95.59%	8	1	12.50%	144	131	90.97%
08	Massachusetts Board of Registration in Nursing (08)	885	757	85.54%	5	5	100.00%	890	762	85.62%
09	Michigan Board of Nursing (09)	989	880	88.98%	1	1	100.00%	990	881	88.99%
10	Minnesota Board of Nursing (10)	1,177	1,002	85.13%	0	0	0.00%	1,177	1,002	85.13%
79	Mississippi Board of Nursing (79)	682	564	82.70%	0	0	0.00%	682	564	82.70%
17	Missouri Board of Nursing (17)	1,140	1,014	88.95%	0	0	0.00%	1,140	1,014	88.95%
98	Montana State Board of Nursing (98)	112	109	97.32%	0	0	0.00%	112	109	97.32%
67	Nebraska Health and Human Services System (67)	252	231	91.67%	0	0	0.00%	252	231	91.67%

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

Report 6 – Number and Percent Passing of First-Time Candidates Educated in BON/RB Jurisdictions, By Degree Type(PN Version)

NCSBN Confidential

NCLEX Education Program Jurisdiction Code	NCLEX Education Program Jurisdiction	All PN Programs			Special Program Codes			Total		
		Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate
89	Nevada State Board of Nursing (89)	88	80	90.91%	0	0	0.00%	88	80	90.91%
51	New Hampshire Board of Nursing (51)	81	74	91.36%	10	10	100.00%	91	84	92.31%
18	New Jersey Board of Nursing (18)	1,437	1,092	75.99%	1	0	0.00%	1,438	1,092	75.94%
36	New Mexico Board of Nursing (36)	84	77	91.67%	9	8	88.89%	93	85	91.40%
03	New York State Board of Nursing (03)	2,593	1,988	76.67%	71	46	64.79%	2,664	2,034	76.35%
19	North Carolina Board of Nursing (19)	858	782	91.14%	13	12	92.31%	871	794	91.16%
65	North Dakota Board of Nursing (65)	148	145	97.97%	0	0	0.00%	148	145	97.97%
01	Northern Mariana Islands Board of Nursing (01)	1	0	0.00%	0	0	0.00%	1	0	0.00%
20	Ohio Board of Nursing (20)	2,819	2,312	82.01%	0	0	0.00%	2,819	2,312	82.01%
24	Oklahoma Board of Nursing (24)	1,024	880	85.94%	157	155	98.73%	1,181	1,035	87.64%
80	Oregon State Board of Nursing (80)	378	329	87.04%	3	3	100.00%	381	332	87.14%
25	Pennsylvania State Board of Nursing (25)	2,401	2,006	83.55%	1	1	100.00%	2,402	2,007	83.56%
13	Rhode Island Board of Nurse Registration and Nursing Education (13)	69	62	89.86%	3	3	100.00%	72	65	90.28%
26	South Carolina State Board of Nursing (26)	481	457	95.01%	31	27	87.10%	512	484	94.53%
66	South Dakota Board of Nursing (66)	179	166	92.74%	0	0	0.00%	179	166	92.74%
77	Tennessee Board of Nursing (77)	1,443	1,251	86.69%	0	0	0.00%	1,443	1,251	86.69%
41	Texas Board of Nursing (41)	4,649	4,066	87.46%	1	1	100.00%	4,650	4,067	87.46%
38	Utah Board of Nursing (38)	362	351	96.96%	77	76	98.70%	439	427	97.27%
15	Vermont State Board of Nursing (15)	135	133	98.52%	0	0	0.00%	135	133	98.52%
81	Virgin Islands Board of Nurse Licensure (81)	4	1	25.00%	0	0	0.00%	4	1	25.00%
28	Virginia Board of Nursing (28)	1,302	1,026	78.80%	2	1	50.00%	1,304	1,027	78.76%
55	Washington State Nursing Care Quality Assurance Commission (55)	526	498	94.68%	3	2	66.67%	529	500	94.52%
50	Wisconsin Department of Safety & Professional Services (50)	939	905	96.38%	1	1	100.00%	940	906	96.38%
54	WV Board of Examiners for LPNs (54)	449	389	86.64%	1	1	100.00%	450	390	86.67%
88	Wyoming State Board of Nursing (88)	136	134	98.53%	0	0	0.00%	136	134	98.53%
Total		**46,227**	**38,934**	**84.22%**	**1,118**	**692**	**61.90%**	**47,345**	**39,626**	**83.70%**

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

Report 6 – Number and Percent Passing of First-Time Candidates Educated in BON/RB Jurisdictions, By Degree Type(RN Version)

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Exam Series Code = NCLEX-RN
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12/31/2016 12:00:00 AM

Printed By: Beth Yates
Report Date: 03-Feb-2017 03:59 PM
Data as of(CST): 03-Feb-2017 08:21 AM

Exam: NCLEX-RN

NCLEX Education Program Jurisdiction Code	NCLEX Education Program Jurisdiction	Associate			Baccalaureate			Diploma			Special Program Codes			Total		
		Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate
78	Alabama Board of Nursing (78)	1,846	1,541	83.48%	1,578	1,425	90.30%	0	0	0.00%	1	0	0.00%	3,425	2,966	86.60%
94	Alaska Board of Nursing (94)	134	116	86.57%	99	87	87.88%	0	0	0.00%	0	0	0.00%	233	203	87.12%
02	American Samoa Health Services Regulatory Board (02)	10	5	50.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	10	5	50.00%
96	Arizona Board of Nursing (96)	1,688	1,510	89.45%	1,433	1,175	82.00%	0	0	0.00%	1	1	100.00%	3,122	2,686	86.03%
39	Arkansas State Board of Nursing (39)	1,000	808	80.80%	717	653	91.07%	239	181	75.73%	0	0	0.00%	1,956	1,642	83.95%
21	California Board of Registered Nursing (21)	5,844	5,070	86.76%	5,547	4,987	89.90%	0	0	0.00%	10	4	40.00%	11,401	10,061	88.25%
95	Colorado Board of Nursing (95)	745	641	86.04%	1,368	1,227	89.69%	0	0	0.00%	0	0	0.00%	2,113	1,868	88.41%
69	Connecticut Board of Examiners for Nursing (69)	768	688	89.58%	942	851	90.34%	87	81	93.10%	0	0	0.00%	1,797	1,620	90.15%
12	Delaware Board of Nursing (12)	333	287	86.19%	227	196	86.34%	21	19	90.48%	0	0	0.00%	581	502	86.40%
75	District of Columbia Board of Nursing (75)	273	130	47.62%	152	136	89.47%	0	0	0.00%	0	0	0.00%	425	266	62.59%
70	Florida Board of Nursing (70)	10,098	6,861	67.94%	3,229	2,826	87.52%	0	0	0.00%	2	1	50.00%	13,329	9,688	72.68%
31	Georgia Board of Nursing (31)	1,427	1,233	86.41%	2,366	2,041	86.26%	0	0	0.00%	0	0	0.00%	3,793	3,274	86.32%
87	Guam Board of Nurse Examiners (87)	19	18	94.74%	4	4	100.00%	0	0	0.00%	0	0	0.00%	23	22	95.65%
37	Hawaii Board of Nursing (37)	151	131	86.75%	428	347	81.07%	0	0	0.00%	4	1	25.00%	583	479	82.16%
82	Idaho Board of Nursing (82)	379	334	88.13%	302	258	85.43%	0	0	0.00%	0	0	0.00%	681	592	86.93%
49	Illinois Board of Nursing (49)	2,822	2,387	84.59%	3,939	3,342	84.84%	25	25	100.00%	0	0	0.00%	6,786	5,754	84.79%
48	Indiana State Board of Nursing (48)	1,681	1,321	78.58%	2,196	1,945	88.57%	58	55	94.83%	0	0	0.00%	3,935	3,321	84.40%
60	Iowa Board of Nursing (60)	1,382	1,104	79.88%	660	570	86.36%	0	0	0.00%	0	0	0.00%	2,042	1,674	81.98%
68	Kansas State Board of Nursing (68)	980	737	75.20%	884	762	86.20%	0	0	0.00%	0	0	0.00%	1,864	1,499	80.42%
76	Kentucky Board of Nursing (76)	1,611	1,343	83.36%	1,032	960	93.02%	0	0	0.00%	0	0	0.00%	2,643	2,303	87.14%
33	Louisiana State Board of Nursing (33)	735	643	87.48%	1,286	1,163	90.44%	36	28	77.78%	0	0	0.00%	2,057	1,834	89.16%
40	Maine State Board of Nursing (40)	282	243	86.17%	506	420	83.00%	0	0	0.00%	0	0	0.00%	788	663	84.14%
07	Maryland Board of Nursing (07)	1,528	1,285	84.10%	1,147	956	83.35%	0	0	0.00%	1	1	100.00%	2,676	2,242	83.78%
08	Massachusetts Board of Registration in Nursing (08)	1,393	1,077	77.32%	2,475	2,154	87.03%	80	70	87.50%	0	0	0.00%	3,948	3,301	83.61%
09	Michigan Board of Nursing (09)	2,668	2,175	81.52%	2,332	1,994	85.51%	0	0	0.00%	0	0	0.00%	5,000	4,169	83.38%

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

Report 6 – Number and Percent Passing of First-Time Candidates Educated in BON/RB Jurisdictions, By Degree Type(RN Version)

NCSBN Confidential

NCLEX Education Program Jurisdiction Code	NCLEX Education Program Jurisdiction	Associate			Baccalaureate			Diploma			Special Program Codes			Total		
		Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate
10	Minnesota Board of Nursing (10)	2,415	1,977	81.86%	1,213	1,029	84.83%	0	0	0.00%	0	0	0.00%	3,628	3,006	82.86%
79	Mississippi Board of Nursing (79)	1,199	1,005	83.82%	542	466	85.98%	0	0	0.00%	0	0	0.00%	1,741	1,471	84.49%
17	Missouri Board of Nursing (17)	1,531	1,275	83.28%	2,311	2,018	87.32%	89	69	77.53%	1	0	0.00%	3,932	3,362	85.50%
98	Montana State Board of Nursing (98)	237	186	78.48%	246	219	89.02%	0	0	0.00%	0	0	0.00%	483	405	83.85%
67	Nebraska Health and Human Services System (67)	301	236	78.41%	865	805	93.06%	0	0	0.00%	0	0	0.00%	1,166	1,041	89.28%
89	Nevada State Board of Nursing (89)	450	401	89.11%	529	473	89.41%	0	0	0.00%	0	0	0.00%	979	874	89.27%
51	New Hampshire Board of Nursing (51)	362	323	89.23%	308	282	91.56%	0	0	0.00%	1	1	100.00%	671	606	90.31%
18	New Jersey Board of Nursing (18)	1,364	1,129	82.77%	1,154	987	85.53%	498	451	90.56%	0	0	0.00%	3,016	2,567	85.11%
36	New Mexico Board of Nursing (36)	579	457	78.93%	323	294	91.02%	0	0	0.00%	0	0	0.00%	902	751	83.26%
03	New York State Board of Nursing (03)	5,335	4,375	82.01%	4,040	3,395	84.03%	16	15	93.75%	2	0	0.00%	9,393	7,785	82.88%
19	North Carolina Board of Nursing (19)	2,441	2,209	90.50%	1,407	1,302	92.54%	99	99	100.00%	0	0	0.00%	3,947	3,610	91.46%
65	North Dakota Board of Nursing (65)	101	96	95.05%	393	352	89.57%	0	0	0.00%	0	0	0.00%	494	448	90.69%
01	Northern Mariana Islands Board of Nursing (01)	11	4	36.36%	0	0	0.00%	0	0	0.00%	0	0	0.00%	11	4	36.36%
20	Ohio Board of Nursing (20)	4,716	3,635	77.08%	3,601	3,116	86.53%	143	111	77.62%	2	2	100.00%	8,462	6,864	81.12%
24	Oklahoma Board of Nursing (24)	1,298	1,061	81.74%	828	720	86.96%	0	0	0.00%	1	1	100.00%	2,127	1,782	83.78%
80	Oregon State Board of Nursing (80)	677	597	88.18%	716	618	86.31%	0	0	0.00%	1	0	0.00%	1,394	1,215	87.16%
25	Pennsylvania State Board of Nursing (25)	2,625	2,270	86.48%	3,675	3,370	91.70%	1,150	955	83.04%	7	6	85.71%	7,457	6,601	88.52%
13	Rhode Island Board of Nurse Registration and Nursing Education (13)	306	267	87.25%	366	315	86.07%	26	25	96.15%	0	0	0.00%	698	607	86.96%
26	South Carolina State Board of Nursing (26)	1,252	1,106	88.34%	1,100	944	85.82%	0	0	0.00%	1	0	0.00%	2,353	2,050	87.12%
66	South Dakota Board of Nursing (66)	103	87	84.47%	680	587	86.32%	0	0	0.00%	0	0	0.00%	783	674	86.08%
77	Tennessee Board of Nursing (77)	1,537	1,336	86.92%	2,290	2,002	87.42%	0	0	0.00%	0	0	0.00%	3,827	3,338	87.22%
41	Texas Board of Nursing (41)	5,437	4,581	84.26%	5,692	5,121	89.97%	128	115	89.84%	0	0	0.00%	11,257	9,817	87.21%
38	Utah Board of Nursing (38)	1,160	903	77.84%	369	335	90.79%	0	0	0.00%	0	0	0.00%	1,529	1,238	80.97%
15	Vermont State Board of Nursing (15)	232	182	78.45%	135	126	93.33%	0	0	0.00%	0	0	0.00%	367	308	83.92%
81	Virgin Islands Board of Nurse Licensure (81)	8	6	75.00%	9	4	44.44%	0	0	0.00%	0	0	0.00%	17	10	58.82%
28	Virginia Board of Nursing (28)	1,864	1,592	85.41%	1,963	1,732	88.23%	51	45	88.24%	0	0	0.00%	3,878	3,369	86.87%
55	Washington State Nursing Care Quality Assurance Commission (55)	1,739	1,529	87.92%	960	864	90.00%	0	0	0.00%	0	0	0.00%	2,699	2,393	88.66%
50	Wisconsin Department of Safety & Professional Services (50)	1,919	1,618	84.31%	1,646	1,434	87.12%	0	0	0.00%	0	0	0.00%	3,565	3,052	85.61%
53	WV Board of Examiners for RNs (53)	533	458	85.93%	397	361	90.93%	0	0	0.00%	0	0	0.00%	930	819	88.06%

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

Report 6 – Number and Percent Passing of First-Time Candidates Educated in BON/RB Jurisdictions, By Degree Type(RN Version)

NCLEX Education Program Jurisdiction Code	NCLEX Education Program Jurisdiction	Associate			Baccalaureate			Diploma			Special Program Codes			Total		
		Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate	Total Delivered	Total Passed	% Pass Rate
88	Wyoming State Board of Nursing (88)	232	194	83.62%	54	43	79.63%	0	0	0.00%	0	0	0.00%	286	237	82.87%
Total		**81,761**	**66,783**	**81.68%**	**72,661**	**63,793**	**87.80%**	**2,746**	**2,344**	**85.36%**	**35**	**18**	**51.43%**	**157,203**	**132,938**	**84.56%**

The numbers included in the report reflect the most up-to-date and accurate numbers at the time the report was generated.

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**
As of March 1, 2017

Board **Board of Nursing**

Chapter		Action / Stage Information
[18 VAC 90 - 20]	Regulations of the Board of Nursing	Accreditation of RN Education programs [Action 4570] NOIRA - *Register Date: 10/17/16* Proposed regulation – Executive branch review
[18 VAC 90 - 20]	Regulations of the Board of Nursing	Amendment to name tag requirement [Action 4725] NOIRA - *Register Date: 1/23/17* *Comment ended 2/22/17; Board to adopt proposed*
[18 VAC 90 - 20]	Regulations of the Board of Nursing	Promulgate New Chapters 19 and 27 and Repeal Chapter 20 [Action 4539] Fast-Track - *Register Date: 1/9/17* *Effective: 2/24/17*
[18 VAC 90 - 20]	Regulations of the Board of Nursing	Continued competency for reinstatement and reactivation within one renewal cycle [Action 4618] Fast-Track - *Register Date: 12/26/16* *Effective: 2/10/17*
[18 VAC 90 - 20]	Regulations of the Board of Nursing	Acceptance of attestation of graduation from nursing education program [Action 4687] Fast-Track - *Register Date: 3/6/17* *Effective: 4/20/17*
[18 VAC 90 - 50]	Regulations Governing the Licensure of Massage Therapists	Periodic review [Action 4559] Proposed - *DPB Review in progress*
[18 VAC 90 - 60]	Regulations Governing the Registration of Medication Aides	Administration of medication by subcutaneous route [Action 4560] Fast-Track - *Register Date: 1/23/17* *Effective: 3/9/17*

Final Report – 2017 General Assembly Legislation

HB 1541 Board of Nursing; powers and duties.

Summary as introduced:
Board of Nursing; powers and duties. Authorizes the Board of Nursing to deny or withdraw approval from training programs for failure to meet prescribed standards. Under current law, the Board has such power for educational programs.

HB 1609 Nurse practitioner as expert witness; scope of activities.

Summary as introduced:
Nurse practitioner as expert witness; scope of activities. References the specific Code section outlining the scope of a nurse practitioner's activities in the context of the current provision that authorizes a nurse practitioner to testify as an expert witness within the scope of his activities.

HB 1661 Administration of medications to treat adrenal crisis.

Summary as introduced:
Administration of medications to treat adrenal crisis. Provides that a prescriber may authorize an employee of (i) a school board, (ii) a school for students with disabilities, or (iii) an accredited private school who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medications to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis pursuant to a written order or standing protocol issued within the course of the prescriber's professional practice and with the consent of the student's parents and provides that an employee of a school board, a school for students with disabilities, or an accredited private school who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency who administers or assists in the administration of such medications to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

HB 1748 Charity health care services; liability protection for administrators.

Summary as passed:

Charity health care services; liability protection for administrators. Provides that persons who administer, organize, arrange, or promote the rendering of services to patients of certain clinics shall not be liable to patients of such clinics for any civil damages for any act or omission resulting from the rendering of such services unless the act or omission was the result of such persons' or the clinic's gross negligence or willful misconduct. This bill is identical to SB 981.

HB 1885 Opioids; limit on amount prescribed, extends sunset provision.

Summary as passed House:

Limits on prescription of controlled substances containing opioids. Requires a prescriber registered with the Prescription Monitoring Program (the Program) to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days. Current law requires a registered prescriber to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than 14 consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of a course of treatment for a surgical or invasive procedure and such prescription is not refillable. The bill extends the sunset for this requirement from July 1, 2019, to July 1, 2022.

HB 2119 Laser hair removal; limits practice.

Summary as passed House:

Practice of laser hair removal. Limits the practice of laser hair removal to a properly trained person licensed to practice medicine or osteopathic medicine or licensed as a physician assistant or nurse practitioner, or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or physician assistant.

HB 2153 Durable Do Not Resuscitate Orders; reciprocity.

Summary as introduced:
Durable Do Not Resuscitate Orders; reciprocity. Provides that a Durable Do Not Resuscitate order or other order regarding life-sustaining treatment executed in accordance with the laws of another state in which such order was executed shall be deemed to be valid and shall be given full effect in the Commonwealth.

HB 2164 Drugs of concern; drug of concern.

Summary as passed House:

Drugs of concern; gabapentin. Adds any material, compound, mixture, or preparation containing any quantity of gabapentin, including any of its salts, to the list of drugs of concern. This bill contains an emergency clause.

EMERGENCY

HB 2301 Nurses, licensed practical; administration of vaccinations.

Summary as introduced:
Licensed practical nurses; administration of vaccinations. Removes the requirement that the supervision of licensed practical nurses administering vaccinations by registered nurses be immediate and direct.

SB 848 Naloxone; dispensing for use in opioid overdose reversal, etc.

Summary as passed Senate:

Dispensing of naloxone. Allows a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy pursuant to § 54.1-3423 to dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, and (iii) without charge or compensation. The bill also provides that dispensing may occur at a site other than that of the controlled substance registration, provided that the entity possessing the controlled substance registration maintains records in accordance with regulations of the Board of Pharmacy. The bill further provides that a person who dispenses naloxone shall not be liable for civil damages of ordinary negligence for acts or omissions resulting from the rendering of such treatment if he acts in good faith and that a person to whom naloxone has been dispensed pursuant to the provisions of the bill may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill contains an emergency clause. This bill is identical to HB 1453.

EMERGENCY

SB 922 Dept of Professional and Occupational Regulation and Department of Health Professions; licensure.

Summary as introduced:
Department of Professional and Occupational Regulation and Department of Health Professions; licensure, certification, registration, and permitting. Provides that certain powers of the Department of Professional and Occupational Regulation, the Department of Health Professions, and health regulatory boards and certain requirements of persons regulated by such entities apply, inclusively, to permits as well as licenses, certifications, and registrations and to holders of permits as well as holders of such licenses, certifications, and registrations.

SB 1009 Telemedicine, practice of; prescribing controlled substances.

Summary as passed Senate:

Practice of telemedicine; prescribing. Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The bill also authorizes the Board of Pharmacy to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration. The bill contains an emergency clause. This bill is identical to HB 1767.

EMERGENCY

SB 1020 Peer recovery specialists and qualified mental health professionals; registration.

Summary as passed Senate:

Registration of peer recovery specialists and qualified mental health professionals. Authorizes the registration of peer recovery specialists and qualified mental health professionals by the Board of Counseling. The bill defines "qualified mental health professional" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. The bill requires that a qualified mental health professional provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services. The bill defines "registered peer recovery specialist" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. The bill requires that a registered peer recovery specialist provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health. The bill adds qualified mental health professionals and registered peer recovery specialists to the list of mental health providers that are required to take actions to protect third parties under certain circumstances and notify clients of their right to report to the Department of Health Professions any unethical, fraudulent, or unprofessional conduct. The bill directs the Board of Counseling and the Board of Behavioral Health and Developmental Services to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

SB 1024 Doctor of medicine, etc.; reporting disabilities of drivers to DMV, not subject to civil liability.

Summary as passed:

Health care practitioners; reporting disabilities of drivers. Provides that any doctor of medicine, osteopathy, chiropractic, or podiatry or any nurse practitioner, physician assistant, optometrist, physical therapist, or clinical psychologist who reports to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle that the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability or deemed to have violated the practitioner-patient privilege unless he has acted in bad faith or with malicious intent. This bill is identical to HB 1514.

SB 1027 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide.

Summary as passed:

Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (the Board) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill sets limits on the number of permits that the Board may issue and requires that the Board adopt regulations establishing health, safety, and security requirements for permitted processors. The bill provides that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also requires that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian register with the Board. The bill requires further that a pharmaceutical processor shall not provide cannabidiol oil or THC-A oil to a patient or a patient's parent or legal guardian without first verifying that the patient, the patient's parent or legal guardian if the patient is a minor or incapacitated, and the practitioner who issued the written certification have registered with the Board. Finally, the bill provides an affirmative defense for agents and employees of pharmaceutical processors in a prosecution for the manufacture, possession, or distribution of marijuana. The bill contains an emergency clause.

EMERGENCY

SB 1062 Definition of mental health service provider.

Summary as introduced:
Definition of mental health service provider. Adds physician assistant to the list of mental health service providers who have a duty to take precautions to protect third parties from violent behavior or other serious harm.

SB 1178 Buprenorphine without naloxone; prescription limitation.

Summary as passed Senate:

Prescription of buprenorphine without naloxone; limitation. Provides that buprenorphine mono or products containing buprenorphine without naloxone shall be issued only for a patient who is pregnant. The provisions of the bill expire on July 1, 2022.

EMERGENCY

SB 1179 Opioids; workgroup to establish guidelines for prescribing.

Summary as passed Senate:

Secretary of Health and Human Resources; workgroup to establish educational guidelines for training health care providers in the safe prescribing and appropriate use of opioids. Requires the Secretary of Health and Human Resources to convene a workgroup that shall include representatives of the Departments of Behavioral Health and Developmental Services, Health, and Health Professions as well as representatives of the State Council of Higher Education for Virginia and each of the Commonwealth's medical schools, dental schools, schools of pharmacy, physician assistant education programs, and nursing education programs to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses, in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. The bill contains an emergency clause. This bill is identical to HB 2161.

EMERGENCY

SB 1180 Opioids and buprenorphine; Boards of Dentistry and Medicine to adopt regulations for prescribing.

Summary as passed Senate:
Boards of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine. Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to annually provide a report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient. The bill contains an emergency clause.

EMERGENCY

SB 1230 Opiate prescriptions; electronic prescriptions.

Summary as passed:

Opiate prescriptions; electronic prescriptions. Requires a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. The bill defines electronic prescription as a written prescription that is generated on an electronic application in accordance with federal regulations and is transmitted to a pharmacy as an electronic data file. The bill requires the Secretary of Health and Human Resources to convene a work group of interested stakeholders to review actions necessary for the implementation of the bill's provisions and to evaluate hardships on prescribers and the inability of prescribers to comply with the deadline for electronic prescribing, and to make recommendations for any extension or exemption processes relative to compliance or disruptions due to natural or manmade disasters or technology gaps, failures or interruptions of services. The work group shall report on the work group's progress to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2017 and a final report to such Chairmen by November 1, 2018.

SB 1232 Opioids; limit on amount prescribed, extends sunset provision.

Summary as passed Senate:

Limits on prescription of controlled substances containing opioids. Requires a prescriber registered with the Prescription Monitoring Program (the Program) to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days. Current law requires a registered prescriber to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than 14 consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of a course of treatment for a surgical or invasive procedure and such prescription is not refillable. The bill extends the sunset for this requirement from July 1, 2019, to July 1, 2022.

SB 1403 Cannabidiol; Board of Pharmacy to deschedule or reschedule upon certain publication.

Summary as passed:

Board of Pharmacy to deschedule or reschedule controlled substances. Authorizes the Board of Pharmacy (Board) to designate, deschedule, or reschedule as a controlled substance any substance 30 days after publication in the Federal Register of a final or interim final order or rule designating such substance as a controlled substance or descheduling or rescheduling such substance. Under current law, the Board may act 120 days from such publication date. The bill also provides that a person is immune from prosecution for prescribing, administering,

dispensing, or possessing pursuant to a valid prescription a substance approved as a prescription drug by the U.S. Food and Drug Administration on or after July 1, 2017, in accordance with a final or interim final order or rule despite the fact that such substance has not been scheduled by the Board. The immunity provided by the bill remains in effect until the earlier of (i) nine months from the date of the publication of the interim final order or rule or, if published within nine months of the interim final order or rule, the final order or rule or (ii) the substance is scheduled by the Board or by law. This bill is identical to HB 1799.

SB 1484 Prescription Monitoring Program; disclosure of information to certain physicians or pharmacists.

Summary as passed Senate:

Prescription Monitoring Program. Provides that the information in the possession of the Prescription Monitoring Program disclosed by the Director of Health Professions about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist employed by the Virginia Medicaid managed care program may be disclosed to such physician's or pharmacist's clinical designee who holds a multistate licensure privilege to practice nursing or a license issued by a health regulatory board within the Department of Health Professions and is employed by the Virginia Medicaid managed care program.

Agenda Item: **Adoption of Guidance Document 90-56**

Included in your agenda package:

A draft of guidance document 90-56 (Practice agreements for Nurse Practitioners)

Staff Note: Timeline for this action

July 19, 2016 → Board of Nursing adopted GD 90-56 with changes to conform with 2016 changes in law.

August 5, 2016 → Board of Medicine modified to delete inclusion of "authorization to write DNR orders" in the guidance for practice agreement for LNP in the category of CNM.

September 20, 2016 → Board of Nursing rejected the modification, referred to the Joint Boards, and asked for Board of Medicine rationale for changes.

December 7, 2016 → Joint Boards revised changes in format and deleted reference to CNM's and DNR orders.

January 24, 2017 → Board of Nursing heard the public comment and further amended the GD. This version is to be presented for consideration by the Joint Boards at the February 8, 2017 meeting.

February 8, 2017 → Committee of the Joint Boards voted to recommend the attached version of Guidance Document 90-56 to the boards.

February 16, 2017 →Board of Medicine adopted 90-56 as presented.

Action:

Adoption of 90-56 as revised by the Board of Nursing.

Guidance document: 90-56

Practice Agreement Requirements for Licensed Nurse Practitioners

Rejected by the Board of Nursing – January 24, 2017
Adopted by the Board of Medicine –

In the *Regulations Governing the Licensure of Nurse Practitioners, 18VAC 90-30-10 et seq.*, "Practice agreement" is defined as:

"a written or electronic statement, jointly developed by the collaborating patient care team physician(s) and the licensed nurse practitioner(s), that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse practitioner(s) in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For nurse practitioners licensed in the category of certified nurse midwives, the practice agreement is a statement jointly developed with the consulting physician(s)."

A practice agreement is not required for nurse practitioners licensed in the category of certified registered nurse anesthetists.

The practice agreement for a licensed nurse practitioner (LNP) other than a certified nurse midwife (CNM) should include:

- A description of the procedures that the licensed nurse practitioner (LNP) will perform in accordance with his or her specialty training;
- Provisions for the periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- Provisions for appropriate physician input in complex clinical cases and patient emergencies and for referrals;
- Categories of drugs and devices that may be prescribed;
- Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient that address, at a minimum, the availability of the collaborating physician proportionate to such factors as practice setting, acuity, and geography;
- Provisions for periodic joint evaluation of services provided and review of patient care outcome;.
- Provisions for periodic review and revision of the practice agreement; and
- Written or electronic signature of the LNP(s) and the physician(s) or the name of the patient care team physician who has entered into the agreement with the licensed nurse practitioner.

The practice agreement may also include, but not be limited to:

- Authorization for the LNP's for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122;
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482; and
- Authorization to write DNR orders.

The LNP should consider identifying a back-up collaborating physician in the event of the unexpected departure of the patient care team physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative team physician in the event the primary team physician is no longer available for collaboration and consultation.

The practice agreement for an LNP in the category of CNM should include:.

- ~~A description of the procedures that the CNM will perform in accordance with his or her specialty training;~~
- ~~Provisions for appropriate physician input in complex clinical cases and patient emergencies and for referrals;~~
- Categories of drugs and devices that may be prescribed, if prescribing Schedule II through V drugs;
- Guidelines for availability and ongoing communications that provide for and define consultation and the availability of the physician for routine and urgent consultation on patient care;
- Provisions for periodic review and revision of the practice agreement; and
- Written or electronic signature of the CNM(s) and the physician(s) who has entered into the agreement.

The practice agreement may also include, but not be limited to:

- Authorization for the CNM's for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122; and
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482;

The CNM should consider identifying a back-up physician in the event of the unexpected departure of the consulting physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative consulting physician in the event the primary physician is no longer available for consultation.

The LNP is required to:

- Maintain the practice agreement.
- Make the practice agreement available for review by the Board of Nursing.
- Have a practice agreement with a patient care team physician (or for certified nurse midwives, a consulting physician) that includes the setting or settings in which the nurse practitioner is actively practicing.

It is not a requirement that a copy of the practice agreement be submitted to the Board of Nursing to obtain or renew the professional license.

Agenda Item: **Board Action – Proposed Fast-track regulation Name badges**

Staff note:

The Board decided to act in response to a petition for rulemaking requesting an amendment to allow use of first name and last initial on a name tag for nurses in all settings. Subsection A of 18VAVC90-19-50 requires:

18VAC90-19-50. Identification; accuracy of records.

A. Any person regulated by this chapter who provides direct client care shall, while on duty, wear identification that is clearly visible and indicates the person's first and last name and the appropriate title for the license, registration, or student status under which he is practicing in that setting. Any person practicing in hospital emergency departments, psychiatric and mental health units and programs, or in health care facilities units offering treatment for clients in custody of state or local law-enforcement agencies may use identification badges with first name and first letter only of last name and appropriate title.

Included in the agenda package:

Copy of Notice of Intended regulatory action

Copy of comments received on the NOIRA

A staff suggestion for amendment

Action:

Motion to adopt a proposed amendments to 18VAC 90-19-50 and to promulgate the amendment under a fast-track action.

Staff suggestion:

18VAC90-19-50. Identification; accuracy of records.

A. Any person regulated by this chapter who provides direct client care shall, while on duty, wear identification that is clearly visible and indicates the person's first and last name and the appropriate title for the license, registration, or student status under which he is practicing in that setting. Any person practicing in hospital emergency departments, psychiatric and mental health units and programs, or in health care facilities units offering treatment for clients in custody of state or local law-enforcement agencies may use identification badges with first name and first letter only of last name and appropriate title.

Options to consider – keep underlined requirement for appropriate title and add:

1) Identification on a badge shall include the first name and first letter of the last name,

2) Identification on a badge shall include the last name and first letter of the first name,

3) Name identification on a badge shall follow the policy of the employment setting for identification of health care practitioners,

4) Combination of options.

12/30/2016 8:14 pm Date / Time filed with the Register of Regulations	VA.R. Document Number: R____-_____ Virginia Register Publication Information Date: 1/23/2017 Issue: 11 Volume: 33

Transmittal Sheet: Notice of Intended Regulatory Action

Regulatory Coordinator: Elaine J. Yeatts
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Promulgating Board: Board of Nursing

NOIRA Notice: Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board of Nursing intends to consider amending the following regulations

Chapters Affected:	
18 vac 90 - 20:	Regulations of the Board of Nursing

Action Title: Amendment to name tag requirement

Agency Summary: The purpose of the proposed action is summarized as follows:

A petition for rulemaking requested an amendment to allow use of first name and last initial on a name tag for nurses in all settings. The Board's intent is to gather additional information about requirements in other states and other boards in Virginia and to solicit comment from employers.

Statutory Authority: State: Chapter 30 of Title 54.1

Federal:

Is a public hearing planned for the proposed stage? Yes

Public comments may be submitted until 5:00 p.m. on 2/22/2017.

Does the Agency Background Document include an announcement of a periodic/small business impact review? No

If this stage is the result of a small business impact review does the Agency Background Document include a report of findings? Yes

Agency Contact: Jay P. Douglas, R.N.
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()-
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APA Compliance: This regulation has been adopted in accordance with the Administrative Process Act.

Action ID: 4725 Stage ID: 7775 RIS Project ID: 004985

Virginia.gov Agencies | Governor

Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations of the Board of Nursing [18 VAC 90 - 20]**

Action	Amendment to name tag requirement
Stage	NOIRA
Comment Period	Ends 2/22/2017

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Pamela Cyr *

1/26/17 1:08 pm

ID badge

I support having only first and first initial of last name. I support this for several reasons but mostly because my colleagues and I've had a couple of disconcerting encounters with patients.

Commenter: Mike Rome *

1/26/17 1:09 pm

yes to allow first name and last name initial on Nurse ID badges

I support the regulation amendment to allow just first name and last name initial on Nurse's Badges. Stalking and workplace violence in the news point to the need to protect these first line health care providers with this privacy protection

thank you

Mike Rome MSN, RN, APHN-BC

Commenter: Ervenna Ashnafi, UVA Health System *

1/26/17 1:11 pm

ID Badge

I agree with only having a nurse's first name and last name inital on the ID badge.

Commenter: Victoria Bierman, Radford University *

1/26/17 1:11 pm

Name badge

If regulations are established then name badges may be less beneficial to staff and patients. I think

name badge identification should be site specific. For APRNs it is better to have last name than first name.

Commenter: Kym Conahan, Bon Secours Hampton Roads * 1/26/17 1:11 pm

ID tags

I think only first names should be on badges. I believe it us a safety hazard for any nurse to be easily identified by a patient who may be angry at the nurse or just want to reach out to the nurse on the outside. With social media making everyone eazy to find the least amount if information on a badge is preferred. I know where I work in the emergency department we only have our first name in the badge, no last initial or anything. pe over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Nancy Pitts, UVA Medical Center * 1/26/17 1:14 pm

name badge

For forensic patients, this is a great safety measure. I work in outpatient clinic, so patients get a card with my full name when appropriate and this change would allow me control over that information.

Commenter: Yinka M. GW MFA * 1/26/17 1:16 pm

I agree with the amendment! Yes to first name and first letter of last name on id badges pls!!

Commenter: Deb Cunningham * 1/26/17 1:16 pm

First Name Last Initial

I believe that nurses should be able to have their first name and last initial. I worked in the ED for many years and this was the norm for our protection. With the advent of social media, I have personally received unwanted "friend requests" from patients. I am perfectly willing to give my full name if I feel safe giving it.

Commenter: Grace Akl * 1/26/17 1:24 pm

ID badge

I agree to put first name and initial of last name.

Commenter: Patricia A. Harnois-Church * 1/26/17 1:28 pm

ID Badge Comment

I agree with the amendment to put the first name and only last name initial on the badge.

Commenter: L. Days Bon Secours Richmond * 1/26/17 1:28 pm

Privacy for nurses

I agree with and support only using first name and last initial on ID badges. The safety and confidentiality for nurses are important

Commenter: Christine Althoff Inova Health System * 1/26/17 1:29 pm

ID Badge

I support the bill to allow nurse ID Badge to dispaly first name and last initial. It would protect nurses privacy. It is too easy to find out personal information about an individual with full name. This could lead to stalking, unsoliciated communication or other personal harm.

Commenter: T Collins, Shenandoah University and Valley Health Systems * 1/26/17 1:30 pm

Yes to proposed changes on ID badge

This is a fair and reasonable change to help protect from harrassment. With the ease of access to the Internet, patients can Google the name and often ascertain the nurse's address and more. We should also consider including nurses in the same sort of protection which other first responders have with blocked addresses.

Commenter: Lillie Phillips, VCU Health CMH * 1/26/17 1:32 pm

ID badge

I agree with the amendment. There are times we are confronted by disgruntled patients and family members and this would be one way to protect our identity.

Commenter: Louella Meachem * 1/26/17 1:33 pm

Name Badges

I support this amendment to allow the use of first name and only first intial of last name on name badges for nursing staff. I have personally experienced a situation of someone using the information from my badge to contact my personal phone number . So I support this proposal 100 per cent.

Commenter: Kelli H, UVA Heart and Vascular Center * 1/26/17 1:37 pm

ID Badge

I agree with this proposal to have some nurse identity within health care. Why does the patient

need to know your last name? What if a patient gets agree or hostile and decides to look you up? A person can google or look ukkp almost anyone in this day and age. Nurses deserve some privacy as well. As you introduce yourself, you could just say "Hi, my name is Kelli and I will be your nurse today." etc.

Commenter: Patricia Higazi *

1/26/17 1:43 pm

I fully support this bill to use First name and Last initial.

In this era of rising workplace violence healthcare workers are at increased risk carrying out their day to day jobs. Their privacy and protection are of paramount importance

Commenter: Sarah Gilbert *

1/26/17 1:44 pm

ID Badge names

I agree with using only first name and last name initial on ID badges in facilities.

Commenter: Linda Lewis *

1/26/17 1:44 pm

ID Badge discussion

Fully support the first name and initial of last name.

Commenter: Christian Briggs, RN, CRRN *

1/26/17 1:44 pm

Please, Yes

For the sake of networking and resumes, most of us have professional email addresses, primarily composed of our name. If patients can use that to figure out our email address, they could have access to much more information, because companies like Apple, Microsoft, and Google use a single sign-in for your entire online life. This can be very dangerous. Thanks for your time and consideration.

Commenter: Debra, Nurse Case Manager *

1/26/17 1:47 pm

identification

I agree with First Name Last initial. I get multiple facebook friend requests from patients. I prefer my safety and privacy.

Commenter: JoAnn Conroy, DNP, RN ,GWU SON *

1/26/17 1:50 pm

Protecting Privacy

I highly support this initiative to protect nurse's privacy by limiting the amount of information provided on a name badge to the minimum necessary. Nurses can use their well-honed assessment skills to decide with whom they share what personal information.

Commenter: Danny Mallory, VCUHS * 1/26/17 1:51 pm

Nurse ID badge and confidentiality

I fully agree with the bill. First name and last initial will provide a safer environment for us.

Commenter: Luann Norfleet, RN, Home health liaison * 1/26/17 1:52 pm

I fully agree with name privacy on id badges.

Commenter: Theresa Kern, Organization * 1/26/17 1:54 pm

ID regulations

I am in support of name tag regulation. I feel it is easier for predators to search staff and find where they reside. I have had at least two incidence where staff members were contacted by previous patients and stalked. It may not resolve all issues but it may keep the identity of the nurse somewhat harder to decipher.

Commenter: Shawn Floyd DNP, RN, ACNP-BC * 1/26/17 1:57 pm

ID Regulation

I support this given the privacy and saftey concerns for nurses working in all setting. Having your full name on public disply in the heath care setting is not only dangerous but also a saftey issue. We are not putting patient names on full display in the common area's of hospitals are we?

Commenter: LaShawn Wright, Fortis College * 1/26/17 2:02 pm

I'D BADGE

I agree that we should only have last name listed on badge or first initial last name.

Commenter: Susan Winslow, Sentara * 1/26/17 2:11 pm

name tags

I respect the need for improved security and protection of our nursing workforce. Sadly the risk of patient or family injury seems to be increasing at volitile moments of care delivery. I do however think the public has a right to know the name of the professional staff caring for them and I strongly encourage the board to reach out to our counterparts in medicine, pharmacy and therapy. If we go down this path then what does that mean for them. I think we need to continue to have our last names on formal identification badges.

Commenter: CF Kane *

Amendment to name tag requirement 1/26/17 2:14 pm

Absolutely not! We are professionals and hiding our identity from our patients only interferes with establishing interpersonal relationships which are the foundation of good patient care. Perhaps some units in hospitals would make such a decision, but that should be a facility decision, not a regulation across Virginia nursing practice. I do not see why the State Board of Nursing would need to write regulations controlling nursing behavior at this level. This level of regulation is a waste of taxpayer money.

Commenter: Robin, N/A * 1/26/17 2:16 pm

Badge Response

In today's day and age and how easy it is to access personal information about someone, this is a necessity. If a patient has access to the nurse's first and last name (if it's somewhat unique) they are able to know almost everything about him/her within five minutes simply by using a free search engine. This puts the nurse at risk for stalking, physical harm, and slander. Patients are protected in so many ways and nurses are often left vulnerable and exposed. This is **necessary**!

Commenter: Marilyn Ives-Calhoun * 1/26/17 2:17 pm

I fully agree. First name and last initial.

Commenter: Frances Montague * 1/26/17 2:19 pm

Amendment to Name Tag Regulation

I agree with first name only. Currently the first name overshadows the last and staff call each other by the first name. To keep the first name makes it easier for all. First name protects the safety and privacy of the staff. The full name makes it easier to locate the nurse and may encourage violent acts by disgruntled patients.

Commenter: Patricia E. Sloan, Professor Emerita, Hampton University School of Nursing * 1/26/17 2:21 pm

Name badge

This makes good sense in current cyber access world. Limit name access to first name & last initial may help prevent mis-use. Business cards can be provided to those clients who need more

Commenter: Rebecca Mance, GWU * 1/26/17 2:22 pm

No last names

I agree with limiting the information on badges. This is particularly improtant in clinical areas with high risk populations (neonates, pregnancy, emergency departments, psych units). Retaliation is high and can be very threatening.

Commenter: Minute Clinic *

1/26/17 2:35 pm

Name Badge Proposal

Seeing as how the patient's after visit summary and receipt contains the provider's full name, just addressing the name badge might prove futile. Patients can retrieve the provider's name on most practic's directory, website, medical record and numerous other places.

Commenter: Centra *

1/26/17 2:36 pm

Proposed ID Regulation

I beleive the propsed regualtion amendment to use first name and last intila on a nurses ID badge is a great idea in this social media world. This would indeed assist in protecting a nurses privacy and add to the personal safety of the nurse.

Commenter: Rachel Featherstone *

1/26/17 2:37 pm

I support this amendment, on behalf of nurses and patients both.

I support this amendment.

Nurse's privacy should be maintained, through limited disclosure of last names. However, the patient's right to knowing who takes care of them should be maintained through the use of initials, so that they may identify between nurses of the same first name.

Commenter: Sandra Morris *

1/26/17 2:38 pm

Id

I worked in a prison in another state. First and last name was on our ID badge. It was evident that prisoners looked us up and knew more about us that they should. When I worked in Long term care, Hospitals, Home care, my full name was on my Id badges. There were times I was not comfortable with patients/ clients knowing my last name. I would prefer, just my first name ,only is printed on my ID badge.

Commenter: Johnnette Cleaton *

1/26/17 2:39 pm

I support the request

I support the request.

Commenter: Mallory Manriquez, MSN, RN, PCCN, VCUHS * 1/26/17 2:41 pm

Support for Amendment

As a bedside RN who has been contacted inappropriately by families through social media, I am in support of this amendment.

Commenter: Marta Stepniewski * 1/26/17 2:50 pm

Amendment to name identification requirement

I'm in full support of an amendment to allow use of first name and last initial on a name tag for nurses in all practice environments.

Commenter: Jennifer Bath, Carilion Clinic Roanoke Memorial Hospital * 1/26/17 3:00 pm

ID badges

I support this amendment. Working in the hospital, one comes in contact with all patients. Mental health issues are not just seen in psychiatric care. They are seen throughout the hospital because these patients have medical issues that require treatment in addition to they psychiatric problems. I personally have had issues with patient's getting my name off my badge and looking me up in the phone book or online and calling me. They were inappropriate calls to the point of sexual advances. I had a coworker several years ago that was stalked by a former patient who had her full name from her name badge and looked her up and found where she lived. Unfortunately, in today's society, one needs to be more vigilant about their safety. Violence can happen anywhere. We are not able to tell when a patient comes to the hospital for care if they are going to be someone that could cause harm. One way to protect health care workers safety is to remove last names from name badges. This prevents patients from being able to threaten, harass or stalk an employee. Please consider the safety of health care workers when reading this bill and do the right thing for us. Remove last names from hospital badges.

Commenter: Sandy Harris RN MSN Carilion Clinic * 1/26/17 3:01 pm

name badge change

I support.

Commenter: Darlene Schill * 1/26/17 3:01 pm

I support this amendment to remove last names from ID badges

Nurses care for and deal with many types of people and some are not so nice. Not always the pt either. Family members can be the worse with unrealistic expectations and will read your name badge, write down your name, and yes some have gone as far as seeking you out at your home. Nurses need protection and our last names do not change how we deliver pt care. This amendment will provide nurses with protection from those we need it from.

Commenter: Carilion Clinic * 1/26/17 3:10 pm

ID badges

Only having first name in ID badges is and excellent idea.

Commenter: Jacob Witt, RN, MSN, FNP * 1/26/17 3:24 pm

No last names!

With technology and the ability of social media, the use of last names on name badges for bedside nurses is dangerous and foolish.

Commenter: Donna R. Secrist, Chesterfield Women's Detention/Diversion Center * 1/26/17 3:25 pm

I fully support having first name, first initial last name on name badges.

I fully support having first name, first initial of last name on name badges. I work in Corrections and have a different easily recognized last name and have had previous offenders call my name in public.

Commenter: Suzanne Fuhrmeister, retired * 1/26/17 3:50 pm

Name tags

With the increase in violence against nurses and widespread access to social media, I fully support use of first name and last initial on name tags. I have seen instances of patients/families looking up nurses on social media.

Commenter: Michelle Longley, MSN, RN, GNP * 1/26/17 3:50 pm

ID badge

I support the use of first name and last initial on nurse ID badges. I have had patients contact me after obtaining my first and last name from my employment badge; for some clinicians, it could lead to very concerning/unsafe interactions.

Commenter: Natalie Sorensen, RN * 1/26/17 3:54 pm

nurse ID badges

I support the amendment that would allow nurses to have their first name and last initial only on their ID badges. It is a safety concern that is very prevelant in the age of internet. I have myself had a patient try to contact me on the internet and on the phone when I did not give out the information to the patient. Understandably, if there was any issue where my full name was proven needed, than that information would have to go through the hospital and the appropriate channels.

Commenter: Patricia C Seifert, RN; MSN self employed * 1/26/17 4:04 pm

RN Name on ID badge

I am not in favor of the proposed revised rule for the following reasons: **1)** It is important to practice in a transparent manner and using an initial for the last name could be perceived as a lack of trust, a hesitation to be candid & open, avoiding responsibility & accountability; **2)** what "first name" would be used: Legal? Nickname? Full name? There is great room for vaiability (and consequently risk of inaccuracy & error). **3)** what recourse does the patient have when s/he wants to follow-up with the clinician -- now off duty -- and unavailable to clarify a point, a direction, and/or explanation (about -- eg --: medication dose, emergency actions)..
Thank you for considering these comments. Patricia C Seifert, RN

Commenter: Bridget Agee, Bon Secours Memorial Regional Medical Center * 1/26/17 4:34 pm

ID Badge Change

Speaking out for myself and other nurses, it is a safety issue to be allowed the priviledge of protecting your last name. In today's society, it is relatively easy to access one's location or name on the internet; but we should have the choice to protect ourselves. As in the event of caring for patients who are prisoners, drug/alcohol addicts, or have psychological impairements, we should have the right to protect our name and our families. Please consider making this a state regulation. Thank you.

Commenter: Stephanie Smith RN, Carilion Clinic * 1/26/17 4:34 pm

Name tag ammendment

I think people should be given the option to choose first and last or first with last initial.

Commenter: Mary Ellen Staszewski * 1/26/17 4:35 pm

Name on ID

I agree with first name and last initial on ID badges.

Commenter: Mary Loyd * 1/26/17 4:56 pm

I support this amendment!

Commenter: Yma Sharp * 1/26/17 5:13 pm

nurse ID amendment

I support the amendment with a preference to having first name only on name badges.

Commenter: Cecily Hill, RN * 1/26/17 5:18 pm

I support this admendment

I think this would be a great idea, given social media and how easy patients can look up healthcare staff.

Commenter: Susan D. Bray * 1/26/17 5:36 pm

Professional ID Badge

Most of my career has been working in the field of mental health. This has entailed working with patients in the hospital and individuals in outpatient settings. My home number since the 1980's has never been published with my telephone company because of wanting both privacy and security. I believe this would add an extra level of privacy that would not interfere with our nursing practice.

Commenter: Carol Maxwell, South University * 1/26/17 6:38 pm

Name tag amendment

I support this amendment and recommend that nurses be addressed as "Nurse" and then their first name, to keep the professional boundary.

Commenter: jay gilbert * 1/26/17 6:51 pm

nurse ID

I am a registered nurse in the state of Virginia. I am proud of my name and proud to be a Registered Nurse. I support this amendment but feel the nurse ID should allow for the option to use your last intial or full last name at each idividual nurse's discretion. I feel I should be able to use my full name if I choose.

Commenter: Kemberly Campbell * 1/26/17 7:44 pm

ID badges.

I support the proposal for Nursing badges to contain first name and last name initial. I work in psychiatry and I am hyper vigilant about not discolomg any personal information. However, with my last name on my badge it would give the patients an advantage in finding information about me. Luckily our unit implemented this years ago. We are provinding care for patients that suffer from addiction and psychiatric issues, safety for the nurses that care for them should be a priority.

Commenter: Julie M * 1/26/17 7:48 pm

I support this amendment

Commenter: michael L mason * 1/26/17 8:05 pm

I D Badges

Does not matter to me at all.

Commenter: Patricia Williams * 1/26/17 8:08 pm

Support

I support the revision to protect the identity of the nurse. first name and last initial is good. Those working in high risk areas, i.e. ED, OB, etc. are at the highest risk for stalking or accusation of anything harmful to the nurses' reputation. Therefore nurses are just giving their first name when ID themselves to patients. First names are the easier to remember by a patient/client who is in distress or sedated.

Commenter: Deborah Kile, Sentara Healthcare * 1/26/17 8:14 pm

Support this amendment

I encourage your support of this amendment. Several years ago, I received harassing phone calls from a patient that I had cared for in ethe hospital. Having access to my full name, made it easy for him to locate my phone number. I shared this event with a co-worker and a physician overheard my story. He shared that a nurse in his office also recived inappropriate calls. While I could not be sure it was the same person, it seemed suspicious.

In the past year, I am aware of fellow nurses being contacted via facebook by patients they have cared for. These contacts have been sexually inappropriate and were unnerving to these nurses. Social media and technology make it easy for patients to find nurses. As a nurse, I believe this is a breech in privacy and could certainly result in compromising safety. By not including our full last name on ID badges, our privacy and personal safety would be better protected.

Commenter: Karen L. * 1/26/17 8:34 pm

ID badge

.Nurses should not need to provide their last name on their ID badge for their own safety and protection of privacy.

Commenter: m miller * 1/26/17 9:16 pm

I fully support this amendment

Commenter: Denise, HCA * 1/26/17 9:31 pm

Regulatory Action

I have been messaged through social media by patients or family members of patients that I have cared for. One of the patients contacted me to persuade me to buy products that she was selling.

Thankfully, I've never been harassed but with our full names on our badges it is bound to happen.

Commenter: Kayla L. * 1/26/17 10:25 pm

Name on ID badge

This is a great ID!

Commenter: Steven Yoder RN, University of Virginia health system * 1/26/17 10:45 pm

poposal on ID regulation

As a nurse who as worked in the Emergency Department I strongly recommend legislation be changed so that Nurses ID badges be changed to only show the first name and Last initial.

Commenter: Fran Hobson, RN, FNP, CEN * 1/26/17 10:58 pm

Fully Support!

I fully support this amendment. As a former ER nurse in North Carolina, our ID badge was our first name and last initial, due to the high number of behavioral health patients seen in our facility. Social media has made it very easy to locate just about anyone. We must be vigilant about protecting our identity for our safety. Just recently, the website familytreenow.com was brought to our attention after a patient showed up at the home of one of our doctors after this site gave his current address and names of close relatives. The only information needed to obtain this information was first and last name and the state. And the site is free.

Commenter: Shinette Amoh * 1/26/17 11:11 pm

Totally Support!!

I wholeheartedly support this idea! As healthcare providers, we do all we can to protect our patients' privacy and it gives me a measure of security to know that mine will be protected as well.

Commenter: Nancy Craft * 1/26/17 11:11 pm

Amend name identification requirement

For safety, security and privacy of health care professionals I support this amendment. I do realize that depending upon the practice setting some may want to provide more information and this should be allowed based on the individual persons' preference.

Clients should continue to be aware of the credentials of the health care professionals with whom they interact.

Commenter: Esther Condon * 1/27/17 12:40 am

Name on ID Badge

If using the first name and and last initial protects the privacy of nurses, it also prevents patients from completely knowing who is caring for them. What are the legal implications for this? How are other caregiving professions handling this? If I were a patient, I would not like having to wonder who my caregivers are. Practicing a profession is a public behavior and there should be no secrecy involved. Given that the nursing profession has been identified as the most trusted profession, that designation could quickly disappear if nurses decline to be identified by full name. Without knowlege of the range of positive factors that would favor the proposed legislation, I can only state that it may do more harm than good to appear duplicitous in the eyes in the public. Thank you.

Commenter: LindaShallash, Western State Hospital * 1/27/17 1:16 am

proposed ID regulation

I agree strongly with using First Name and Last Initial only on ID badges.

Commenter: Lauren Carilion Clinic * 1/27/17 2:55 am

Give the employee a choice

I believe that it is a patient right to know the person taking care of them but last names are useless information for a patient to have to know. It should be up to the employee whether they want their last name displayed on their name tag.

Commenter: Cecilia O Akin * 1/27/17 3:44 am

Name badge

It is safer to have just the first name and last name as initial on the name badge for security of the nurses.

Commenter: Jennifer Mullenax LPN, Western State Hospital * 1/27/17 5:03 am

Initial/last name

I think this is a great idea. I would appreciate identity protection.

Commenter: Sheryl Gregory, Western State Hospital * 1/27/17 7:51 am

ID

I think it should be a choice. While I understand that patients have the right to know who is caring for them, when in psych nursing or corrections it may feel unsafe to give the patient your full name.

Commenter: Jennifer Ward * 1/27/17 8:15 am

name amendment

I think this is a good idea and long overdue. I am personally aware of several co-workers who have had frightening incidents of being found by unstable patients. In this age of social media it is an important choice. I think this is a good decision that takes professionals safety in to consideration.

Thank you for considering this important decision,

Jennifer Ward RN

Commenter: Don Swanson Western State Hospital * 1/27/17 9:03 am

ID badge

I support first name and initial of last name for badge ID.

Commenter: Eastern State Hospital * 1/27/17 9:10 am

Proposed Name Change

While I can understand the concerns voiced in the comments above, patients do, indeed, have a right to know who is treating them. I agree that some units may address this issue on an indiviudal basis. Changing regulations is going to far. I can't imagine physicians ever having this conversation. I want my name on my badge; I want to identify myself. The most important thing we can do to protect ourselves is to treat every patient with dignity and respect.

Commenter: Sarah D, Carilion Clinic * 1/27/17 9:20 am

Name ID

I believe nurses should only have to provide first names. For security in the communities we serve a last name should be kept private. The switch to first name and last initial would provide nurses with their own level of protection that patients recieve

Commenter: Rachel Keville , Carilion Clinic * 1/27/17 9:21 am

Regulation Ammendment

I am in favor of ammending the regulation on badge ID's to include first name and last initial to protect our privacy.

Commenter: Sandra Hubbard * 1/27/17 9:25 am

ID Badge

I fully support this amendment. For the sake of our safety and privacy, please give us a choice to have our last name printed on our badge. This is especially important for those of us in high risk areas.

Commenter: Sandra Joseph, Sentara RMH * 1/27/17 9:47 am

ID Badge Ammendemnet

I feel that this is a very good idea in today's society. People can look up your name and find out where you live, who your family is, and alot of other things with your last name. Having worked in the ER in the past I have had several situations where security has had to be used and called and many situations of them taking me to my car. I want to feel safe and I do take the extra steps myseld as a lady

Commenter: Rosalie Lewis, Shenandoah University School of Nursing * 1/27/17 9:54 am

I support the ID proposal to use the first name and last initial on the name badge.

Nurses need to have a sense of privacy especially in the walk-in urgent care, emergency rooms and on the nursing units. These high traffic areas are prone volatile family members and irate visitors on a regular basis. Having name badges that show the first name and last initial of the healthcare provider will add some protection.

Commenter: Betsie J., Carilion Clinic * 1/27/17 9:58 am

100% SUPPORT!!!

I 100% support this!! We protect our patient's privacy.. Why are we not protecting our own??

Commenter: Melinda, Sentara RMH * 1/27/17 10:11 am

Support 100%

Commenter: Catherine Thomas, Virginia Department of Corrections * 1/27/17 10:16 am

ID badges

I support not using first names on ID badges, provides too much personal information. Nurse Thomas would be sufficient.

Commenter: mark pruett western state hospital * 1/27/17 10:28 am

ID badges

for me i think this is a great idea. would make it more difficult for a patient to look you up after discharge

Commenter: Glenda Blackwell - Western State Hospital * 1/27/17 10:33 am

Support 100%

Commenter: Distarti Whitehead * 1/27/17 10:43 am

ID Badges

Placing the nurse's first name on an ID badge provides too much information. In correctional nursing, it is not encourgaed to be on a first name basis with the individuals we have in custody. Nurse Whitehead would be just fine. Thank you

Commenter: Jennifer Matthews, Shenandoah University, Winchester * 1/27/17 11:21 am

ID badges

I support the changes to ID badges as proposed by the BON: first name, last initial and credentials - with limitations as noted for safety in particular care settings.

Commenter: Tamika M * 1/27/17 11:24 am

Amendment

I fully support this amendment.

Commenter: Ceil Ouwerkerk * 1/27/17 11:26 am

name badges

I support having just first name and credentials on ID badges

Commenter: Natalie Bass, Sentara RMH Medical Center * 1/27/17 11:59 am

ID Badge Changes

Fully support the amendment to allow first name and last initial. Full name disclosure could be a safety issue.

Commenter: Sentara RMH * 1/27/17 12:02 pm

ID Badge

I am in full support of this regulation. With increased mental health and opoid issue it is a safety concern for nurses to have their full name displayed. If there is a patient with a true concern regarding a nurse they can obtain their medical record and obtain the nurses full name. With social media and the internet, it is very easy to obtain lots of information with just a name, including address.

Commenter: Jennifer, Sentara RMH * 1/27/17 12:06 pm

ID badges

I agree with the regulation ammendment for first name only and the initial of the last name to be on nursing staff ID badges. It is unfortunate that nurses should ever have to fear for their personal safety, but it is a sad reality. Protecting nursing staff throughout the hospital (not just in the Emergency Departments and Behavior Health Units) is necessary. Patients and their families do deserve the right to know the name of their caregiver, and they may obtain this information by requesting a copy of their medical records if they have this desire.

Commenter: Tena M Bibb, Sentara RMH * 1/27/17 12:07 pm

First name and last inital on name badge

I have been a psych nurse for many years and only have my first name listed on my badge. Patients rarely ask why my last name is not listed and do not seem to have issues with no last name. For the most part I think patients and family members biggest concerns are good quality care and to be treated with courtesy and respect and are not so much focus on a staff member's last name.

Commenter: Leesa Williams, SRMH * 1/27/17 12:09 pm

badges

I support having a nurse's first name and only last initial on the ID badge.

Commenter: Deanna-Sentara * 1/27/17 12:16 pm

ID Badge

I agree with ONLY first names on ID badges, with the technology today, you can find anyone in the computer.

Commenter: PCT - Sentara RMH * 1/27/17 12:18 pm

ID Badges

I support ID Badges with first name only, or at most, the last initial.

Commenter: Jill Byrd, SRMH * 1/27/17 12:22 pm

ID Badge

I think it's a great move to have first name and intial of last name. I have never had an issue with a patient being upset with my last name not being on my badge and if there is a need and we feel uncomfortable the patient can go through proper channels to access our full names if necessary.

Commenter: Sharon Jerlinski Sentara RMH * 1/27/17 12:26 pm

ID Badges

I fully support the move to allow nurses to only list their first name on their ID badges. I have felt for years that my privacy was not being protected by requiring me to display my full name. My colleagues and I can site numerous examples where we have been contacted inappropriately by patients we have cared for in the hospital. Please make this change to your regulations in order to provide a safer environment for all nurses.

Commenter: Jill Delawder, Sentara RMH Medical Center * 1/27/17 12:28 pm

ID Badge Amendment

I support having first name and last initial for healthcare employees. This amendment would support protecting staff identity.

Commenter: Erica Huffman * 1/27/17 12:31 pm

Name Badge

Totally agree that the last name should not be part of the badge. There are too many people that come in to be seen by a provider that are somewhat "sketchy" and you don't want them to be able to look you up.

Commenter: Katherine Kois, RN UVAHS * 1/27/17 12:56 pm

Amendment to name tag proposal

I agree with the regulation amendment proposal for use of first name and the initial of the last name only to be on nursing staff ID badges. This provides protection for all nursing staff, not only those in the emergency and psychiatric care settings. All areas within the hospital care for the same patient populations.

Commenter: SRMH * 1/27/17 1:07 pm

RN-PASS

I would like to see first name and first initial of last name. With first and last names on nursing badges I feel it can become a safety issue.

Commenter: SRMH * 1/27/17 1:12 pm

Names on ID Badges

I am in support of just requiring first name on ID badges. I think this is a safety concern given the increased number of violent acts in hospitals and to healthcare workers. Other professions have adopted this practice and I feel that nursing should follow suit.

Commenter: Judith Benter * 1/27/17 1:17 pm

proposed ID regulation

I support this initiative to only have first legal name and last name initial only for the safety of our medical staff.

Commenter: Lois Skeen Sentara RMH * 1/27/17 1:30 pm

full names on ID badges

Allowing patient's to know my first and last name is not necessary, and would absolutely make me feel less secure. Hospital settings involve our interaction with patients who are not always behaviorly stable, and it should absolutely be up to me whether to provide this information. Please DO NOT risk my safety and peace of mind!!

Commenter: SRMH * 1/27/17 1:33 pm

Name badge regulatory action

I think this is a wonderful idea. I have always been a little worried about having my whole last name on my badge. Unfortuntely we have unstable patients and family members that could stalk us given the right circumstance. This could put ourselves and our families in danger.

Commenter: University of Virginia Medical Center * 1/27/17 1:34 pm

Proposed Amendment

I agree with the amendment for nurses to only display their first name and first initial of last name on their badge.

Commenter: Beth Bradley * 1/27/17 1:49 pm

ID Badge Amendment

I agree with the amendment to change ID badges to display only the first name and first initial of last name of RN

Commenter: SRMH * 1/27/17 1:49 pm

ID badges

For my privacy and safety, and for the safety of my family, I fully support first name and last initial only on name badges.

Commenter: Josh * 1/27/17 1:59 pm

First Name and Last Initial on Name Badges

I think patients have a right to know who their caregivers are. Additionally, as licensed nursing

staff, our full name is readily available on the DHP website. And for those that have additional information attached to their file, their full name, address, and sometimes telephone number, is available for the world to see. Lastly, as a state employee, my salary and position is also available as public information. I don't necessarily have a problem with this, because I knew this going into the nursing/public employee career field. However, I think patient's should have access to our first and last names and have a right to know who is providing their care during their most vulnerable times.

Commenter: Coty W *

1/27/17 3:09 pm

Name Badges

I believe that hospital employees have the right to choose whether or not they want to provide their last name on their name tag,

Commenter: Brittney, SRMH *

1/27/17 3:10 pm

Support

I support the first name, last initial change to be made to our badges for safety as this has been a concern!

Commenter: Kelli *

1/27/17 3:18 pm

Removal of last name from ID badge

In favor of removing last name from ID badge.

Commenter: Tylar, SRMH *

1/27/17 3:21 pm

Support

I support removing last names from ID badges.

Commenter: Kelli Zahn, Sentara RMH *

1/27/17 3:23 pm

Removal of last name from ID badges

I support the removal of last names from ID badges.

Commenter: rebecca ambrose,rn sentara rmh *

1/27/17 3:32 pm

last name should be removed from ID badge

Commenter: Sentara RMH Medical Center *

1/27/17 3:47 pm

Last name should be removed.

Last name should be removed from hospital badge.

Commenter: Yvette Chase-Batts * 1/27/17 4:03 pm

Chang I bg I Decided on the nurse identification card

Support removing the last name and replacing with a initial.

Commenter: LFYoder SRMH * 1/27/17 4:08 pm

Remove last name

Please remove last names and provide preferred names from ID badges

Commenter: Deanna, WSH * 1/27/17 4:08 pm

Last Name

Last name should be removed from the ID badge.

Commenter: Kristen King SRMH * 1/27/17 4:23 pm

support last name removal

support last name removal

Commenter: Sabrina Shiflett, SRMH * 1/27/17 4:30 pm

Name on ID Badge

I support only having the first name and first initial of the last name on ID badges of nursing staff. When I was in nursing school, over 24 years ago, a patient from Western State Hospital got my name off of my name badge and called my college and asked for my home phone number. The school gave the patient my home phone number and he called my home phone number excessively for several days, until Western State Hospital was notified of the issue. I was absolutely terrified for weeks and thought about leaving nursing school. This happened over 24 years ago and I don't think schools would give out student information any longer, but having my full name on my badge is what caused this unfortunate incident. I think we have a responsibility to keep our patients and staff safe. I also strongly believe that patients have a right to know who is taking care of them and there needs to be an appropriate mechanism for patients to give feedback if there is a concern or issue. We need to find a way to honor both patient and staff rights and safety.

Commenter: Jennifer Eckard * 1/27/17 4:37 pm

NAME BADGE ID

I am writing in support to remove our last name from our ID badge. We take care of alot of psych patients and criminals, and really we should be able to protect ourselves and family by not listing our last name.

Commenter: SRMH * 1/27/17 4:43 pm

name on badge

I support having only first name on badges. Working in an Emergency Department can often be a stressful enviornment with unhappy or upset customers. First name only can protect our health care workers from mailcious or threatening behavior after visit..

Commenter: Charles W. Gardner III, RN Davita Acute Dialysis/SRMH * 1/27/17 5:07 pm

First name, Last initial

This is already done in several departments at SRMH, is should be for the whole house, for nurse safety.

Commenter: Jennifer Villanueva, Sentara RMH Medical Center * 1/27/17 5:59 pm

ID badge change.

I fully support the ID badge change for the safety of all health care workers involved in patient care.

Commenter: ID BADGE * 1/27/17 8:16 pm

ID BADGE

I am for leaving first name and last name inital only on ID badges for nurses saftey. We take care of all types of patients from all walks of life and I feel it is a safety issue thank you

Commenter: Vivienne McDaniel, EHCA * 1/28/17 12:18 am

First name, first initial of last name

I support the change to ID badges that only identify health care providers by the first name, and first initial of the last name. This will enhance the safety of all health care providers. I have been contacted at home by a male patient after he acquired my number from the telephone directory. He would not have been able to do so if my ID only had the first initial of my last name.

Commenter: SRMH * 1/28/17 1:53 am

ID badge

I would like to seen only first name on my ID badge. I feel that this would protect again any body looking up my information on the inter net and facebook. It a safety issues with pt that have

behavioral problems and they could target staff and nurses.

Commenter: Tammy Kincaid * 1/28/17 7:31 am

name badge regulation and other comment

I vote for the ID regulation.However I think it would be more helpful if the Virginia Nurses Association would actively lobby to limit the amount of mandatory overtime employees can force nuring staff to work to 8 hours every 2 weeks.I also propose the organization lobby to make it an assault charge for anyone including the mentally ill to physically attack nursing staff while on duty.

Commenter: Melanie, WSH * 1/28/17 9:02 am

Last name on ID badge

I fully support name badges having first name and last initial, instead of having full last name.

Commenter: Rockfellow Eades, Western State Hospital * 1/28/17 9:46 am

Name on our Employer Badge

I think the employees should have a choice:

1) First Name and Last Name initial

OR

2) Last Name and First Name initial

I have an unusual first name ... one of two in the nation, and the only female; I really would like the option to only display my LAST NAME.

Commenter: Stacy Brown * 1/28/17 12:36 pm

no last names!!

I personally would love no last names on badges!

Commenter: Omolola Adeleke-Oni * 1/28/17 1:49 pm

No last name

I do not think nurses last name should be on name tag. If patients names cannot not be shared any how it is not right to share Nurses name with everyone.

Commenter: Carilion Clinic * 1/28/17 2:04 pm

No last name!!!

agree that having our last name is very unsafe for us RN's. Dealing with a revengeful society/population and having our lastname on our badges just leaves us open to all kinds of things.

Commenter: Patricia Hanger, WSH * 1/28/17 2:11 pm

No last names.

I agree with the amendment to have only first name and last initial on name badge.

Commenter: Sentara RMH * 1/28/17 11:37 pm

Removal of last names on ID badges

Unsafe.

Commenter: Stephanie M, SRMH * 1/29/17 2:54 am

Last name

No last names!

Commenter: Rebecca Winters, SRMH * 1/29/17 7:39 am

Last name on ID badges

I am in support of removing last names from ID badges

Commenter: Sharon Driscoll, BSN, RN Riverside Health System, Newport News, VA * 1/29/17 9:04 am

Name badge requirements

Agree with the proposed change to include only the first name and first initial of the last name & credentials on nursing ID badges. However, I think this rule should include all clinical staff.

Commenter: Pam Kleczek RN * 1/29/17 1:25 pm

Public display of Nurses last names

For security sake please no last names on public displays (including nametags), documents and records.
Regards,

Pam

Commenter: Joni Brady, DNP, RN, CAPA * 1/29/17 8:58 pm

First name, last name initial

Nurses' safety is better protected by de-idenitiying the last name.

Commenter: Sherelle lewis,I Riverside health systems * 1/30/17 2:50 am

I agree first name and last initial

Commenter: Sarah Eyre, Sentara RMH * 1/30/17 7:41 am

ID Name Badges

To protect individual's privacy, I feel we need to be offering our **first** name **only** on our employee ID badges.

Commenter: uva * 1/30/17 7:47 am

first name & inital last name....Yep

Commenter: Catherine Bowman, Sentara RMH * 1/30/17 8:08 am

name tags

name and initial OK.

Commenter: EMILY MILLER WENGER, Sentara RMH * 1/30/17 8:31 am

ID badges

I agree that only first name and last initial should be on name badges as this can protect RNs from intrusive patients who have access to social media and can use the internet inappropriately.

Commenter: Adrienne Garo UVA Medical Center * 1/30/17 8:37 am

ID Badges

Only first Names- For those of us who have not a common name will appreciate this. I have had patients over the years look me up on both social media and phonebooks (back in the day).

Commenter: Kimi Campagna, UVA * 1/30/17 8:47 am

I support this amendment.

After being contacted multiple times by patient's and their family members by way of social media, I believe it's a matter of personal safety that as nursing staff our first name and last name initial be displayed on our ID badge.

Commenter: Sentara RMH Medical Center * 1/30/17 8:58 am

name badge

TypeNo last names would be preferable. over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: SRMH * 1/30/17 9:15 am

Badge Amendment

Yes I am in full support of the badge change. Nurses have been wanting this for many years. I really hope to see that change. Thank you!!!

Commenter: Debra Smith, BSN RN SRMH * 1/30/17 9:23 am

Badge Amendment

I support this Ammendment. Leaving the last name off the badge would promote Safety FIRST for all Staff.

Commenter: Amy HardenMSN, RN , Nurse Manager, Riverside Rehabilitation Institute * 1/30/17 10:41 am

In Support

I soupport this amendment. Keep us safe too!

Commenter: Amy HardenMSN, RN , Nurse Manager, Riverside Rehabilitation Institute * 1/30/17 10:42 am

In Support

I support this amendment. Keep us safe too!

Commenter: Mylene B Johnson * 1/30/17 12:07 pm

RE: Requiring accreditation for nursing schools.

My name is Mylene Johnson, I graduated from an LPN program in VA last June 2015. I oppose this proposal for nursing schools requiring accreditation. I am a military spouse and I base my opinion on my own experience. Last July 2016, my husband had orders to PCS (move to another duty station) to Alabama, so as his spouse we had to go along. Since Alabama is not part of the compact state, I applied for license endorsement. When Alabama BON received my transcript, I received an email stating they are not able to license me due to the nursing program I attended is not on the National Accreditation list. So I have made calls here and there and still my LPN license here in Alabama is not accepted, so that broke my heart because I love being serving the elderly population. It also put me on depression for a while because that LPN certificate is all I have, and it also put a toll in my marriage,but Papa God would not allow me to be in depression,I was listening to some praise song to encourage myself and in the middle of the song, it changed to another song saying " I know the plans I have for you" and I broke down even more because I knew my Papa God didn't want me to be stuck on depression. So for me, nursing schools shouldn't be required to be accredited because there are some schools who really are there to help people in need to better their lives. If the school we went to is accredited or not, we all sit in the same place and we all take the same board exam. For people who are less fortunate, going to an accredited school means paying more money, some of you may say take out a loan but not all people are qualified for a loan. So requiring accreditation for nursing school will take away the chance for people less fortunate to have a head start to better themselves. Thank you for listening.

Commenter: Rachel, RN BSN, SRMH * 1/30/17 1:18 pm

Remove last name

Please remove last names from name badges

Commenter: A. Snow RN, Sentara RMH * 1/30/17 2:47 pm

RN

I agree! First name and Last name initial.

Commenter: Sentara RMH * 1/30/17 3:24 pm

I support this admentment

I support this admentment to remove our full name from name tags.

Commenter: Nurse Tami.com * 1/30/17 3:26 pm

Support this amendment - personal & professional reasons

I support this amendment for personal reasons. I've worked in the ER, yet mostly MEDSURGE recently. I'm also a travel nurse. Due to some of the patient demographics including drug/ETOH abusers, multiple "frequent flyers", psych/mental health patiens and questionable family members, I've been asked about my personal dating life, am I on Facebook and/or other social media. I've worked ER where nurses do not have their last name on badges. I believe this keeps all nurses safe and cuts down on 'stalking' via social media, etc.

Standing united ~ Tami Hulcher, RN

Commenter: Bonnie Vencill, RN, CNOR Bon Secours St. Mary's Hospital * 1/30/17 9:02 pm

amendment response

I am in support of this amendment to make the identification on our badges safer for each nursing healthcare provider. We now work in a very stressful climate and many patients transfer their percieved issues onto healthcare workers. If patients that intend to do harm, know both our first and last names they can do harm themselves or share that information with others. We may be putting ourselves in unnecessary dangerous circumstances. I am in support of changing the names on our badges to protect all nurses.

Commenter: JAZMIN F. * 1/30/17 9:32 pm

ID BADGES

I think that this is a great idea. When a MD walks in the room they say "I'm Dr. Lastname" butwe as nurses are subject to the patient knowing our entire name and in today's society with social media as it is some nurses will be vulnerable to invasions of privacy.

Commenter: Alexis Jones * 1/31/17 7:48 am

ID badge

In support of first name and last inital

Commenter: Nancy Benner Sentara * 1/31/17 8:52 am

Name Badges

I am in favor of allowing name badges to have only a first name and last initial. In many settings it is safer if a patient or client not have access to your full name. I feel this is still adequate identification for a facility as most name badges also include a picture.

Commenter: Amy, Sentara RMH * 1/31/17 10:42 am

ID badges

I am all for changing this policy. We have had numerous occurences on our floor of patients looking staff up on social media, emailing them and even going as far as finding out where they live. There is no reason floor nurses should not be protected like ER and Psych, we get the same patient population as they do.

Commenter: Christine P, VCU * 1/31/17 11:04 am

First name, Last initial is being done in other states for safety concerns. Fully support.

Commenter: Salinda Rhodes, Sentara RMH Medical Center * 1/31/17 12:54 pm

ID badges

Salinda R. BSN, RN-BC

Cardiac Cath Lab

SRMH

Commenter: Ashley, SRMH * 1/31/17 2:39 pm

ID Basge

I believe removing last names from our ID Badges is a good idea. Maintaining every employees privacy and safety is very important and I believe this would be a way to do that.

Commenter: Sandra, SRMH * 1/31/17 3:09 pm

ID badge

Fully Support

Commenter: Kelly * 1/31/17 6:15 pm

ID badge ammendment

I support this ID badge ammendment and our department has been asking for it for years now.

Commenter: Leslie Durr, PhD, RN * 2/1/17 7:12 am

Unprofessional

I try to imagine what other learned professions would do. Imagine meeting your doctor or dentist as Amanda Q or Harry M. No one has made a strong case from research that there is a need to protect the nurse by hiding her/his name - amd I worked in psych my entire career. If you want to limit the letters, put first initial and last name AND THE TITLE, RN.

Commenter: Sentara RMH * 2/1/17 8:42 am

Full Name on badge

I would prefer not to have my full name on my badge. I feel that is my privacy to protect me and my personal life. I have had patients friend me on facebook which I declined. I do feel that removing last names from badges would protect healthcare staff.

Commenter: Janice Alley, BSN, RN, CEN, CPEN * 2/1/17 8:50 am

Proposed amendment

Support or not support, choice or not a choice, I work in an ED setting where our name changes occurred and I don't recall a choice-First Name, last initial. But as we did this, I think a year or two ago, I wondered how legal/ethical it really is. In every patient room posted clearly on the Patients Rights and Responsibilities, the patients have a right to know the identity of their healthcare provider.

Commenter: Western State Hospital *

2/1/17 10:22 am

First name, Last initial is being done in other states for safety concerns. Fully support!!

First name, Last initial is being done in other states for safety concerns. Fully support!!

Commenter: Daphne C, SRMH *

2/1/17 6:50 pm

Support SAFETY: First name, Last Initial

In every area of healthcare where nurses work, there will be people who are angry. After all, illness can be hard to cope with. When nurses are threatened by angry or frustrated people, there is concern for personal safety. Limiting ID badge information so that they only include the last initial helps to protect nurses. Support this decision!

Commenter: Mary Holc, ANP-BC *

2/1/17 6:52 pm

Names on IDs

I do not support this regulatory action- I have worked hard for my titles and I want them displayed on my badge. Patients need to know the expertice of the person providing care.

Commenter: Jessica, Sentara RMH *

2/2/17 2:46 am

Full Name on ID Badge

I do not support full names being displayed on ID badges. It is very easy these days to track someone by knowing their full name. I am the daughter/wife of a police officer in my community. I am often associated with them when a patient/family notices my last name on my ID badge. In the past, I have had a patient, who is a convicted felon, describe in detail where I lived because of knowing my last name.

Commenter: Samantha Ritchie RN *

2/2/17 1:54 pm

ID regulation admendment

I fully support the removal of a RNs full last name, this can be a safety issue for staff. Currently ED and behavioral Health RNs only have their first name on their badge, often times Medsurge RNs are caring for those same patients to assist with them becoming medically stable prior to being

tranferred to the behavioral health unit.

Commenter: Brooke Sandoval, RN SRMH * 2/2/17 2:44 pm

Name on ID Badge

I believe that we should only be required to have our first name and last initial on our badges. This helps prevent patient's from locating nurses and their families/friends on social media.

Commenter: Kimberly Carr, Sentara RMH * 2/2/17 2:57 pm

ID Badge

I support this proposal. I feel that first name only on the badge is sufficient.

Commenter: Dillwyn Correctional Center * 2/3/17 9:14 am

First Name

I hope that when considering this change, it will be viewed from **all** areas of nursing. I work in a correctional center, where all staff is referred to by their last name. Offenders are to address the nursing staff by their last name as well. Allowing the offender population to call us by our first name is too personal. if only our first name is displayed on our badges, the offender population will be calling us by the name on our badge. This is inappropriate in our work setting.

Commenter: Dillwyn Correction Center * 2/3/17 9:17 am

Frist name

I work in a correctional setting, using first name on a name badge would not be appropriate for me, the offenders are to refer to us by our last name.

Commenter: Rina Reynolds * 2/3/17 11:35 pm

Amendment to Name Tag requirement

Fully support the removal of last name from badge

Commenter: Leslee Michael SRMH * 2/6/17 9:29 am

No last name on badge

I would like for nurses last name to be taken off badge to protect identity. Thank you!

Commenter: brenda s lewis,Haynesville Correctional Center * 2/6/17 10:24 am

name tags

In Corerections, I do not think it is appropriate/respectful for offenders to call us by our first name or for us to call them by their first name. It makes it more personal if we go by first names. In corrections we have to be sure we seperate the personal form the professional /respectful. I sugget in Corrections it be LAST NAME WITH FIRST INITIAL..

thanks

Commenter: Sharon Bragg, RN in Virginia * 2/6/17 10:55 am

Support Only First Names on ID

I support the use of only first names and maybe last initial on nursing ID's to protect the saftey of direct care providers in helath systems.

Commenter: S. Woolridge RN * 2/6/17 12:09 pm

IN FAVOR OF 1ST NAME ONLY

In favor of first name only, no last initial.

Commenter: Amy Block * 2/6/17 12:58 pm

Name badges

In support of first name and last initial only on badges.

Commenter: Danita, Sentara Rockingham * 2/6/17 3:17 pm

Name badges for nurses

I think it is an excellent idea to remove last names from badges of hospital employees. All employees, not just nurses. I think it is a safety issue and should have been done years ago.

Commenter: Jennifer Dixon RN * 2/6/17 5:52 pm

choice based on risk

I feel that as professionals, we should have our first and last name on our ID badge. As I learned in nursing school, only waitress and strippers go by only their first names! However, there are several situations in which a care provider would want to limit personal information available to patients - in prisons, in psych wards, in the ED - where patients may use names to locate staff to harass or harm. So care facilities should determine where these high risk areas may be and allow staff in these areas to limit ID tags to first name only, or even pseudonym.

Commenter: Sandra Agositnelli,RN, CCRN, VCU CMH, South Hill * 2/6/17 7:37 pm

Nurse Safety

I am in full supprt of this ammendment. In this technological age, the use of last names further increases nurse vulnerablity to adverse events.

Commenter: Bonnie Ferrara, RN *

2/6/17 8:59 pm

id badge

First name only

Commenter: Megan Garnett, RN *

2/7/17 6:01 am

first names only

I personally would feel much safer if only my first name was on my ID badge. We live in a digital time where access to someone's address can be readily found on the internet. Please make this change to help protect nurses.

Commenter: Stephanie Findley, SRMH Imaging *

2/7/17 8:31 am

Names on Badges

I feel that only first names should be allowed on identification badges. Due to the amount of people that use social media we are at risk for being followed by patients that we care for. Thakfully this has never happened to me that I am aware of but it has happened to some of my coworkers. In order to protect my privicay and my family I feel that it is necessary to remove last names from badges.

Commenter: Elissa Blevins, Sentara Rockingham Memorial Hospital *

2/7/17 9:14 am

ID badge change

I live in Rockingham County, which is where I grew up. I love living here and I'm proud to serve this community. Most of the time, with a little bit of conversation, two people can quickly establish at least one mutual aquaintence. Which is why I feel it's important for medical staff to have just their first name and last initial on their badge. There are last names in this community that are specific to a certain area in the county, and so it makes a person, or family easy to find. One of my co-workers has one of these last names. A male patient showed up, with flowers, at the home of her Uncle and said, "I knew that if I could find one of you, you'd be related to her. Tell me where she lives." It's that kind of story that makes me want to take a piece of tape and cover my last name.

Commenter: Eileen-SRMH *

2/8/17 9:14 am

ID badges.

I fully support having only the first name on ID badges. I understand this not a iron clad form of protection but implementing this policy would demonstrate through our employer that they care about our privacy and protection as much as the patients they/we serve.

Commenter: Becky Pence-Brill, SRMH * 2/8/17 10:52 am

ID badges

I fully support this in protection of privacy

Commenter: bethney,Sentara * 2/8/17 11:10 am

id badges

Our id badges should have first names only,

Commenter: Virginia Department of Corrections * 2/8/17 3:00 pm

Name Badges

I work in a correctional facility and I do not want offenders knowing my full name. My first initial and last name is more then enough. I really think it should depend on what type of facility that you work in.

Commenter: Donna Tuck, MRMC * 2/10/17 3:08 pm

First Name Only / ID Badge

I am in favor of first name only on ID badges for nursing staff. It's been brought to my attention that staff in some facilities/locations (ie. psychiatry/emergency departments) are only obligated to have their first name on their badge for safety reasons.. and I feel all nursing staff should be held to the same standard.

Commenter: Wendy E. Winston,RN,CMSRN HCA Parham Doctors Hospital * 2/21/17 10:32 am

ID BADGES

I support 1st name only.

* Nonregistered public user

Agenda Item: Regulatory Action on Pain Management and Prescribing of Buprenorphine

Staff notes:

- On November 21, 2016, the Commission of Health declared a statewide Public Health Emergency for Virginia as a result of the opioid addiction epidemic
- On January 6, 2017, the Board of Medicine convened a Regulatory Advisory Panel (RAP) with 4 addiction specialists to draft regulations for prescribing of opioids and buprenorphine
- On January 27, 2017, the Legislative Committee convened to consider the RAP draft and additional comment on opioid and buprenorphine prescribing
- On February 8, 2017, the Committee of the Joint Boards of Nursing and Medicine reviewed draft regulations for nurse practitioners for prescribing opioids or buprenorphine.
- On February 16, 2017, the Board of Medicine adopted emergency regulations

Changes in the draft that was reviewed by the Committee of the Joint Boards are made to conform NP regulations to those adopted by the Board of Medicine for MDs, DOs, DPMs and PAs. They are highlighted in the document included in this agenda package.

Included in your agenda package are:

A copy of draft amendments to regulations governing prescriptive authority for nurse practitioners

A copy of Administrative Process Act showing authority to adopt by emergency action

A copy of legislation passed in the 2017 General Assembly (HB2165 is identical to SB1180)

Proposed Action:

Adoption of regulations as an emergency action.

Code of Virginia
Title 2.2. Administration of Government
Chapter 40. Administrative Process Act

§ 2.2-4011. Emergency regulations; publication; exceptions.

A. Regulations that an agency finds are necessitated by an emergency situation may be adopted by an agency upon consultation with the Attorney General, which approval shall be granted only after the agency has submitted a request stating in writing the nature of the emergency, and the necessity for such action shall be at the sole discretion of the Governor.

B. Agencies may also adopt emergency regulations in situations in which Virginia statutory law or the appropriation act or federal law or federal regulation requires that a regulation be effective in 280 days or less from its enactment and the regulation is not exempt under the provisions of subdivision A 4 of § 2.2-4006. In such cases, the agency shall state in writing the nature of the emergency and of the necessity for such action and may adopt the regulations. Pursuant to § 2.2-4012, such regulations shall become effective upon approval by the Governor and filing with the Registrar of Regulations.

C. All emergency regulations shall be limited to no more than 18 months in duration. During the 18-month period, an agency may issue additional emergency regulations as needed addressing the subject matter of the initial emergency regulation, but any such additional emergency regulations shall not be effective beyond the 18-month period from the effective date of the initial emergency regulation. If the agency wishes to continue regulating the subject matter governed by the emergency regulation beyond the 18-month limitation, a regulation to replace the emergency regulation shall be promulgated in accordance with this article. The Notice of Intended Regulatory Action to promulgate a replacement regulation shall be filed with the Registrar within 60 days of the effective date of the emergency regulation and published as soon as practicable, and the proposed replacement regulation shall be filed with the Registrar within 180 days after the effective date of the emergency regulation and published as soon as practicable.

D. In the event that an agency concludes that despite its best efforts a replacement regulation cannot be adopted before expiration of the 18-month period described in subsection C, it may seek the prior written approval of the Governor to extend the duration of the emergency regulation for a period of not more than six additional months. Any such request must be submitted to the Governor at least 30 days prior to the scheduled expiration of the emergency regulation and shall include a description of the agency's efforts to adopt a replacement regulation together with the reasons that a replacement regulation cannot be adopted before the scheduled expiration of the emergency regulation. Upon approval of the Governor, provided such approval occurs prior to the scheduled expiration of the emergency regulation, the duration of the emergency regulation shall be extended for a period of no more than six months. Such approval shall be in the sole discretion of the Governor and shall not be subject to judicial review. Agencies shall notify the Registrar of Regulations of the new expiration date of the emergency regulation as soon as practicable.

E. Emergency regulations shall be published as soon as practicable in the Register.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend the Code of Virginia by adding in Article 1 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.4 and by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.2, relating to Board of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine.

[H 2167]

Approved

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 1 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.4 and by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.2 as follows:

§ 54.1-2708.4. Board to adopt regulations related to prescribing of opioids.

The Board shall adopt regulations for the prescribing of opioids, which shall include guidelines for:

1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber request and review information contained in the Prescription Monitoring Program in accordance with § 54.1-2522.1;

2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens, and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

3. Referral of patients to whom opioids are prescribed for substance abuse counseling or treatment, as appropriate.

§ 54.1-2928.2. Board to adopt regulations related to prescribing of opioids and buprenorphine.

The Board shall adopt regulations for the prescribing of opioids and products containing buprenorphine. Such regulations shall include guidelines for:

1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber request and review information contained in the Prescription Monitoring Program in accordance with § 54.1-2522.1;

2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens, and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

3. The use of buprenorphine in the treatment of addiction, including a requirement for referral to or consultation with a provider of substance abuse counseling in conjunction with treatment of opioid dependency with products containing buprenorphine.

2. That an emergency exists and this act is in force from its passage.

3. That the Prescription Monitoring Program at the Department of Health Professions shall annually provide a report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient, pursuant to § 54.1-2523.1.

Commonwealth of Virginia

REGULATIONS
FOR
PRESCRIPTIVE AUTHORITY FOR NURSE PRACTITIONERS

VIRGINIA BOARD OF NURSING
VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 90-40-10 et seq.

Statutory Authority: §§ 54.1-2400 and 54.1-2957.01 of the *Code of Virginia*

Revised Date:

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4515 (TEL)
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Part I. General Provisions.

18VAC90-40-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Acute pain" shall mean pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances may be prescribed for no more than three months.

"Boards" means the Virginia Board of Medicine and the Virginia Board of Nursing.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Chronic pain" shall mean non-malignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period greater than three months.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Controlled substance" shall mean drugs listed in The Drug Control Act of the Code of Virginia in Schedules II through IV.

"FDA" shall mean the U. S. Food and Drug Administration.

"MME" shall mean morphine milligram equivalent.

"Nonprofit health care clinics or programs" means a clinic organized in whole or in part for the delivery of health care services without charge or when a reasonable minimum fee is charged only to cover administrative costs.

"Nurse practitioner" means a registered nurse who has met the requirements for licensure as a nurse practitioner as stated in 18VAC90-30-10 et seq.

"Practice agreement" means a written or electronic agreement jointly developed by the patient care team physician and the nurse practitioner for the practice of the nurse practitioner that also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

"Prescription Monitoring Program" shall mean the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"SAMHSA" means the Substance Abuse and Mental Health Services Administration.

Part V. Management of Acute Pain.

18VAC90-40-150. Evaluation of the patient for acute pain.

A. The requirements of this part shall not apply to:

1. The treatment of acute pain related to cancer, a patient in hospice care or a patient in palliative care

2. The treatment of acute pain during an inpatient hospital admission, in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

C. Prior to initiating treatment with a controlled substance for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in the § 54.1-2522.1 of the Code of Virginia and conduct an assessment of the patient's history and risk of substance abuse as a part of the initial evaluation.

18VAC90-40-170. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for patients shall be with short-acting opioids.

1. A prescriber providing treatment for a patient shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are used with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when

there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

18VAC90-40-180. Medical records for acute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part VI. Management of Chronic Pain.

18VAC90-40-190. Evaluation of the chronic pain patient.

A. The requirements of this part shall not apply to:

1. The treatment of chronic pain related to cancer, a patient in hospice care or a patient in palliative care

2. The treatment of chronic pain during an inpatient hospital admission, in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life and activities of daily living;

5. Psychiatric, addiction and substance abuse history of the patient and any family history of addiction or substance abuse;

6. A urine drug screen or serum medication level;

7. A query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance abuse; and

9. A request for prior applicable records.

B. Prior to initiating opioid analgesia for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC90-40-200. Treatment of chronic pain with opioids.

A. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. Initiation of opioid treatment for all patients shall be with short-acting opioids.

C. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine are present; and

4. Document the rational to continue opioid therapy every three months.

D. Buprenorphine may be prescribed or administered for chronic pain in formulation and dosages that are FDA-approved for that purpose.

E. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

F. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate healthcare provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-210. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including but not limited to pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall record in the medical records the presence or absence of any indicators for medication misuse, abuse or diversion and take appropriate action.

18VAC90-40-220. Informed consent and agreement for treatment of chronic pain.

A. The prescriber shall document in the medical record informed consent, to include risks, benefits and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors which will result in a cessation of treatment or dismissal from care.

C. The treatment agreement shall include, but not be limited notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine or serum medication levels, when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC90-40-230. Opioid therapy for chronic pain.

A. The prescriber shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months.

B. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the prescriber shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. Practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate healthcare provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-240. Additional consultation.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a practitioner makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC90-40-250. Medical records.

A. The prescriber shall keep current, accurate and complete records in an accessible manner and readily available for review to include:

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers and/or any documentation of attempts to obtain;

4. Diagnostic, therapeutic and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications (including date, type, dosage and quantity prescribed and refills).

11. Patient instructions; and

12. Periodic reviews.

Part VII. Prescribing of Buprenorphine.

18VAC90-40-260. General provisions.

A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a waiver from the SAMHSA and the appropriate Drug Enforcement Administration registration.

B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid addiction.

C. Nurse practitioners shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a SAMHSA-waivered doctor of medicine or osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance abuse counseling. The practitioner shall document provision of counseling or referral in the medical record.

18VAC90-40-270. Patient assessment and treatment planning.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance abuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for HIV, Hepatitis B, Hepatitis C and TB.

B. The treatment plan shall include the practitioner's rationale for selecting medication assisted treatment, patient education, written informed consent, how counseling will be accomplished, and a signed treatment agreement that outlines the responsibilities of the patient and the prescriber.

18VAC90-40-280. Treatment with buprenorphine.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;

2. When converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days; or

3. In formulations other than tablet form for indications approved by the FDA.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opiate treatment programs (OTPs). With the exception of those conditions listed in subsection A, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use offsite from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

~~D. Buprenorphine mono-products in formulations including transdermal patches, mucosal adhesives, implantable devises, shall only be administered or prescribed for indications approved by the FDA.~~

E. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

F. Prior to starting medication-assisted treatment, the practitioner shall perform a check of the Prescription Monitoring Program.

G. During the induction phase, except for medically indicated circumstances as documented in the medical record, patients should be started on a dosage of 8 mg. of buprenorphine per day~~, and a dosage during induction shall not exceed 8 mg. of buprenorphine per day~~. The patient shall be seen by the prescriber at least once a week.

H. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

I. Practitioners shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, urine drug screens or serum medication levels, pill counts and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

J. Documentation of the rationale for prescribed doses exceeding 16 mg. of buprenorphine per day shall be placed in the medical record. Dosages exceeding 24 mg. of buprenorphine per day ~~are not FDA approved and~~ shall not be prescribed.

K. The practitioner shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a ~~licensed mental health professional~~ mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance abuse counseling.

18VAC90-40-290. Special populations.

A. Pregnant women shall be treated with the buprenorphine mono-product, usually 16 mg. per day or less.

B. Patients under the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

C. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives which can be identified, quantified and independently verified.

D. Practitioners shall evaluate patients with medical comorbidities by history, physical exam, appropriate laboratory studies, and be aware of interactions of buprenorphine with other prescribed medications.

E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the prescriber to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.

18VAC90-40-300. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR, Part 2 shall be followed.

18VAC90-30-220. Grounds for Disciplinary Action Against the License of a Licensed Nurse Practitioner.

The boards may deny licensure or relicensure, revoke or suspend the license, or take other disciplinary action upon proof that the nurse practitioner:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly represented to the public that the nurse practitioner is a physician, or is able to, or will practice independently of a physician;

3. Has exceeded the authority as a licensed nurse practitioner;

4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or nurse practitioners;

5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals or any other type of material;

6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration or distribution of drugs; ~~or~~

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;

8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program.

Agenda Item: **Regulatory Action – Adoption of Final Regulations**

Exempt action – fee reduction

Included in agenda package:

Amendments to 18VAC90-19-30 to set a late fee for inactive licensure lower than the current late fee.

Staff Note:

It has come to the attention of staff that the only late fee in regulation (and in the financial system at DHP) is $50 for RN licensure, which is the appropriate late fee for an active license with a renewal fee of $140. However, that is the fee also charged to someone who renews an inactive license ($70 fee), which is excessive.

To achieve proportionality of fee, separate late fees are added for RN inactive licensure and LPN inactive licensure.

Board action:

Adoption of final regulation as an exempt action

BOARD OF NURSING

Late fee reduction for inactive licenses

18VAC90-19-30. Fees.

Fees required by the board are:

1. Application for licensure by examination - RN	$190
2. Application for licensure by endorsement - RN	$190
3. Application for licensure by examination - LPN	$170
4. Application for licensure by endorsement - LPN	$170
5. Reapplication for licensure by examination	$50
6. Biennial licensure renewal - RN	$140
7. Biennial inactive licensure renewal - RN	$70
8. Biennial licensure renewal - LPN	$120
9. Biennial inactive licensure renewal - LPN	$60
10. Late renewal – RN	$50
11. Late renewal – RN inactive	$25
~~11.~~12. Late renewal – LPN	$40
13. Late renewal – LPN inactive	$20
~~12.~~14. Reinstatement of lapsed license - RN	$225
~~13.~~15. Reinstatement of lapsed license - LPN	$200
~~14.~~16. Reinstatement of suspended or revoked license	$300
~~15.~~17. Duplicate license	$15
~~16.~~18. Replacement wall certificate	$25
~~17.~~19. Verification of license	$35
~~18.~~20. Transcript of all or part of applicant or licensee records	$35
~~19.~~20. Returned check charge	$35
~~20.~~21. Application for CNS registration	$130
~~21.~~22. Biennial renewal of CNS registration	$80

~~22.~~23. Reinstatement of lapsed CNS registration	$125
~~23.~~24. Verification of CNS registration to another jurisdiction	$35
~~24.~~25. Late renewal of CNS registration	$35

Board of Nursing Regulation Changes

Crosswalk for New Chapters **19** (Nursing Licensure) & **27** (Nursing Education Programs)

Effective: 2/24/17

Chapter 19 18VAC90-19-10 et seq. (Nursing Licensure)

Chapter 20 (To Be Repealed)

New section number – Effective 2/24/2017	Current section number	New Requirement – Effective 2/24/2017
10	10	Establishes definitions for words and terms used in regulation
20	20	Sets out the delegation of authority for the executive director of the Board
30	30	Sets out fees required for applicants and licensees
40	34	Sets out the requirement to issue a duplicate license upon payment of a fee
50	35	Provides for requirements relating to identification of nurse to the public and relating to accuracy of information
60	36	Sets the provision of collection of data for workforce information
70	37	States the requirement for supervision or direction of licensed practical nurses
80	181	Establishes the requirements for issuance of a multistate licensure privilege
90	182	Sets out the limitations of a multistate licensure privilege
100	183	Provides for access to information in the coordinated licensure information system
110	190	Provides the requirements for licensure by examination
120	200	Provides the requirements for licensure by endorsement
130	210	Provides requirements for licensure for applicants from other countries
140	215	Sets out requirements for a provisional license for applicants for licensure as registered nurses
150	220	Sets out requirements for renewal of licensure
160	221	Sets out requirements for continued competency for renewal of an active license
170	222	Sets out requirements for documenting compliance with continued competency

180	225	Sets out requirements for an inactive license
190	230	Establishes requirements for reinstatement of licensure
200	271	Establishes requirements for a restricted volunteer license
N/A	275	States requirements for a board-approved clinical nurse specialist education program
210	280	Sets the requirements for initial registration of clinical nurse specialists and renewal
220	290	Sets the requirements for practice of a clinical nurse specialist
230	300	Sets out the provisions by which a nurse may be disciplined
240	420	Establishes definitions for terms used in the sections on delegation of nursing tasks
250	430	Establishes the criteria for delegation
260	440	Sets the requirements for assessment prior to delegation
270	450	Sets the requirements for supervision of delegated tasks
280	460	Delineates the nursing tasks that shall not be delegated

Chapter 27
18VAC90-27-10 et seq.
(Nursing Education Programs)

Chapter 20
(To Be Repealed)

New section number – Effective 2/24/2017	Current section number	New Requirement – Effective 2/24/2017
10	10	Establishes definitions for words and terms used in regulation
20	30	Sets out the fees for application, survey visits, and site visits for nursing education programs
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Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF NURSING

VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-19-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1 of the *Code of Virginia*

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CHAPTER 19
REGULATIONS GOVERNING THE PRACTICE OF NURSING

Part I
General Provisions

18VAC90-19-10. Definitions.

In addition to words and terms defined in §§ 54.1-3000 and 54.1-3030 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means activities performed, whether or not for compensation, for which an active license to practice nursing is required.

"Board" means the Board of Nursing.

"CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

"Contact hour" means 50 minutes of continuing education coursework or activity.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Primary state of residence" means the state of a person's declared fixed, permanent, and principal home or domicile for legal purposes.

18VAC90-19-20. Delegation of authority.

The executive director shall be delegated the authority to issue licenses and certificates and execute all notices, orders, and official documents of the board unless the board directs otherwise.

18VAC90-19-30. Fees.

Fees required by the board are:

1. Application for licensure by examination - RN	$190
2. Application for licensure by endorsement - RN	$190
3. Application for licensure by examination - LPN	$170

4. Application for licensure by endorsement - LPN	$170
5. Reapplication for licensure by examination	$50
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22. Reinstatement of lapsed CNS registration	$125
23. Verification of CNS registration to another jurisdiction	$35
24. Late renewal of CNS registration	$35

18VAC90-19-40. Duplicate license.

A duplicate license for the current renewal period shall be issued by the board upon receipt of the required information and fee.

18VAC90-19-50. Identification; accuracy of records.

A. Any person regulated by this chapter who provides direct client care shall, while on duty, wear identification that is clearly visible and indicates the person's first and last name and the appropriate title for the license, registration, or student status under which he is practicing in that setting. Any person practicing in hospital emergency departments, psychiatric and mental health units and programs, or in health care facilities units offering treatment for clients in custody of state or local law-enforcement agencies may use identification badges with first name and first letter only of last name and appropriate title.

B. A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

C. Each licensee shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted by a licensee electronically or in writing to the board within 30 days of such change. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board.

18VAC90-19-60. Data collection of nursing workforce information.

A. With such funds as are appropriated for the purpose of data collection and consistent with the provisions of § 54.1-2506.1 of the Code of Virginia, the board shall collect workforce information biennially from a representative sample of registered nurses, licensed practical nurses, and certified nurse aides and shall make such information available to the public. Data collected shall be compiled, stored, and released in compliance with § 54.1-3012.1 of the Code of Virginia.

B. The information to be collected on nurses shall include (i) demographic data to include age, sex, and ethnicity; (ii) level of education; (iii) employment status; (iv) employment setting or settings such as in a hospital, physician's office, or nursing home; (v) geographic location of employment; (vi) type of nursing position or area of specialty; and (vii) number of hours worked per week in each setting. In addition, the board may determine other data to be collected as necessary.

18VAC90-19-70. Supervision of licensed practical nurses.

Licensed practical nursing shall be performed under the direction or supervision of a licensed medical practitioner, a registered nurse, or a licensed dentist.

Part II
Multistate Licensure Privilege

18VAC90-19-80. Issuance of a license with a multistate licensure privilege.

A. To be issued a license with a multistate licensure privilege by the board, a nurse currently licensed in Virginia or a person applying for licensure in Virginia shall submit a declaration stating that his primary residence is in Virginia. Evidence of a primary state of residence may be required to include:

1. A driver's license with a home address;

2. A voter registration card displaying a home address;

3. A federal or state tax return declaring the primary state of residence;

4. A Military Form No. 2058 – state of legal residence; or

5. A W-2 from the United States government or any bureau, division, or agency thereof indicating the declared state of residence.

B. A nurse on a visa from another country applying for licensure in Virginia may declare either the country of origin or Virginia as the primary state of residence. If the foreign country is declared as the primary state of residence, a single state license shall be issued by Virginia.

C. A nurse changing the primary state of residence from another party state to Virginia may continue to practice under the former party state license and multistate licensure privilege during the processing of the nurse's licensure application by the board for a period not to exceed 90 days.

1. If a nurse is under a pending investigation by a former home state, the licensure application in Virginia shall be held in abeyance and the 90-day authorization to practice stayed until resolution of the pending investigation.

2. A license issued by a former party state shall no longer be valid upon issuance of a license by the board.

3. If the board denies licensure to an applicant from another party state, it shall notify the former home state within 10 business days, and the former home state may take action in accordance with the laws and regulations of that state.

D. A license issued by a party state is valid for practice in all other party states, unless clearly designated as valid only in the state that issued the license. When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states, the license shall be clearly marked with words indicating that it is valid only in the state of issuance.

18VAC90-19-90. Limitations of a multistate licensure privilege.

A. The board shall include in all disciplinary orders that limit practice or require monitoring the requirement that the licensee subject to the order shall agree to limit practice to Virginia during the period in which the order is in effect. A nurse may be allowed to practice in other party states while an order is in effect with prior written authorization from both the board and boards of other party states.

B. An individual who had a license that was surrendered, revoked, or suspended or an application denied for cause in a prior state of primary residence may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state of adverse action. Once eligible for licensure in the prior state, a multistate license may be issued.

18VAC90-19-100. Access to information in the coordinated licensure information system.

A licensee may submit a request in writing to the board to review the public data relating to the licensee maintained in the coordinated licensure information system. In the event a licensee asserts that any related data is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and correct inaccurate data in the information system within 10 business days.

Part III
Licensure and Renewal; Reinstatement

18VAC90-19-110. Licensure by examination.

A. The board shall authorize the administration of the NCLEX for registered nurse licensure and practical nurse licensure.

B. A candidate shall be eligible to take the NCLEX examination (i) upon receipt by the board of the completed application, the fee, and an official transcript from the nursing education program and (ii) when a determination has been made that no grounds exist upon which the board may deny licensure pursuant to § 54.1-3007 of the Code of Virginia.

C. To establish eligibility for licensure by examination, an applicant for the licensing examination shall:

1. File the required application, any necessary documentation and fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

2. Arrange for the board to receive an official transcript from the nursing education program that shows either:

a. That the degree or diploma has been awarded and the date of graduation or conferral; or

b. That all requirements for awarding the degree or diploma have been met and that specifies the date of conferral.

3. File a new application and reapplication fee if:

a. The examination is not taken within 12 months of the date that the board determines the applicant to be eligible; or

b. Eligibility is not established within 12 months of the original filing date.

D. The minimum passing standard on the examination for registered nurse licensure and practical nurse licensure shall be determined by the board.

E. Any applicant suspected of giving or receiving unauthorized assistance during the examination may be noticed for a hearing pursuant to the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) to determine eligibility for licensure or reexamination.

F. Practice of nursing pending receipt of examination results.

1. A graduate who has filed a completed application for licensure in Virginia and has received an authorization letter issued by the board may practice nursing in Virginia from the date of the authorization letter. The period of practice shall not exceed 90 days between the date of successful completion of the nursing education program, as documented on the applicant's transcript, and the publication of the results of the candidate's first licensing examination.

2. Candidates who practice nursing as provided in subdivision 1 of this subsection shall use the designation "R.N. Applicant" or "L.P.N. Applicant" on a nametag or when signing official records.

3. The designations "R.N. Applicant" and "L.P.N. Applicant" shall not be used by applicants who either do not take the examination within 90 days following receipt of the authorization letter from the board or who have failed the examination.

G. Applicants who fail the examination.

1. An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Virginia.

2. An applicant for licensure by reexamination shall file the required board application and reapplication fee in order to establish eligibility for reexamination.

3. Applicants who have failed the examination for licensure in another United States jurisdiction but satisfy the qualifications for licensure in this jurisdiction may apply for licensure by examination in Virginia. Such applicants shall submit the required application and fee. Such applicants shall not, however, be permitted to practice nursing in Virginia until the requisite license has been issued.

18VAC90-19-120. Licensure by endorsement.

A. A graduate of an approved nursing education program who has been licensed by examination in another United States jurisdiction and whose license is in good standing, or is eligible for reinstatement if lapsed, shall be eligible for licensure by endorsement in Virginia provided the applicant satisfies the same requirements for registered nurse or practical nurse licensure as those seeking initial licensure in Virginia.

1. Applicants who have graduated from approved nursing education programs that did not require a sufficient number of clinical hours as specified in 18VAC90-27-100 may qualify for licensure if they can provide evidence of at least 960 hours of clinical practice with an active, unencumbered license in another United States jurisdiction.

2. Applicants whose basic nursing education was received in another country shall meet the requirements of 18VAC90-19-130.

3. A graduate of a nursing school in Canada where English was the primary language shall be eligible for licensure by endorsement provided the applicant has passed the Canadian Registered Nurses Examination and holds an unrestricted license in Canada.

B. An applicant for licensure by endorsement who has submitted a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia and the required application and fee and

has submitted the required form to the appropriate credentialing agency for verification of licensure may practice for 30 days upon receipt of an authorization letter from the board. If an applicant has not received a Virginia license within 30 days and wishes to continue practice, he shall seek an extension of authorization to practice by submitting a request and evidence that he has requested verification of licensure.

C. If the application is not completed within one year of the initial filing date, the applicant shall submit a new application and fee.

18VAC90-19-130. Licensure of applicants from other countries.

A. With the exception of applicants from Canada who are eligible to be licensed by endorsement, applicants whose basic nursing education was received in another country shall be scheduled to take the licensing examination provided they meet the statutory qualifications for licensure. Verification of qualification shall be based on documents submitted as required in subsection B or C of this section.

B. Such applicants for registered nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for registered nurses in the Commonwealth;

2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and

3. Submit the required application and fee for licensure by examination.

C. Such applicants for practical nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for practical nurses in the Commonwealth;

2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and

3. Submit the required application and fee for licensure by examination.

D. An applicant for licensure as a registered nurse who has met the requirements of subsections A and B of this section may practice for a period not to exceed 90 days from the date of approval of an application submitted to the board when he is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility.

1. Applicants who practice nursing as provided in this subsection shall use the designation "foreign nurse graduate" on nametags or when signing official records.

2. During the 90-day period, the applicant shall take and pass the licensing examination in order to remain eligible to practice nursing in Virginia.

3. Any person practicing nursing under this exemption who fails to pass the licensure examination within the 90-day period may not thereafter practice nursing until he passes the licensing examination.

E. In addition to CGFNS, the board may accept credentials from other recognized agencies that review credentials of foreign-educated nurses if such agencies have been approved by the board.

18VAC90-19-140. Provisional licensure of applicants for licensure as registered nurses.

A. Pursuant to § 54.1-3017.1 of the Code of Virginia, the board may issue a provisional license to an applicant for the purpose of meeting the 500 hours of supervised, direct, hands-on client care required of an approved registered nurse education program.

B. Such applicants for provisional licensure shall submit:

1. A completed application for licensure by examination and fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia;

2. Documentation that the applicant has successfully completed a nursing education program; and

3. Documentation of passage of the NCLEX in accordance with 18VAC90-19-110.

C. Requirements for hours of supervised clinical experience in direct client care with a provisional license.

1. To qualify for licensure as a registered nurse, direct, hands-on hours of supervised clinical experience shall include the areas of adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing. Supervised clinical hours may be obtained in employment in the role of a registered nurse or without compensation for the purpose of meeting these requirements.

2. Hours of direct, hands-on clinical experience obtained as part of the applicant's nursing education program and noted on the official transcript shall be counted towards the minimum of 500 hours and in the applicable areas of clinical practice.

3. For applicants with a current, active license as an LPN, 150 hours of credit shall be counted towards the 500-hour requirement.

4. 100 hours of credit may be applied towards the 500-hour requirement for applicants who have successfully completed a nursing education program that:

a. Requires students to pass competency-based assessments of nursing knowledge as well as a summative performance assessment of clinical competency that has been evaluated by the American Council on Education or any other board-approved organization; and

b. Has a passage rate for first-time test takers on the NCLEX that is not less than 80%, calculated on the cumulative results of the past four quarters of all graduates in each calendar year regardless of where the graduate is seeking licensure.

5. An applicant for licensure shall submit verification from a supervisor of the number of hours of direct client care and the areas in which clinical experiences in the role of a registered nurse were obtained.

D. Requirements for supervision of a provisional licensee.

1. The supervisor shall be on site and physically present in the unit where the provisional licensee is providing clinical care of clients.

2. In the supervision of provisional licensees in the clinical setting, the ratio shall not exceed two provisional licensees to one supervisor at any given time.

3. Licensed registered nurses providing supervision for a provisional licensee shall:

a. Notify the board of the intent to provide supervision for a provisional licensee on a form provided by the board;

b. Hold an active, unrestricted license or multistate licensure privilege and have at least two years of active clinical practice as a registered nurse prior to acting as a supervisor;

c. Be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the supervisee's clinical knowledge and skills;

d. Be required to monitor clinical performance and intervene if necessary for the safety and protection of the clients; and

e. Document on a form provided by the board the frequency and nature of the supervision of provisional licensees to verify completion of hours of clinical experience.

E. The provisional status of the licensee shall be disclosed to the client prior to treatment and shall be indicated on identification worn by the provisional licensee.

F. All provisional licenses shall expire six months from the date of issuance and may be renewed for an additional six months. Renewal of a provisional license beyond the limit of 12 months may be granted and shall be for good cause shown. A request for extension of a provisional license beyond 12 months shall be made at least 30 days prior to its expiration.

18VAC90-19-150. Renewal of licenses.

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. A nurse shall be required to meet the requirements for continued competency set forth in 18VAC90-19-160 to renew an active license.

C. A notice for renewal of license shall be sent by the board to the last known address of the licensee. The licensee shall complete the renewal form and submit it with the required fee.

D. Failure to receive the renewal form shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

E. The license shall automatically lapse if the licensee fails to renew by the expiration date.

F. Any person practicing nursing during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of § 54.1-3008 of the Code of Virginia.

G. Upon renewal, all licensees shall declare their primary state of residence. If the declared state of residence is another compact state, the licensee is not eligible for renewal.

18VAC90-19-160. Continued competency requirements for renewal of an active license.

A. To renew an active nursing license, a licensee shall complete at least one of the following learning activities or courses:

1. Current specialty certification by a national certifying organization, as defined in 18VAC90-19-10;

2. Completion of a minimum of three credit hours of post-licensure academic education relevant to nursing practice, offered by a regionally accredited college or university;

3. A board-approved refresher course in nursing;

4. Completion of nursing-related, evidence-based practice project or research study;

5. Completion of publication as the author or co-author during a renewal cycle;

6. Teaching or developing a nursing-related course resulting in no less than three semester hours of college credit, a 15-week course, or specialty certification;

7. Teaching or developing nursing-related continuing education courses for up to 30 contact hours;

8. Fifteen contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing and 640 hours of active practice as a nurse; or

9. Thirty contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing.

B. To meet requirements of subdivision A 8 or A 9 of this section, workshops, seminars, conferences, or courses shall be offered by a provider recognized or approved by one of the following:

1. American Nurses Credentialing Center American Nurses Association;

2. National Council of State Boards of Nursing;

3. Area Health Education Centers (AHEC) in any state in which the AHEC is a member of the National AHEC Organization;

4. Any state nurses association;

5. National League for Nursing;

6. National Association for Practical Nurse Education and Service;

7. National Federation of Licensed Practical Nurses;

8. A licensed health care facility, agency, or hospital;

9. A health care provider association;

10. Regionally or nationally accredited colleges or universities;

11. A state or federal government agency;

12. The American Heart Association, the American Health and Safety Institute, or the American Red Cross for courses in advanced resuscitation; or

13. The Virginia Board of Nursing or any state board of nursing.

C. Dual licensed persons.

1. Those persons dually licensed by this board as a registered nurse and a licensed practical nurse shall only meet one of the continued competency requirements as set forth in subsection A of this section.

2. Registered nurses who also hold an active license as a nurse practitioner shall only meet the requirements of 18VAC90-30-105 and, for those with prescriptive authority, 18VAC90-40-55.

D. A licensee is exempt from the continued competency requirement for the first renewal following initial licensure by examination or endorsement.

E. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee 60 days prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

F. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

G. Continued competency activities or courses required by board order in a disciplinary proceeding shall not be counted as meeting the requirements for licensure renewal.

18VAC90-19-170. Documenting compliance with continued competency requirements.

A. All licensees are required to maintain original documentation of completion for a period of two years following renewal and to provide such documentation within 30 days of a request from the board for proof of compliance.

B. Documentation of compliance shall be as follows:

1. Evidence of national certification shall include a copy of a certificate that includes name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification shall be initially attained during the licensure period, have been in effect during the entire licensure period, or have been recertified during the licensure period.

2. Evidence of post-licensure academic education shall include a copy of transcript with the name of the licensee, name of educational institution, date of attendance, name of course with grade, and number of credit hours received.

3. Evidence of completion of a board-approved refresher course shall include written correspondence from the provider with the name of the licensee, name of the provider, and verification of successful completion of the course.

4. Evidence of completion of a nursing research study or project shall include an abstract or summary, the name of the licensee, role of the licensee as principal or coprincipal investigator, date of completion, statement of the problem, research or project objectives, methods used, and summary of findings.

5. Evidence of authoring or co-authoring a published nursing-related article, paper, book, or book chapter shall include a copy of the publication that includes the name of the licensee and publication date.

6. Evidence of teaching a course for college credit shall include documentation of the course offering, indicating instructor, course title, course syllabus, and the number of credit hours. Teaching a particular course may only be used once to satisfy the continued competency requirement unless the course offering and syllabus has changed.

7. Evidence of teaching a course for continuing education credit shall include a written attestation from the director of the program or authorizing entity including the date or dates of the course or courses and the number of contact hours awarded. If the total number of contact hours totals less than 30, the licensee shall obtain additional hours in continuing learning activities or courses.

8. Evidence of contact hours of continuing learning activities or courses shall include the name of the licensee, title of educational activity, name of the provider, number of contact hours, and date of activity.

9. Evidence of 640 hours of active practice in nursing shall include documentation satisfactory to the board of the name of the licensee, number of hours worked in calendar or fiscal year, name and address of employer, and signature of supervisor. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.

18VAC90-19-180. Inactive licensure.

A. A registered nurse or licensed practical nurse who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to practice nursing in Virginia or practice on a multistate licensure privilege but may use the title "registered nurse" or "licensed practical nurse."

B. Reactivation of an inactive license.

1. A nurse whose license is inactive may reactivate within one renewal period by:

a. Payment of the difference between the inactive renewal and the active renewal fee; and

b. Providing attestation of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding reactivation.

2. A nurse whose license has been inactive for more than one renewal period may reactivate by:

a. Submitting an application;

b. Paying the difference between the inactive renewal and the active renewal fee; and

c. Providing evidence of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding application for reactivation.

3. The board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state and who has engaged in active practice during the period the Virginia license was inactive.

4. The board may request additional evidence that the nurse is prepared to resume practice in a competent manner.

5. The board may deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-3007 of the Code of Virginia or any provision of this chapter.

18VAC90-19-190. Reinstatement of lapsed licenses or license suspended or revoked.

A. A nurse whose license has lapsed may be reinstated within one renewal period by:

1. Payment of the current renewal fee and the late renewal fee; and

2. Providing attestation of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding reinstatement.

B. A nurse whose license has lapsed for more than one renewal period shall:

1. File a reinstatement application and pay the reinstatement fee;

2. Provide evidence of completing at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding application for reinstatement; and

3. Submit a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

C. The board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state and who has engaged in active practice during the period the Virginia license was lapsed.

D. A nurse whose license has been suspended or revoked by the board may apply for reinstatement by filing a reinstatement application, fulfilling requirements for continuing competency as required in subsection B of this section, and paying the fee for reinstatement after suspension or revocation. A nurse whose license has been revoked may not apply for reinstatement sooner than three years from entry of the order of revocation.

E. The board may request additional evidence that the nurse is prepared to resume practice in a competent manner.

18VAC90-19-200. Restricted volunteer license and registration for voluntary practice by out-of-state licensees.

A. A registered or practical nurse may be issued a restricted volunteer license and may practice in accordance with provisions of § 54.1-3011.01 of the Code of Virginia.

B. Any licensed nurse who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide evidence of current, unrestricted licensure in a United States jurisdiction;

3. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;

4. Pay a registration fee of $10; and

5. Provide an attestation from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 11 of § 54.1-3001 of the Code of Virginia.

Part IV
Clinical Nurse Specialists

18VAC90-19-210. Clinical nurse specialist registration.

A. Initial registration. An applicant for initial registration as a clinical nurse specialist shall:

1. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;

2. Submit evidence of current specialty certification as required by § 54.1-3018.1 of the Code of Virginia or has an exception available from March 1, 1990, to July 1, 1990; and

3. Submit the required application and fee.

B. Renewal of registration.

1. Registration as a clinical nurse specialist shall be renewed biennially at the same time the registered nurse license is renewed. If registered as a clinical nurse specialist with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in even-numbered years shall renew his license by the last day of the birth month in even-numbered years and a licensee born in odd-numbered years shall renew his license by the last day of the birth month in odd-numbered years.

2. The clinical nurse specialist shall complete the renewal form and submit it with the required fee. An attestation of current specialty certification is required unless registered in accordance with an exception.

3. Registration as a clinical nurse specialist shall lapse if the registered nurse license is not renewed or the multistate licensure privilege is lapsed and may be reinstated upon:

a. Reinstatement of RN license or multistate licensure privilege;

b. Payment of reinstatement and current renewal fees; and

c. Submission of evidence of continued specialty certification unless registered in accordance with an exception.

18VAC90-19-220. Clinical nurse specialist practice.

A. The practice of a clinical nurse specialist shall be consistent with the education and experience required for clinical nurse specialist certification.

B. The clinical nurse specialist shall provide those advanced nursing services that are consistent with the standards of specialist practice as established by a national certifying organization for the designated specialty and in accordance with the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia.

C. Advanced practice as a clinical nurse specialist shall include performance as an expert clinician to:

1. Provide direct care and counsel to individuals and groups;

2. Plan, evaluate, and direct care given by others; and

3. Improve care by consultation, collaboration, teaching, and the conduct of research.

Part V
Disciplinary and Delegation Provisions

18VAC90-19-230. Disciplinary provisions.

A. The board has the authority to deny, revoke, or suspend a license or multistate licensure privilege issued, or to otherwise discipline a licensee or holder of a multistate licensure privilege upon proof that the licensee or holder of a multistate licensure privilege has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in procuring or maintaining a license means, but shall not be limited to:

a. Filing false credentials;

b. Falsely representing facts on an application for initial license, reinstatement, or renewal of a license; or

c. Giving or receiving assistance in the taking of the licensing examination.

2. Unprofessional conduct means, but shall not be limited to:

a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;

b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;

c. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;

d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;

e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;

f. Abusing, neglecting, or abandoning patients or clients;

g. Practice of a clinical nurse specialist beyond that defined in 18VAC90-19-220 and § 54.1-3000 of the Code of Virginia;

h. Representing oneself as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the board;

i. Delegating nursing tasks to an unlicensed person in violation of the provisions of Part VI (18VAC90-19-240 et seq.) of this chapter;

j. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;

k. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;

l. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include actions that result in personal gain at the expense of the patient or client, or a nontherapeutic personal involvement or sexual conduct with a patient or client;

m. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 the Code of Virginia;

n. Providing false information to staff or board members in the course of an investigation or proceeding;

o. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia; or

p. Violating any provision of this chapter.

B. Any sanction imposed on the registered nurse license of a clinical nurse specialist shall have the same effect on the clinical nurse specialist registration.

Part VI
Delegation of Nursing Tasks and Procedures

18VAC90-19-240. Definitions for delegation of nursing tasks and procedures.

The following words and terms when used in this part shall have the following meanings unless the content clearly indicates otherwise:

"Delegation" means the authorization by a registered nurse to an unlicensed person to perform selected nursing tasks and procedures in accordance with this part.

"Supervision" means guidance or direction of a delegated nursing task or procedure by a qualified, registered nurse who provides periodic observation and evaluation of the performance of the task and who is accessible to the unlicensed person.

"Unlicensed person" means an appropriately trained individual, regardless of title, who receives compensation, who functions in a complementary or assistive role to the registered nurse in providing direct patient care or carrying out common nursing tasks and procedures, and who is responsible and accountable for the performance of such tasks and procedures. With the exception of certified nurse aides, this shall not include anyone licensed or certified by a health regulatory board who is practicing within his recognized scope of practice.

18VAC90-19-250. Criteria for delegation.

A. Delegation of nursing tasks and procedures shall only occur in accordance with the plan for delegation adopted by the entity responsible for client care. The delegation plan shall comply with provisions of this chapter and shall provide:

1. An assessment of the client population to be served;

2. Analysis and identification of nursing care needs and priorities;

3. Establishment of organizational standards to provide for sufficient supervision that assures safe nursing care to meet the needs of the clients in their specific settings;

4. Communication of the delegation plan to the staff;

5. Identification of the educational and training requirements for unlicensed persons and documentation of their competencies; and

6. Provision of resources for appropriate delegation in accordance with this part.

B. Delegation shall be made only if all of the following criteria are met:

1. In the judgment of the delegating nurse, the task or procedure can be properly and safely performed by the unlicensed person and the delegation does not jeopardize the health, safety, and welfare of the client.

2. The delegating nurse retains responsibility and accountability for nursing care of the client, including nursing assessment, planning, evaluation, documentation, and supervision.

3. Delegated tasks and procedures are within the knowledge, area of responsibility, and skills of the delegating nurse.

4. Delegated tasks and procedures are communicated on a client-specific basis to an unlicensed person with clear, specific instructions for performance of activities, potential complications, and expected results.

5. The person to whom a nursing task has been delegated is clearly identified to the client as an unlicensed person by a name tag worn while giving client care and by personal communication by the delegating nurse when necessary.

C. Delegated tasks and procedures shall not be reassigned by unlicensed personnel.

D. Nursing tasks shall only be delegated after an assessment is performed according to the provisions of 18VAC90-19-260.

18VAC90-19-260. Assessment required prior to delegation.

Prior to delegation of nursing tasks and procedures, the delegating nurse shall make an assessment of the client and unlicensed person as follows:

1. The delegating nurse shall assess the clinical status and stability of the client's condition; determine the type, complexity, and frequency of the nursing care needed; and delegate only those tasks that:

a. Do not require the exercise of independent nursing judgment;

b. Do not require complex observations or critical decisions with respect to the nursing task or procedure;

c. Frequently recur in the routine care of the client or group of clients;

d. Do not require repeated performance of nursing assessments;

e. Utilize a standard procedure in which the tasks or procedures can be performed according to exact, unchanging directions; and

f. Have predictable results and for which the consequences of performing the task or procedures improperly are minimal and not life threatening.

2. The delegating nurse shall also assess the training, skills, and experience of the unlicensed person and shall verify the competency of the unlicensed person to determine which tasks are appropriate for that unlicensed person and the method of supervision required.

18VAC90-19-270. Supervision of delegated tasks.

A. The delegating nurse shall determine the method and frequency of supervision based on factors that include:

1. The stability and condition of the client;

2. The experience and competency of the unlicensed person;

3. The nature of the tasks or procedures being delegated; and

4. The proximity and availability of the registered nurse to the unlicensed person when the nursing tasks will be performed.

B. In the event that the delegating nurse is not available, the delegation shall either be terminated or delegation authority shall be transferred by the delegating nurse to another registered nurse who shall supervise all nursing tasks delegated to the unlicensed person, provided the registered nurse meets the requirements of 18VAC90-19-250 B 3.

C. Supervision shall include:

1. Monitoring the performance of delegated tasks;

2. Evaluating the outcome for the client;

3. Ensuring appropriate documentation; and

4. Being accessible for consultation and intervention.

D. Based on an ongoing assessment as described in 18VAC90-19-260, the delegating nurse may determine that delegation of some or all of the tasks and procedures is no longer appropriate.

18VAC90-19-280. Nursing tasks that shall not be delegated.

A. Nursing tasks that shall not be delegated are those that are inappropriate for a specific, unlicensed person to perform on a specific patient after an assessment is conducted as provided in 18VAC90-19-260.

B. Nursing tasks that shall not be delegated to any unlicensed person are:

1. Activities involving nursing assessment, problem identification, and outcome evaluation that require independent nursing judgment;

2. Counseling or teaching except for activities related to promoting independence in personal care and daily living;

3. Coordination and management of care involving collaboration, consultation, and referral;

4. Emergency and nonemergency triage;

5. Administration of medications except as specifically permitted by the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia); and

6. Circulating duties in an operating room.

Commonwealth of Virginia

REGULATIONS FOR NURSING EDUCATION PROGRAMS

VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-27-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 30 of Title 54.1 of the *Code of Virginia*

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CHAPTER 27
REGULATIONS FOR NURSING EDUCATION PROGRAMS

Part I
General Provisions

18VAC90-27-10. Definitions.

In addition to words and terms defined in § 54.1-3000 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accreditation" means having been accredited by the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

18VAC90-27-20. Fees.

Fees required by the board are:

1. Application for approval of a nursing education program.	$1,650
2. Survey visit for nursing education program.	$2,200
3. Site visit for NCLEX passage rate for nursing education program.	$1,500

Part II
Initial Approval of a Nursing Education Program

18VAC90-27-30. Application for initial approval.

An institution wishing to establish a nursing education program shall:

1. Provide documentation of attendance by the program director at a board orientation on establishment of a nursing education program prior to submission of an application and fee.

2. Submit to the board an application to establish a nursing education program along with a nonrefundable application fee as prescribed in 18VAC90-27-20.

a. The application shall be effective for 12 months from the date the application was received by the board.

b. If the program does not meet the board's requirements for approval within 12 months, the institution shall file a new application and fee.

3. Submit the following information on the organization and operation of a nursing education program:

a. A copy of a business license and zoning permit to operate a school in a Virginia location, a certificate of operation from the State Corporation Commission, evidence of approval from the Virginia Department of Education or SCHEV, and documentation of accreditation, if applicable;

b. The organizational structure of the institution and its relationship to the nursing education program therein;

c. The type of nursing program, as defined in 18VAC90-27-10;

d. An enrollment plan specifying the beginning dates and number of students for each class for a two-year period from the date of initial approval including (i) the planned number of students in the first class and in all subsequent classes and (ii) the planned frequency of admissions. Any increase in admissions that is not stated in the enrollment plan must be approved by the board. Also, transfer students are not authorized until full approval has been granted to the nursing education program; and

e. A tentative time schedule for planning and initiating the program through graduation of the first class and the program's receipt of results of the NCLEX examination.

4. Submit to the board evidence documenting adequate resources for the projected number of students and the ability to provide a program that can meet the requirements of this part to include the following information:

a. The results of a community assessment or market analysis that demonstrates the need for the nursing education program in the geographic area for the proposed school. The assessment or analysis shall include employment opportunities of nurses in the community, the number of clinical facilities or employers available for the size of the community to support the number of graduates, and the number and types of other nursing education programs in the area;

b. A projection of the availability of qualified faculty sufficient to provide classroom instruction and clinical supervision for the number of students specified by the program;

c. Budgeted faculty positions sufficient in number to provide classroom instruction and clinical supervision;

d. Availability of clinical training facilities for the program as evidenced by copies of contracts or letters of agreement specifying the responsibilities of the respective parties and indicating sufficient availability of clinical experiences for the number of students in the program, the number of students, and clinical hours permitted at each clinical site and on each nursing unit;

e. Documentation that at least 80% of all clinical experiences are to be conducted in Virginia, unless an exception is granted by the board. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency that has authority to approve clinical placement of students in that state. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval;

f. A diagram or blueprint showing the availability of academic facilities for the program, including classrooms, skills laboratory, and learning resource center. This information shall include the number of restrooms for the student and faculty population, classroom and skills laboratory space large enough to accommodate the number of the student body, and sufficient faculty office space; and

g. Evidence of financial resources for the planning, implementation, and continuation of the program with line-item budget projections for the first three years of operations beginning with the admission of students.

5. Respond to the board's request for additional information within a timeframe established by the board.

18VAC90-27-40. Organization and administration.

A. The governing or parent institution offering Virginia nursing education programs shall be approved by the Virginia Department of Education or SCHEV or accredited by an accrediting agency recognized by the U.S. Department of Education.

B. Any agency or institution used for clinical experience by a nursing education program shall be in good standing with its licensing body.

C. The program director of the nursing education program shall:

1. Hold a current license or multistate licensure privilege to practice as a registered nurse in the Commonwealth without any disciplinary action that currently restricts practice;

2. Have additional education and experience necessary to administer, plan, implement, and evaluate the nursing education program;

3. Ensure that faculty are qualified by education and experience to teach in the program or to supervise the clinical practice of students in the program;

4. Maintain a current faculty roster, a current clinical agency form, and current clinical contracts available for board review and subject to an audit; and

5. Only serve as program director at one location or campus.

D. The program shall provide evidence that the director has authority to:

1. Implement the program and curriculum;

2. Oversee the admission, academic progression, and graduation of students;

3. Hire and evaluate faculty; and

4. Recommend and administer the program budget, consistent with established policies of the controlling agency.

E. An organizational plan shall indicate the lines of authority and communication of the nursing education program to the controlling body, to other departments within the controlling institution, to the cooperating agencies, and to the advisory committee for the nursing education program.

F. There shall be evidence of financial support and resources sufficient to meet the goals of the nursing education program as evidenced by a copy of the current annual budget or a signed statement from administration specifically detailing its financial support and resources.

18VAC90-27-50. Philosophy and objectives.

Written statements of philosophy and objectives shall be the foundation of the curriculum and shall be:

1. Formulated and accepted by the faculty and the program director;

2. Descriptive of the practitioner to be prepared; and

3. The basis for planning, implementing, and evaluating the total program through the implementation of a systematic plan of evaluation that is documented in faculty or committee meeting minutes.

18VAC90-27-60. Faculty.

A. Qualifications for all faculty.

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.

2. Every member of a nursing faculty supervising the clinical practice of students shall meet the licensure requirements of the jurisdiction in which that practice occurs. Faculty shall provide evidence of education or experience in the specialty area in which they supervise student clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided.

3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.

4. For baccalaureate degree and prelicensure graduate degree programs:

a. The program director shall hold a doctoral degree with a graduate degree in nursing.

b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.

5. For associate degree and diploma programs:

a. The program director shall hold a graduate degree with a major in nursing.

b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.

c. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.

6. For practical nursing programs:

a. The program director shall hold a baccalaureate degree with a major in nursing.

b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

B. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.

2. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.

3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students.

C. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;

2. Design, implement, teach, evaluate, and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;

3. Develop and evaluate student admission, progression, retention, and graduation policies within the framework of the controlling institution;

4. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);

5. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and

6. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review.

18VAC90-27-70. Admission of students.

A. Requirements for admission to a registered nursing education program shall not be less than the requirements of § 54.1-3017 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination. The equivalent of a four-year high school course of study as required pursuant to § 54.1-3017 shall be considered to be:

1. A General Educational Development (GED) certificate for high school equivalence; or

2. Satisfactory completion of the college courses required by the nursing education program.

B. Requirements for admission to a practical nursing education program shall not be less than the requirements of § 54.1-3020 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination.

C. Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation shall be available to the students in written form.

D. Except for high school students, all applicants to a nursing education program shall be required to submit to a criminal background check prior to admission.

E. Transfer students may not be admitted until a nursing education program has received full approval from the board.

18VAC90-27-80. Resources, facilities, publications, and services.

A. Classrooms, conference rooms, laboratories, clinical facilities, and offices shall be sufficient to meet the objectives of the nursing education program and the needs of the students, faculty, administration, and staff and shall include private areas for faculty-student conferences. The nursing education program shall provide facilities that meet federal and state requirements, including:

1. Comfortable temperatures;

2. Clean and safe conditions;

3. Adequate lighting;

4. Adequate space to accommodate all students; and

5. Instructional technology and equipment needed for simulating client care.

B. The program shall have learning resources and technology that are current, pertinent, and accessible to students and faculty and sufficient to meet the needs of the students and faculty.

C. Current information about the nursing education program shall be published and distributed to applicants for admission and shall be made available to the board. Such information shall include:

1. Description of the program to include whether the program is accredited by a nursing education accrediting body;

2. Philosophy and objectives of the controlling institution and of the nursing program;

3. Admission and graduation requirements, including the policy on the use of a final comprehensive exam;

4. Fees and expenses;

5. Availability of financial aid;

6. Tuition refund policy;

7. Education facilities;

8. Availability of student activities and services;

9. Curriculum plan, to include course progression from admission to graduation, the name of each course, theory hours, skills lab hours, simulation hours (if used in lieu of direct client care hours), and clinical hours;

10. Course descriptions, to include a complete overview of what is taught in each course;

11. Faculty-staff roster;

12. School calendar;

13. Student grievance policy; and

14. Information about implications of criminal convictions.

D. Administrative support services shall be provided.

E. There shall be written agreements with cooperating agencies that:

1. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences, to include the dismissal of students from the clinical site if client safety is or may be compromised by the acts of the student;

2. Provide that faculty members or preceptors are present in the clinical setting when students are providing direct client care;

3. Provide for cooperative planning with designated agency personnel to ensure safe client care; and

4. Provide that faculty be readily available to students and preceptors while students are involved in preceptorship experiences.

F. Cooperating agencies shall be approved by the appropriate accreditation, evaluation, or licensing bodies, if such exist.

18VAC90-27-90. Curriculum.

A. Both classroom and online curricula shall reflect the philosophy and objectives of the nursing education program and shall be consistent with the law governing the practice of nursing.

B. Nursing education programs preparing for licensure as a registered or practical nurse shall include:

1. Evidence-based didactic content and supervised clinical experience in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of acute, nonacute, community-based, and long-term care clinical settings and experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing;

2. Concepts of the nursing process that include conducting a focused nursing assessment of the client status that includes decision making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, contributing to data collection and the evaluation of client outcomes, and the appropriate reporting and documentation of collected data and care rendered;

3. Concepts of anatomy, physiology, chemistry, microbiology, and the behavioral sciences;

4. Concepts of communication, growth and development, nurse-client interpersonal relations, and client education, including:

a. Development of professional socialization that includes working in interdisciplinary teams; and

b. Conflict resolution;

5. Concepts of ethics and the vocational and legal aspects of nursing, including:

a. Regulations and sections of the Code of Virginia related to nursing;

b. Client rights, privacy, and confidentiality;

c. Prevention of client abuse, neglect, and abandonment throughout the life cycle, including instruction in the recognition, intervention, and reporting by the nurse of evidence of child or elder abuse;

d. Professional responsibility, to include the role of the practical and professional nurse;

e. Professional boundaries, to include appropriate use of social media and electronic technology; and

f. History and trends in nursing and health care;

6. Concepts of pharmacology, dosage calculation, medication administration, nutrition, and diet therapy;

7. Concepts of client-centered care, including:

a. Respect for cultural differences, values, and preferences;

b. Promotion of healthy life styles for clients and populations;

c. Promotion of a safe client environment;

d. Prevention and appropriate response to situations of bioterrorism, natural and man-made disasters, and intimate partner and family violence;

e. Use of critical thinking and clinical judgment in the implementation of safe client care; and

f. Care of clients with multiple, chronic conditions; and

8. Development of management and supervisory skills, including:

a. The use of technology in medication administration and documentation of client care;

b. Participation in quality improvement processes and systems to measure client outcomes and identify hazards and errors; and

c. Supervision of certified nurse aides, registered medication aides, and unlicensed assistive personnel.

C. In addition to meeting curriculum requirements set forth in subsection B of this section, registered nursing education programs preparing for registered nurse licensure shall also include:

1. Evidence-based didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes:

a. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status;

b. Recognition of alterations to previous client conditions;

c. Synthesizing the biological, psychological, and social aspects of the client's condition;

d. Evaluation of the effectiveness and impact of nursing care;

e. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups, and communities;

f. Evaluation and implementation of the need to communicate and consult with other health team members; and

g. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; and

2. Evidence-based didactic content and supervised experiences in:

a. Development of clinical judgment;

b. Development of leadership skills and unit management;

c. Knowledge of the rules and principles for delegation of nursing tasks to unlicensed persons;

d. Supervision of licensed practical nurses;

e. Involvement of clients in decision making and a plan of care; and

f. Concepts of pathophysiology.

18VAC90-27-100. Curriculum for direct client care.

A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.

B. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.

C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.

D. Simulation for direct client clinical hours.

1. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).

2. No more than 50% of the total clinical hours for any course may be used as simulation.

3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.

4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60.

5. Documentation of the following shall be available for all simulated experiences:

a. Course description and objectives;

b. Type of simulation and location of simulated experience;

c. Number of simulated hours;

d. Faculty qualifications; and

e. Methods of debriefing.

18VAC90-27-110. Clinical practice of students.

A. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned.

B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.

C. Faculty members or preceptors providing onsite supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.

E. Preceptors shall provide to the nursing education program evidence of competence to supervise student clinical experience for quality and safety in each specialty area where they supervise students. The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing.

F. Supervision of students.

1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.

2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.

G. Prior to beginning any preceptorship, the following shall be required:

1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;

2. An orientation program for faculty, preceptors, and students;

3. A skills checklist detailing the performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and

4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

18VAC90-27-120. Granting of initial program approval.

A. Initial approval may be granted when all documentation required in 18VAC90-27-30 has been submitted and is deemed satisfactory to the board and when the following conditions are met:

1. There is evidence that the requirements for organization and administration and the philosophy and objectives of the program, as set forth in 18VAC90-27-40 and 18VAC90-27-50, have been met;

2. A program director who meets board requirements has been appointed, and there are sufficient faculty to initiate the program as required in 18VAC90-27-60;

3. A written curriculum plan developed in accordance with 18VAC90-27-90 has been submitted and approved by the board;

4. A written systematic plan of evaluation has been developed and approved by the board; and

5. The program is in compliance with requirements of 18VAC90-27-80 for resources, facilities, publications, and services as verified by a satisfactory site visit conducted by a representative of the board.

B. If initial approval is granted:

1. The advertisement of the nursing program is authorized.

2. The admission of students is authorized, except that transfer students are not authorized to be admitted until the program has received full program approval.

3. The program director shall submit quarterly progress reports to the board that shall include evidence of progress toward full program approval and other information as required by the board.

18VAC90-27-130. Denying or withdrawing initial program approval.

A. Denial of initial program approval.

1. Initial approval may be denied for causes enumerated in 18VAC90-27-140.

2. If initial approval is denied:

a. The program shall be given an option of correcting the deficiencies cited by the board during the time remaining in its initial 12-month period following receipt of the application.

b. No further action regarding the application shall be required of the board unless the program requests, within 30 days of the mailing of the decision, an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

3. If denial is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

4. If the recommendation of the informal conference committee to deny initial approval is accepted by the board or a panel thereof, the decision shall be reflected in a board order, and no further action by the board is required. The program may request a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

5. If the decision of the board or a panel thereof following a formal hearing is to deny initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

B. Withdrawal of initial program approval.

1. Initial approval shall be withdrawn and the program closed if:

a. The program has not admitted students within six months of approval of its application;

b. The program fails to submit evidence of progression toward full program approval; or

c. For any of the causes enumerated in 18VAC90-27-140.

2. If a decision is made to withdraw initial approval, no further action shall be required by the board unless the program within 30 days of the mailing of the decision requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

3. If withdrawal of initial approval is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

4. If the recommendation of the informal conference committee to withdraw initial approval is accepted by the board or a panel thereof, the decision shall be reflected in a board order, and no further action by the board is required unless the program requests a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

5. If the decision of the board or a panel thereof following a formal hearing is to withdraw initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

18VAC90-27-140. Causes for denial or withdrawal of nursing education program approval.

A. Denial or withdrawal of program approval may be based upon the following:

1. Failing to demonstrate compliance with program requirements in Part II (18VAC90-27-30 et seq.), III (18VAC90-27-150 et seq.), or IV (18VAC90-27-210 et seq.) of this chapter.

2. Failing to comply with terms and conditions placed on a program by the board.

3. Advertising for or admitting students without authority, board approval, or contrary to a board restriction.

4. Failing to progress students through the program in accordance with an approved timeframe.

5. Failing to provide evidence of progression toward initial program approval within a timeframe established by the board.

6. Failing to provide evidence of progression toward full program approval within a timeframe established by the board.

7. Failing to respond to requests for information required from board representatives.

8. Fraudulently submitting documents or statements to the board or its representatives.

9. Having had past actions taken by the board, other states, or accrediting entities regarding the same nursing education program operating in another jurisdiction.

10. Failing to maintain a pass rate of 80% on the NCLEX for graduates of the program as required by 18VAC90-27-210.

11. Failing to comply with an order of the board or with any terms and conditions placed upon it by the board for continued approval.

12. Having the program director, owner, or operator of the program convicted of a felony or a misdemeanor involving moral turpitude or his professional license disciplined by a licensing body or regulatory authority.

13. Failing to pay the required fee for a survey or site visit.

B. Withdrawal of nursing education program approval may occur at any stage in the application or approval process pursuant to procedures enumerated in 18VAC90-27-130, 18VAC90-27-160, and 18VAC90-27-230.

C. Programs with approval denied or withdrawn may not accept or admit additional students into the program effective upon the date of entry of the board's final order to deny or withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program shall comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

Part III
Full Approval for a Nursing Education Program

18VAC90-27-150. Granting full program approval.

A. Full approval may be granted when:

1. A self-evaluation report of compliance with Part II (18VAC90-27-30 et seq.) of this chapter and a survey visit fee as specified in 18VAC90-27-20 have been submitted and received by the board;

2. The program has achieved a passage rate of not less than 80% for the program's first-time test takers taking the NCLEX based on at least 20 graduates within a two-year period; and

3. A satisfactory survey visit and report have been made by a representative of the board verifying that the program is in compliance with all requirements for program approval.

B. If full approval is granted, the program shall continue to comply with all requirements in Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter, and admission of transfer students is authorized.

18VAC90-27-160. Denying full program approval.

A. Denial of full program approval may occur for causes enumerated in 18VAC90-27-140.

B. If full program approval is denied, the board shall also be authorized to do one of the following:

1. The board may continue the program on initial program approval with terms and conditions to be met within the timeframe specified by the board; or

2. The board may withdraw initial program approval.

C. If the board takes one of the actions specified in subsection B of this section, the following shall apply:

1. No further action will be required of the board unless the program within 30 days of the mailing of the decision requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 the Code of Virginia.

2. If continued initial program approval with terms and conditions or withdrawal of initial approval is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

3. If the recommendation of the informal conference committee is accepted by the board or a panel thereof, the decision shall be reflected in a board order, and no further action by the board regarding the application is required. The program may request a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia.

4. If the decision of the board or a panel thereof following a formal hearing is to deny full approval or withdraw or continue on initial approval with terms or conditions, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

D. If a program is denied full approval and initial approval withdrawn, no additional students may be accepted into the program, effective upon the date of entry of the board's final order to deny or withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program shall comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

18VAC90-27-170. Requests for exception to requirements for faculty.

After full approval has been granted, a program may request board approval for exceptions to requirements of 18VAC90-27-60 for faculty as follows:

1. Initial request for exception.

a. The program director shall submit a request for initial exception in writing to the board for consideration prior to the academic year during which the nursing faculty member is scheduled to teach or whenever an unexpected vacancy has occurred.

b. A description of teaching assignment, a curriculum vitae, and a statement of intent from the prospective faculty member to pursue the required degree shall accompany each request.

c. The executive director of the board shall be authorized to make the initial decision on requests for exceptions. Any appeal of that decision shall be in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

2. Request for continuing exception.

a. Continuing exception will be based on the progress of the nursing faculty member toward meeting the degree required by this chapter during each year for which the exception is requested.

b. The program director shall submit the request for continuing exception in writing prior to the next academic year during which the nursing faculty member is scheduled to teach.

c. A list of courses required for the degree being pursued and college transcripts showing successful completion of a minimum of two of the courses during the past academic year shall accompany each request.

d. Any request for continuing exception shall be considered by the informal factfinding committee, which shall make a recommendation to the board.

18VAC90-27-180. Records and provision of information.

A. Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation shall be readily available to the students in written form.

B. A system of records shall be maintained and be made available to the board representative and shall include:

1. Data relating to accreditation by any agency or body.

2. Course outlines.

3. Minutes of faculty and committee meetings, including documentation of the use of a systematic plan of evaluation for total program review and including those faculty members in attendance.

4. Record of and disposition of complaints.

C. A file shall be maintained for each student. Provision shall be made for the protection of student and graduate files against loss, destruction, and unauthorized use. Each file shall be available to the board representative and shall include the student's:

1. Application, including the date of its submission and the date of admission into the program;

2. High school transcript or copy of high school equivalence certificate, and if the student is a foreign graduate, a transcript translated into English;

3. Current record of achievement to include classroom grades, skills checklists, and clinical hours for each course; and

4. A final transcript retained in the permanent file of the institution to include dates of admission and completion of coursework, graduation date, name and address of graduate, the dates of each semester or term, course grades, and authorized signature.

D. Current information about the nursing education program shall be published and distributed to students and applicants for admission and shall be made available to the board. In addition to information specified in 18VAC90-27-80 C, the following information shall be included:

1. Annual passage rates on NCLEX for the past five years; and

2. Accreditation status.

18VAC90-27-190. Evaluation of resources; written agreements with cooperating agencies.

A. Periodic evaluations of resources, facilities, and services shall be conducted by the administration, faculty, students, and graduates of the nursing education program, including an employer evaluation for graduates of the nursing education program. Such evaluation shall include assurance that at least 80% of all clinical experiences are conducted in Virginia unless an exception has been granted by the board.

B. Current written agreements with cooperating agencies shall be maintained and reviewed annually and shall be in accordance with 18VAC90-27-80 E.

C. Upon request, a program shall provide a clinical agency summary on a form provided by the board.

D. Upon request and if applicable, the program shall provide (i) documentation of board approval for use of clinical sites located 50 or more miles from the school, and (ii) for use of clinical experiences conducted outside of Virginia, documented approval from the agency that has authority to approve clinical placement of students in that state.

18VAC90-27-200. Program changes.

A. The following shall be reported to the board within 10 days of the change or receipt of a report from an accrediting body:

1. Change in the program director, governing body, or parent institution;

2. Adverse action taken by a licensing authority against the program director, governing body, or parent institution;

3. Conviction of a felony or misdemeanor involving moral turpitude against the program director, owner, or operator of the program;

4. Change in the physical location of the program;

5. Change in the availability of clinical sites;

6. Change in financial resources that could substantively affect the nursing education program;

7. Change in content of curriculum, faculty, or method of delivery that affects 25% or more of the total hours of didactic and clinical instruction;

8. Change in accreditation status; and

9. A final report with findings and recommendations from the accrediting body.

B. Other curriculum or faculty changes shall be reported to the board with the annual report required in 18VAC90-27-220 A.

Part IV
Continued Approval of Nursing Education Programs

18VAC90-27-210. Passage rate on national examination.

A. For the purpose of continued approval by the board, a nursing education program shall maintain a passage rate for first-time test takers on the NCLEX that is not less than 80%, calculated on the cumulative results of the past four quarters of all graduates in each calendar year regardless of where the graduate is seeking licensure.

B. If an approved program falls below 80% for one year, it shall submit a plan of correction to the board. If an approved program falls below 80% for two consecutive years, the board shall place the program on conditional approval with terms and conditions, require the program to submit a plan of correction, and conduct a site visit. Prior to the conduct of such a visit, the program shall submit the fee for a site visit for the NCLEX passage rate as required by 18VAC90-27-20. If a program falls below 80% for three consecutive years, the board may withdraw program approval.

C. For the purpose of program evaluation, the board may provide to the program the NCLEX examination results of its graduates. However, further release of such information by the program shall not be authorized without written authorization from the candidate.

18VAC90-27-220. Maintaining an approved nursing education program.

A. The program director of each nursing education program shall submit an annual report to the board.

B. Each nursing education program shall be reevaluated as follows:

1. Every nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

2. A program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

C. Interim site or survey visits shall be made to the institution by board representatives at any time within the initial approval period or full approval period as deemed necessary by the board. Prior to the conduct of such a visit, the program shall submit the fee for a survey visit as required by 18VAC90-27-20.

D. Failure to submit the required fee for a survey or site visit may subject an education program to board action or withdrawal of board approval.

18VAC90-27-230. Continuing and withdrawal of full approval.

A. The board shall receive and review the self-evaluation and survey reports required in 18VAC90-27-220 B or complaints relating to program compliance. Following review, the board may continue the program on full approval so long as it remains in compliance with all requirements in Parts II

(18VAC90-27-30 et seq.), III (18VAC90-27-150 et seq.), and IV (18VAC90-27-210 et seq.) of this chapter.

B. If the board determines that a program is not maintaining the requirements of Parts II, III, and IV of this chapter or for causes enumerated in 18VAC90-27-140, the board may:

1. Place the program on conditional approval with terms and conditions to be met within the timeframe specified by the board; or

2. Withdraw program approval.

C. If the board either places a program on conditional approval with terms and conditions to be met within a timeframe specified by the board or withdraws approval, the following shall apply:

1. No further action will be required of the board unless the program requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

2. If withdrawal or continued program approval with terms and conditions is recommended following the informal conference, the recommendation shall be presented to the board or a panel thereof for review and action.

3. If the recommendation of the informal conference committee is accepted by the board or a panel thereof, the decision shall be reflected in a board order and no further action by the board is required unless the program requests a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

4. If the decision of the board or a panel thereof following a formal hearing is to withdraw approval or continue on conditional approval with terms or conditions, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

D. If a program approval is withdrawn, no additional students may be admitted into the program effective upon the date of entry of the board's final order to withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program must comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

18VAC90-27-240. Closing of an approved nursing education program; custody of records.

A. When the governing institution anticipates the closing of a nursing education program, the governing institution shall notify the board in writing, stating the reason, plan, and date of intended closing.

The governing institution shall assist in the transfer of students to other approved programs with the following conditions:

1. The program shall continue to meet the standards required for approval until all students are transferred and shall submit a quarterly report to the board regarding progress toward closure.

2. The program shall provide to the board a list of the names of students who have been transferred to approved programs, and the date on which the last student was transferred.

3. The date on which the last student was transferred shall be the closing date of the program.

B. When the board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

1. The program shall be closed according to a timeframe established by the board.

2. The program shall provide to the board a list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

3. The program shall provide quarterly reports to the board regarding progress toward closure.

C. Provision shall be made for custody of records as follows:

1. If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The governing institution shall inform the board of the arrangements made to safeguard the records.

2. If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred by the institution to the board for safekeeping.

Virginia Board of Nursing
Business Meeting
March 21, 2017

Report from VDH Addiction Disease Management Workshops
Louise Hershkowitz, CRNA, MSHA

The Director of the Virginia Department of Health, Dr. Marissa Levine, declared a public health emergency related to the Opioid Epidemic in November 2016. On January 1, 2017, in a follow up communication, Dr. Levine announced that the VDH would be conducting free full day workshops about Addiction Disease Management around the Commonwealth. These workshops would, along with online modules, prepare practitioners from a variety of disciplines to deal with the multiple facets of the addiction crisis.

Having registered for the program, I participated in the online part of the program, the Providers' Clinical Support Services modules, and then, on March 9, 2017, participated in the full day VDH program in Falls Church, VA.

The morning sessions, conducted by Dr. Sebastian Tong from VCU, and Dr. Kevin Doyle, President of the Virginia Board of Counseling, focused on "Addiction Disease Management Principles in Virginia." Subjects discussed were:

- Efficacy of disease management: screening, referral and treatment
- Challenges and Barriers for addressing the disease of addiction in outpatient clinical practice
- Universal Precautions: best practices in managing patients taking controlled substances

In the afternoon, the group was divided in two parts:

- Behavioral health, which focused on Project REVIVE!, including training the trainers; counseling medication assisted treatment patients, and principles of screening and referring individuals dealing with addiction disorders.
- Clinical track, which, taken with the online program discussed earlier, would count toward attaining Waiver Status for clinicians to manage addiction treatment in the outpatient setting.

I attended the clinical track session, which was very helpful in gaining an understanding of the issues associated with medication assisted addiction treatment. Specific information was shared regarding the three current medical management regimens for addiction, including opioid agonists methadone (through federally regulated clinics) and buprenorphine (which is increasingly being utilized in outpatient settings) and opioid antagonist naltrexone.

Other attendees at this session included physicians from a number of specialties, PAs, NPs, and graduate students in those fields.

From participating in these programs, I attained a greater understanding of current concepts in the treatment of individuals with addition disorders. Not only did I gain knowledge about current thought on the comprehensive view of treatment of such individuals, but I also better understand a number of issues, including current thoughts on medication assisted treatment and the issue of stigma, that are particularly pertinent to me and to all members of the Virginia Board of Nursing as we continue to deal with individuals who, as patients and as practitioners, are affected by the addiction disease.

I hope that sharing this information with Board and Staff will stimulate thought and discussion regarding the attitudes and actions of the Board in this rapidly evolving area of concern.

VIRGINIA BOARD OF NURSING
CRIMINAL BACKGROUND CHECK COMMITTEE

AGENDA

March 21, 2017

TIME AND PLACE:	The Criminal Background Check ("CBC") Committee of the Board of Nursing will convene on March 21, 2016, at 2:00p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Henrico, Virginia.
BOARD MEMBERS:	Joyce Hahn, PhD, RN, NEA-BC, FNAP, President, Chairperson Jeanne Holmes, Citizen Member Mark Monson, Citizen Member William Traynham, LPN, CSAC
STAFF MEMBERS:	Jodi P. Power, Deputy Executive Director Brenda Krohn, Deputy Executive Director Stephanie Willinger, Deputy Executive Director Ann Tiller, Compliance Manager Na'im Campbell, Background Investigations Supervisor

TOPICS TO BE DISCUSSED:

- Review of first year worth of data collected after CBC implementation for RN/LPN applicants (1/1/16 – 12/31/2016)
- Consideration of existing processes for handling non-routine applications with conviction history to determine need for recommended changes in board processes or guidelines based upon workload impact in CY 2016
- Identify future data collection needs and next steps for Committee, if any
- **2:15p.m. - Public Comment**

Attachments include:
Charts of BON RN/LPN Application & CBC Data (1/1/16 – 12/31/16)
Guidance Document 90-10 http://www.dhp.virginia.gov/nursing/guidelines/90-10.doc
(NOTE: **Guidance Document 90-12** - not attached; please see DRAFT revision provided for business meeting discussion)

BON RN AND LPN APPLICATIONS RECEIVED FROM 1/1/2016 TO 12/31/2016

CRIMINAL BACKGROUND CHECKS UNIT — NON-ROUTINE APPLICATION REVIEW

ALL APPS

All	Count	%	Occup		Occup	%	Count	All
9259				< RN & LPN applicants completing the CBC process			All RN & LPN Applications Received >	10264

APPS WITH CONVICTIONS

4.3%	398			< Applicants with Confirmed Conviction(s)			Applications with Self-Reported Conviction Info >	625	6.1%
2.9%			267	RN	435				4.2%
1.4%			131	LPN	190				1.9%

DISCLOSING

2.6%	244	61.3%	< Applicants with Confirmed Conviction(s) who DID disclose		Applications that DID disclose Conviction Info >	88.8%	555	5.4%
1.9%		73%	179	RN	390	70%		3.8%
0.7%		27%	65	LPN	165	30%		1.6%

NOT DISCLOSING

1.7%	154	38.7%	< Applicants with Confirmed Conviction(s) who did NOT disclose		Applications that did NOT disclose Conviction Info >	11.2%	70	0.7%
1.0%		57%	88	RN	45	64%		0.4%
0.7%		43%	66	LPN	25	36%		0.2%

WORKLOAD IMPACT

PHCO's OFFERED				IFC'S SCHEDULED		
Both	LPN	RN	With ANY conviction	RN	LPN	Both
24	8	16	By Deputy	8	6	14
2	1	1	By Board President	2	0	2
26	9	17	Combined	10	6	16
Both	LPN	RN	With Conviction NOT disclosed	RN	LPN	Both
14	4	10	By Deputy	0	1	1
2	1	1	By Board President	1	0	1
16	5	11	Combined	1	1	2
62%	56%	65%	% of PHCO's based on non-disclosure	% of IFCs based on non-disclosure	10%	17%	13%

VIRGINIA BOARD OF NURSING
Criminal Background Checks Unit

January 01, 2016 – December 31, 2016

CBC Reports

- Total number of LPN/RN applicants who initiated CBC process: 9, 259

Self-disclosed criminal convictions
(Does not include self-disclosed arrests that resulted in non-convictions; or self-disclosed "convictions" that were not listed on RAP sheet.)

- LPN/RN 244 (2.63%)
  - LPN 65
  - RN 179

Criminal convictions NOT disclosed
- LPN/RN 154 (1.66%)
  - LPN 66
  - RN 88

Total number of applicants with convictions (disclosed and not disclosed)
- LPN/RN 398 (4.29%)

FieldPrint: 9353
VSP: 9043 (5005 + 4038)

Virginia Board of Nursing

Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

Applicants for licensure, certification, or registration by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations shall be issued a license, certificate, or registration pursuant to authority delegated to the Executive Director of the Board in 18 VAC 90-19-20 of the Board of Nursing Regulations.

An applicant whose license, certificate, or registration has been revoked or suspended is not eligible for licensure, certification, or registration in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. A suspension or revocation by another jurisdiction that has been stayed on terms is not considered to be reinstated for purposes of Va. Code § 54.1-2408. Pursuant to §54.1-2408 of the Code of Virginia, such applicants shall be advised in writing of their ineligible status by the Executive Director.

Affirmative responses to any questions on applications for licensure, certification, or registration related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, certificate, or registration or impose sanction shall be referred to the Board President as to how to proceed. **The Executive Director, or designee, may approve the application without referral in the following cases:**

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery (will not apply to applicants for reinstatement if license or certificate was revoked or suspended by the Board or if it lapsed while an investigation was pending.)

2. There is a history of a criminal conviction which does not constitute grounds for denial or Board action pursuant to §54.1-3007 of the Code of Virginia, OR does constitute grounds for denial but meets the following criteria:

- Conviction history of only misdemeanors which are greater than 5 years old, as long as court requirements have been met.
- If one misdemeanor conviction less than 5 years old and court requirements have been met, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- If one felony conviction, greater than 10 years old and non-violent in nature, and all court/probationary/parole requirements have been met.

3. Convictions in a juvenile court.

4. Applicants with a conviction history previously reviewed and approved by the Board in another occupation regulated by the Board of Nursing and without subsequent criminal convictions.

Revised: 1993; 2003; 2008; 2013; 2015; 2017

VIRGINIA BOARD OF NURSING
REVISION OF
GUIDANCE DOCUMENT 90-6 (PICC INSERTION AND REMOVAL)
COMMITTEE

AGENDA

March 21, 2017

TIME AND PLACE:	The Revision of Guidance Document 90-6 Committee of the Board of Nursing will convene on March 21, 2016, at 2:30 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor - Board Room 2, Henrico, Virginia.
BOARD MEMBERS:	Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson Guia Caliwagan, RN, MAN, EdS William Traynham, LPN, CSAC
STAFF MEMBERS:	Jay Douglas, Executive Director Jodi P. Power, Deputy Executive Director

TOPICS TO BE DISCUSSED:

- Review of two requests for revision of Guidance Document 90-6 were received from the public

2: 45 p.m. - Public Comment

Attachments include:
January 24, 2017 Board Business Minutes
Copy of Guidance Document 90-6

From: Laurie0830@gmail.com [mailto:laurie0830@gmail.com]
Sent: Sunday, October 23, 2016 6:11 PM
To: Board of Nursing
Subject: PICC Placement using ECG and Doppler Technology and Chest XRAY elimination - Question

Hello, I would like to get a position statement from the VA Board of Nursing regarding Chest X-ray elimination when RN is placing a PICC with ECG tip confirmation technology that is approved by FDA to eliminate the need for xray when the Blue Bullseye is obtained. I have searched the VA Board of nursing website, but the position statement on there is out of date as if placing PICC traditionally without latest technology and with latest INS Standards regarding PICC tip confirmation.

Thank you,
Laurie Wilson
919-691-0691

On Oct 27, 2016, at 11:42, Laurie0830@gmail <laurie0830@gmail.com> wrote:

Good afternoon,
Thank you for your message.
The technology (Teleflex VPS) in consideration is FDA cleared for PICC catheter tip placement/clearance eliminating the need for chest x-ray.
See link: http://www.teleflex.com/usa/product-areas/vascular-access/catheter-tip-positioning-systems/arrow-g4-vascular-positioning-system-vps/how-it-works/?language_id=1

With this clearance, please advise what a PICC team/RN would need to obtain from Board for approval to use in practice.

Here is the FDA clearance information:

http://www.teleflex.com/en/investor/news/

Thank you,

Laurie

Catheter Tip Positioning Systems

ARROW® G4™ Vascular Positioning System

The ARROW® VPS G4™ Device is an advanced Vascular Positioning System® that offers clinicians a renewed confidence in precise PICC or CVC placement. Powered by a combination of three technologies, the ARROW® VPS G4™ Device analyzes multiple metrics, in real time, to pinpoint the exact location of the lower 1/3 of the SVC-CAJ.

BLUE BULLSEYE

Discover what it feels like to hit the lower 1/3 of the SVC-CAJ 98.4% of the time on the first attempt when the Blue Bullseye is illuminated.[1]

INTRAVASCULAR DOPPLER ULTRASOUND

The Doppler ultrasound microsensor detects if the catheter tip is moving with the flow of blood safely towards the heart, or if the catheter has been misdirected and is moving against the flow.

To see how it works, hover on each section of the graphic.

References:

Teleflex®

News Release

VasoNova Inc. Receives 510(k) Clearance for Expanded Use of VPS Technology

"Alternative to x-ray" claim allows clinicians to adopt new standard of catheter location technology

LIMERICK, Pa., Mar 03, 2011 (BUSINESS WIRE) --

Teleflex Incorporated (NYSE: TFX), a leading global provider of medical technology products, today announced that its VasoNova Inc. subsidiary has received 510(k) clearance from the U.S. Food and Drug Administration (FDA) to market the company's VPS(TM) peripherally inserted central catheter tip location technology as an alternative to chest x-ray or fluoroscopy in adult patients when the guidance indicator shows a blue bullseye.

Currently, after most central venous catheters are placed, the correct location of the implanted catheter needs to be confirmed by chest x-ray, a process that is costly, time consuming, often repeated because of inaccuracy and which exposes the patient to radiation.

"VasoNova's VPS(TM) system is a market-leading central venous catheter navigation technology. This clearance puts us in a strong competitive position and offers the potential to establish a new standard of care in catheter placement," commented Benson Smith, Teleflex Chairman, President and CEO.

VasoNova VPS(TM) is the first system to use a combination of hemodynamic and other biometric data to calculate precise tip location and to communicate the position to the user via a simple graphical interface. The system provides the clinician with the opportunity to place the catheter correctly the first time, avoiding the need for confirmatory chest x-ray where indicated. This provides benefits to the patient, the care-giver and the health care system as a whole.

The VasoNova VPS(TM) system, comprising a portable console and a single-use bio-sensor that is compatible with all major makes of central venous catheters, is available now. The company began shipping product in January to hospitals in the United States.

About Teleflex Incorporated

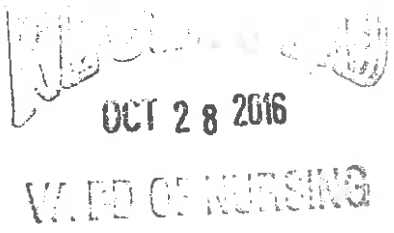
Teleflex Incorporated (NYSE: TFX) is a global provider of medical technology products that enable healthcare providers to improve patient outcomes, protect against infections and support patient and provider safety. Teleflex, which employs approximately 12,500 people worldwide, also has niche businesses that serve segments of the aerospace and commercial markets with specialty engineered products. Additional information about Teleflex can be obtained from the company's website at www.teleflex.com.

Forward-looking information

Any statements contained in this press release that do not describe historical facts may constitute forward-looking statements. Any forward-looking statements contained herein are based on our management's current beliefs and expectations, but are subject to a number of risks, uncertainties and changes in circumstances, which may cause actual results or company actions to differ materially from what is expressed or implied by these statements. These risks and uncertainties are identified and described in more detail in our filings with the Securities and Exchange Commission, including our Annual Report on Form 10-K.

SOURCE: Teleflex Incorporated

Teleflex Incorporated
Jake Elguicze
Vice President Investor Relations
610-948-2836



From: Fran Concklin <Fran.Concklin@Centrahealth.com>
Date: November 1, 2016 at 6:50:36 PM EDT
To: "jay.douglas@dhp.virginia.gov" <jay.douglas@dhp.virginia.gov>
Cc: "charlette.ridoout@dhp.virginia.gov" <charlette.ridoout@dhp.virginia.gov>
Subject: Confirmation of PICC placements

I would like to ask the BON to review the Guidance Document 90-6 for PICC Insertions--#5. Radiological confirmation of catheter position is made when tip placement is positioned beyond the axillary vein prior to use of the PICC for any reason.

The 2016 Infusion Nurses Society Standards of Practice gives recommendations on electrocardiogram (ECG) technology as being more accurate and timely, less radiation exposure and less costly.

"STANDARD 23. CENTRAL VENOUS ACCESS DEVICE (CVAD) TIP LOCATION

23.1 Tip location of a central venous vascular access device (CVAD) is determined radiographically or by other imaging technologies prior to initiation of infusion therapy or when clinical signs and symptoms suggest tip malposition.

Practice Criteria:

E. Use methods for identifying CAVD tip location during the insertion procedure (ie, "real time") due to greater accuracy, more rapid initiation of infusion therapy, and reduced costs.

E 1. Use electrocardiogram (ECG) methods with either a metal guidewire or a column of normal saline inside the catheter lumen and observe the ECG tracing to place the CVAD tip at the cavoatrial junction (CAJ). Follow manufacturers' directions for use with other ECG-based technology using a changing light pattern to detect tip location.

E 5. Postprocedure radiograph imaging is not necessary if alternative tip location technology confirms proper tip placement.

F. Confirmation of tip location by postprocedure chest radiograph remains acceptable practice and is required in the absence of technology used during the procedure. This method is less accurate because the CAJ cannot be seen on the radiograph, requiring identification of tip location by measurement from the carina, trachea-bronchial angle, or thoracic vertebral bodies.

H. Clinicians with documented competency determine the tip location of a CVAD by using ECG or assessing the postprocedure chest radiograph and initiate infusion therapy based on this assessment. When a postprocedure chest radiograph is used, the radiologist as directed by organizational policies and procedures authors the complete report."

This request is of increasing importance as the complexity and obesity of our patient population is increasing. It is difficult to get high quality films on bariatric patients and a challenge to see the catheter. This is requiring more than 1 radiologic film to be done and occasionally the injection of contrast is required. This increases the cost, delays infusion therapy and/or discharge, and limits the number of patients we can see. There will still be a few patients that will require radiographic confirmation due to medical conditions.

In addition, I attended the World Congress for Vascular Access (WoCoVA) in Berlin and the Association for Vascular Access Conference in Orlando this year and many topics were presented on this technology.

Attached is a list of references supporting the use of ECG technology for confirmation of CVAD tip location over traditional radiograph.

Thank you for your consideration of this process.

Fran Concklin, BS, RN-BC, CRNI, VA-BC
Pediatric Clinical Nurse IV
Vascular Access Specialist
fran.concklin@centrahealth.com
434-200-4654

REFERENCES FOR ECG PICC PLACEMENT

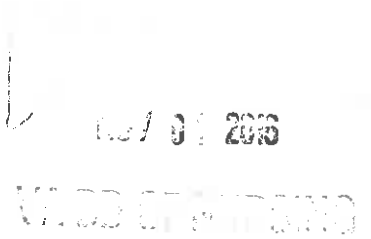
Girgenti, C. Successfully Eliminating Chest Radiography by Replacing it with Dual Vector Technology and an Algorithm for PICC Placement. *JAVA* Volume 19; Issue 2, June 2014, pp 71-74.

Moureau N, Dennis GL, Ames E, Severe R. Electrocardiogram (EKG) guided peripherally inserted central catheter placement and tip position: Results of a trial to replace radiological confirmation. *JAVA* 2010;15(1):9-15.

Pittiruti M, LaGreca A, Scoppettuolo G. The electrocardiographic method for positioning the tip of central venous catheters. *J Vasc Access*. 2011;12:280-291.

Pittiruti M, Bertollo, D, Beriglia E, et al. The intercavitary ECG method for positioning of the tip of central venous catheters; Results of an Italian multicenter study. *J Vasc Access* 2012; 13 (3): 357-365.

Rossetti, F, Pittiruti, M, Lamperti, M et al. The intracavitary ECG method for positioning the tip of central venous access devices in pediatric patients: Results of an Italian multicenter study; *J Vasc Access* 2015: 16 (2): 137-143.



VIRGINIA BOARD OF NURSING
BUSINESS MEETING
JANUARY 24, 2017

Minutes

Revision Request of GD 90-6 (PICC Line Insertion and Removal):

Ms. Douglas stated that two requests for revision of GD 90-6 were received from the public. She noted that the last time the GD was revised was in 2012. She added that the Board has two options: motion to proceed with revision or to deny request.

Ms. Caliwagan moved to accept the request and to convene a Committee to review the GD 90-6. The motion was seconded and carried with nine votes in favor and one vote (Mr. Traynham) opposed.

Dr. Hahn asked for volunteers on the Committee. Ms. Caliwagan, Ms. Hershkowitz, and Mr. Traynham volunteered to be on the Committee.

Virginia Board of Nursing

PICC Line Insertion and Removal by Registered Nurses under Appropriate Circumstances

It is the position of the Board of Nursing that a registered nurse may insert and remove Peripherally Inserted Central Catheters (P1CC) lines upon order of a licensed physician and that the procedure is within the scope of practice of a registered nurse. In specific clinical practice settings, factors to be considered include:

1. The registered nurse possesses substantial knowledge and experience in intravenous therapy.

2. The registered nurse has specialized education and can demonstrate competency in line placement. This documented education shall include a theoretical and clinical component.

3. The registered nurse documents continued competence in performing the skill.

4. The agency or institution employing said nurses has established policies and procedures regarding the use of these devices.

5. Radiological confirmation of catheter position is made when tip placement is positioned beyond the axillary vein prior to use of the PICC for any reason.

6. The placement of a PICC line may only be carried out in structured, clinical settings where the equipment and expertise of other health professionals to manage complications are readily available.

Accepted: January 27, 1993
Revised: July 15, 2008
Revised: September 11, 2012

Virginia Board of Nursing
Nurse Aide Education Curriculum
Meeting Agenda
March 21, 2017

3:00 p.m.	Introductions
3:15 p.m.	Status update on NNAAP pass rates and hours for classroom, skills lab, and clinical by type of program. Requirements from other States and their pass rates.
3:45 p.m.	Suggested additions to the regulations and/or the curriculum by each stakeholder and Board staff. • Issues with Social Media and Boundary Issues • Cultural Competence (Awareness) • Patient Centered Care • Principles of Delegation • Evidenced Based Practice • Culture of Continuing Education (CNA entry into practice)
4:45 p.m.	Wrap-up and Next Steps
5:00 p.m.	Adjourn