

# Virginia Board of Nursing

## Instructions for Accessing December 2, 2020 at 9:00 A.M.

### Virtual Business Meeting and Providing Public Comment

- ❖ **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- ❖ **Public comment:** Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to [huong.vu@dhp.virginia.gov](mailto:huong.vu@dhp.virginia.gov) no later than 8 am on December 2, 2020 indicating that they wish to offer comment. Be sure to specify if the comment is associated with the public hearing or the board meeting. Comment may be offered by these individuals when their names are announced by the chairman.
- ❖ Public participation connections will be muted following the public comment periods.
- ❖ Should the Board enter into a closed session, public participants will be blocked from seeing or hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the discussions will be restored.
- ❖ Please call from a location without background noise.
- ❖ Dial (804) 786-7060 to report an interruption during the broadcast.
- ❖ FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>.

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**VIRGINIA BOARD OF NURSING**  
**VIRTUAL BUSINESS MEETING**

**Preliminary Agenda**

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

**Wednesday, December 2, 2020 at 9:00 A.M. – Quorum of the Board**

**CALL TO ORDER:** Jennifer Phelps, BS, LPN, QMHP-A, CSAC; President

**ESTABLISHMENT OF A QUORUM.**

**ANNOUNCEMENT**

- Ethlyn McQueen-Gibson, DNP, MSN, RN-BC, has been selected as a winner of the Virginia Nurses Foundation (VNF) 2020 Year of the Nurse Award. Dr. McQueen-Gibson will be celebrated for her accomplishments at the VNF Gala on December 5, 2020 virtually.

**Staff Update:**

- Diana Wilson accepted the P-14 Licensing Specialist by Exam position and started on October 26, 2020
- Jacquelyn Wilmoth, RN, MSN, accepted the Deputy Executive Director for Education position. She started on November 10, 2020

**A. UPCOMING MEETINGS:**

- The Virginia Nurses Association Board of Director VIRTUAL meeting is scheduled for December 4, 2020 – Ms. Douglas will attend to provide Board of Nursing update
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, December 9, 2020 at 9:00 am in Board Room 4.
- The NCSBN Board of Directors VIRTUAL meeting is scheduled for December 15-16, 2020 – Ms. Douglas will attend as the President of NCSBN Board of Directors.

**REVIEW OF THE AGENDA:**

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**
  - B1** October 14, 2020 Board of Nursing VIRTUAL Business Meeting\*
  - B2** October 27, 2020 Telephone Conference Call\*
  - B3** November 17, 2020 Panel A – Formal Hearings
  - B4** November 17, 2020 Panel B – Formal Hearings
  - B5** November 18, 2020 Panel A - Formal Hearings

**B6** November 18, 2020 Panel B – Formal Hearings

**C1** Agency Subordinate Tracking Log

**C2** Financial Report as of October 31, 2020

**C3** Board of Nursing Monthly Tracking Log\*

**C4** The Committee of the Joint Boards of Nursing and Medicine October 21, 2020 Business Meeting DRAFT minutes\*

**C5** The Committee of the Joint Boards of Nursing and Medicine October 21, 2020 Formal Hearing DRAFT minutes\*

**C6** Massage Therapy Advisory Board November 2, 2020 VIRTUAL Meeting DRAFT minutes\*

➤ **C6a** LMT Licensure Stats as of 09 30 2020\*

➤ **C6b** LMT Case Decision as of 09 30 2020\*

➤ **C6c** LMT Case Category Report as of 09 30 2020\*

**C7** Informal Conference Schedule from January through June 2021\*

**C8** Executive Director Report\*

**E1** Education Staff Report\*

**E3** Mary Marshall Scholarship Report\*

**F1** Status of Regulatory Actions\*

Healthcare Workforce Data Center (HWDC) Reports:

- Virginia's Registered Nurse Workforce: 2020\*
- Virginia's Licensed Practical Nurse Workforce: 2020\*
- Virginia's Certified Nurse Aide Workforce: 2020\*

**DIALOGUE WITH DHP DIRECTOR OFFICE– Dr. Brown and/or Dr. Allison-Bryan**

**B. DISPOSITION OF MINUTES:**

None

**C. REPORTS:**

None

**D. OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- Presentation of Slate of Candidates and Election of Officers
  - D1a** November 18, 2020 Nominating Committee Meeting DRAFT Minutes
  - D1b** November 24, 2020 Slate of Candidates for 2021 Officers Memo

**E. EDUCATION:**

- **E2** - 2021 Dates for Education Informal Conference Committee Meetings\*

**F. LEGISLATION/REGULATIONS – Ms. Yeatts**

**F2** Adoption - Final Regulations for Nurse Aide Education Programs

**10:00 A.M. – PUBLIC COMMENT**

**10:30 A.M. – Changes to Certified Nurse Aide (CNA) SRP Worksheet Presentation by Neal Kauder and Kim Small, VisualResearch**

- Revised Certified Nurse Aide Sanctioning Reference Point (SRP) Presentation\*
- Certified Nurse Aide SRP Worksheet Instructions\*
- SRP Worksheet for CNAs only\*

**11:30 A.M. – AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION**

- #1 – Dawn Marie Bernard Pereira, RN\*
- #2 – Ashley Elizabeth Bond Stratton, LPN\*
- #3 – Christopher Michael Mitchell, CNA\*
- #4 – Christine Marie Jordan, LPN\*
- #5 – Scott Kenneth Benson, RN\*
- #6 – Heidi L. Boothe, RN\*
- #7 – Ryan Keri Patterson, RN\*
- #8 – Randy Lee Reedy, RN\*
- #9 – Clarissa Bascon Smith, LPN\*

**G. CONSENT ORDERS: (Closed Session)**  
**TBD**

**MEETING DEBRIEF**

**ADJOURNMENT**

(\* mailed 11/18) (\*\* mailed 11/24)

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*Our mission is to assure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.*

**VIRGINIA BOARD OF NURSING  
VIRTUAL BUSINESS MEETING MINUTES  
October 14, 2020**

**TIME AND PLACE:** The virtual meeting via Webex of the Board of Nursing was called to order at 8:35 A.M. on October 14, 2020.

**PRESIDING:** Jennifer Phelps, BS, LPN, QMHP-A, CSAC; President

**MEMBERS PARTICIPATING**

**VIRTUALLY:** Marie Gerardo, MS, RN, ANP-BC; First Vice President  
Mark D. Monson, Citizen Member; Second Vice President  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Louise Hershkowitz, CRNA, MSHA  
Brandon A. Jones, MSN, RN, CEN, NEA-BC  
Dixie L. McElfresh, LPN  
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC  
Mark D. Monson, Citizen Member  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE  
Cynthia M. Swineford, RN, MSN, CNE

**MEMBERS ABSENT:** Yvette L. Dorsey, DNP, RN

**STAFF PARTICIPATING**

**VIRTUALLY:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice  
Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
Stephanie Willinger; Deputy Executive Director for Licensing  
Jacquelyn Wilmoth, RN, MSN; Nursing Education Program Manager  
Patricia Dewey, RN, BSN; Discipline Case Manager  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Ann Tiller, Compliance Manager  
Huong Vu, Executive Assistant  
Sally Ragsdale, Discipline Specialist

**OTHERS PARTICIPATING**

**VIRTUALLY:** Charis Mitchell, Assistant Attorney General, Board Counsel  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
Matt Treacy, Media Production Specialist, Department of Health Professions  
Melvina Baylor, Board of Nursing Staff  
Cathy Hanchey, Board of Nursing Staff  
Myra Barnes, Board of Nursing Staff

**PUBLIC PARTICIPATING  
VIRTUALLY:**

Scott Johnson, Hancock, Daniel & Johnson, PC  
Janet Wall, MS; CEO of Virginia Nurses Association (VNA)  
Andrew Lamar, Lamar Consulting LLC  
Allyson Tysinger, Senior Assistant Attorney General/Section Chief - **joined at 9:44 am**  
Shevellannie Lott, PhD, RN, CNE; Dean of the Hampton University School of Nursing – **joined at 11:45 am**

**ESTABLISHMENT OF A QUORUM:**

Ms. Phelps welcomed attendees and asked Ms. Vu to take a roll call of Board Members present. With 13 members present, a quorum was established.

Staff and public attendees were identified.

Ms. Phelps thanked Ms. Gerardo and Mr. Monson for their help during her absence.

Ms. Phelps congratulated Ms. Douglas on her position as President of the NCSBN Board of Directors.

**ANNOUNCEMENTS:**

Ms. Phelps noted the announcements on the agenda.

- Yvette L. Dorsey, DNP, RN, was reappointed to the Board of Nursing as a RN Member on August 14, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024.
- Ann Tucker Gleason, PhD, was reappointed to the Board of Nursing as a Citizen Member on August 14, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024.
- Meenakshi Shah, BA, RN, was reappointed to the Board of Nursing as a RN Member on August 14, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024.
- Dawn M. Hogue, MA, LMT was reappointed to the Massage Therapy Advisory Board on August 20, 2020 for the second four-year term beginning July 1, 2020 and ending on June 30, 2024.
- Maria Mercedes Olivieri, LMT was appointed to the Massage Therapy Advisory Board on August 20, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024.
- On September 11, 2020, NCSBN issued an announcement that Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director, Virginia Board of

Nursing, has taken over as president of the NCSBN Board of Directors (BOD) due to the resignation of the former president.

Ms. Phelps acknowledged Dr. McQueen-Gibson's participation in a state wide vaccine workgroup.

**Staff Update**

- Melvina Baylor accepted a new position as Compliance/Safety Officer II position effective September 10, 2020. She vacated the Nursing Discipline Specialist position.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The NCSBN Board of Directors Strategy virtual meeting is scheduled for October 19-20, 2020 – Ms. Douglas will attend as the NCSBN President of the Board of Directors.
- The Committee of the Joint Boards of Nursing and Medicine business meeting is scheduled for Wednesday, October 21, 2020 at 9:00 am in Board Room 2. Disciplinary proceedings will follow.

ORDERING OF AGENDA: Ms. Phelps asked if Board Members wished to add any items to the Agenda. There were no items added.

Ms. Phelps asked staff to provide updates to the Agenda. There were no additional updates

CONSENT AGENDA:

The following items were removed from the consent agenda:

- Mr. Jones removed **C1** Agency Subordinate Tracking Log for discussion
- Ms. Phelps removed **C8** Informal Conference Schedule from January through June 2021 and moved it to Other Matters

Mr. Monson moved to accept the consent agenda as presented. The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**Consent Agenda**

**B1** July 21, 2020

**B2** July 21, 2020

**B3** July 21, 2020

**B4** July 22, 2020

**B5** July 22, 2020

**B6** August 13, 2020

Board of Nursing Business Meeting

Panel A - Formal Hearings

Panel B – Formal Hearings

Panel A – Agency Subordinate Recommendations & Formal Hearings

Panel B - Agency Subordinate Recommendations & Formal Hearings

Telephone Conference Call

- B7** September 2, 2020 Telephone Conference Call
- B8** September 15, 2020 Panel A – Formal Hearings
- B9** September 15, 2020 Panel B – Formal Hearings
- B10** September 16, 2020 Panel A – Formal Hearings
- B11** September 16, 2020 Panel B – Formal Hearings
- B12** September 29, 2020 Webex Training Session for Board Members

- C2** Financial Report as of August 31, 2020
- C3** Board of Nursing Monthly Tracking Log
- C4** HPMP Quarterly Report ending September 30, 2020
- C5** The Committee of the Joint Boards of Nursing and Medicine July 21, 2020 DRAFT Agency Subordinate Recommendation minutes
- C6** The Committee of the Joint Boards of Nursing and Medicine August 18, 2020 DRAFT Telephone Conference Call minutes
- C9** Executive Director Report
  - ❖ **C9a** - September 30, 2020 Letter from the NCSBN President, Jay Douglas

- E1** Education Special Conference Committee September 2, 2020 Minutes & Recommendations
- E2** Nursing and Nurse Aide Education Programs Update

Healthcare Workforce Data Center (HWDC) Reports:

- Pathways to BSN: A Look at Virginia’s Registered Nurse Workforce
- Virginia’s Licensed Nurse Practitioner Workforce: 2019
- Virginia’s Licensed Nurse Practitioner Workforce: Comparison by Specialty

- F1** Status of Regulatory Actions

**Discussion of items removed from the Consent Agenda:**

**C1** Agency Subordinate Tracking Log – Mr. Jones noted 4 agency subordinate recommendations were modified in July 2020 out of 59 total for calendar year 2020, the total percentage should be about 6.8% not .7% as listed on the log. Mr. Jones added that the total to date, total accepted and total percentage accepted did not reconcile.

Dr. Hills stated that staff will review the log and make any necessary corrections.

Mr. Monson moved to accept **C1** Agency Subordinate Tracking Log with corrections as noted. The motion was properly seconded. A roll call was taken and the motion was carried unanimously.



DHP DIRECTOR:

Ms. Phelps stated that both Drs. Brown and Allison-Bryan could not participate today; however, Dr. Allison-Bryan, Department of Health Professions Chief Deputy, has provided a report. Ms. Phelps asked Ms. Douglas to share the report.

Ms. Douglas shared the following from Dr. Allison-Bryan's report.

COVID Vaccine related workgroup update:

**First** - trust and communication are going to be foundational in this vaccine campaign. It is important that everyone understand that while Research and Development (R&D) for COVID vaccines is of necessity moving quickly, it is not being rushed. Researchers are NOT cutting any scientific corners. They are not being held to a lower standards of efficacy OR safety by the FDA or by any politician. This is not politics; it is science. What is different for the R&D of this vaccine is that the federal government has taken financial risk away from the vaccine producers—they can proceed quickly because business concerns—not safety concerns—are off the table. When you hear folks doubting the vaccines, spread that word.

**Second** - there are dozens of vaccines under development. At least three are in Phase Three of clinical trials. Phase Three examines if they are effective and if they are safe. They are being given to humans. When they are released it will be because the evidence dictates that they are ready to be released. That might be soon.

**Third** - because no one knows how long the COVID antibody persists—whether natural antibody or vaccine-induced antibody—it will be important to immunize as many folks as possible using a hierarchy of risk so that some sort of “herd immunity” is induced and this virus is thwarted.

DHP has hosted and participated in many workgroups since March. You may be interested that there are three groups studying marijuana/cannabis in Virginia. One, run by VDACS, is looking at legalization and recreational use of cannabis for adults. That group is divided into three subgroups: legislative/regulatory structures, fiscal oversight, and health impact. Another workgroup, run by HHR is examining expansion of the medical marijuana program. As you know, cannabis oil production, its regulation, and its dispensation is now housed within the Board of Pharmacy. In addition to asking if this is the best home for the program, that group is examining (among other things) whether a combustible product (like marijuana flower) it is ever OK for medical use. Last, but not least, the Joint Legislative Audit and Review Commission (JLARC) has been asked to make recommendations for how Virginia could go about legalizing and regulating the growth, sale, and possession of marijuana by July 1, 2022.

Drs. Brown and Allison-Bryan thank each Board Members for their dedication and contributions to the Commonwealth as members of the Board of Nursing (BON).

DISPOSITION OF  
MINUTES:

None

REPORTS:

**C7 Board of Health Professions (BHP) August 20, 2020 Meeting DRAFT Minutes:**

Ms. Hershkowitz stated that the report has been provided electronically and added that two professions, Diagnostic Medical Sonographer and Naturopathic Doctors, were studied by the BHP and were voted not to be regulated.

Ms. Douglas added that information on the BHP criteria for regulating healthcare professions are available on its website.

OTHER MATTERS:

**C8 Informal Conference Schedule from January to June 2021**

Ms. Morris stated that not all Board Members have their 2021 employment schedules, therefore the schedule is not finalized.

Ms. Douglas suggested that Board Members send informal conference dates to Ms. Morris as soon as possible.

**Board Counsel Update:**

Ms. Mitchell reported that the Board had two court cases that were dismissed in:

- **Richmond Circuit Court** - CNA Fashakin filed an appeal after the Board denied her reinstatement application. The Court considered the appeal untimely
- **The Court of Appeal** – Highland case regarding a registered nurse who was educated and licensed in Korea and applying for a practical nurse license in Virginia without taking the NCLEX exam. The Board denied the application for licensure.

RECESS:

The Board recessed at 9:13 A.M.

RECONVENTION:

The Board reconvened at 9:19 A.M.

**Selection of Nominating Committee:**

Ms. Phelps said that staff has provided an electronic *DI Virginia Board of Nursing By Laws (Guidance Document 90-57)* in the agenda package. Ms. Phelps stated that three Board Members are needed for the Nominating Committee. Ms. Phelps volunteered herself. Ms. Friedenberg and Ms. Hershkowitz volunteered.

Ms. Douglas stated that per the By Laws, the Board will need a motion for the Nominating Committee.

Mr. Monson moved to elect the Nominating Committee. The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**Alternate Plan for 2021 Meetings:**

Ms. Phelps said that the Board made adjustments in the meeting dates due to COVID-19 in order to decrease the footprint at DHP and manage the large case load.

Ms. Phelps proposed that for January, March, and May 2021 dates, the Board plans to convene the business meetings virtually and maximize days scheduled for in-person hearings.

Ms. Phelps added that the meeting dates for 2021 have been provided in the agenda and they are:

- ❖ January 25–26, 2021
- ❖ March 22–25, 2021
- ❖ May 17–20, 2021
- ❖ July 19-22, 2021
- ❖ September 13-16, 2021
- ❖ November 15-16, 2021

Ms. Phelps asked Ms. Douglas if there is anything to add. Ms. Douglas stated that the plan is to conduct two panels of formal hearings for two days, Tuesday and Wednesday (since most Board Members are normally scheduled for these days), and one panel either on Monday or Thursday.

Ms. Mitchell reminded the Board that virtual meetings are only applied if the state of emergency is in place.

Ms. Hershkowitz noted that January and November 2021 dates are only two days. Ms. Vu replied it was an error and added that the dates are:

- ❖ January 25-~~28~~, 2021 and
- ❖ November 15-~~18~~, 2021

Dr. McQueen-Gibson asked if Board Members with underlying medical condition can attend formal hearings virtually. Ms. Douglas said that staff will work with the days Board Members are scheduled.

EDUCATION:

**E3 Recommendations from October 5, 2020 Education Special Conference Committee Meeting DRAFT Minutes:**

Ms. Wilmoth stated that she has no additional information to add.

Mr. Hermansen-Parker moved to accept the E3 Recommendations from October 5, 2020 Education Special Conference Committee Meeting DRAFT Minutes regarding Averett University, BSN Program, US28501100:

- To approve a request for one continued faculty exception
- To approve a request for clinical exception to conduct 67% of total clinical hours in North Carolina for spring 2021.

The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**A Survey regarding the Impact of COVID-19:**

Ms. Wilmoth reported that a survey regarding the impact of COVID-19 on fall 2020 and spring 2021 clinical placements was sent to all RN and PN nursing programs.

120 programs responded to the survey.

Of the 114 programs that responded to questions regarding simulation:

- ❖ 16 of those programs are utilizing 100% simulation, and
- ❖ 8 programs are using 0% simulation.

PN programs are using a greater number of simulation hours than RN programs. Chesapeake and NOVA programs are using the most simulation with Southwest region close in usage.

Of the 120 programs that responded:

- ❖ 68 have already reported difficulties in solidifying clinical sites for the spring 2021 semester.
- ❖ 44 programs have not begun planning the spring 2021 semester.

Ms. Douglas noted that Board staff are participating in the state wide clinical workgroup that is comprised of representatives from all health professions education and practice and will report these results.

Mr. Hermansen-Parker reported that in the orientation of new graduates, Sentara Norfolk General Hospital has required a modification due to increased simulation and less hands-on patient care.

Dr. McQueen-Gibson applauded local Virginia Department of Health, especially Hampton Roads-Norfolk area for extending the opportunity for students to complete clinical hours.

Dr. McQueen-Gibson added that she will forward an article from the NY Times titled: *"I'm Training To Be A Nurse During The Pandemic. Here's a Look at My Strange — But Rewarding — Experience"* to Ms. Vu and it can be shared with Board Members.

Ms. Swineford noted that faculty at Southside Regional Medical Center, are looking at the NCLEX pass rate and faculty satisfaction. Ms. Swineford added that students are dissatisfied with decrease in hands-on clinical experiences.

Ms. Douglas added that NCSBN will have national data coming soon and that so far there has not been a decrease in the NCLEX pass rate.

**PUBLIC COMMENT:**

Ms. Phelps said that as indicated in the meeting notice on Regulatory Townhall and in the agenda package, comments will be received during public comments from those persons who submitted an email to Huong Vu no later than 8 am on October 14, 2020 indicating that they wish to offer comment.

Ms. Phelps asked if anyone has signed up to comment. Ms. Vu said no one has contacted her requesting to offer comment as of 8 am today and no one was present on the call to make comment.

**REGULATION/ GUIDANCE  
DOCUMENTA:**

**F2 Regulatory Action – Proposed rules for Prohibition on Practice of Conversion Therapy:**

Ms. Douglas noted that Allyson Tysinger, Senior Assistant Attorney General/Section Chief, has joined the meeting in order to respond to Board Members questions, if any.

Ms. Yeatts noted that the following were provided electronically:

- Copy of Notice of Intended Regulatory Action (NOIRA) with the comment period started on August 31, 2020 and ended on September 30, 2020
- Copy of comments on NOIRA with two comments on Nursing, one in favor and one opposed, and zero on Nurse Practitioner
- Copy of the Code of Virginia as amended in the 2020 General Assembly
- Copy of current Guidance Document 90-5 on Conversion Therapy
- Copy of draft regulations for Chapter 19 (Nursing) and Chapter 30 (Nurse Practitioner)

Ms. Yeatts said that the draft regulations are based on the law passed and the guidance document of the Board. Ms. Yeatts went through the language of the draft regulations and noted the following amendments to Chapter 19 and 30:

- The definition of “*Conversion therapy*” is included in 18VAC90-19-10 and 18VAC90-30-10
- “*Engaging in conversion therapy*” with a person under 18 years of age is defined in 18VAC90-19-230.(A)(2)(p) and in 18VAC90-30-

220(10) as unprofessional conduct

Mr. Monson asked why the regulations only specify a person under 18 years of age and not including the adults too. Ms. Yeatts stated that regulations were drafted to mirror the §54.1-2409.5 of the Code of Virginia passed by the 2020 General Assembly.

Ms. Tysinger commented that the adults were not included in the law because of litigation risk and constitutional rights such as freedom of speech and freedom of religion.

Ms. Yeatts said that the Board has the following options:

- To adopt the regulations that mirror the Code of Virginia specifying less than 18 years of age
- To not move forward with adopting the regulations
- To amend “*Engaging in conversion therapy*” as unprofessional conduct with persons of any age

Mr. Monson moved to adopt proposed amendments modifying 18VAC90-19 (Nursing) and 18VAC90-30 (Nurse Practitioner) and the Guidance Document 90-5 to conform to the Code of Virginia. The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

RECESS:

The Board recessed at 10:33 A.M.

RECONVENTION:

The Board reconvened at 11:32 A.M.

PUBLIC HEARING:

Ms. Phelps said that this is a public hearing to receive comments on proposed amendments relating to a periodic review of regulations for nurse aide education programs.

Ms. Phelps added that as indicated in the meeting notice on Regulatory Townhall and in the agenda package, comments will be received from those persons who submitted an email to [huong.vu@dhp.virginia.gov](mailto:huong.vu@dhp.virginia.gov) no later than 8 am on October 14, 2020 indicating that they wish to offer comment.

Ms. Phelps asked if anyone has signed up to comment. Ms. Vu said no emails with request for comment were received as of 8 am today.

Ms. Phelps reminded everyone that electronic comment can be posted on the Virginia Regulatory Townhall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) or sent by email until November 13, 2020 and comments should be directed to Elaine Yeatts, DHP Policy Analyst.

Ms. Phelps added that all commenst will be considered before the Board adopts final regulations at its meeting scheduled for December 2, 2020.

RECESS: The Board recessed at 11:35 A.M.

RECONVENTION: The Board reconvened at 11:45 A.M.

**AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION:**

Ms. Phelps asked if there are any Respondents who would like to address the Board regarding their Agency Subordinate Recommendation.

Ms. Vu said no Respondents indicated a desire to address their Agency Subordinate Recommendation.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:48 A.M. for the purpose of considering the Agency Subordinate Recommendations. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Wilmoth, Ms. Ridout, Ms. Willinger, Ms. Morris, Ms. Iyengar, Ms. Dewey, Ms Tiller, Ms. Vu, 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 properly seconded. A roll call was taken and the motion was carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:59 A.M.

Mr. Monson 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 properly seconded. A roll call was taken and the motion was carried unanimously.

**#1 Penny Francine McAllister Kidd, RN                      0001-160338**

Ms. Hershkowitz moved to accept the recommended decision of the agency subordinate to require Penny Francine McAllister Kidd within 90 days from the date of entry of the Order provide written proof satisfactory to the Board of successful completion of the following NCSBN courses:

- *Professional Accountability & Legal Liability for Nurses, and*
- *Righting a Wrong: Ethics and Professionalism in Nursing*

The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**#2 Robin Dawn Bidot, RN**

**0001-212222**

Ms. Hershkowitz moved to accept the recommended decision of the agency subordinate to revoke the license of Robin Dawn Bidot to practice professional nursing in the Commonwealth of Virginia and to modify the Findings of Fact and Conclusion of Law # 1.

The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**#4 Alison Christine Ahrens Maddox, RN**

**0001-240680**

Dr. Gleason moved to accept the recommended decision of the agency subordinate to indefinitely suspend the license of Alison Christine Ahrens Maddox to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Maddox's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The Order will also modify the Findings of Fact and Conclusions of Law # 8.

The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**MEETING DEBRIEF:**

**Polling Process for Future Virtual Meeting:**

Ms. Phelps said that staff want to conduct a sample polling question to see if the Board wishes to conduct voting of items on the agenda via polling for future virtual meetings.

Ms. Douglas noted that the polling function was not provided during the Webex Training Session for Board Members on September 29, 2020, so Ms. Phelps would like to have the training now before the next meeting.

Ms. Phelps asked staff to review the process. Ms. Ragsdale provided the process of the polling and sample polling questions were conducted. Ms. Ragsdale shared the results of polling questions and the names of Board Members who voted.

The Board discussed the options for Board Members who participate by phone only and whose votes were not recorded. Ms. Douglas said that staff can call those Board Members and ask for their vote after the polling is closed.



Ms. Phelps asked if the Board wishes to conduct vote by polling at future virtual meetings. Ms. Friedenberg moved to conduct vote by polling of items that need action during future virtual meetings. The motion was properly seconded. A roll call was taken and the motion was carried unanimously.

**Discussion regarding the business meeting process:**

**The following were well received by Board Members:**

- Consent Agenda Items were very helpful which made the meeting more efficient
- Appreciation of the report on the survey regarding the impact of COVID-19
- Appreciation for staff on the organization, logistic and preparation
- Login information and training provided were very helpful
- Thanked staff for tips regarding sending corrections of items on the agenda prior to meeting
- Meeting went very well

**The following needs improvement per Board Members:**

- Connection problem/technical difficulties
- A reminder to watch facial expressions
- A suggestion was made to send targeted communications to Education Programs regarding virtual meetings as students may want to attend

Ms. Willinger reported that no phone calls from the public regarding technical problems received.

ADJOURNMENT:

The Board adjourned at 12:48 P.M.

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Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
President

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
October 27, 2020**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held October 27, 2020 at 4:30 P.M.

**The Board of Nursing members participating in the meeting were:**

Jennifer Phelps, BS, LPN, QMHP-A, CSAC; Chair	Dixie L. McElfresh, LPN
Margaret Friedenberg, Citizen Member	Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
A Tucker Gleason, PhD, Citizen Member	Mark Monson, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K	Meenakshi Shah, BA, RN
Louise Hershkowitz, CRNA, MSHA	Cynthia Swineford, RN, MSN, CNE
Brandon Jones, MSN, RN, CEN, NEA-BC	

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Wayne Halbleib, Senior Assistant Attorney General/Chief  
Erin Weaver, Assistant Attorney General  
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division  
Janice Redinger, Adjudication Specialist, Administrative Proceedings Division  
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Patricia L. Dewey, RN, BSN; Discipline Case Manager  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Ann Tiller, Compliance Manager  
Huong Vu, Executive Assistant

The meeting was called to order by Ms. Phelps. With 11 members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Erin Weaver, Assistant Attorney General, presented evidence that the continued practice of nursing by **Tina Godsey Haggerty Richardson, RN (0001-120056)** may present a substantial danger to the health and safety of the public.

Mr. Halbleib, Ms. Weaver, Ms. Joseph and Ms. Redinger left the meeting at 4:46 P.M.

**CLOSED MEETING:** Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:46 P.M., for the purpose of deliberation to reach a decision in the matter of **Ms. Richardson**. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Ridout, Ms. Morris, Ms. Dewey, Ms. Iyengar, Ms. Tiller, Ms. Vu 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 4:59 P.M.

Mr. Hermansen-Parker 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. Gleason moved to summarily suspend the registered nurse license of **Tina Godsey Haggerty Richardson** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license for a period of not less than two years in lieu of formal hearing. The motion was seconded and carried unanimously.

Mr. Halbleib and Ms. Redinger re-joined the meeting at 5:02 P.M.

Ms. Joseph re-joined the meeting at 5:11 P.M.

Wayne Halbleib, Senior Assistant Attorney General/Chief, presented evidence that the continued practice of massage therapy by **Shawn Lamont Robinson, LMT (0019-015864)** may present a substantial danger to the health and safety of the public.

Ms. Hershkowitz moved to summarily suspend the massage therapy license of **Shawn Lamont Robinson** pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 5:23 P.M.

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Charlette N. Ridout, RN, MS, CNE  
Deputy Executive Director

## 2020 Monthly Tracking Log

License Count	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
<b>Nursing</b>												
Pres Auth	8,727	0										
Massage Therapy	8,659	8,682	8,657	8,602	8,544	8,512	8,516	8,506	8,475	8,456		
Medication Aide	6,695	6,696	6,697	6,644	6,628	6,600	6,597	6,634	6,656	6,648		
Clinical Nurse Spec	415	411	408	408	405	403	404	403	406	409		
Nurse Practitioner	12,251	12,356	12,498	12,596	12,683	12,853	13,008	13,211	13,379	13,491		
Autonomous Practice	704	738	792	849	900	948	969	1,016	1,037	1,069		
Practical Nurse	28,404	28,458	28,409	28,331	28,329	28,312	26,361	28,390	28,421	28,385		
Registered Nurse	110,597	110,972	111,332	111,032	111,052	111,465	112,534	112,645	112,550	112,546		
<b>Total for Nursing</b>	<b>176,452</b>	<b>168,313</b>	<b>168,793</b>	<b>168,462</b>	<b>168,541</b>	<b>169,093</b>	<b>168,389</b>	<b>170,805</b>	<b>170,924</b>	<b>171,004</b>	<b>0</b>	<b>0</b>
<b>Nurse Aide</b>	<b>52,984</b>	<b>53,105</b>	<b>53,010</b>	<b>54,454</b>	<b>51,652</b>	<b>50,858</b>	<b>50,920</b>	<b>50,743</b>	<b>50,601</b>	<b>50,593</b>		
Advanced Nurse Aide	40	40	38	34	31	30	28	28	28	28		
<b>Total for Nurse Aide</b>	<b>53,024</b>	<b>53,145</b>	<b>53,048</b>	<b>54,488</b>	<b>51,683</b>	<b>50,888</b>	<b>50,948</b>	<b>50,771</b>	<b>50,629</b>	<b>50,621</b>	<b>0</b>	<b>0</b>
<b>License Count Grand Total</b>	<b>229,476</b>	<b>221,458</b>	<b>221,841</b>	<b>222,950</b>	<b>220,224</b>	<b>219,981</b>	<b>219,337</b>	<b>221,576</b>	<b>221,553</b>	<b>221,625</b>	<b>0</b>	<b>0</b>
<b>Open Cases Count</b>												
Nursing	1,547	1,581	1,564	1,601	1,542	1,516	1,490	1,490	1,468	1,518		
Nurse Aide	413	419	429	451	421	404	410	399	393	431		
<b>Open Cases Total</b>	<b>1,960</b>	<b>2,000</b>	<b>1,993</b>	<b>2,052</b>	<b>1,963</b>	<b>1,920</b>	<b>1,900</b>	<b>1,889</b>	<b>1,861</b>	<b>1,949</b>	<b>0</b>	<b>0</b>
<b>Case Count by Occupation</b>												
Rec'd RN	63	65	63	54	65	65	73	68	46	59		
Rec'd PN	41	49	39	32	25	40	37	35	43	35		
Rec'd NP, AP, CNS	41	40	24	23	15	24	22	21	31	30		
Rec'd LMT	11	4	4	3	1	6	4	8	4	1		
Rec'd RMA	11	13	12	9	4	6	6	3	12	10		
Rec'd Edu Program	1	8	2	0	1	0	0	1	1	0		
<b>Total Received Nursing</b>	<b>168</b>	<b>179</b>	<b>144</b>	<b>121</b>	<b>111</b>	<b>141</b>	<b>142</b>	<b>136</b>	<b>137</b>	<b>135</b>	<b>0</b>	<b>0</b>
Closed RN	56	123	63	34	81	89	59	52	104	38		
Closed PN	26	52	28	19	37	33	47	31	56	26		
Closed NP, AP, CNS	17	29	49	25	83	38	46	19	46	35		
Closed LMT	7	5	3	4	5	7	2	2	7	3		
Closed RMA	7	4	5	2	14	9	11	7	9	7		
Closed Edu Program	0	6	4	1	2	2	0	1	2	2		
<b>Total Closed Nursing</b>	<b>113</b>	<b>219</b>	<b>152</b>	<b>85</b>	<b>222</b>	<b>178</b>	<b>165</b>	<b>112</b>	<b>224</b>	<b>111</b>	<b>0</b>	<b>0</b>
<b>Case Count - Nurse Aides</b>												
Received	55	79	55	47	45	54	55	47	47	59		
Rec'd Edu Program	0	1	0	0	0	2	1	1	0	1		
<b>Total Received CNA</b>	<b>55</b>	<b>80</b>	<b>55</b>	<b>47</b>	<b>45</b>	<b>56</b>	<b>56</b>	<b>48</b>	<b>47</b>	<b>60</b>	<b>0</b>	<b>0</b>
Closed	10	62	95	25	78	56	64	54	26	51		
Closed Edu Program	0	1	1	0	0	0	0	3	0	0		
<b>Total Closed CNA</b>	<b>10</b>	<b>63</b>	<b>96</b>	<b>25</b>	<b>78</b>	<b>56</b>	<b>64</b>	<b>57</b>	<b>26</b>	<b>51</b>	<b>0</b>	<b>0</b>
<b>All Cases Closed</b>	<b>123</b>	<b>282</b>	<b>248</b>	<b>110</b>	<b>300</b>	<b>234</b>	<b>229</b>	<b>169</b>	<b>250</b>	<b>162</b>	<b>0</b>	<b>0</b>
<b>All Cases Received</b>	<b>223</b>	<b>259</b>	<b>199</b>	<b>168</b>	<b>156</b>	<b>197</b>	<b>198</b>	<b>184</b>	<b>184</b>	<b>195</b>	<b>0</b>	<b>1,963</b>

C3

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING  
MINUTES  
October 21, 2020**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., October 21, 2020 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Chair  
Louise Hershkowitz, CRNA, MSHA  
Ann Tucker Gleason, PhD  
Karen Ransone, MD  
Nathiel Ray Tuck, Jr., DC  
Kenneth Walker, MD

**MEMBERS ABSENT:** None

**ADVISORY COMMITTEE**

**MEMBERS PRESENT:** Kevin E. Brigle, RN, NP  
Kathleen Bailey, RN, CNM, MA, MS  
David Alan Ellington, MD  
Sarah E. Hobgood, MD  
Thokozeni Lipato, MD  
Janet L. Setnor, CRNA

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing  
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing  
Huong Vu, Executive Assistant; Board of Nursing

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
Elaine Yeatts, Policy Analyst, Department of Health Professions  
William L. Harp, MD, Executive Director; Board of Medicine

**IN THE AUDIENCE:** Benjamin Traynham, Hancock, Daniel & Johnson

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

Ms. Gerardo welcomed Ms. Bailey as a new Advisory Committee Member to the Committee of the Joint Boards of Nursing and Medicine. Ms. Bailey shared her background information with the Committee.

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum consisting of 6 members was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda:

- New Member of Advisory Committee to the Committee of the Joint Boards – Kathleen J. Bailey, RN, CNM, MA, MS.
- Robin Hills, RN, DNP, WHNP, transferred to the Deputy Executive Director for Advanced Practice position effective June 1, 2020 (**replacing Terri Clinger**).

REVIEW OF MINUTES:

The minutes of the February 12, 2020 Business Meeting, February 12, 2020 Informal Conferences, July 21, 2020 Agency Subordinate Recommendation Consideration and August 18, 2020 Telephone Conference Call were reviewed. Ms. Hershkowitz moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

DIALOGUE WITH  
AGENCY DIRECTOR:

Ms. Gerardo noted that Drs. Brown and Allison-Bryan are not available to attend the meeting.

LEGISLATION/  
REGULATIONS:

**B1 Regulatory Update:**

Ms. Yeatts reviewed the chart of Regulatory Actions provided in the agenda noting that Regulations for Prescriptive Authority for Nurse Practitioners (18VAC90-40) are now at the Secretary's Office for review.

**B2 Legislation Passed by the 2020 General Assembly (GA) Report:**

Ms. Yeatts reviewed the report of the Legislation passed by the 2020 General Assembly that was provided in the agenda.

Dr. Ellington asked for clarification of the phrase "*expediting the issuance of credentials*" stated in **HB967 (Military service members and veterans; expediting the issuance of credentials to spouses)**.

Ms. Yeatts said it means licensing credentials.

Dr. Ellington questioned whether the five-year range for screening for post-partum depression should be required as stated in **HB42 (Prenatal and postnatal depression, etc.; important of screening patients)**

Ms. Yeatts replied that full assessment of screening rather than specific is required.

Dr. Ellington asked how would the Board address a complaint?

Dr. Harp stated that since it is a disciplinary matter, the Board will look at the facts in the complaint and make a determination on a case-by-case basis.

Ms. Yeatts reminded the Committee that the Board of Medicine is mandated to send a communication annually.

Dr. Harp added that the annual communication is a reminder regarding predisposing factors and available screening instruments and tools to encourage providers to screen

Ms. Douglas noted that Boards receive a wide range of cases and information provided might not rise to the level of disciplinary action.

**NEW BUSINESS:**

**Board of Nursing Executive Director Report:**

- ❖ **C1 Committee of the Joint Boards Update** sent to Nurse Practitioners in July 2020 – Ms. Douglas highlighted the written report provided in the agenda noting:
  - ✓ Effective July 1, 2020, Certified Registered Nurse Anesthetists (CRNAs) have the authority to prescribe Schedule II through VI and they do not have to apply for nor will they receive a separate *Rx Authority* designation. Verification of a nurse practitioner license number that begins with 0024 combined with the CRNA specialty category indicates that the CRNA is eligible to apply for a DEA number.
  - ✓ Effective March 4, 2020, the NP Prescriptive Authority license (beginning with 0017) was eliminated. Nurse practitioners (categories other than CRNAs) now practice on a single license (beginning with 0024). These authority to prescribe designation is on the NP license viewable through License Lookup
- ❖ **E-Prescribing Waivers Update** – Ms. Douglas reported that the Board approved 233 waivers.
- ❖ **Autonomous Practice Update** – Ms. Douglas reported the Board issued 1,039 autonomous practice designations. Ms. Douglas added that only one application was referred to informal conference due to insufficient documentation to support the issuing of the license and was ultimately granted the designation.

**C2 2021 Joint Boards Meeting Dates:**

Ms. Douglas stated that the Committee will look at conducting some meetings virtually. Ms. Douglas asked Members to hold those dates in their calendar.

**C3 American Association of Nurse Anesthetists (AANA) Scope of Nurse Anesthesia Practice – Incorporated by references into 18VAC90-30:**

Ms. Gerardo stated that this is provided for information only.

**Incorporating Nurse Practitioners (NPs) into online practitioner profile (report is due November 1, 2020): :**

Ms. Douglas stated that HB793 requires the Boards of Medicine and Nursing to establish a mechanism for NPs to create profiles into the online practitioner profile and report it by November 1, 2020. This report has been submitted.

HB793 also requires that the Boards of Medicine and Nursing report the number of NPs who have the autonomous practice designation accompanied by the geographic and specialty areas in which these NPs are practicing in 2021. Ms. Douglas added that this report is in process.

Ms. Hershkowitz asked if all categories of NPs will be included in the profile creation. Ms. Douglas said yes.

**Report of the NCSBN virtual Annual Meeting on August 12, 2020:**

Ms. Gerardo asked Ms. Hershkowitz to report.

Ms. Hershkowitz reported that both she and Ms. Gerardo served as delegates at the meeting and 2/3 of the NCSBN delegates voted to approve the revised Advanced Practice Registered Nurse (APRN) Compact as follows:

- Decrease the number of states required for the compact to be in effect from ten to seven
- 2,080 hours of practice (equivalent to one-year full-time practice) as a requirement for a multistate license
- Incorporate the requirement of criminal background check

Ms. Douglas noted that three states have indicated they are going to begin legislative activity to authorize membership this year.

Ms. Hershkowitz stated that Ms. Douglas was elected as President-Elect of NCSBN Board of Directors to serve from 2020-2022. However, Ms. Hershkowitz noted that due to the resignation of the former president, Ms. Douglas is now serving as the President for the next 4 years ( 2020-2024)

ENVIRONMENTAL SCAN: Ms. Gerardo asked for the updates from the Advisory Committee Members.

Dr. Lipato shared that more questions received from sickle cell patients on medical marijuana and the recertification requirement for patients and



prescribers every six months. Dr. Hobgood stated that geriatric patients are asking the same questions.

Mr. Brigle shared that concerns were being raised by VCU nursing ambulatory staff who are being required to move into areas where they don't have expertise/certification.

Ms. Setnor shared that CRNAs are now authorized to prescribe and are reimbursed from Anthem and for Medicaid. Ms. Setnor added that many CRNAs are without jobs due to a decrease in elective surgeries, but have seamlessly moved into intensivist roles and taught other nurses how to care for COVID patients with respiratory distress.

Dr. Ellington shared that he is no longer practicing but still active on the American Medical Association (AMA) Current Procedural Terminology (CPT) Code Workgroup. Dr. Ellington noted that the workgroup is currently working on Long Term Care and Emergency Room code revisions to reduce paperwork.

Dr. Hobgood shared that there is an increased need throughout the state for mental health practitioners.

Ms. Gerardo shared that the MCV COVID has included providing care remotely through telemedicine. In addition, patients are being discharged with Kindle Fire devices to monitor patients during the 2-week post-operative period. Plans are in the works to do so with COVID and renal transplant patients.

Ms. Yeatts responded to the concerns raised by Drs. Lipato and Hobgood stating that the board registration issued to the practitioner is valid for one year and must be renewed annually to remain valid.

Ms. Bailey shared that Certified Nurse Midwives (CNM) association is tracking legislative issues and facing challenges such as getting personal protective equipment (PPE) and devices (Rh factor/IUDs) that require a physician signature.

The Advisory Committee Members, Dr. Harp and Ms. Yeatts left the meeting at 10:02 A.M.

RECESS:

The Committee recessed at 10:02 A.M.

RECONVENTION:

The Committee reconvened at 10:17 A.M.

**AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION**

**Alison Christine Ahrens Maddox, LNP 0024-169397**

Ms. Maddox did not appear.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to suspend the license of Alison Christine Ahrens Maddox to practice as a nurse practitioner in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Maddox’s entry into a Contract with the Virginia Practitioners’ Monitoring Program (HPMP) and in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Ms. Mitchell noted that §54.1-3007(5) and (6) of the Code of Virginia referencing in Findings of Fact and Conclusions of Law #2 and #4 needed to be removed.

**CONSENT ORDER CONSIDERATION**

**Kimberly A. Whalen Josephson, LNP 0024-164919**

Ms. Hershkowitz moved that Committee of the Joint Boards of Nursing and Medicine to accept the consent order to indefinitely suspend the right of Kimberly A. Whalen Josephson to renew her license to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 10:19 A.M.

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

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
 FORMAL HEARING  
 MINUTES  
 October 21, 2020

- TIME AND PLACE:** The formal hearing of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:36 A.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC, Chairperson  
 Louise Hershkowitz, CRNA, MSHA; Board of Nursing  
 Ann Tucker Gleason, PhD; Board of Nursing  
 Karen A. Ransone, MD; Board of Medicine  
 Nathaniel Ray Tucker, Jr., DC; Board of Medicine
- STAFF PRESENT:** Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice  
 Darlene Graham, Senior Discipline Specialist
- OTHER PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel
- ESTABLISHMENT OF A QUORUM:** With five members of the Committee present, a quorum was established.
- FORMAL HEARING:** **Caleb Lesch, LNP Reinstatement** **0024-172289**
- Mr. Lesch appeared and was accompanied by his wife, Kellyn Lesch.
- Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter with Able Forces Professional Services, recorded the proceeding.
- The following witnesses testified via telephone:  
 Mark O'Shea, LCSW Therapist  
 Sherry Conner, Regional Vice President, American Renal Associates  
 Joyce Johnson, Senior Investigator, Department of Health Professions  
 Rebecca Britt, Health Practitioners' Monitoring Program Case Manager
- CLOSED MEETING:** Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 11:54 A.M. for the purpose of deliberation to reach a decision in the matter of Caleb Lesch. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Graham and Ms. Mitchell, Board Counsel, attend the closed meeting because their

Virginia Board of Nursing  
The Committee of the Joint Boards of  
Nursing and Medicine – Formal Hearing  
October 21, 2020

presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 12:15 P.M.

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine certifies 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 to approve the application of Caleb Lesch for reinstatement to practice as a nurse practitioner in the Commonwealth of Virginia and indefinitely suspend said license with suspension stayed contingent upon his continued compliance with the Health Practitioners' Monitoring Program (HPMP). The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Lesch at his address of record. The motion was seconded and carried with four votes in favor of the motion. Dr. Gleason 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 quorum.

ADJOURNMENT: The meeting was adjourned at 12:17 P.M.

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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director for Advance Practice

**VIRGINIA BOARD OF NURSING  
MASSAGE THERAPY ADVISORY BOARD  
MINUTES**

**Monday, November 2, 2020**

- TIME AND PLACE:** The virtual meeting via Webex of the Massage Therapy Advisory Board was called to order at 2:10 p.m. on November 2, 2020.
- PRESIDING:** Dawn Hogue, L.M.T., Chair
- MEMBERS PRESENT:** Dawn Hogue, L.M.T., Chair  
Jermaine Mincey, Citizen Member, Vice-Chair  
Shawnté Peterson, L.M.T.  
Erin Claire Osborn Osiol, M.S.W., L.M.T.  
María Mercedes Olivieri, L.M.T.
- MEMBERS ABSENT:** None
- STAFF PARTICIPATING VIRTUALLY:** Jay P. Douglas, R.N., M.S.M., C.S.A.C., F.R.E., Executive Director  
Charlette N. Ridout, R.N., M.S., C.N.E., Deputy Executive Director  
Cathy Hanchey, Senior Licensing/Discipline Specialist
- OTHERS PARTICIPATING VIRTUALLY:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
Huong Vu, Board of Nursing, Executive Assistant  
Sally R. Ragsdale, Board of Nursing, Discipline Specialist
- PUBLIC PARTICIPATING VIRTUALLY:** Becky Bowers-Lanier, American Massage Therapy Association-VA Chapter  
Lisa Elgin, Department of Health Professions, Senior Investigator  
Alan Burton, Department of Health Professions, Senior Investigator  
Dwayne Cromer, Department of Health Professions, Senior Investigator
- ESTABLISHMENT OF A QUORUM:** Ms. Hogue welcomed attendees and asked Ms. Hanchey to take a roll call of Massage Therapy Advisory Board Members present. With five (5) members present, a quorum was established.
- Staff and public attendees were identified.
- ANNOUNCEMENTS:** Ms. Hogue welcomed three new Advisory Board members, Shawnté Peterson, Erin Osiol, and María Olivieri as recent appointees to the Massage Therapy Advisory Board, and introductions were made. Ms. Kristina Page resigned her term effective February 5, 2020.

**OLD BUSINESS:**

An overview was done of the minutes from the last Massage Therapy Advisory Board meeting held on May 29, 2019. Ms. Olivieri moved that the minutes from the May 29, 2019, meeting be approved. The motion was seconded by Ms. Peterson and carried unanimously.

Ms. Ridout advised that the Board of Nursing supported the Massage Therapy Advisory Board's recommendation to participate fully in the Federation of State Massage Therapy Board's (FSMTB) Massage Therapy Licensing Database (MTLD), and the Board of Nursing is working through required channels. Ms. Ridout also advised that there are minor changes to the process and contractual information by FSMTB. Updated status should be noted by spring 2021. Ms. Hanchey provided a brief explanation of MTLD for new Massage Advisory Board Members.

**PUBLIC COMMENT:**

Ms. Hogue said that as indicated in the meeting notice on Regulatory Town Hall and in the agenda package, comments will be received during Public Comment form those persons who submitted an email to Cathy Hanchey no later than 12:00 noon on November 2, 2020, indicating that they wish to offer comment.

Ms. Hogue asked if anyone has signed up to comment. Ms. Hanchey said no one has contacted her requesting to offer comment as of 12:00 noon today, and no one was present on the call to make comment.

**NEW BUSINESS:**

Ms. Hogue announced that according to the By-laws, her term as Chair, and a new Chair must be elected. Mr. Mincey is currently serving as Vice-Chair.

Ms. Olivieri moved to nominate Mr. Mincey as Chair, and the motion was seconded by Ms. Osiol. Ms. Peterson expressed interest in serving as Chair. Ms. Olivieri moved to adopt the slate with Mr. Mincey and Ms. Peterson as nominees for Chair, and the motion was seconded by Ms. Osiol. The vote for the slate as proposed was carried unanimously.

Ms. Olivieri moved to call the vote for Mr. Mincey as Chair, and the motion was seconded by Ms. Osiol. Mr. Mincey was elected to serve as Chair with a vote of 4-1. Mr. Mincey nominated Ms. Peterson for Vice-Chair, and the motion was seconded by Ms. Osiol. Ms. Peterson was elected to serve as Vice-Chair with a vote of 5-0.

Ms. Ridout reviewed the Formal Hearing schedule for January – December 2021, and covered dates for January 2021 Formal Hearings, and Informal Conferences for December 2020. Ms. Ridout advised she would be sending an email out for additional dates, and asked for responses for availability once issued.

Ms. Yeatts presented information based on the Massage Therapy Advisory Board recommendations for changes to reflect completion of an approved massage therapy program and requirement for an English-proficiency exam that were enacted by the Virginia General Assembly that went into effect on September 30, 2020. Following discussion, additional evidence in the form of TOEFL (Test of English as a Foreign

Language) exam is required in addition to the English version of the Massage and Bodywork Licensing Exam (MBLEx) administered by FSMTB.

Ms. Yeatts advised that Guidance Documents are required to be reviewed and reaffirmed every four years. Guidance Document 90-59 was last reviewed December 2016. The purpose is to give information about what the impact of a criminal conviction may be on the granting of a massage therapy license. There is no barrier crime as such, but a licensee may be denied employment. Following discussion, Ms. Douglas reiterated that there is no specific, predetermined conviction that will automatically deny licensure; non-routine applications are reviewed on a case-by-case basis. Additionally, Criminal Background Checks will reveal all convictions. Ms. Olivieri moved to recommend the continued use of Guidance Document 90-59, and that it be revised to incorporate the requirement for a Criminal Background Check on page 4 under the section: "The following information will be requested from an applicant with a criminal conviction." Ms. Peterson seconded the motion, and it carried unanimously.

Ms. Hanchey reviewed correspondence received from Cedar Stone School of Massage and an email from Eastern Virginia Community College concerning licensure exam and specification of number of hours for programs. Following discussions, the Massage Therapy Advisory Board felt that no changes to the statutes and regulations as currently enacted were necessary.

Ms. Hanchey also noted that Department of Health Professions recognized the impact of the pandemic and noted that renewal fees have been waived, and completion of continuing education requirements were extended by six months. No action is necessary.

#### REPORTS:

Ms. Ridout advised that for the 2019 calendar period, the increases in the number of "Fraud, Non-Patient Care" cases is due to the number of licensees having licensure exams invalidated by FSMTB due to fraudulent activity on the application to take the exam discovered years after the exam. Another increase for disciplinary cases is seen in "Eligibility" due to applicants attending non-approved massage therapy programs. There is also an increase in the number of "Abuse/Abandonment/Neglect" and "Inappropriate Relationship" cases. Ms. Hanchey further noted that of the 8,479 Licensed Massage Therapists, for the October 2018 – September 30, 2020 time period, the Board closed 113 cases for 55 different licensees. Statistical reports provided are incorporated and attached to these minutes.

Ms. Hanchey presented information concerning Licensed Massage Therapists. Decrease in licenses issued for 2020 greatly reduced due to impact of pandemic. Moratorium on the practice of massage therapy and impact on massage therapy programs resulted in delayed graduations. Applications have since increased since restrictions on practice have been lifted. Statistical reports provided are incorporated and attached to these minutes.

Additionally, the Board of Nursing has ceased providing license verifications for licensees to other states, and they are directed to License Lookup. States have been notified.

Ms. Hanchey and Ms. Hogue provided comment on the FSMTB Event dated September 17, 2020, concerning Dr. Michael Vogel's "Sexual Misconduct Allegations within Massage Therapy." Takeaways from the event included various biases and an appreciation for investigative resources for our state.

**INFORMATION ONLY:** Ms. Hogue provided information concerning the 2019 FSMTB Annual Meeting and noted the presentations made by a corporate representative from Massage Envy addressed the attendees concerning diligence and standards, as well as educational quality and standards from Mississippi's Board of Massage Therapy.

Ms. Ridout pointed out that additional information concerning MTLTD could be located in the FSMTB 2020 Annual Report.

**DISCUSSION OF FUTURE MEETINGS:** Board staff will coordinate with the Massage Therapy Advisory Board on Massage Therapy members on availability for a meeting in late-October/early-November 2021.

**ADJOURNMENT:** The meeting was adjourned at 3:28 p.m.

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Charlette N. Ridout, R.N., M.S., C.N.E.  
Executive Director



### Massage Advisory Board Members

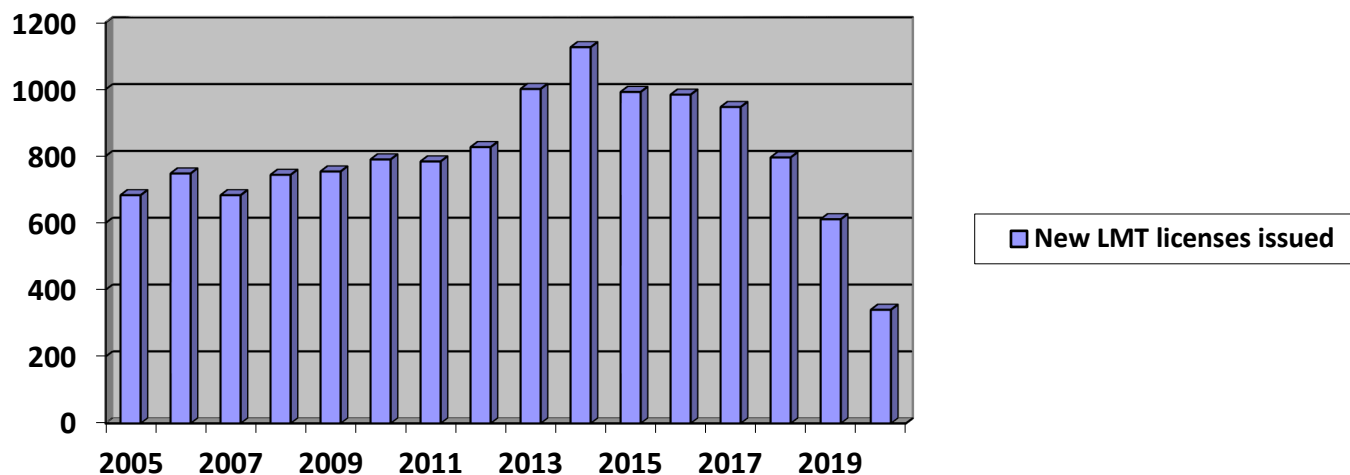
(Revised October 16, 2020)

<u>NAME:</u>	<u>TERM EXPIRES:</u>
Dawn M. Hogue, MA, LMT, Chair, Virginia Beach	2024
Jermaine Mincey, Citizen Member, Annandale	2021
Erin C. Osiol, MSW, LMT, Richmond	2023
Shawnté Peterson, LMT, Chesapeake	2023
María Mercedes Olivieri, LMT. Burke	2024

### STATISTICAL INFORMATION

#### Number of new Massage Licenses **Issued**

2020 (Jan 1- <b>Sept 30</b> )	340
2019 (Jan 1- Dec 31)	616
2018 (Jan 1- Dec 31)	796
2017 (Jan 1- Dec 31)	947
2016 (Jan 1- Dec 31)	984
2015 (Jan 1- Dec 31)	992
2014 (Jan 1- Dec 31)	1,126
2013 (Jan 1- Dec 31)	1,001
2012 (Jan 1- Dec 31)	827
2011 (Jan 1- Dec 31)	784
2010 (Jan 1- Dec 31)	790
2009 (Jan 1- Dec 31)	754
2008 (Jan 1- Dec 31)	744
2007 (Jan 1- Dec 31)	683
2006 (Jan 1- Dec 31)	748
2005 (Jan 1- Dec 31)	683



MBLEX was accepted as exam for certification in Virginia as of July 1, 2013

Total # of massage therapist **currently** active in Virginia as of **October 16, 2020**:

**8,479**

Online Massage Applications Received

	By Application	By Endorsement	Total
2020 (Jan 1 – <b>Sept 30</b> )	243	112	355
2019 (Jan 1 – Dec 31)	504	195	699
2018 (Jan 1 – Dec 31)	564	227	791
2017 (Jan 1 – Dec 31)	747	205	952
2016 (Jan 1 – Dec 31)	839	255	1,094
2015 (Jan 1 – Dec 31)	766	210	976
2014 (April 1 -Dec 31)	450	156	606

- The Virginia Board of Nursing started accepting massage applications online as of April 2014
- Implementation of Licensure for Massage Therapist effective January 1, 2017 (*from Certified Massage Therapist-CMT to Licensed Massage Therapist-LMT*)
- Pursuant to Virginia Code 54.1-3005.1, the Virginia Board of Nursing incorporated both state and federal criminal background checks as part of the application process for Massage Therapist effective January 1, 2017. This requirement applies to applicants by initial application, endorsement and reinstatement.
- Effective April 16, 2020, the Board of Nursing no longer provides official verification for licensees wishing to obtain out-of-state licensure. Licensees are directed to [License Lookup](#).
- Effective September 30, 2020, pursuant to Virginia Code 54.1-3029, the Virginia Board of Nursing clarified the requirement for applicants to have **completed** a massage therapy program that is at least 500 hours, **and** requires a Board-approved English-proficiency exam for applicants educated outside of the United States.

**LMT Total Count (October 1, 2018 - September 30, 2020)**

New Applications (initial & endorsement- paper & online)	1,253
Duplicate License Request	283
Duplicate Wall Certificate Request	49
Verification Request	400
Reinstatement Application after Discipline	1
Reinstatement Applications	88
Renewals	7,272
Late Renewals	858



# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

## Department of Health Professions

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9960 Mayland Drive, Suite 300  
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Virginia Board of Nursing  
Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

Board of Nursing (804) 367-4515  
Nurse Aide Registry (804) 367-4569  
FAX (804) 527-4455

The Board of Nursing (Board) received **131** cases between October 1, 2018 and December 31, 2020, and the Board closed **113** cases, issuing case decisions for **55** cases, described below.

### **Case Decisions for 55 Licensed Massage Therapists (LMTs)** **October 1, 2018 – September 30, 2020**

<b>Action Taken</b>	<b>Count of Action Taken</b>
Case Dismissed	4
License Granted	12
License Surrendered	4
Mandatory Suspension	6
Monetary Penalty	7
Reinstatement Denied	1
Reinstatement Granted	1
Renewal Right Denied	9
Reprimand	15
Revocation	17
Summary Suspension	7
Suspension	6
Terms Imposed – Other	6
Terms Terminated	4
<b>Grand Total</b>	<b>99</b>



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Case Category Report for Nursing - Cases Received Between:					
		<u>1/1/2017 -</u> <u>12/31/2017</u>	<u>1/1/2018 -</u> <u>12/31/2018</u>	<u>1/1/2019 -</u> <u>12/31/2019</u>	<u>1/1/2020 -</u> <u>9/30/2020</u>
01	Inability to Safely Practice	4	6	5	4
02	Drug Related, Patient Care	1			
03	Abuse/Abandonment/Neglect	13	17	23	9
05	Std of Care, Diagnosis/Treatment	8	8	4	3
07	Std of Care, Malpractice Reports		1	1	
08	Std of Care, Exceeding Scope	4		1	
09	Std of Care, Other				1
10	Inappropriate Relationship	17	16	24	14
11	Unlicensed Activity	19	15	9	2
14	Action by Another Board, Patient Care	1	1		
50	Criminal Activity	14	9	11	3
51	HPMP				1
52	Drug Related, Non-Patient Care	1			
53	Fraud, Non-Patient Care	13	2	17	10
54	Business Practice Issues	9	10	8	7
56	Compliance	2	1		2
57	Misappropriation of Property, NPC	1			
59	Continuing Competency Req Not Met			7	2
62	Action by Another Board, NPC	2		2	2
63	Reinstatement	1	2	2	1
64	Eligibility	<u>25</u>	<u>13</u>	<u>19</u>	<u>6</u>
		<b>135</b>	<b>101</b>	<b>133</b>	<b>67</b>

## Virginia Board of Nursing -- Informal Conference Schedule

Jan – Jun 2021

\*Chairperson

<b>Special Conference Committee A</b> Cynthia Swineford, RN, MSN, CNE * James Hermansen-Parker, MSN, RN, PCCN-K	<b>Special Conference Committee B</b> Ethlyn McQueen-Gibson, DNP, MSN, RN, BC* Cynthia Swineford, RN, MSN, CNE	<b>Special Conference Committee C</b> Marie Gerardo, MS, RN, ANP-BC * Margaret Friedenberg, Citizen Member
<b>Special Conference Committee D</b> Tucker Gleason, PhD, Citizen Member* Felisa Smith, RN, MSA, MSN / Ed, CNE	<b>Special Conference Committee E</b> Louise Hershkowitz, CRNA, MSHA * Dixie McElfresh, LPN	<b>Special Conference Committee F</b> Mark Monson, Citizen Member * Yvette Dorsey, DNP, RN
<b>Special Conference Committee G</b> Meenakshi Shah, BA, RN* Brandon Jones, MSN, RN, CEN, NEA-BC		

DATE			SCC / AG SUB	STAFF	CASES	MEETING ROOM	WAITING ROOM	BON STAFF	COMMENT
Monday	Jan 4	2021	AgSub – PS	RH	LNP/NSG	TR1	HR6	MB/STS	
Tuesday	Jan 12	2021	Edu SCC	JW		TR1	No WR	BY	
Wednesday	Jan 13	2021	AgSub – TM	PD	NSG/RMA/CNA	BR1	HR1	SR/CH	
Monday									
Wednesday	Feb 3	2021	SCC-B	CM	NSG/RMA/CNA	BR 3	TR 2	LG	
Friday	Feb 5	2021	SCC-F	CM	NSG/RMA/CNA	TR 1	HR 5	STS	
Tuesday	Feb 9	2021	SCC-A	CR	Applicant	TR 2	HR 6	CH	
Tuesday	Feb 9	2021	AgSub – PS	RH	LNP/NSG/RMA/CNA	HR 5	HR 2	MB/LG	
Wednesday	Feb 10	2021	SCC-C	PD	NSG/RMA/CNA	BR 1	HR 1	STS	
Thursday	Feb 11	2021	SCC-G	CM/FI	NSG/RMA/CNA	TR 1	HR 6	LG	
Tuesday	Feb 16	2021	SCC-E	CR	LMT	BR 1	HR 1	CH	
Wednesday	Feb 17	2021	JB MTG	RH/JD		BR 2	BR 1	HV/DG	
Wednesday	Feb 17	2021	AgSub – TM	FI	NSG/RMA/CNA	TR 1	HR 6	SR/CH	
Monday	Feb 22	2021	SCC-D	CR	Applicant	BR 1	HR 1	CH	
Wednesday	Mar 10	2021	Educ IFC	JW		BR3	No WR	BY	
Wednesday	Mar 10	2021	AgSub – TM	PD	NSG/RMA/CNA	BR1	HR 1	SR/CH	
Monday	Mar 15	2021	AgSub – PS	RH	LNP/NSG	BR 1	HR 1	LG	
Monday	Apr 5	2021	SCC-D	CR	Applicant	BR 1	HR 1	CH	
Tuesday	Apr 6	2021	AgSub – PS	RH	LNP/NSG	HR 5	HR 1	STS	
Thursday	Apr 8	2021	SCC-G	CM	NSG/RMA/CNA	TR 1	HR 6	LG	
Tuesday	Apr 13	2021	SCC-A	CR	LMT	TR 1	HR 6	CH	
Wednesday	Apr 14	2021	AgSub – TM	FI	NSG/RMA/CNA	TR 1	HR 6	SR/CH	
Wednesday	Apr 14	2021	SCC-C	CM	NSG/RMA/CNA	BR 1	HR 1	STS	
Wednesday	Apr 21	2021	JB MTG	JD / RH		BR 2	BR 1	HV/DG	
Wednesday	Apr 21	2021	SCC-B	CM	NSG/RMA/CNA	TR 1	HR 6	LG	
Thursday	Apr 22	2021	SCC-E	CR	Applicant	BR 1	HR 1	CH	
Thursday	Apr 29	2021	SCC-F	CM	NSG/RMA/CNA	BR 1	HR 1	STS	
Tuesday	May 11	2021	Educ SCC	JW		TR 1	No WR	BY	
Monday	June 7	2021	SCC-D	CR	LMT	BR 1	HR 5	CH	
Tuesday	June 8	2021	SCC-G	CM	NSG/RMA/CNA	TR 2	HR 5	LG	
Thursday	June 10	2021	AgSub – PS	RH	LNP/NSG	TR 1	HR 6	STS	
Tuesday	June 15	2021	SCC-E	CR	Applicant	TR 1	HR 5	CH	
Wednesday	June 16	2021	JB MTG	JD / RH		BR 2	BR 3	HV/DG	
Wednesday	June 16	2021	AgSub – TM	FI	NSG/RMA/CNA	TR 2	HR 5	SR/CH	
Wednesday	June 16	2021	SCC-B	CM	NSG/RMA/CNA	TR 1	HR 5	LG	
Wednesday	June 23	2021	SCC-A	CR	Applicant	BR 3	TR 2	CH	
Tuesday	June 29	2021	SCC-F	CM	NSG/RMA/CNA	TR 1	HR 5	STS	
Wednesday	June 30	2021	AgSub-KM	PD	NSG/RMA/CNA	TR 1	HR 5	SR/CH	
<b>BON AGENCY SUBS</b>	TM – Trula Minton			KM - Kelly McDonough			PS – Patricia Selig		
<b>BON STAFF</b>	JD – Jay Douglas PD – Pat Dewey			RH – Robin Hills CR – Charlette Ridout			CM – Claire Morris JW – Jacquelyn Wilmoth		
<b>BON SUPPORT STAFF</b>	LG – Lakisha Goode BY – Beth Yates			MB – Melvina Baylor DG – Darlene Graham			CH – Cathy Hanchey SR – Sally Ragsdale HV – Huong Vu STS – Sylvia Tamayo-Suijk		
<b>APD STAFF</b>	AJ – Anne Joseph GS – Grace Stewart			CG – Cynthia Gaines JB – Julia Bennett			DK – David Kazzie JR – Janice Redinger TJ – Tammie Jones		
<b>OTHERS – MT Adv Bd</b>	DH – Dawn Hogue			EO- Erin Osiol			SP- Shawnte Peterson		

**Virginia Board of Nursing**  
**Executive Director Report**  
**December 2, 2020**

**Meetings/Speaking Engagements**

- On October 6, 2020, Jay Douglas, Executive Director for the Board of Nursing, and Charlette Ridout, Deputy Executive Director for the Board of Nursing, met with representative from DBHDS to discuss the regulations regarding registered medication aides and the differences between this role and other unlicensed persons authorized to give medication by the Drug Control Act
- On October 6 and 7, 2020, Jay Douglas, Executive Director for the Board of Nursing, chaired the NCSBN International Nurse Regulators Collaboration (INRC) virtual meeting as the NCSBN Board of Directors President. The focus of the meeting was the feasibility of developing mechanisms to support mobility of nurses across the INRC member jurisdictions. The INRC Member Organizations are:
  - NCSBN
  - Singapore Nursing Board
  - College of Nursing of Ontario
  - Nursing & Midwifery Board of Ireland
  - Nursing & Midwifery Board of Australia
  - Nursing & Midwifery Council
  - Nursing Council of New Zealand
  - British Columbia College of Nursing Professionals
- On October 7, 2020, Jacquelyn Wilmoth, Nursing Education Program Manager, hosted two virtual meetings for nursing education programs. The first meeting was for those interested in establishing a nursing education program and the second provided a regulation review and survey visit preparation information. There were approximately 60 attendees between the two meetings.
- On October 8, 2020, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Nursing Education Program Manager, for the Board of Nursing attended the Clinicals Workgroup call conducted by Fran Bradford, Deputy Secretary of Education, Office of the Governor. Ms. Douglas reported that the results of the COVID-19 impact surveys for both nursing and nurse aide education programs were being tabulated for presentation at a later meeting. The need for more PPE was identified in a recent Workgroup survey sent to health education programs in the Commonwealth to assess the needs for equipment, software and other materials. Ms. Wilmoth advised the workgroup that practical nursing programs across the Commonwealth continue to have difficulty with clinical sites due to COVID-19.
- On October 13, 2020, Jay Douglas, Executive Director for the Board of Nursing, facilitate the Tri-Council for Nursing Fall Meeting as President of NCSBN Board of Directors.

Chief Executive Officers and Board Presidents for the following organizations were in attendance:

- American Association of Colleges of Nursing (AACN)
- American Nurses Association (ANA)
- American Organization of Nursing Leadership (AONL)

- National Council State Boards of Nursing (NCSBN), and
- National League for Nursing (NLN)

Discussion was reflective of what is going on at the state level with focus on how items are being addressed at a national level by the above organizations collaboratively. Topics included: Government Affairs update, surveying of nursing regarding PPE and the impact of COVID financially on nurses, WHO briefing, Structural racism and how COVID has affected healthcare and nursing.

Planning for the December Tri Council virtual summit was also discussed.

- On October 19-20, 2020, Jay Douglas, Executive Director for the Board of Nursing, participated in the NCSBN Board of Directors Annual Strategic and Innovation meeting facilitated by an external consultant. Future planning regarding the NCLEX, Advanced Practice Registered Nurse (APRN) Licensure Compact and the budget preparation and needed resources were discussed. NCSBN passed the model act for the APRN Compact in August of 2020. Seven states participating are required for implementation. Three states have indicated they are going to begin legislative activity to authorize membership this year.
- On October 21, Jay Douglas, Executive Director for Board of Nursing, and Corie Tillman-Wolf, Executive Director for Long Term Care, Physical Therapy and Funeral Boards, met with representative of VDH to discuss Project First Line, which is an initiative to expand and ensure infection control education to all health care providers. VDH was seeking assistance reaching providers and wished to brain storm ideas related to implementation. This will be discussed with the DHP Executive Director group at their meeting on October 26, 2020.
- On October 23 and November 5, 2020, Jay Douglas, Executive Director, Robin Hills, Deputy Executive Director for Advanced Practice, and Jacquelyn Wilmoth, Nursing Education Program Manager, for the Board of Nursing attended the Clinicals Workgroup meeting. Leads for this group include Fran Bradford and Meghan Healey from Governor's Office staff. Ms. Wilmoth and Dr. Hills presented the results of 2 COVID-19 Impact surveys sent to nursing education programs and nurse aide education programs which had been shared with the Board at the October 14<sup>th</sup> BON Business meeting. Ms. Douglas announced that Ms. Wilmoth will begin serving as Deputy Executive Director over Nursing and Nurse Aide Education and Medication Aide Programs on November 10<sup>th</sup>. Ms. Wilmoth shared that the nursing facility survey had been sent out with 19 responses received thus far. She also shared that the qualitative results of the nurse aide education program COVID-19 Impact questionnaire were being compiled. Discussion regarding the potential use of a program to assist in coordination and scheduling of clinical for all programs across the Commonwealth also ensued.
- On October 28, 2020, Jay Douglas, Executive Director for the Board of Nursing, participated in the webinar offered by the Center for Creative Leadership "How to Practice authentic Communication in a Virtual Space." This is the first of a three part series that provided tips on virtual engagement.

ember 5, 2020, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Nursing Education Program Manager, for the Board of Nursing attended the Clinicals Workgroup meeting.

- On September 16, 2020, Francesca Iyengar, Disciplinary Case Manager for Board of Nursing, attended the VDH Webinar on the updated National Tuberculosis Controllers Association and CDC Recommendations for Healthcare Personnel Tuberculosis Screening, Testing and Treatment (2019 Morbidity and Mortality Weekly Report - MMWR) and newly released "Companion Document" from the American College of Occupational and Environmental Medicine (ACOEM) and National Tuberculosis Controllers Association (NTCA) Joint Task Force on Implementation of the 2019 MMWR Recommendations. Goal is for facilities licensing boards, healthcare facilities/agencies and VDH come together to understand these recommendations and revise policy and procedures to allow for implementation. These recommendations reflect a shift in philosophy from serial screening and testing to a focus on improving education and increasing treatment of latent tuberculosis infection (LTBI) in Healthcare Personnel, in an overall effort to eliminate TB. The VDH TB Program supports these new recommendations and encourages implementation across the healthcare spectrum.
- On November 9, 2020, Charlette Ridout, Deputy Executive Director for the Board of Nursing, participated in the CH932 Workgroup meeting virtually. The Workgroup has been meeting approximately every two weeks since July 2020. The draft report including the Workgroup's recommendations on increasing the availability of the clinical workforce for nursing homes in the Commonwealth was reviewed. This is the last scheduled meeting at this time.
- On November 10, 2020, many Board of Nursing staff attended the VNA 2020 Legislative Summit virtually. Topics of discussion included:
  - A *VDH Covid-19 Update* from Jeannine Uzel, RN, MSN, Director of Public Health Nursing;
  - A keynote address on *The Commonwealth's Response to the Pandemic and Future Public Health Crises*, by Daniel Carey, MD, Virginia Secretary of Health and Human Resources;
  - A report on *The Political Climate and Understanding Its Impact on Virginia Policy*, by Andrew T. Lamar, Principal, Lamar Consulting, the VNA's Lobbyist, on the impact of the political climate on Virginia's election, budget, and future policy to help summit participants understand how best to advocate for healthcare policy;
  - Reports on nursing's public policy issues, including the key legislative and regulatory issues that the Virginia Nurses Association and other nursing specialty organizations will address in the 2021 Virginia General Assembly:
    - funding the Virginia preceptor incentive program,
    - COVID-19 presumption for healthcare workers,
    - reducing unnecessary practice restrictions,
    - access to registered nurses in public schools, and



- prescriptive authority for Clinical Nurse Specialists

Presenters: MaryKay Goldschmidt, DNP, RN, PHNA-BC; Melody Eaton, PhD, MBA, RN, CNE, FAAN; Nichole Wardlaw, CNM; Cynthia Ward, DNP, ACNS-BC; and Gina Bellamy, MSA, BSN, RN, NCSN

- Instruction on *Making Your Voice Count!* By Kristin Jimison, Director of Engagement, VNA on developing rapport and influencing legislators on nursing and healthcare policy issues, with an overview of VNA resources available to support advocacy work
  - A discussion on *Health Care in Virginia: Perspectives from our Policy Leaders*: on the current policy issues in Virginia noted above, and how they impact the health of Virginia citizens
    - Panel Moderator: Sallie Eissler, MSN, RN;
    - Panelists, Virginia policy leaders from both sides of the aisle: Delegate Dawn Adams, Senator Jen Kiggans, Senator Emmett W. Hanger Jr., and Delegate Clinton Jenkins
  - A closing session: *A Time of Change and a Time of Opportunity*, with Janet Haebler, MSN, RN, Senior Associate Director, Policy & State Government Affairs, American Nurses Association, and a discussion of lessons learned through the pandemic and how we can best thrive in this new world.
- On November 10, 2020, several Board of Nursing staff attended the 2020 NCSBN IT/Operations Conference virtually. Topics of discussion included:
    - A presentation on cloud migration and its incorporation into a disaster recovery plan: *Preparing For The Move To The Cloud: Avoid The Pitfalls By Proactive Planning*, by Adrian R. Guerrero, CPM, Treasurer, NCSBN Board of Directors, Kansas Board of Nursing Director of Operations; and Carl D. Nagin, IT Management Consultant, Louisiana Board of Nursing
    - NCSN updates on: the Nurse Licensure Compact, the NCSBN Passport Portal and multifactor authentication, Nursys, and Orbs
    - *Pandemic Lessons Learned – Preparedness and Response*, by Shan Montgomery, MBA, MPA, Director of Finance and Operations, Mississippi Board of Nursing, focusing on three primary operational phases agencies have seen emerge during the pandemic: response, return to work, and renewal, and investing knowledge gained into strategies to bolster resilience
    - *Artificial Intelligence (AI) in Health Care: Crafting a State Regulatory Response*, with Eric Fish, Chief Legal Officer, Federation of State Medical Boards, addressing the integration of AI into health care delivery and how it may form the architecture for future health care delivery; implications for patient safety and quality of care; roadblocks that may limit technology’s full potential in improving health care; and the proper role of state regulatory boards
    - *Ransomware & Risk Mitigation*, with Ankur Sheth, MBA, CISSP, CISM, Sr. Managing Director, Global Cyber Proactive Services Leader, Ankura Consulting Group, LLC, on cybersecurity threats, recent trends, and counter-measures organizations can take Jay Douglas , Executive Director , Board of Nursing attended the NCSBN Board of Directors meeting

### **Incorporating Nurse Practitioner data into NURSYS**

Stephanie Willinger, Deputy Executive Director for Licensing, Robin Hills, Deputy Executive Director for Advanced Practice and Jay Douglas, Executive Director, for the Board of Nursing met to review proposed data elements that would be included in the national licensure and disciplinary database for NURSYS. The Board of Nursing currently submits data daily regarding RN's and LPN's. Ms. Willinger will continue to work with DHP IT to ensure accuracy and completeness of data. A meeting with NCSBN/NURSYS will be held in the near future to discuss next steps and an implementation plan.

Inclusion of the data in NURSYS will give the public the ability to view current licensure and discipline data on NP's. Board of Nursing will no longer have to verify NP licenses to other states as it can be done through this system.



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## COMMONWEALTH of VIRGINIA

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### MEMORANDUM

To: Board of Nursing

From: Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director

Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director

Date: November 16, 2020

Subject: Nursing and Nurse Aide Education Programs Update

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As we continue to navigate the COVID-19 pandemic, there are waivers in place to assist nursing and nurse aide education programs.

The nursing education program regulation waivers continue to provide nursing programs additional flexibility as they plan clinical instruction while remaining compliant with regulation.

Regarding nurse aide education programs, changes in federal CMS regulations directly impacted the decisions made regarding waiver recommendations at the state level. On March 19, 2020, 18VAC90-26-30(C) & (D) were waived 1) expanding the qualifications of other instructional personnel beyond RNs and LPNs, and 2) eliminating the requirement that all instructional personnel demonstrate competence in teaching adults.

The remainder of this report summarizes the recent developments surrounding nursing and nurse aide education programs during the COVID-19 pandemic.

## **NURSING EDUCATION PROGRAMS UPDATE**

### **Status of Nursing Education Program Applications**

Four baccalaureate programs have been approved in 2020 (Bluefield College, ECPI VA Beach, and Averett University-Norfolk, Ferrum College). There are 4 active applications for which the Board is awaiting additional documentation from the respective programs.

### **Nursing Education Site/Survey Visits**

Administrators from nursing education programs continue to communicate with Board staff regarding upcoming survey visits that are scheduled for Fall 2020. While some visits have remained on the Fall schedule and are being conducted virtually, other programs have requested to delay their previously-scheduled visit until 2021 due to the impact of COVID-19.

### **NCSBN Annual Survey**

In October, the Board approved for Virginia to participate in the NCSBN Annual Survey. The questions for this survey are based on core data results of a large mixed methods study of nursing program quality indicators and warning signs. NCSBN has also included questions regarding COVID-19 to assist in analyzing its impact. Board staff provided additional questions related to COVID-19 and the waivers that are currently in place for further evaluation of their use and impact on students and graduates. This survey will be sent to all programs in early January by NCSBN. Programs are not required by regulation to participate in the survey. NCSBN will provide the Board with results of the survey.

### **Emails to Nursing Education Programs**

<b>Emails to all Nursing Education Programs</b> (Details available upon request)	
<b>Date of Email</b>	<b>Subject of Email</b>
10/7/2020	Forthcoming Annual Report access information.
10/13/2020	Access information for Annual Report
10/28/2020	Candidate Registration Video availability on NCSBN website
10/29/2020	Reminder of utilization of correct program code usage when registering for NCLEX
11/12/2020	Announcement of J. Wilmoth as Deputy Executive Director

### **NCLEX Testing Summary**

Testing centers remain open with limited capacity. Testing accommodations are available to testers. Approval from the Governor's office for testing sites to return to full capacity was obtained. PearsonVue and NCSBN continue to develop a plan to implement full capacity at the testing centers.

### **NCLEX Pass Rates**

At the conclusion of 3<sup>rd</sup> quarter, there are 15 RN programs and 15 PN programs that have cumulative first time NCLEX pass rates of less than 80%. Of those programs, 5 of the RN programs and 5 of the PN programs pass rates were negatively impacted by 2019 graduates. There are 13 RN and 9 PN programs who have only had one cohort of 2020 graduates take NCLEX this year. See attached memo from NCSBN providing numerical representation of

NCLEX pass rates this year showing a decline in national pass rates since the beginning of the year.

<b>Nursing Education Waivers</b>	
Effective March 19, 2020-December 31, 2020	
<p><b>18VAC90-27-100(D)(2) Simulation for clinical hours in a single course</b> No more than 50% of the total clinical hours for any course may be used as simulation.</p>	<p>Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.</p>
<p><b>18VAC90-27-100(D)(1) Simulation for total clinical hours</b> 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).</p>	<p>Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.</p>
Effective June 11, 2020	
<p><b>18VAC90-27-10 Definitions.</b> "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.</p>	<p>The requirement of 18 VAC 90-27-10 in the definitions of "site visit" and "survey visit" for onsite reviews is suspended for the duration of the state of emergency as declared by Executive Order 51 and for 30 days after the state of emergency expires or is rescinded.</p>
<p><b>18VAC90-27-220 (B) &amp; (C) Maintaining an approved nursing education program.</b> B. Prior to February 7, 2021, each registered nursing education program shall be reevaluated as follows:  1. Every registered 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 registered nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at</p>	<p>Waived for those programs whose reevaluations are due within the period of the state of emergency, the time period to complete the reevaluation shall be suspended and extended to 30 days after the state of emergency as declared by Executive Order 51 expires or is rescinded.</p>

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.

After February 7, 2021, each registered nursing education program shall have accreditation or candidacy status and 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 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. Each practical nursing education program shall be reevaluated as follows:

1. Every practical 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 practical nursing education 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.

## NURSE AIDE EDUCATION PROGRAMS

The need for a more in-depth analysis of the impact of the pandemic on nurse aide education programs became evident in mid-summer with reports from programs of the continued unavailability of clinical sites throughout the Commonwealth. It was determined that an additional waiver expanding clinical site options was warranted. On August 10, 2020, 18VAC90-26-20(B)(1)(e) was suspended until December 31, 2020. The suspension of this regulation enables programs to complete the 40-hour direct client care training of enrolled students in alternate clinical sites to include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units. Regulations/waivers do not provide for completion of the 40 direct client care hours in the laboratory setting.

To analyze the nurse aide education landscape even further, Board staff developed and distributed a COVID-19 Impact Questionnaire to 268 nurse aide education programs on September 2, 2020. A preliminary analysis of the results was included in the consent agenda of the October 14, 2020 Board of Nursing Business meeting. Board staff is working with the Healthcare Workforce Data Center on a draft report that will include both quantitative and qualitative findings from the Questionnaire.

### **Status of Nurse Aide Education Program Applications (as of October 2, 2020)**

13 programs approved in 2020; 9 incomplete applications pending

### **Status of the Amendments to the Regulations for Nurse Aide Education Program**

The final comment period on the amendments to the NAEP regulations ended on Friday, November 13, 2020. There was one comment which the Board will address during the Regulatory Action portion of the BON Business meeting on December 2<sup>nd</sup>, 2020.

### **NNAAP Testing Summary**

Pearson Vue NNAAP testing sites are operational as of July 13, 2020.

<b>Emails to all Nurse Aide Education Programs</b> (details available upon request)	
<b>Date of Email</b>	<b>Subject of Email</b>
	None



<b>BON Nurse Aide Education Program Waivers</b>	
Effective March 19, 2020-June 10, 2020	
<p><b>18VAC-90-26-30(C) Other Instructional Personnel</b>  <b>C. Other instructional personnel.</b>            1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision <i>shall be registered nurses or licensed practical nurses.</i></p>	Waive the requirement that other instructional personnel who assist the primary instructor in providing classroom instruction be limited to registered nurses or licensed practical nurses.
<p><b>18VAC90-26-30(D) Qualifications of Nurse Aide Instructors</b>  <b>D. Prior to being assigned to teach the nurse aide education program, all instructional personnel shall demonstrate competence to teach adults by one of the following:</b>            1. Satisfactory completion of a course in teaching adults that includes:                a. Basic principles of adult learning;                b. Teaching methods and tools for adult learners; and                c. Evaluation strategies and measurement tools for assessing the learning outcomes; or            2. Have experience in teaching adults or high school students.</p>	Waive the requirement that all instructional personnel must demonstrate competence to teach adults.
<p><b>18VAC90-26-20. Establishing and Maintaining a Nurse Aide Education Program.</b>            1. Demonstrate evidence of compliance with the following essential elements:                e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, revised October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law</p>	Suspended for current and incoming nurse aide students through December 31, 2020. Acceptable alternate sites would include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units.
<b>Federal CMS Waivers</b>	
affecting Nurse Aide Education Programs	
Posted April 3, 2020 - Effective Retroactively to March 1, 2020	
<p><b>Training and Certification of Nurse Aides.</b> The requirement that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d) is waived through the end of the federal emergency declaration. CMS is waiving these requirements to assist in potential staffing shortages seen with the COVID-19 pandemic. We further note</p>	<p>Waived the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i))</p> <p>Note: This waiver allows nursing centers to temporarily employ individuals who have completed alternative training paths, as long as they are competent to provide relevant</p>

that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

nursing and nursing related services. The BON does not have a role in approving this alternative training.

**VDH**

Posted June 18, 2020

**VDH Nursing Home Guidance for Phased Reopening**

"Definition of Staff - Guidance in this document that refers to "staff" include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, emergency medical service personnel, contractual staff not employed by the facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."

<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf>

## 2020

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

RN	Jan.-March <sup>3,6</sup>		April-June <sup>7</sup>		July-Sep.		Oct.-Dec.		Year to Date Total	
	# <sup>1</sup>	% <sup>2</sup>	#	%	#	%	#	%	#	%
<b>First Time, US Educated</b>										
<i>Diploma</i>	476	87.40%	518	90.15%	937	86.23%			1,931	87.57%
<i>Baccalaureate Degree</i>	22,361	92.83%	25,241	92.31%	31,718	88.57%			79,320	90.96%
<i>Associate Degree</i>	22,846	86.53%	25,721	85.44%	28,941	80.81%			77,508	84.03%
<i>Invalid or Special Program Codes</i>	9	44.44%	12	83.33%	17	23.53%			38	47.37%
<b>Total First Time, US Educated</b>	<b>45,692</b>	<b>89.61%</b>	<b>51,492</b>	<b>88.85%</b>	<b>61,613</b>	<b>84.87%</b>			<b>158,797</b>	<b>87.53%</b>
<b>Repeat, US Educated</b>	6,409	41.24%	11,511	40.01%	14,878	44.31%			32,798	42.20%
<b>First Time, Internationally Educated</b>	4,168	48.30%	1,969	38.95%	3,166	42.42%			9,303	44.32%
<b>Repeat, Internationally Educated</b>	3,738	30.39%	4,375	23.89%	5,766	23.71%			13,879	25.56%
<b>All Candidates</b>	<b>60,007</b>	<b>77.89%</b>	<b>69,347</b>	<b>75.23%</b>	<b>85,423</b>	<b>72.11%</b>			<b>214,777</b>	<b>74.73%</b>

PN	Jan.-March <sup>4,8</sup>		April-June <sup>5,7</sup>		July-Sep.		Oct.-Dec.		Year to Date Total	
	#	%	#	%	#	%	#	%	#	%
<b>First Time, US Educated</b>	10,055	86.01%	8,956	84.63%	17,699	82.84%			36,710	84.14%
<b>Repeat, US Educated</b>	2,505	33.25%	3,489	37.23%	4,563	34.14%			10,557	34.95%
<b>First Time, Internationally Educated</b>	136	52.21%	144	53.47%	160	56.25%			440	54.09%
<b>Repeat, Internationally Educated</b>	120	19.17%	143	34.27%	248	25.81%			511	26.61%
<b>All Candidates</b>	<b>12,816</b>	<b>74.71%</b>	<b>12,732</b>	<b>70.72%</b>	<b>22,670</b>	<b>72.23%</b>			<b>48,218</b>	<b>72.49%</b>

<sup>1</sup> The # symbol denotes the number of candidates who took the exam.

<sup>2</sup> The % symbol denotes the percentage of candidates that passed the exam.

<sup>3</sup> The RN Passing Standard is 0.00 logits.

<sup>4</sup> The PN Passing Standard is -0.21 logits.

<sup>5</sup> The PN Passing Standard is -0.18 logits.

<sup>6</sup> Due to COVID-19, the January quarterly data contain NCLEX examinations administered from January 1 to March 24, 2020.

<sup>7</sup> Due to COVID-19, the April quarterly data contain NCLEX examinations administered from March 25 to June 30, 2020.



COMMONWEALTH of VIRGINIA

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Director

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Virginia Board of Nursing  
Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

Board of Nursing (804) 367-4515  
Nurse Aide Registry (804) 367-4569  
FAX (804) 527-4455

MEMORANDUM

To: Members of the Board of Nursing  
From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director  
Date: November 10, 2020  
Subject: Mary Marshall Scholarship

History of the Mary Marshall Scholarship  
*(Excerpts from A History of the Virginia Board of Nursing 1903-2003 by Corinne F. Dorsey, RN)*

**1991** - Legislation enacted by Delegate Mary Marshall authorized the Board to collect \$1.00 from the application and renewal fees of RNs and LPNs to pay for scholarships for students in the Schools of Nursing and Practical Nursing in the Commonwealth. In July 1991 the Board adopted technical amendments to the regulations to adjust fees to comply with this amendment. Also, The Board adopted resolutions to recognize two members of the House of Delegates who had supported health care legislation and sponsored bills for nursing: Mary Marshall from Arlington and Samuel Glasscock from Suffolk.

**1993** - The Board adopted a resolution to name the scholarship fund for Mary A. Marshall. On June 23, 1993 Governor Wilder presented a plaque to Mrs. Marshall's husband commemorating the naming of the Mary Marshall Nursing Scholarship Fund.

A special dispensation from the General Assembly for the Board to pay greater than \$65,000.00 per fiscal year is required.

The application to apply for the scholarship is found on the Virginia Department of Health website as well as the Board of Nursing website.

In 2018 the Board dispersed payments of \$44,300.00 to RNs and \$20,700.00 to LPNs.

In 2019 the Board dispersed payments of \$51,595.00 to RNs and \$13,405.00 to LPNs.

In 2020 the Board dispersed payments of \$50,000.00 to RNs and \$14,000.00 to LPNs.



**VIRGINIA**

**Department of Health Professions**

***NURSE SCHOLARSHIP FUND  
Cash Balance as of June 30, 2019***

	<b>RN</b>	<b>LPN</b>	<b>Total</b>
<b>Beginning Balance July 1, 2018</b>	<b>\$173,198.40</b>	<b>\$13,405.00</b>	<b>\$186,603.40</b>
<b>Add: FY 2019 Revenue</b>	<b>\$57,143.00</b>	<b>\$13,128.00</b>	<b>\$70,271.00</b>
<b>Deduct: FY 2019 Expenditures</b>	<b>(\$51,595.00)</b>	<b>(\$13,405.00)</b>	<b>(\$65,000.00)</b>
<b>Add: FY 2019 Reimbursements</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$2,000.00</b>
<b>Ending Cash Balance 6/30/2019</b>	<b>\$180,746.40</b>	<b>\$13,128.00</b>	<b>\$193,874.40</b>



# VIRGINIA

## Department of Health Professions

### **NURSE SCHOLARSHIP FUND** *Cash Balance as of June 30, 2020*

	<b>RN</b>	<b>LPN</b>	<b>Total</b>
<b>Beginning Balance July 1, 2019</b>	<b>\$179,728.40</b>	<b>\$14,146.00</b>	<b>\$193,874.40</b>
<b>Add: FY 2020 Revenue</b>	<b>\$57,196.00</b>	<b>\$14,430.00</b>	<b>\$71,626.00</b>
<b>Deduct: FY 2020 Expenditures</b>	<b>(\$50,000.00)</b>	<b>(\$14,000.00)</b>	<b>(\$64,000.00)</b>
<b>Add: FY 2020 Reimbursements</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$2,000.00</b>
<b>Add: FY2020 Prior Yr Revenue</b>	<b>\$1,511.00</b>	<b>\$0.00</b>	<b>\$1,511.00</b>
<b>Ending Cash Balance 6/30/2020</b>	<b>\$190,435.40</b>	<b>\$14,576.00</b>	<b>\$205,011.40</b>

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of November 15, 2020**

F1

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] Proposed - <i>DPB Review in progress</i> [Stage 9119]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Registration of clinical nurse specialists</u> [Action 5306] Final - <i>At Governor's Office for 76 days</i>
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<u>Implementing Result of Periodic Review</u> [Action 5157] Proposed - <i>Register Date: 9/14/20</i> Comment closed: <i>11/13/20</i> Board to consider final regulations: <i>12/2/20</i>
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Use of simulation</u> [Action 5402] Proposed - <i>At Secretary's Office for 60 days</i>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Unprofessional conduct/conversion therapy</u> [Action 5441] Proposed - <i>DPB Review in progress</i> [Stage 9120]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Waiver for electronic prescribing</u> [Action 5413] Proposed - <i>At Secretary's Office for 31 days</i>



**DRAFT**

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# *Virginia's Registered Nurse Workforce: 2020*

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Healthcare Workforce Data Center

October 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*Nearly 40,000 Registered Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Elizabeth Carter, PhD  
*Director*

Yetty Shobo, PhD  
*Deputy Director*

Laura Jackson, MSHSA  
*Operations Manager*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle  
*Research Assistant*

# Virginia Board of Nursing

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*Yorktown*

James L. Hermansen-Parker, MSN, RN, PCCN-K  
*Norfolk*

## ***Executive Director***

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

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## The Registered Nurse Workforce At a Glance:

### The Workforce

Licensees:	112,952
Virginia's Workforce:	95,329
FTEs:	81,104

### Background

Rural Childhood:	37%
HS Degree in VA:	58%
Prof. Degree in VA:	68%

### Current Employment

Employed in Prof.:	90%
Hold 1 Full-Time Job:	68%
Satisfied?:	94%

### Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	83%

### Education

Baccalaureate:	49%
Associate:	27%

### Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	62%

### Demographics

Female:	93%
Diversity Index:	40%
Median Age:	46

### Finances

Median Income:	\$60k-\$70k
Health Insurance:	66%
Under 40 w/ Ed. Debt:	59%

### Time Allocation

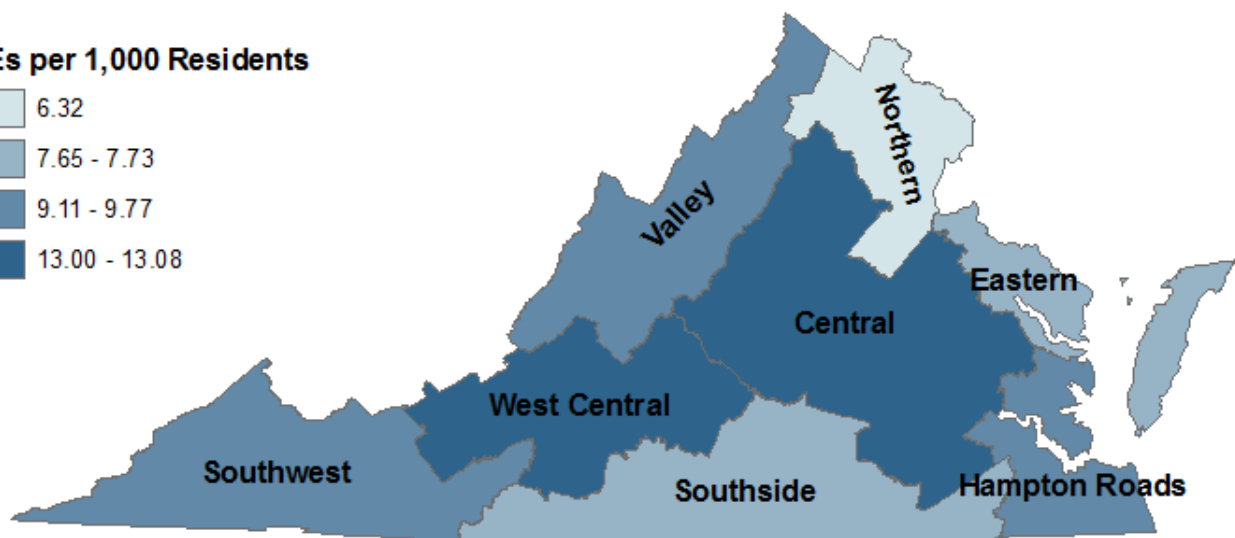
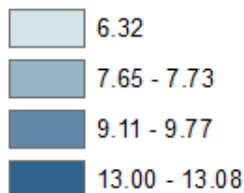
Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

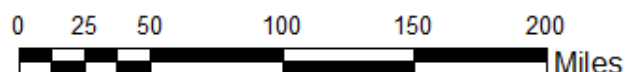
## Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2020 Registered Nurse (RN) Survey.<sup>1</sup> More than 39,000 RNs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs have access to the survey in a given year. These survey respondents represent 35% of the 112,952 RNs who are licensed in the state and 83% of renewing practitioners.

The HWDC estimates that 95,329 RNs participated in Virginia's workforce during the survey period, which is defined as those RNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 81,104 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than 90% of all RNs are female, and the median age of the RN workforce is 46. In a random encounter between two RNs, there is a 40% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 57%. More than one-third of RNs grew up in a rural area, and 19% of these professionals currently work in non-metro areas of the state. Overall, 9% of Virginia's RNs work in non-metro areas of the state.

Nine out of every ten RNs are currently employed in the profession, 68% hold one full-time job, and 39% work between 40 and 49 hours per week. On the other hand, 2% of RNs have experienced involuntary unemployment at some point over the past year, while 2% have experienced underemployment over the same time period. More than 80% of all RNs work in the private sector, including 44% who work in the non-profit sector. With respect to establishment types, half of all RNs work in hospitals, including 38% who work in their inpatient departments. The median annual income for Virginia's RN workforce is between \$60,000 and \$70,000. In addition, 85% of all RNs receive at least one employer-sponsored benefit, including 66% who have access to health insurance. More than 90% of all RNs indicate that they are satisfied with their current employment situation, including 58% who are "very satisfied".

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2015 RN workforce. The number of licensed RNs in Virginia has increased by 22% (112,952 vs. 92,381). In addition, the size of Virginia's RN workforce has increased by 25% (95,329 vs. 76,093), and the number of FTEs provided by this workforce has grown by 21% (81,104 vs. 67,045). Virginia's renewing RNs are more likely to respond to this survey (83% vs. 80%).

Although the majority of all RNs in Virginia is female, their overall percentage in the workforce has declined slightly (93% vs. 94%). At the same time, the median age of the RN workforce has fallen (46 vs. 49). In addition, the state's RN workforce has become more diverse (40% vs. 35%). There has been no change in the percentage of RNs who grew up in rural areas (37%). However, Virginia's RNs are slightly less likely to work in non-metro areas of the state (9% vs. 10%).

Virginia's RNs are more likely to be employed in the profession (90% vs. 88%) as well as hold one full-time job (68% vs. 67%). Although the rate of involuntary unemployment has increased (2% vs. 1%), the rate of underemployment has fallen (2% vs. 3%). RNs are relatively more likely to work in the non-profit sector (44% vs. 42%) as opposed to the for-profit sector (41% vs. 42%). At their primary work location, RNs are more likely to fill a patient care role (67% vs. 65%).

RNs are more likely to hold a baccalaureate degree (49% vs. 41%) instead of an associate degree (27% vs. 33%) as their highest professional degree. However, RNs are also more likely to carry education debt (41% vs. 36%), and the median debt amount among these professionals has increased (\$30k-\$40k vs. \$20k-\$30k). Although the median annual income of Virginia's RNs has not increased, they are slightly more likely to receive at least one employer-sponsored benefit (85% vs. 84%). More RNs indicate that they are satisfied with their current work situation (94% vs. 93%).

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<sup>1</sup> This report only includes responses from RNs who are not also currently practicing as Nurse Practitioners (NPs). Please see the 2019 RN workforce survey report for more details.

**A Closer Look:**

Licensees		
License Status	#	%
Renewing Practitioners	48,835	43%
New Licensees	5,701	5%
Non-Renewals	6,639	6%
Renewal Date Not in Survey Period	51,777	46%
<b>All Licensees</b>	<b>112,952</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. More than 80% of renewing RNs submitted a survey. This represents 35% of all RNs who held a license at some point during the survey period.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	10,096	3,193	24%
30 to 34	8,366	5,378	39%
35 to 39	9,462	4,017	30%
40 to 44	6,578	4,808	42%
45 to 49	8,124	3,648	31%
50 to 54	6,159	4,911	44%
55 to 59	7,934	3,784	32%
60 and Over	17,067	9,427	36%
<b>Total</b>	<b>73,786</b>	<b>39,166</b>	<b>35%</b>
<b>New Licenses</b>			
Issued in Past Year	5,695	6	0%
<b>Metro Status</b>			
Non-Metro	8,416	4,713	36%
Metro	55,027	31,300	36%
Not in Virginia	10,339	3,152	23%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2019 and September 2020 on the birth month of each renewing practitioner.
- 2. Target Population:** All RNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	<b>39,166</b>
Response Rate, All Licensees	<b>35%</b>
Response Rate, Renewals	<b>83%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed RNs**  
 Number: 112,952  
 New: 5%  
 Not Renewed: 6%

**Response Rates**  
 All Licensees: 35%  
 Renewing Practitioners: 83%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's RN Workforce: 95,329  
 FTEs: 81,104

### Utilization Ratios

Licensees in VA Workforce: 84%  
 Licensees per FTE: 1.39  
 Workers per FTE: 1.18

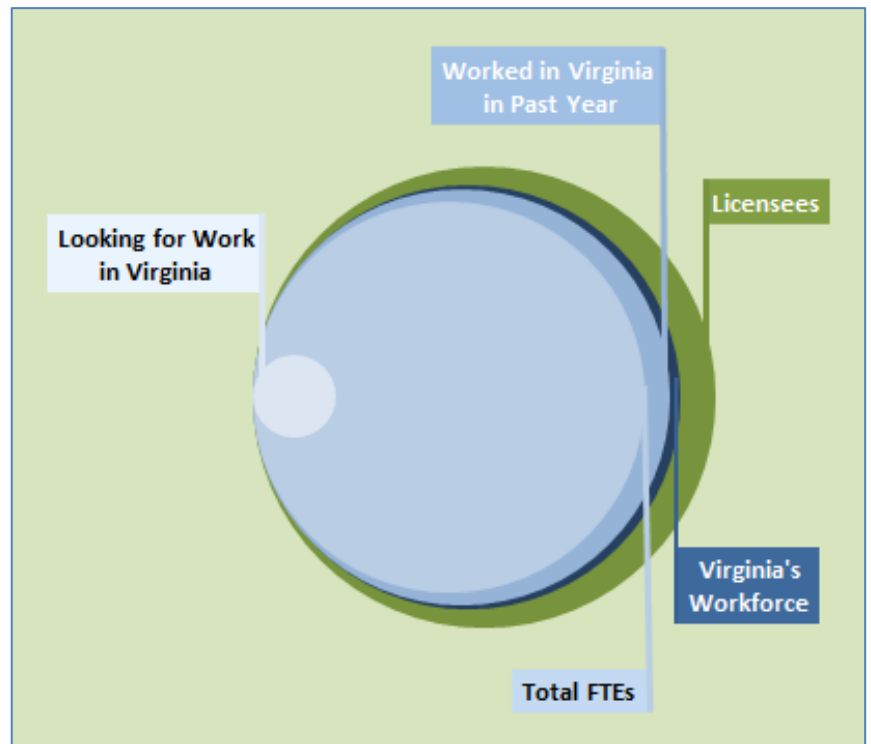
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RN Workforce		
Status	#	%
Worked in Virginia in Past Year	91,658	96%
Looking for Work in Virginia	3,672	4%
Virginia's Workforce	95,329	100%
Total FTEs	81,104	
Licensees	112,952	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	884	8%	10,632	92%	11,516	13%
30 to 34	834	7%	10,402	93%	11,236	13%
35 to 39	976	9%	9,779	91%	10,755	13%
40 to 44	727	8%	8,073	92%	8,800	10%
45 to 49	796	9%	8,393	91%	9,188	11%
50 to 54	653	8%	7,685	92%	8,338	10%
55 to 59	612	7%	8,211	93%	8,823	10%
60 and Over	931	6%	16,027	95%	16,958	20%
<b>Total</b>	<b>6,413</b>	<b>8%</b>	<b>79,201</b>	<b>93%</b>	<b>85,615</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 93%  
% Under 40 Female: 92%

**Age**

Median Age: 46  
% Under 40: 39%  
% 55 and Over: 30%

**Diversity**

Diversity Index: 40%  
Under 40 Div. Index: 44%

Source: Va. Healthcare Workforce Data Center

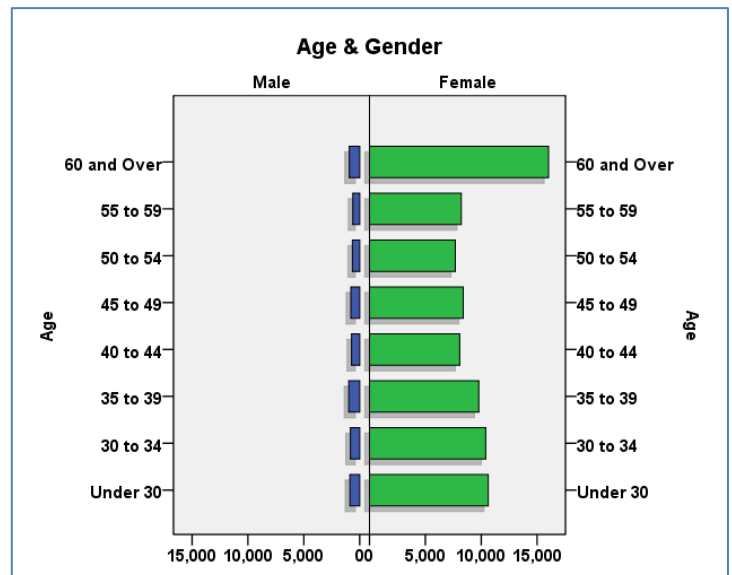
Race & Ethnicity					
Race/ Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	61%	65,503	76%	24,687	73%
Black	19%	9,968	12%	3,582	11%
Hispanic	10%	2,858	3%	1,652	5%
Asian	7%	5,150	6%	2,377	7%
Two or More Races	3%	1,908	2%	1,026	3%
Other Race	0%	851	1%	322	1%
<b>Total</b>	<b>100%</b>	<b>86,238</b>	<b>100%</b>	<b>33,646</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RNs, there is a 40% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 57% chance for Virginia's population as a whole.

Nearly 40% of RNs are under the age of 40. More than 90% of these RNs are female, and the diversity index among these professionals is 44%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 14%  
 Rural Childhood: 37%

### Virginia Background

HS in Virginia: 58%  
 Prof. Ed. in VA: 68%  
 HS or Prof. Ed. in VA: 71%

### Location Choice

% Rural to Non-Metro: 19%  
 % Urban/Suburban to Non-Metro: 3%

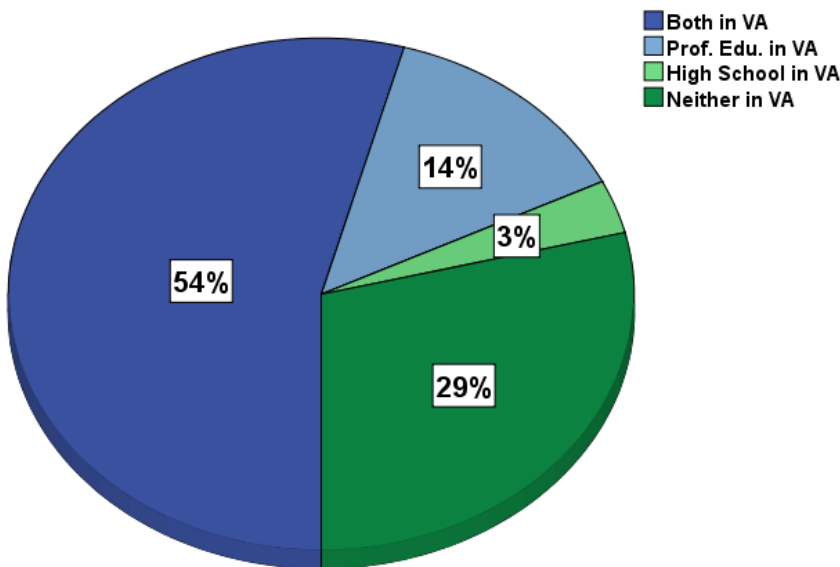
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	26%	58%	16%
2	Metro, 250,000 to 1 Million	53%	37%	10%
3	Metro, 250,000 or Less	51%	40%	9%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	69%	21%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	74%	22%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	8%	3%
8	Rural, Metro Adjacent	75%	19%	6%
9	Rural, Non-Adjacent	67%	24%	9%
<b>Overall</b>		<b>37%</b>	<b>50%</b>	<b>14%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



More than one-third of RNs grew up in self-described rural areas, and 19% of these professionals currently work in non-metro counties. Overall, 9% of RNs currently work in non-metro counties.

Source: Va. Healthcare Workforce Data Center

## Top Ten States for Registered Nurse Recruitment

Rank	All RNs			
	High School	#	Init. Prof. Degree	#
1	Virginia	49,456	Virginia	57,980
2	Outside U.S./Canada	6,098	New York	3,034
3	New York	3,889	Outside U.S./Canada	3,012
4	Pennsylvania	3,450	Pennsylvania	2,814
5	Maryland	2,175	North Carolina	1,643
6	New Jersey	1,765	Maryland	1,512
7	Ohio	1,667	Florida	1,215
8	North Carolina	1,633	Ohio	1,214
9	Florida	1,345	West Virginia	1,204
10	West Virginia	1,331	Washington, D.C.	869

*Nearly 60% of RNs received their high school degree in Virginia, and 68% obtained their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	10,739	Virginia	12,623
2	Outside U.S./Canada	1,759	Outside U.S./Canada	904
3	Pennsylvania	777	Pennsylvania	769
4	New York	743	New York	615
5	Maryland	508	Florida	406
6	Florida	452	Maryland	383
7	New Jersey	427	North Carolina	357
8	California	406	Ohio	350
9	North Carolina	392	West Virginia	256
10	Ohio	385	California	213

*Among RNs who have obtained their license in the past five years, 54% received their high school degree in Virginia, while 63% obtained their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among all licensees, 16% did not participate in Virginia's RN workforce during the past year. Nearly 70% of these licensees worked at some point in the past year, including 62% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	17,622
% of Licensees:	16%
Federal/Military:	10%
VA Border State/D.C.:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	122	0%
Hospital RN Diploma	5,594	7%
Associate Degree	22,797	27%
Baccalaureate Degree	42,125	49%
Master's Degree	13,398	16%
Doctorate Degree	1,579	2%
<b>Total</b>	<b>85,615</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Baccalaureate: 49%  
 Associate: 27%

**Education Debt**  
 Carry Debt: 41%  
 Under Age 40 w/ Debt: 59%  
 Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Nearly half of RNs hold a baccalaureate degree as their highest professional degree. More than 40% of RNs carry education debt, including 59% of those RNs who are under the age of 40. The median debt burden among those RNs with education debt is between \$30,000 and \$40,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	11,187	13%
No	74,182	87%
<b>Total</b>	<b>85,370</b>	<b>100%</b>
Degree Pursued	#	%
Associate	17	0%
Baccalaureate	4,178	38%
Master's	5,423	50%
Doctorate	1,247	11%
<b>Total</b>	<b>10,865</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All RNs		RN's Under 40	
	#	%	#	%
None	43,956	59%	12,053	41%
Less than \$10,000	5,298	7%	2,949	10%
\$10,000-\$19,999	4,733	6%	2,822	10%
\$20,000-\$29,999	4,455	6%	2,718	9%
\$30,000-\$39,999	3,301	4%	1,918	7%
\$40,000-\$49,999	2,543	3%	1,485	5%
\$50,000-\$59,999	2,221	3%	1,328	5%
\$60,000-\$69,999	1,848	2%	1,076	4%
\$70,000-\$79,999	1,427	2%	782	3%
\$80,000-\$89,999	1,096	1%	636	2%
\$90,000-\$99,999	677	1%	343	1%
\$100,000-\$109,999	971	1%	480	2%
\$110,000-\$119,999	460	1%	221	1%
\$120,000 or More	1,568	2%	664	2%
<b>Total</b>	<b>74,554</b>	<b>100%</b>	<b>29,475</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Primary Specialty**

Acute/Critical Care: 20%  
 Surgery/OR: 8%  
 Obstetrics/Midwifery: 5%

**Secondary Specialty**

Acute/Critical Care: 16%  
 Cardiology: 5%  
 Surgery/OR: 5%

**Licenses**

Nurse Practitioner: 8%  
 Licensed Practical Nurse: 1%

Source: Va. Healthcare Workforce Data Center

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	16,961	20%	9,993	16%
Surgery/OR/Pre-, Peri- or Post-Operative	6,377	8%	2,759	5%
Obstetrics/Nurse Midwifery	3,821	5%	1,488	2%
Cardiology	3,749	4%	2,946	5%
Pediatrics	3,615	4%	2,183	4%
Psychiatric/Mental Health	3,337	4%	1,632	3%
Case Management	2,830	3%	1,960	3%
Neonatal Care	2,681	3%	1,541	3%
Family Health	2,505	3%	1,250	2%
Oncology	2,503	3%	1,375	2%
Administration/Management	2,387	3%	2,630	4%
Community Health/Public Health	1,916	2%	1,593	3%
Hospital/Float	1,723	2%	1,618	3%
Geriatrics/Gerontology	1,697	2%	1,827	3%
Anesthesia	1,285	2%	546	1%
General Nursing/No Specialty	7,676	9%	9,139	15%
Medical Specialties (Not Listed)	1,241	1%	952	2%
Other Specialty Area	17,655	21%	15,430	25%
<b>Total</b>	<b>83,960</b>	<b>100%</b>	<b>60,864</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Other Licenses		
License	#	% of Workforce
Licensed Nurse Practitioner	7,153	8%
Licensed Practical Nurse	740	1%
Clinical Nurse Specialist	408	0%
Certified Nurse Midwife	223	0%
Certified Massage Therapist	140	0%
Respiratory Therapist	23	0%

Source: Va. Healthcare Workforce Data Center

*One-fifth of all RNs have a primary specialty in acute/critical care/emergency/trauma. This was also the most common secondary specialty among Virginia's RNs.*

**A Closer Look:**

Military Service		
Service?	#	%
<b>Yes</b>	5,992	7%
<b>No</b>	76,397	93%
<b>Total</b>	<b>82,389</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
<b>Army</b>	2,271	40%
<b>Navy/Marine</b>	2,118	37%
<b>Air Force</b>	1,144	20%
<b>Other</b>	138	2%
<b>Total</b>	<b>5,671</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Military Service**  
% Who Served: 7%

**Branch of Service**  
Army: 40%  
Navy/Marines: 37%  
Air Force: 20%

**Occupation**  
Army Health Care Spec.: 7%  
Navy Basic Med. Tech.: 6%  
Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia's RN workforce has served in the military. Two out of every five of these RNs have served in the Army, including 7% who worked as an Army Health Care Specialist (68W Army Medic).

Military Occupation		
Occupation	#	%
<b>Army Health Care Specialist (68W Army Medic)</b>	402	7%
<b>Navy Basic Medical Technician (Navy HM0000)</b>	330	6%
<b>Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)</b>	141	3%
<b>Air Force Independent Duty Medical Technician (IDMT 4NOX1C)</b>	15	0%
<b>Other</b>	4,564	84%
<b>Total</b>	<b>5,452</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 90%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 68%  
 2 or More Positions: 9%

### Weekly Hours

40 to 49: 39%  
 60 or More: 4%  
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	80	< 1%
Employed in a Nursing-Related Capacity	76,583	90%
Employed, NOT in a Nursing-Related Capacity	2,117	3%
Not Working, Reason Unknown	34	< 1%
Involuntarily Unemployed	495	1%
Voluntarily Unemployed	3,424	4%
Retired	2,020	2%
<b>Total</b>	<b>84,753</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nine out of every ten RNs are currently employed in the profession, more than two-thirds hold one full-time job, and 39% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	5,973	7%
1 to 9 Hours	1,366	2%
10 to 19 Hours	2,952	4%
20 to 29 Hours	6,700	8%
30 to 39 Hours	25,698	31%
40 to 49 Hours	32,490	39%
50 to 59 Hours	4,771	6%
60 to 69 Hours	1,727	2%
70 to 79 Hours	591	1%
80 or More Hours	623	1%
<b>Total</b>	<b>82,891</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	5,973	7%
One Part-Time Position	12,396	15%
Two Part-Time Positions	1,807	2%
One Full-Time Position	57,040	68%
One Full-Time Position & One Part-Time Position	5,402	6%
Two Full-Time Positions	189	0%
More than Two Positions	489	1%
<b>Total</b>	<b>83,296</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	931	1%
Less than \$20,000	2,299	4%
\$20,000-\$29,999	1,601	2%
\$30,000-\$39,999	2,872	4%
\$40,000-\$49,999	6,009	9%
\$50,000-\$59,999	10,150	16%
\$60,000-\$69,999	10,601	16%
\$70,000-\$79,999	9,481	14%
\$80,000-\$89,999	7,444	11%
\$90,000-\$99,999	4,854	7%
\$100,000 or More	9,377	14%
<b>Total</b>	<b>65,619</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$60k-\$70k

**Benefits**  
Health Insurance: 66%  
Retirement: 74%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 58%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	47,403	58%
Somewhat Satisfied	28,692	35%
Somewhat Dissatisfied	3,852	5%
Very Dissatisfied	1,268	2%
<b>Total</b>	<b>81,215</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical RN earns between \$60,000 and \$70,000 per year. Among RNs who receive either an hourly wage or salary as compensation at their primary work location, 85% receive at least one employer-sponsored benefit.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	56,338	74%	74%
Paid Leave	53,946	70%	71%
Health Insurance	50,906	66%	67%
Dental Insurance	50,318	66%	66%
Group Life Insurance	36,297	47%	48%
Signing/Retention Bonus	7,502	10%	10%
<b>Total</b>	<b>65,071</b>	<b>85%</b>	<b>85%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	10,746	11%
Switch Employers or Practices?	6,443	7%
Experience Voluntary Unemployment?	5,406	6%
Experience Involuntary Unemployment?	2,209	2%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2,008	2%
<b>Experienced at Least One</b>	<b>23,037</b>	<b>24%</b>

Source: Va. Healthcare Workforce Data Center

*Only 2% of Virginia's RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 5.4% during the same time period.<sup>2</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	2,582	3%	1,320	9%
Less than 6 Months	3,956	5%	1,789	13%
6 Months to 1 Year	6,556	8%	1,754	13%
1 to 2 Years	17,004	21%	2,671	19%
3 to 5 Years	18,980	24%	2,880	21%
6 to 10 Years	10,823	14%	1,558	11%
More than 10 Years	19,287	24%	1,956	14%
<b>Subtotal</b>	<b>79,188</b>	<b>100%</b>	<b>13,928</b>	<b>100%</b>
Did Not Have Location	4,223		80,727	
Item Missing	11,919		674	
<b>Total</b>	<b>95,329</b>		<b>95,329</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of RNs receive an hourly wage at their primary work location, while 30% are salaried employees.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 7%  
New Location: 18%  
Over 2 Years: 62%  
Over 2 Yrs., 2<sup>nd</sup> Location: 46%

**Employment Type**

Hourly Wage: 65%  
Salary: 30%

Source: Va. Healthcare Workforce Data Center

*More than 60% of RNs have worked at their primary work location for more than two years.*

**Employment Type**

Primary Work Site	#	%
Hourly Wage	39,398	65%
Salary	18,307	30%
By Contract/Per Diem	1,715	3%
Business/Contractor Income	476	1%
Unpaid	467	1%
<b>Subtotal</b>	<b>60,363</b>	<b>100%</b>
Did Not Have Location	4,223	
Item Missing	30,743	

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for September 2020 was still preliminary.

## At a Glance:

### Concentration

Top Region:	28%
Top 3 Regions:	72%
Lowest Region:	1%

### Locations

2 or More (Past Year):	18%
2 or More (Now*):	15%

Source: Va. Healthcare Workforce Data Center

More than 70% of all RNs work in Central Virginia, Northern Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	22,016	28%	3,444	24%
Northern	18,639	24%	3,292	23%
Hampton Roads	16,011	20%	2,801	20%
West Central	9,544	12%	1,542	11%
Valley	4,792	6%	743	5%
Southwest	3,240	4%	663	5%
Southside	2,474	3%	447	3%
Eastern	985	1%	199	1%
Virginia Border State/D.C.	280	0%	272	2%
Other U.S. State	450	1%	679	5%
Outside of the U.S.	11	0%	28	0%
<b>Total</b>	<b>78,442</b>	<b>100%</b>	<b>14,110</b>	<b>100%</b>
Item Missing	12,665		491	

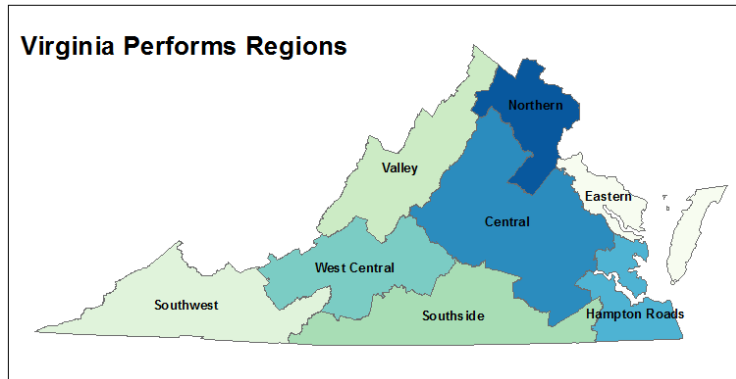
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	3,638	4%	5,777	7%
1	64,495	78%	64,160	78%
2	9,708	12%	9,015	11%
3	3,832	5%	3,130	4%
4	332	0%	166	0%
5	135	0%	82	0%
6 or More	474	1%	285	0%
<b>Total</b>	<b>82,614</b>	<b>100%</b>	<b>82,614</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2019-Sept. 2020, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



While 15% of RNs currently hold two or more positions, 18% have held multiple positions over the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
Non-Profit	32,332	44%	4,606	35%
For-Profit	30,698	41%	6,702	52%
State/Local Government	7,550	10%	1,261	10%
Veteran's Administration	1,736	2%	120	1%
U.S. Military	1,253	2%	195	2%
Other Federal Government	722	1%	108	1%
<b>Total</b>	<b>74,291</b>	<b>100%</b>	<b>12,992</b>	<b>100%</b>
Did Not Have Location	4,223		80,727	
Item Missing	16,814		1,610	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

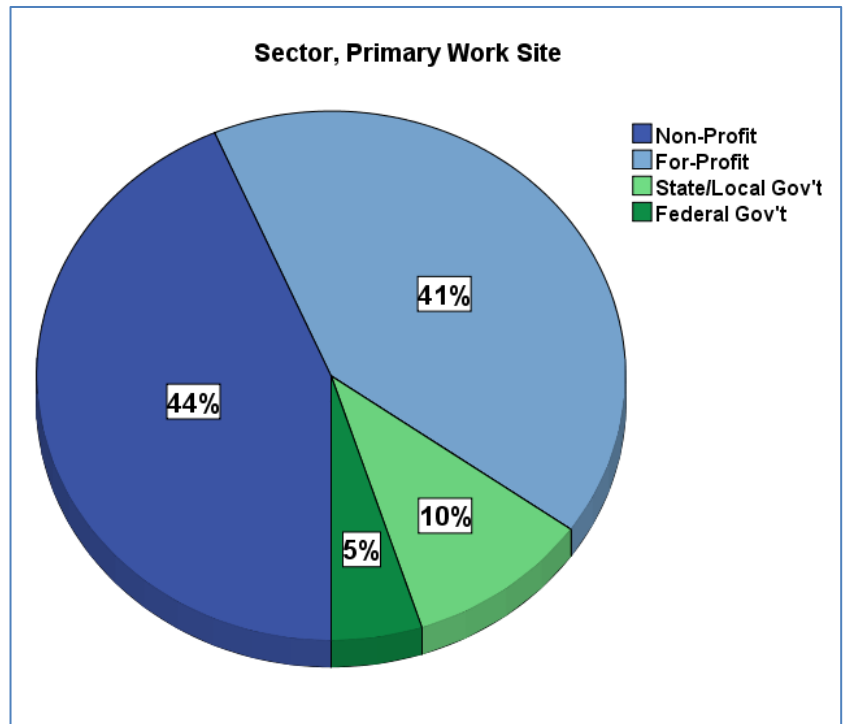
For-Profit:	41%
Federal:	5%

**Top Establishments**

Hospital, Inpatient:	38%
Hospital, Emergency:	7%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

More than four out of every five RNs work in the private sector, including 44% who work in non-profit establishments.



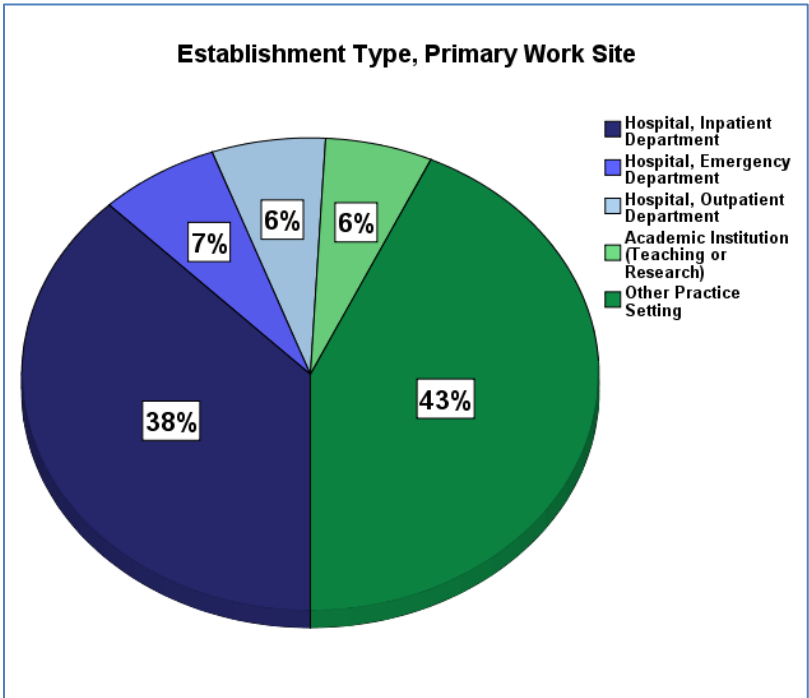
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	26,767	38%	3,698	30%
Hospital, Emergency Department	4,792	7%	806	6%
Hospital, Outpatient Department	4,524	6%	416	3%
Academic Institution (Teaching or Research)	4,274	6%	806	6%
Clinic, Primary Care or Non-Specialty	3,099	4%	584	5%
Home Health Care	3,029	4%	898	7%
Ambulatory/Outpatient Surgical Unit	2,798	4%	545	4%
Long-Term Care Facility, Nursing Home	2,357	3%	695	6%
Physician Office	2,259	3%	405	3%
Clinic, Non-Surgical Specialty	2,120	3%	466	4%
Insurance Company, Health Plan	1,995	3%	232	2%
School (Providing Care to Students)	1,850	3%	354	3%
Other Practice Setting	11,112	16%	2,557	21%
<b>Total</b>	<b>70,976</b>	<b>100%</b>	<b>12,462</b>	<b>100%</b>
Did Not Have a Location	4,223		80,727	

*Half of all RNs in Virginia work in hospitals, including 38% who work in their inpatient departments.*

Source: Va. Healthcare Workforce Data Center

*Among those RNs who also have a secondary work location, nearly 40% work in hospitals.*



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%

### Roles

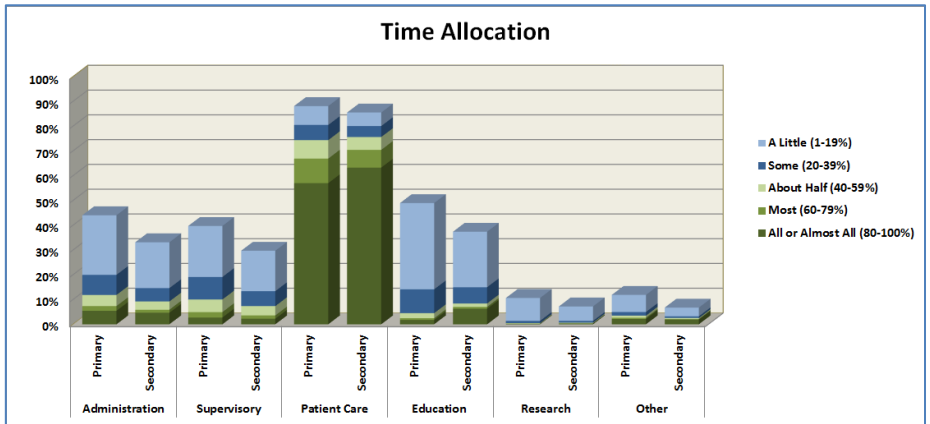
Patient Care: 67%  
 Administrative: 7%  
 Supervisory: 5%  
 Education: 2%

### Patient Care RNs

Median Admin. Time: 0%  
 Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



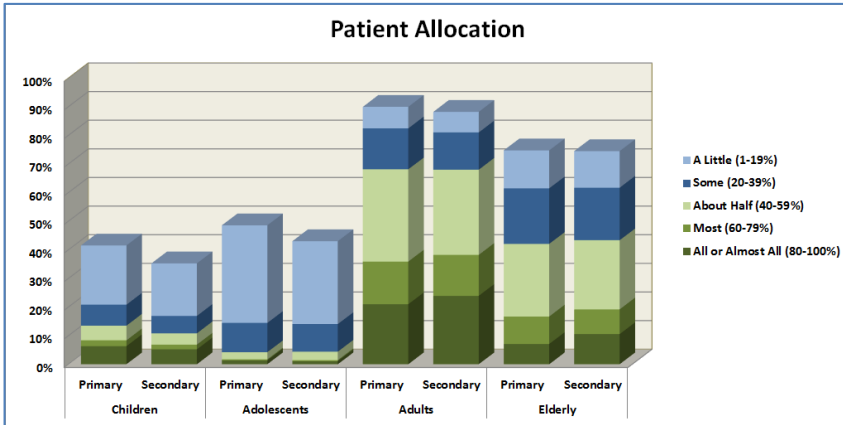
Source: Va. Healthcare Workforce Data Center

*A typical RN spends most of her time on patient care activities. Two-thirds of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	5%	5%	3%	2%	57%	63%	2%	6%	0%	0%	2%	2%
<b>Most (60-79%)</b>	2%	1%	2%	1%	10%	7%	1%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	4%	3%	5%	4%	7%	5%	2%	1%	0%	0%	1%	0%
<b>Some (20-39%)</b>	8%	5%	9%	6%	6%	4%	10%	7%	1%	1%	1%	1%
<b>A Little (1-19%)</b>	24%	19%	21%	16%	8%	5%	35%	22%	9%	6%	7%	4%
<b>None (0%)</b>	56%	67%	60%	70%	12%	15%	51%	63%	89%	93%	88%	93%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

*The typical RN devotes most of her time to treating adults and the elderly. More than one-third of all RNs serve an adult patient care role, meaning that at least 60% of their patients are adults.*

**At a Glance:  
(Primary Locations)**

**Typical Patient Allocation**

Children: 0%  
 Adolescents: 0%  
 Adults: 50%-59%  
 Elderly: 30%-39%

**Roles**

Children: 8%  
 Adolescents: 2%  
 Adults: 36%  
 Elderly: 17%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	6%	5%	1%	1%	21%	24%	7%	11%
<b>Most (60-79%)</b>	2%	2%	0%	0%	15%	14%	10%	9%
<b>About Half (40-59%)</b>	5%	4%	3%	3%	32%	30%	25%	24%
<b>Some (20-39%)</b>	7%	6%	10%	10%	14%	13%	19%	18%
<b>A Little (1-19%)</b>	21%	18%	34%	29%	8%	7%	13%	13%
<b>None (0%)</b>	59%	65%	51%	57%	10%	12%	25%	26%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	1,655	2%	-	-
<b>50 to 54</b>	2,070	3%	133	0%
<b>55 to 59</b>	5,939	8%	1,169	4%
<b>60 to 64</b>	18,605	26%	6,493	23%
<b>65 to 69</b>	28,710	40%	12,839	46%
<b>70 to 74</b>	8,792	12%	4,537	16%
<b>75 to 79</b>	2,035	3%	1,099	4%
<b>80 or Over</b>	895	1%	373	1%
<b>I Do Not Intend to Retire</b>	3,001	4%	1,345	5%
<b>Total</b>	<b>71,702</b>	<b>100%</b>	<b>27,988</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All RNs**

Under 65:	39%
Under 60:	13%

**RNs 50 and Over**

Under 65:	28%
Under 60:	5%

Time Until Retirement

Within 2 Years:	8%
Within 10 Years:	23%
Half the Workforce:	By 2045

Source: Va. Healthcare Workforce Data Center

*Nearly 40% of RNs expect to retire by the age of 65. Among RNs who are age 50 and over, more than one-quarter expect to retire by the age of 65.*

*Within the next two years, 26% of RNs expect to pursue additional educational opportunities, and 8% expect to increase their patient care hours.*

**Future Plans**

Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Patient Care Hours</b>	7,394	8%
<b>Leave Virginia</b>	3,088	3%
<b>Leave Profession</b>	1,714	2%
<b>Decrease Teaching Hours</b>	425	0%
<b>Increase Participation</b>		
<b>Pursue Additional Education</b>	24,980	26%
<b>Increase Patient Care Hours</b>	7,425	8%
<b>Increase Teaching Hours</b>	5,069	5%
<b>Return to Virginia's Workforce</b>	1,545	2%

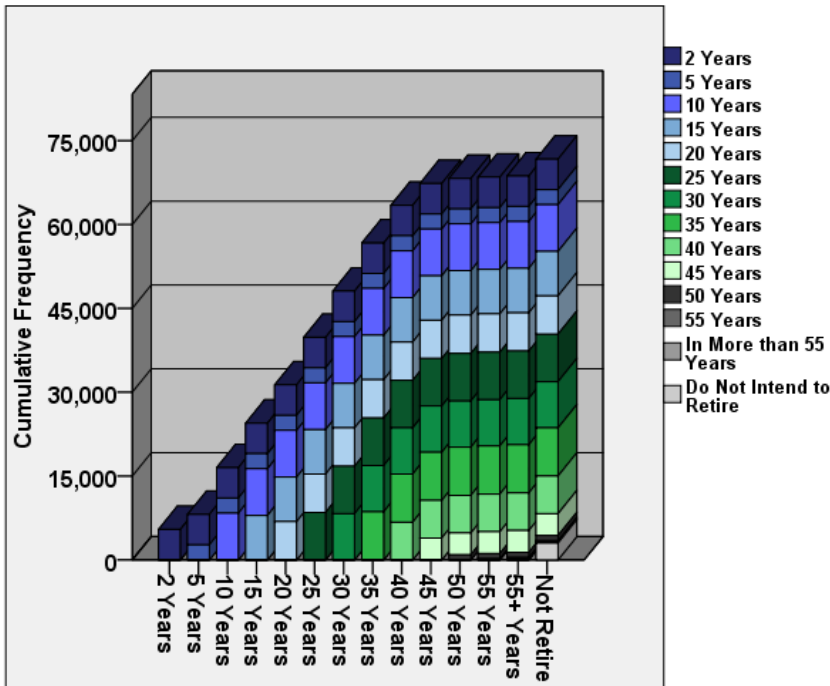
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. While 8% of RNs expect to retire in the next two years, 23% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	5,455	8%	8%
5 Years	2,690	4%	11%
10 Years	8,368	12%	23%
15 Years	7,955	11%	34%
20 Years	6,851	10%	44%
25 Years	8,498	12%	56%
30 Years	8,269	12%	67%
35 Years	8,621	12%	79%
40 Years	6,737	9%	88%
45 Years	3,903	5%	94%
50 Years	911	1%	95%
55 Years	223	0%	96%
In More than 55 Years	219	0%	96%
Do Not Intend to Retire	3,001	4%	100%
<b>Total</b>	<b>71,700</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2030. Retirement will peak at 12% of the current workforce around 2055 before declining to under 10% of the current workforce again around 2060.



## At a Glance:

### FTEs

Total: 81,104  
 FTEs/1,000 Residents<sup>3</sup>: 9.50  
 Average: 0.89

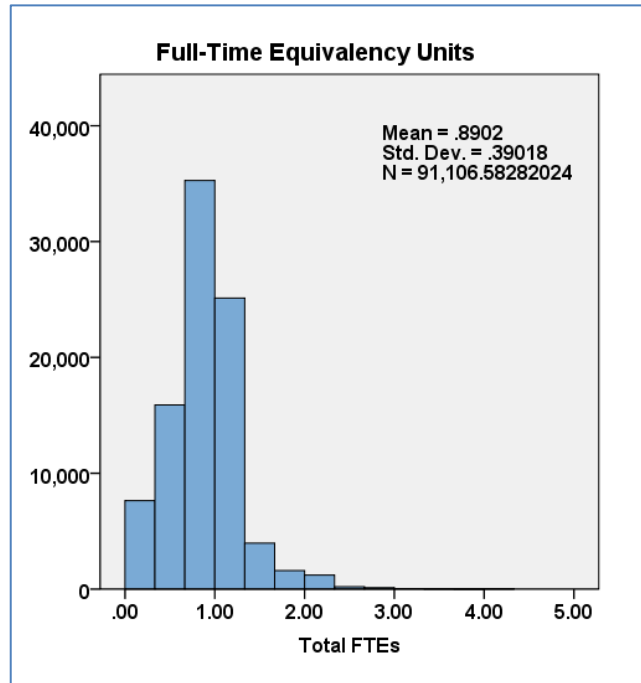
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Negligible  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

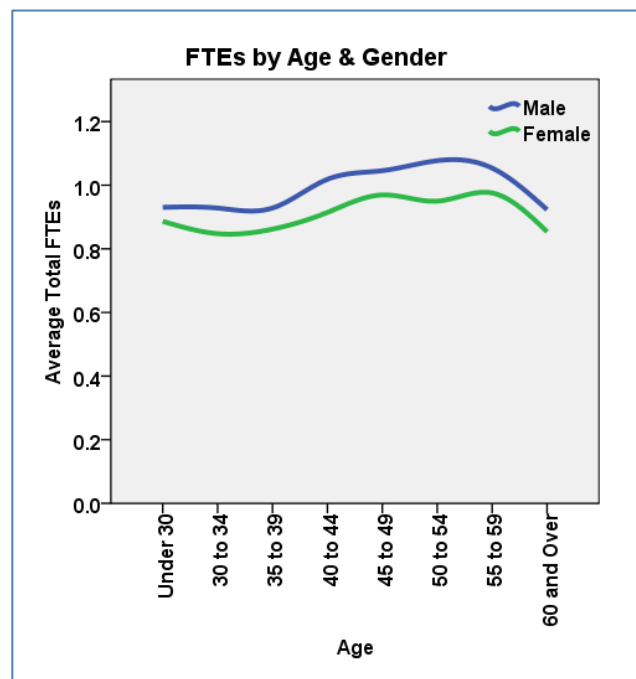


Source: Va. Healthcare Workforce Data Center

*The typical (median) RN provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>4</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.89	0.93
30 to 34	0.84	0.91
35 to 39	0.85	0.89
40 to 44	0.91	0.93
45 to 49	0.96	0.96
50 to 54	0.95	0.95
55 to 59	0.97	0.96
60 and Over	0.83	0.80
Gender		
Male	0.98	0.96
Female	0.90	0.94

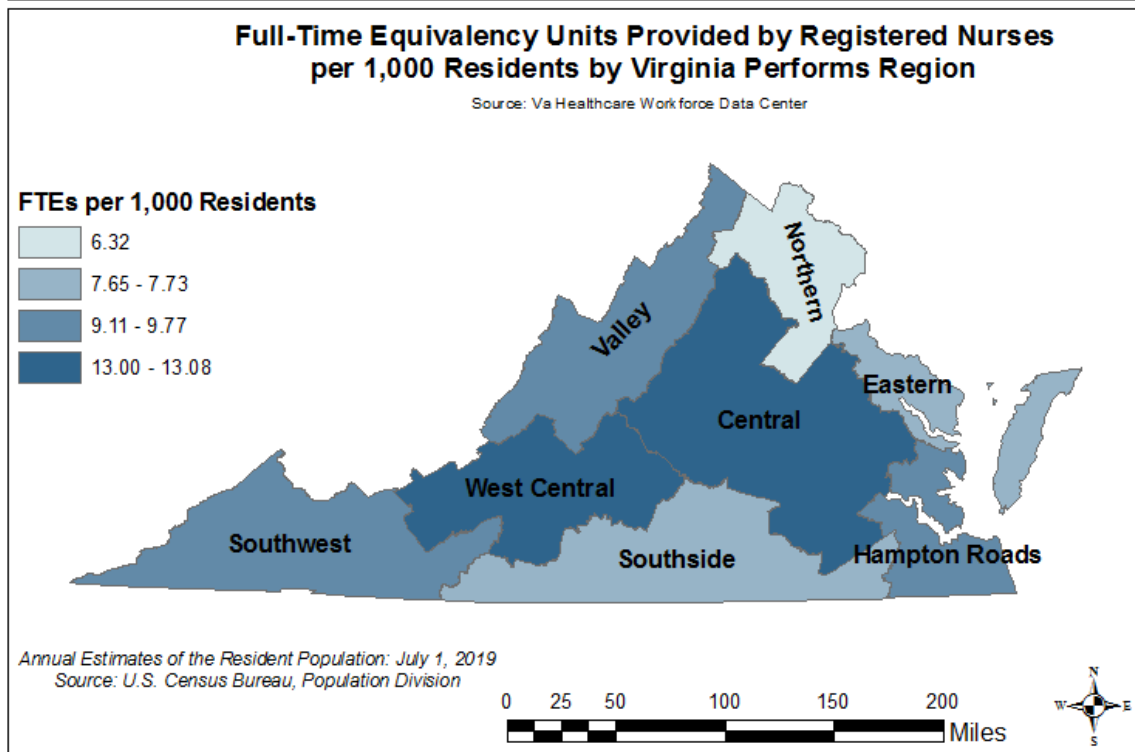
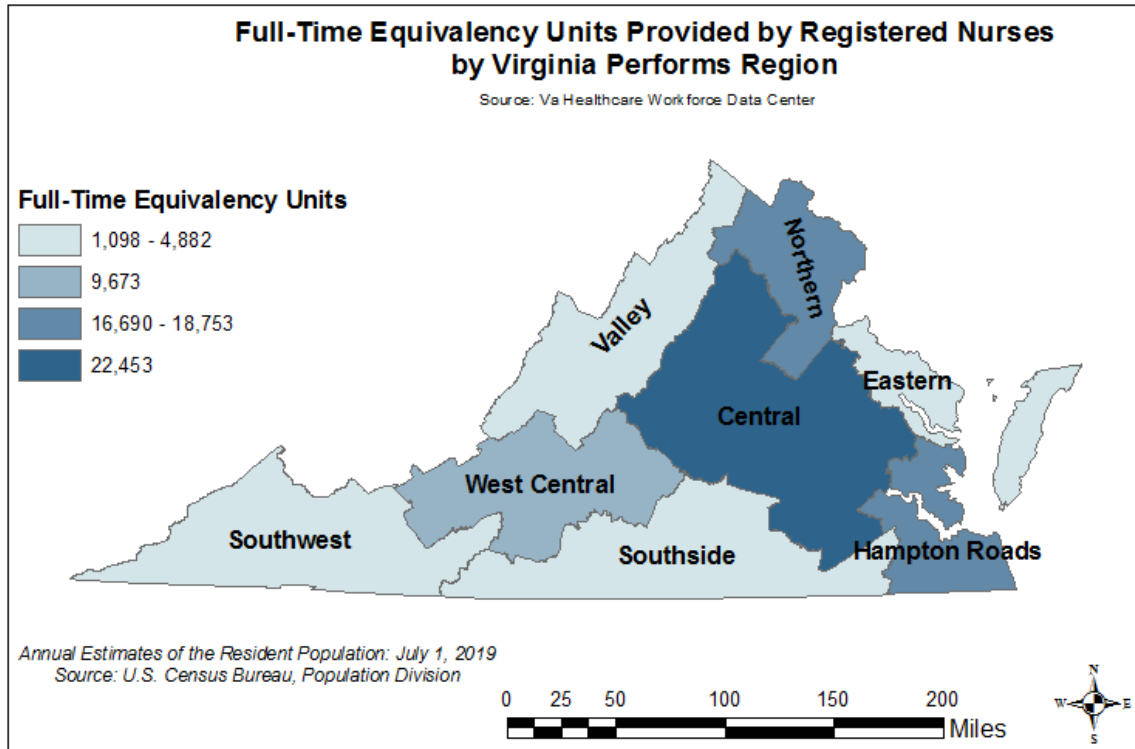
Source: Va. Healthcare Workforce Data Center

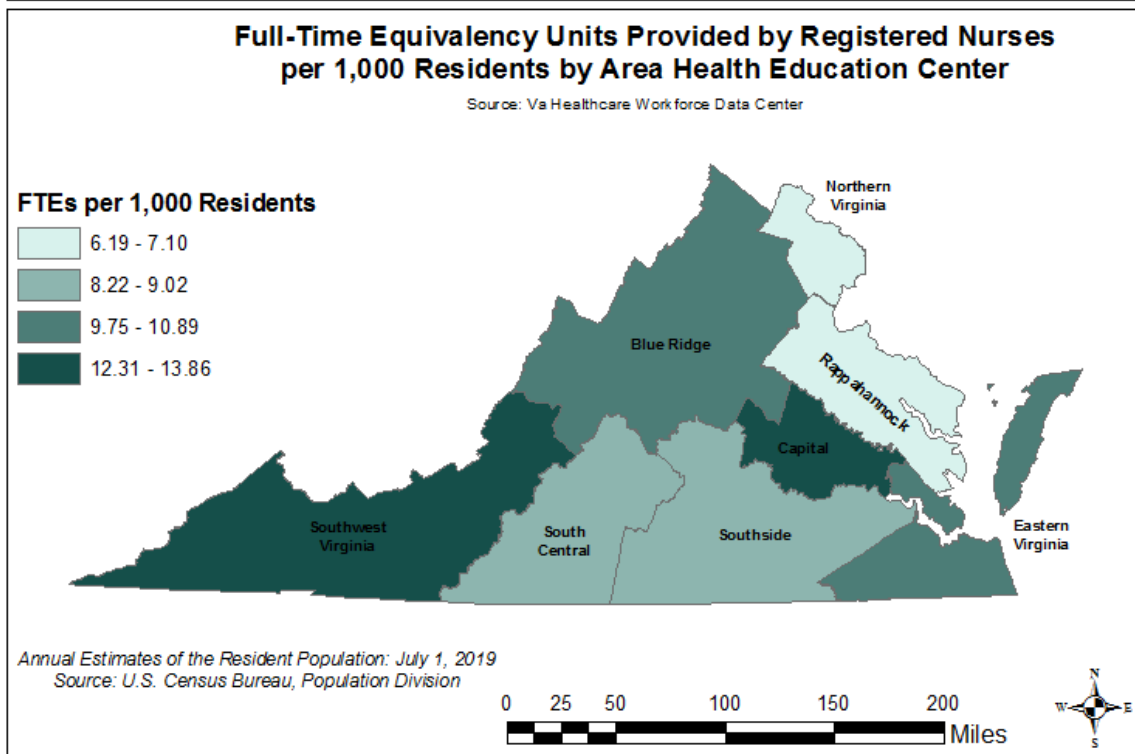
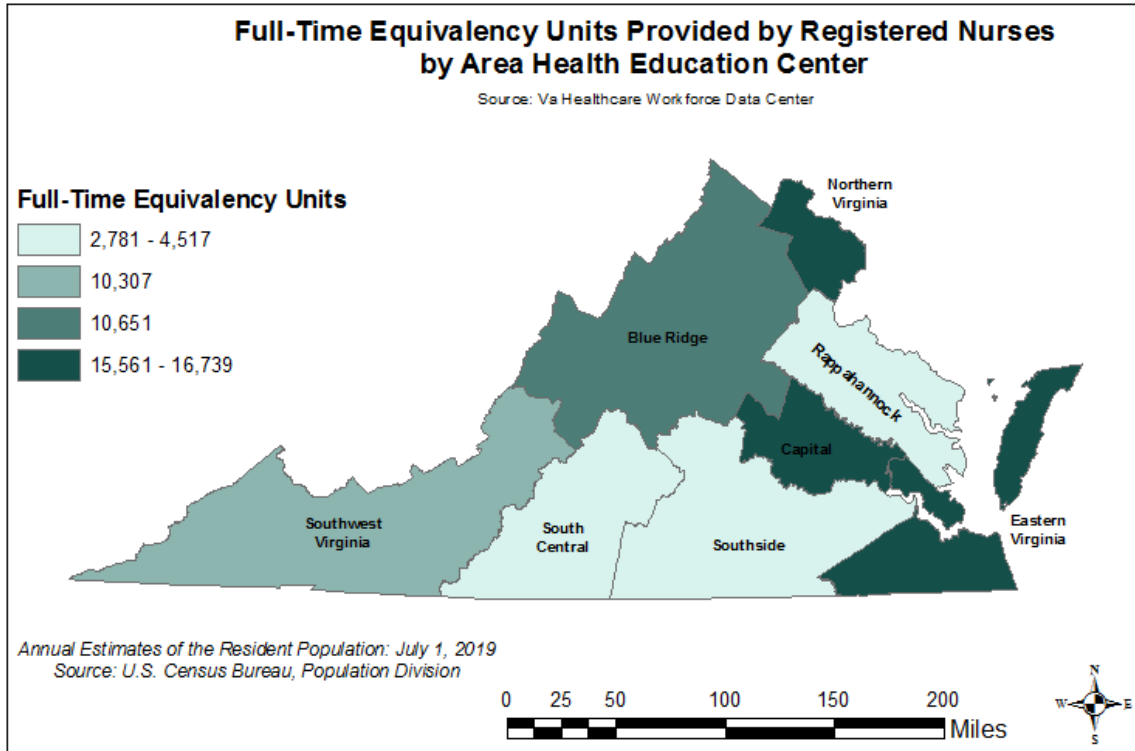


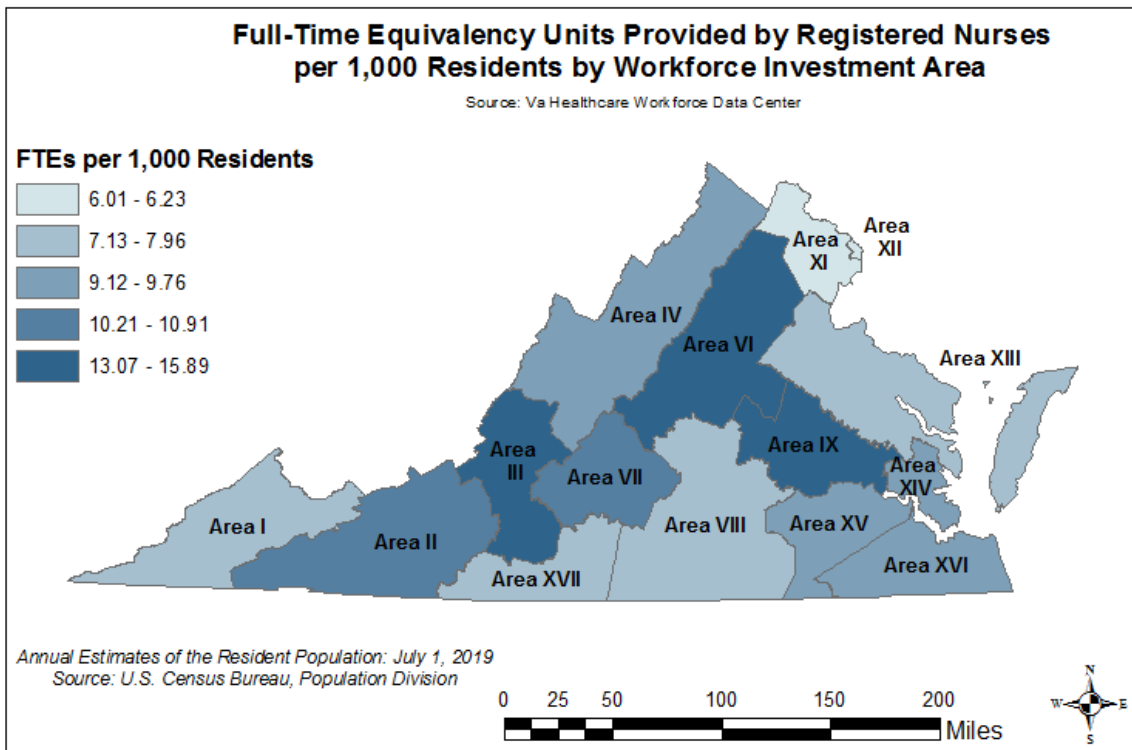
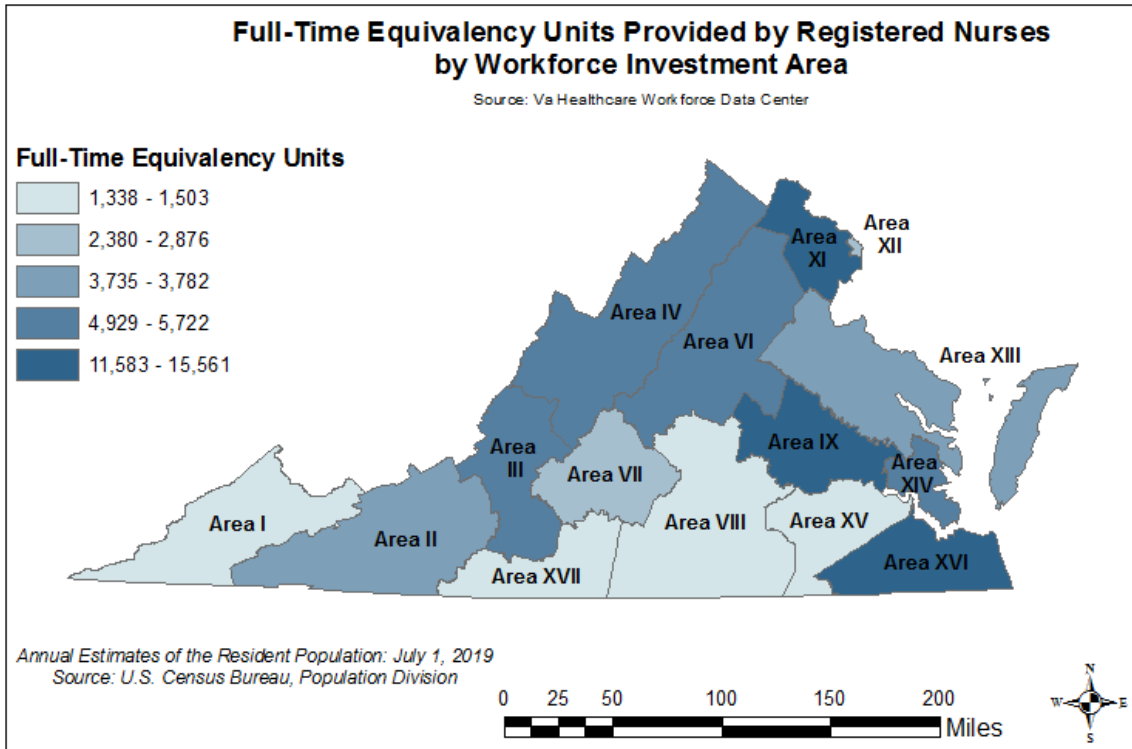
Source: Va. Healthcare Workforce Data Center

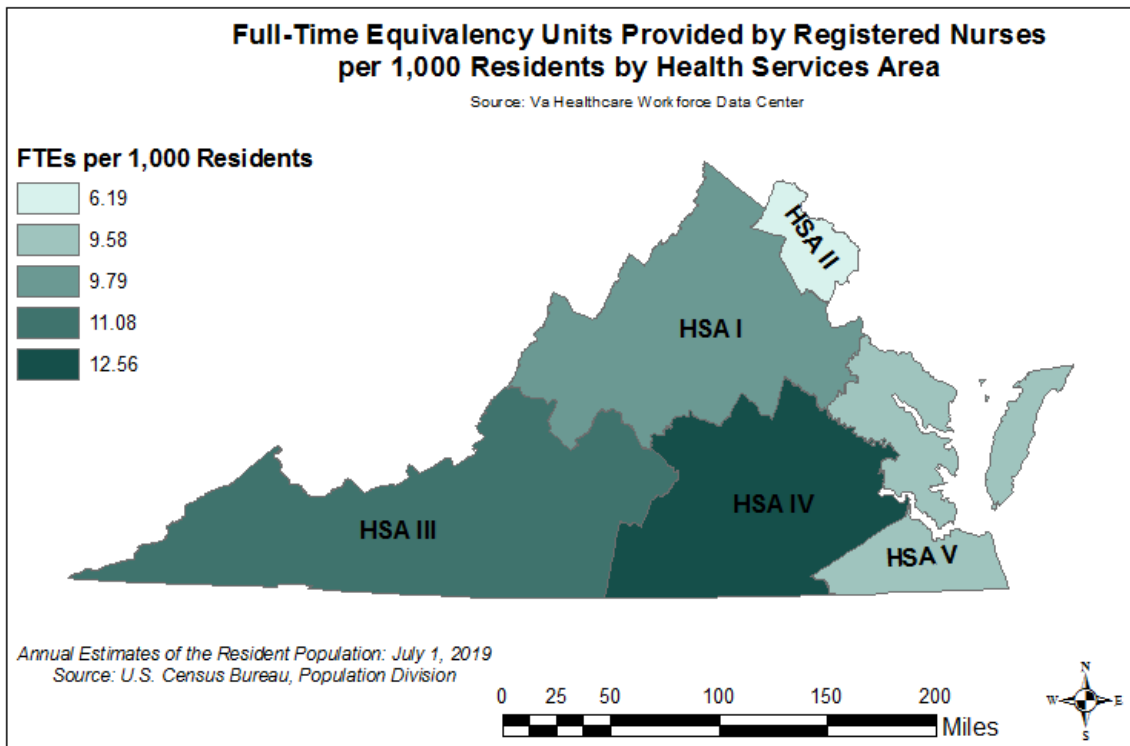
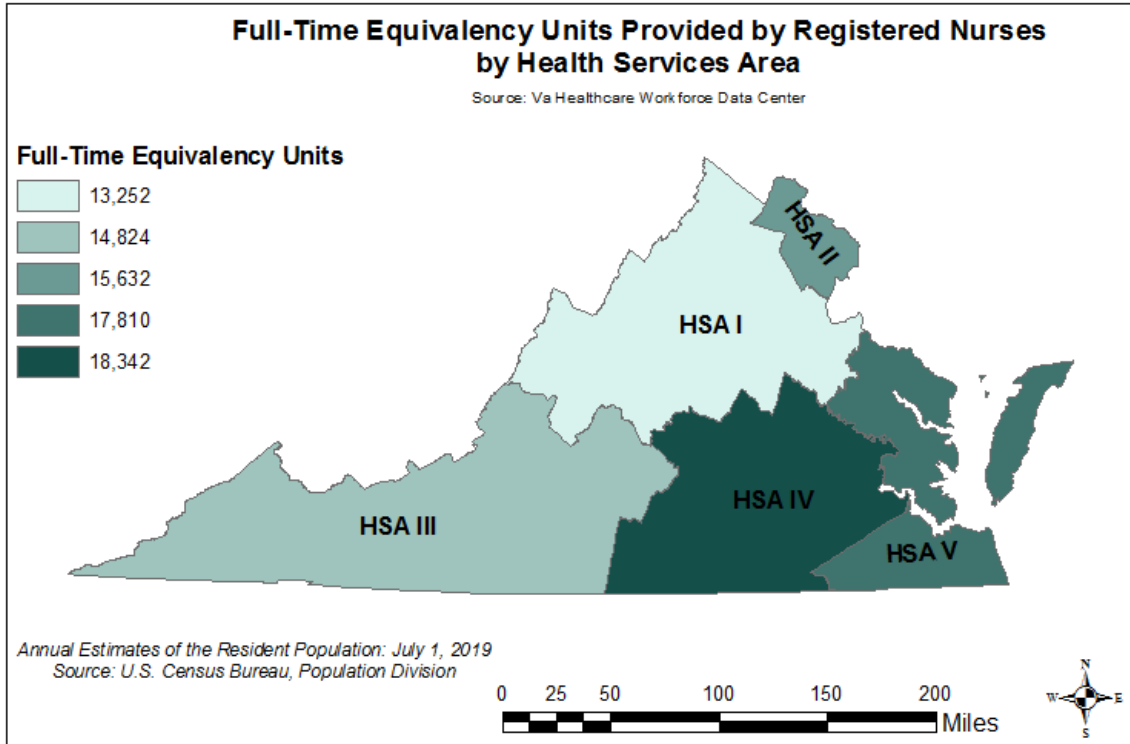
<sup>3</sup> Number of residents in 2019 was used as the denominator.

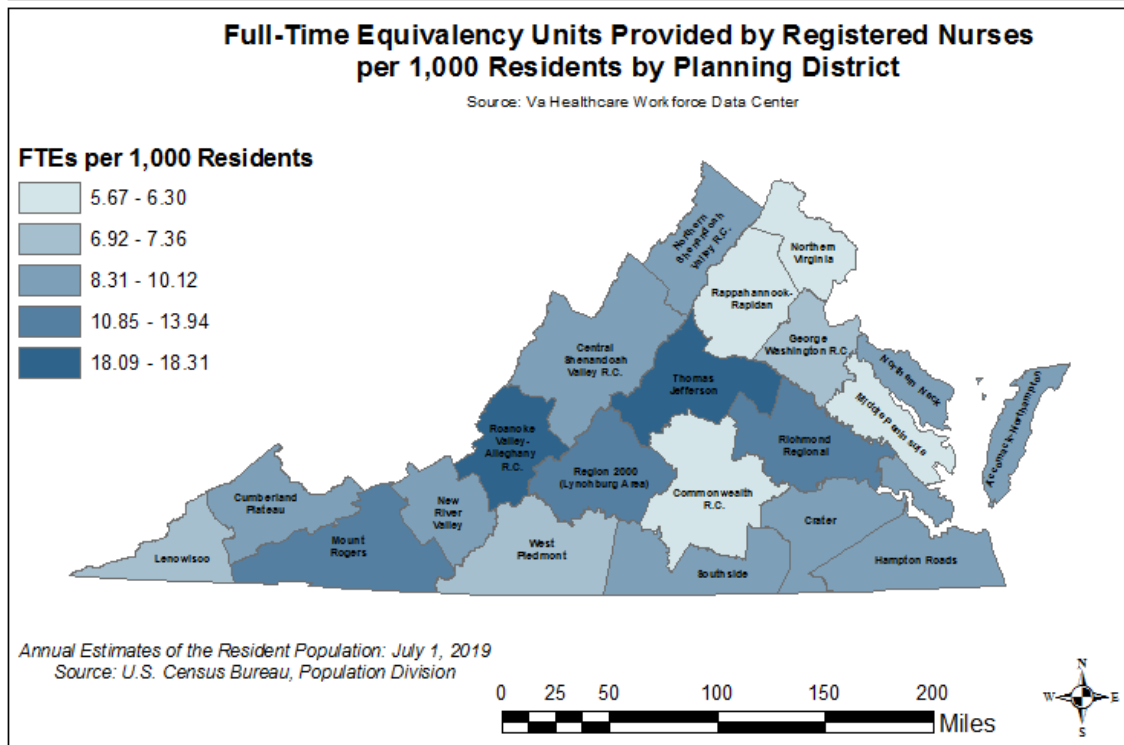
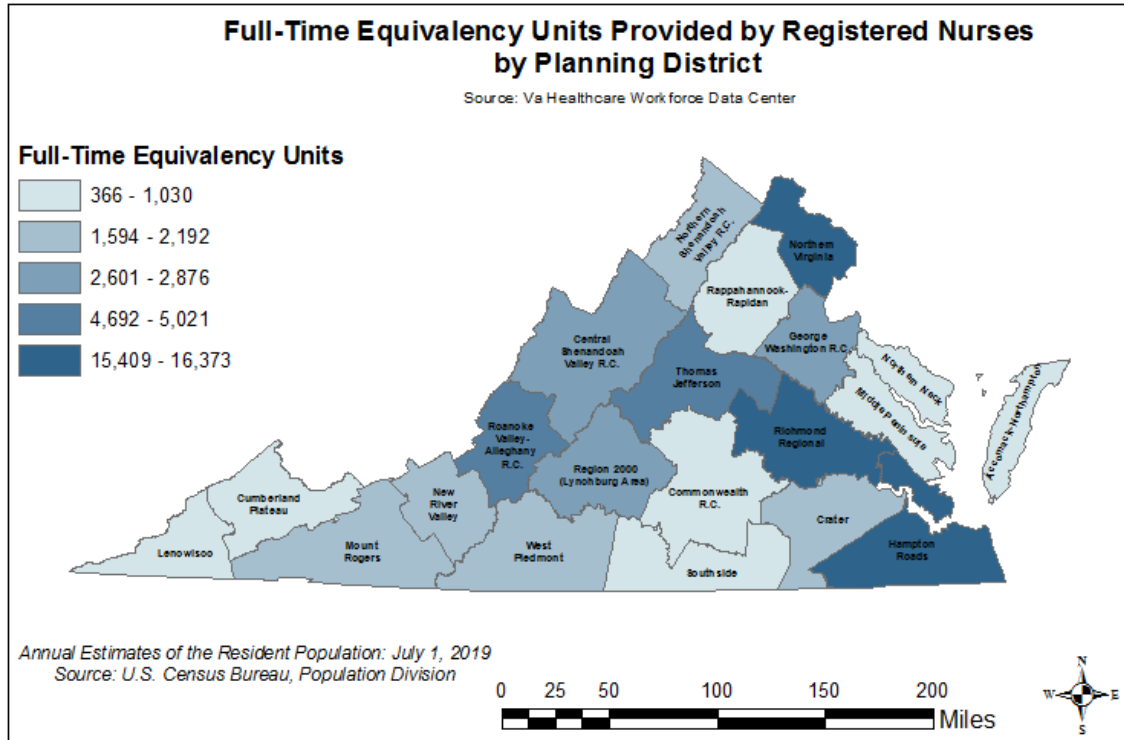
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	65,342	36.15%	2.766	2.162	3.992
<b>Metro, 250,000 to 1 Million</b>	10,192	36.32%	2.753	2.152	3.973
<b>Metro, 250,000 or Less</b>	10,793	36.86%	2.713	2.121	3.915
<b>Urban, Pop. 20,000+, Metro Adj.</b>	1,920	37.60%	2.659	2.079	3.838
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	4,471	35.83%	2.791	2.181	4.028
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	2,926	36.74%	2.722	2.127	3.928
<b>Rural, Metro Adj.</b>	2,608	33.78%	2.960	2.314	4.272
<b>Rural, Non-Adj.</b>	1,204	35.96%	2.781	2.173	4.013
<b>Virginia Border State/D.C.</b>	2,917	23.93%	4.179	3.266	6.031
<b>Other U.S. State</b>	10,574	23.21%	4.309	3.368	6.218

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	13,289	24.03%	4.162	3.838	6.218
<b>30 to 34</b>	13,744	39.13%	2.556	2.357	3.818
<b>35 to 39</b>	13,479	29.80%	3.355	3.094	5.013
<b>40 to 44</b>	11,386	42.23%	2.368	2.184	3.538
<b>45 to 49</b>	11,772	30.99%	3.227	2.976	4.821
<b>50 to 54</b>	11,070	44.36%	2.254	2.079	3.368
<b>55 to 59</b>	11,718	32.29%	3.097	2.855	4.627
<b>60 and Over</b>	26,494	35.58%	2.810	2.592	4.199

Source: Va. Healthcare Workforce Data Center

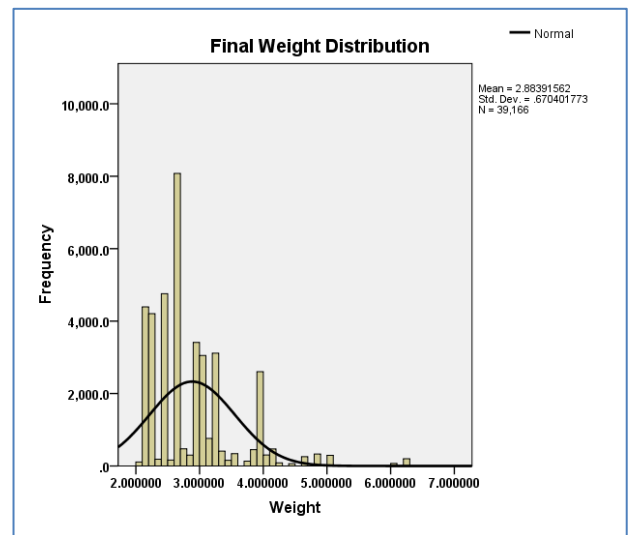
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate =  
Final Weight.

**Overall Response Rate: 0.346749**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Licensed Practical Nurse Workforce: 2020*

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Healthcare Workforce Data Center

October 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>



*Nearly 10,000 Licensed Practical Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## The Licensed Practical Nurse Workforce At a Glance:

### The Workforce

Licensees:	29,112
Virginia's Workforce:	26,431
FTEs:	23,490

### Background

Rural Childhood:	49%
HS Degree in VA:	72%
Prof. Degree in VA:	86%

### Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	69%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	33%
Renewing Practitioners:	79%

### Education

LPN Diploma/Cert.:	96%
Associate:	4%

### Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	56%

### Demographics

Female:	95%
Diversity Index:	55%
Median Age:	46

### Finances

Median Income:	\$40k-\$50k
Health Insurance:	61%
Under 40 w/ Ed. Debt:	60%

### Time Allocation

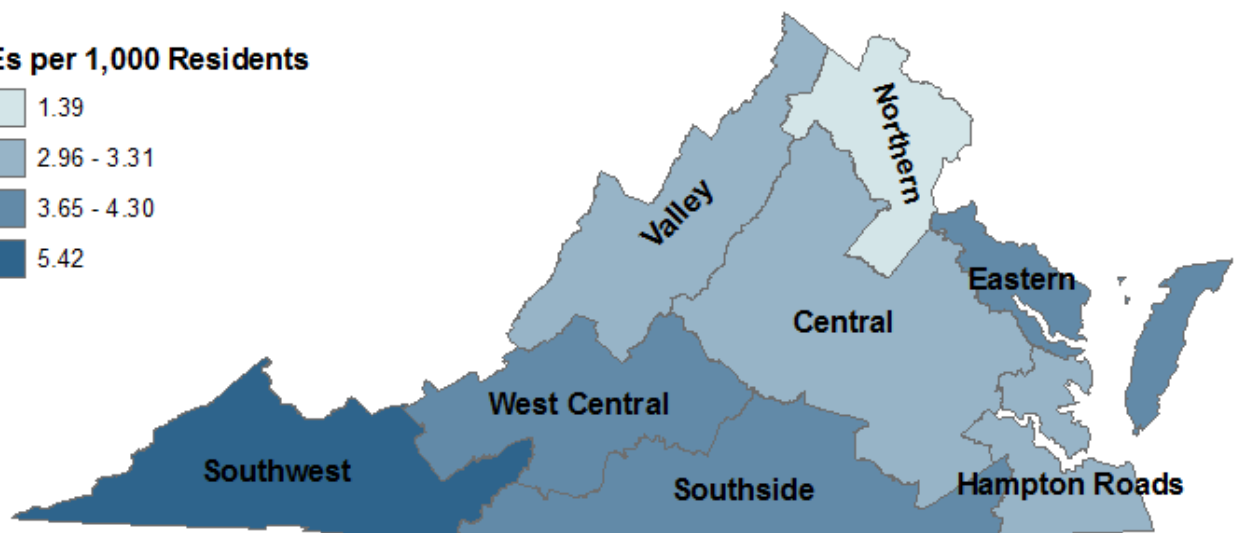
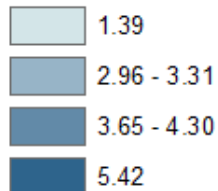
Patient Care:	80%-89%
Patient Care Role:	68%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

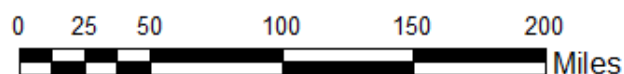
## Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2020 Licensed Practical Nurse (LPN) Survey. Nearly 10,000 LPNs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of LPNs have access to the survey in a given year. These survey respondents represent 33% of the 29,112 LPNs who are licensed in the state and 79% of renewing practitioners.

The HWDC estimates that 26,431 LPNs participated in Virginia's workforce during the survey period, which is defined as those LPNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 23,490 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than 90% of all LPNs are female, and the median age of the LPN workforce is 46. In a random encounter between two LPNs, there is a 55% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's LPN workforce nearly as diverse as the state's overall population, which has a diversity index of 57%. Nearly half of all LPNs grew up in rural areas, and 32% of these professionals currently work in non-metro areas of the state. Overall, 19% of Virginia's LPNs work in non-metro areas of the state.

Nearly 90% of all LPNs are currently employed in the profession, 69% hold one full-time job, and 54% work between 40 and 49 hours per week. On the other hand, 3% of LPNs have experienced involuntary unemployment at some point over the past year, while 4% have experienced underemployment during the same period. More than 80% of all LPNs work in the private sector, including 61% who work in the for-profit sector. With respect to establishment types, more than one-quarter of all LPNs work in long-term care facilities or nursing homes, while 13% work in primary care or non-specialty clinics. The median annual income for Virginia's LPN workforce is between \$40,000 and \$50,000. In addition, 78% of all LPNs receive at least one employer-sponsored benefit, including 61% who have access to health insurance. More than 90% of all LPNs indicate that they are satisfied with their current employment situation, including 64% who indicate that they are "very satisfied".

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2015 LPN workforce. The number of licensed LPNs in Virginia has increased by 6% (29,112 vs. 27,550). In addition, the size of Virginia's LPN workforce has increased by 13% (26,431 vs. 23,493), and the number of FTEs provided by this workforce has grown by 2% (23,490 vs. 23,138). Virginia's renewing LPNs are more likely to respond to this survey (79% vs. 73%).

While there has been no change in the percentage of LPNs who are female (95%), the median age of this workforce has increased slightly (46 vs. 45). The state's LPN workforce has become more diverse (55% vs. 53%), although there has been no change in the diversity index of LPNs who are under the age of 40 (58%). At the same time, there has also been no change in the percentage of LPNs who grew up in rural areas (49%). However, this group of LPNs is slightly more likely to work in non-metro areas of the state (32% vs. 31%).

Virginia's LPNs are more likely to be employed in the profession (89% vs. 86%), hold one full-time job (69% vs. 67%), and work between 40 and 49 hours per week (54% vs. 53%). Although the rate of involuntary unemployment remained steady (3%), the rate of underemployment has fallen considerably (4% vs. 8%). Most LPNs continue to work in the for-profit sector (61% vs. 63%), but the percentage of LPNs who work in the non-profit sector has increased (22% vs. 19%).

LPNs are more likely to carry education debt (43% vs. 40%). However, the median debt amount among these professionals has not changed (\$20k-\$30k). The median annual income of Virginia's LPNs has increased (\$40k-\$50k vs. \$30k-\$40k). In addition, LPNs are more likely to receive at least one employer-sponsored benefit (78% vs. 76%), including those who have access to health insurance (61% vs. 56%). More LPNs indicate that they are satisfied with their current work situation (95% vs. 93%), including those who indicate that they are "very satisfied" (64% vs. 62%).

**A Closer Look:**

Licensees		
License Status	#	%
Renewing Practitioners	12,522	43%
New Licensees	1,082	4%
Non-Renewals	1,864	6%
Renewal Date Not in Survey Period	13,644	47%
<b>All Licensees</b>	<b>29,112</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly 80% of renewing LPNs submitted a survey. This represents one-third of all LPNs who held a license at some point during the survey period.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	2,314	733	24%
30 to 34	2,097	1,257	38%
35 to 39	2,559	979	28%
40 to 44	2,070	1,466	42%
45 to 49	2,318	1,011	30%
50 to 54	1,852	1,341	42%
55 to 59	2,185	991	31%
60 and Over	3,975	1,964	33%
<b>Total</b>	<b>19,370</b>	<b>9,742</b>	<b>34%</b>
<b>New Licenses</b>			
Issued in Past Year	1,082	0	0%
<b>Metro Status</b>			
Non-Metro	4,085	2,199	35%
Metro	14,126	7,132	34%
Not in Virginia	1,159	410	26%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2019 and September 2020 on the birth month of each renewing practitioner.
- 2. Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	9,742
Response Rate, All Licensees	33%
Response Rate, Renewals	79%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licenses Practical Nurses**  
 Number: 29,112  
 New: 4%  
 Not Renewed: 6%

**Response Rates**  
 All Licensees: 33%  
 Renewing Practitioners: 79%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's LPN Workforce: 26,431  
 FTEs: 23,490

### Utilization Ratios

Licensees in VA Workforce: 91%  
 Licensees per FTE: 1.24  
 Workers per FTE: 1.13

Source: Va. Healthcare Workforce Data Center

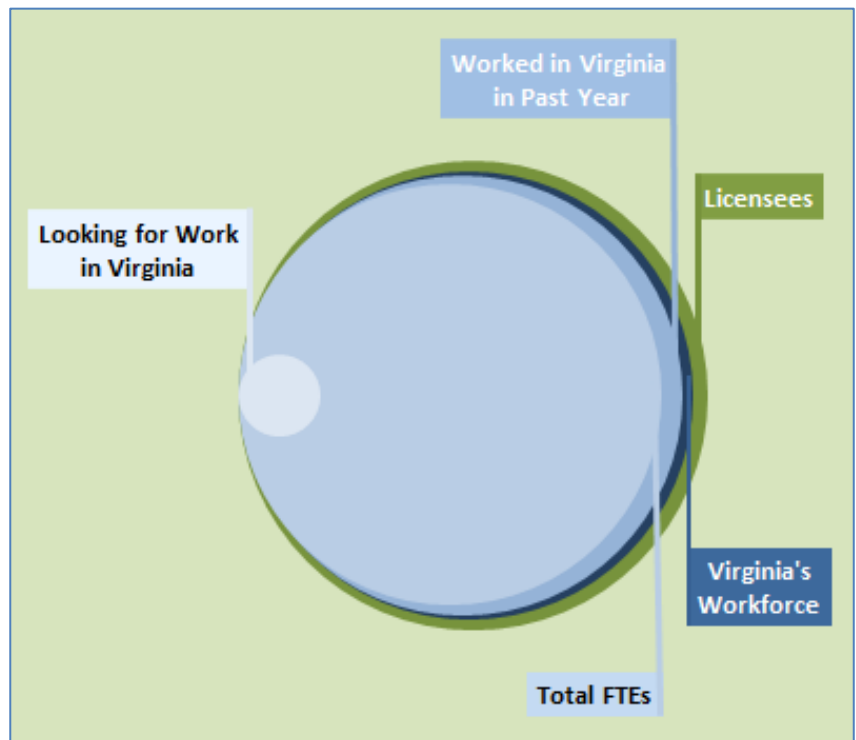
Virginia's LPN Workforce		
Status	#	%
Worked in Virginia in Past Year	25,553	97%
Looking for Work in Virginia	879	3%
Virginia's Workforce	26,431	100%
Total FTEs	23,490	
Licensees	29,112	

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	132	5%	2,531	95%	2,663	12%
30 to 34	151	5%	2,634	95%	2,784	12%
35 to 39	114	4%	2,737	96%	2,851	13%
40 to 44	128	4%	2,810	96%	2,938	13%
45 to 49	172	7%	2,472	94%	2,644	12%
50 to 54	134	6%	2,315	95%	2,448	11%
55 to 59	143	6%	2,207	94%	2,350	10%
60 and Over	143	4%	3,765	96%	3,909	17%
<b>Total</b>	<b>1,117</b>	<b>5%</b>	<b>21,470</b>	<b>95%</b>	<b>22,587</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 95%  
 % Under 40 Female: 95%

**Age**

Median Age: 46  
 % Under 40: 37%  
 % 55 and Over: 28%

**Diversity**

Diversity Index: 55%  
 Under 40 Div. Index: 58%

Source: Va. Healthcare Workforce Data Center

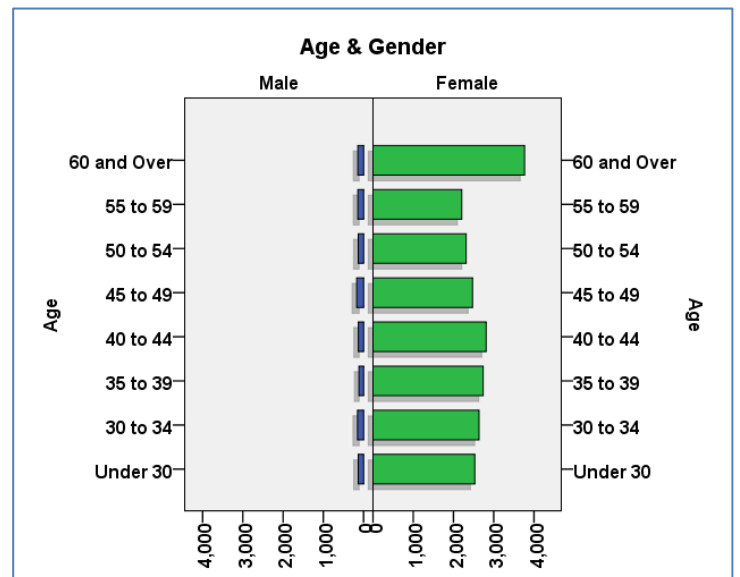
Race & Ethnicity					
Race/Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	61%	13,731	60%	4,852	58%
Black	19%	6,910	30%	2,301	27%
Hispanic	10%	923	4%	604	7%
Asian	7%	516	2%	207	2%
Two or More Races	3%	605	3%	335	4%
Other Race	0%	258	1%	106	1%
<b>Total</b>	<b>100%</b>	<b>22,943</b>	<b>100%</b>	<b>8,405</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 55% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 57% chance for Virginia's population as a whole.

More than one-third of all LPNs are under the age of 40. More than 90% of these LPNs are female, and the diversity index among these professionals is 58%.



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 20%  
 Rural Childhood: 49%

### Virginia Background

HS in Virginia: 72%  
 Prof. Edu. in VA: 86%  
 HS or Prof. Edu. in VA: 89%

### Location Choice

% Rural to Non-Metro: 32%  
 % Urban/Suburban to Non-Metro: 6%

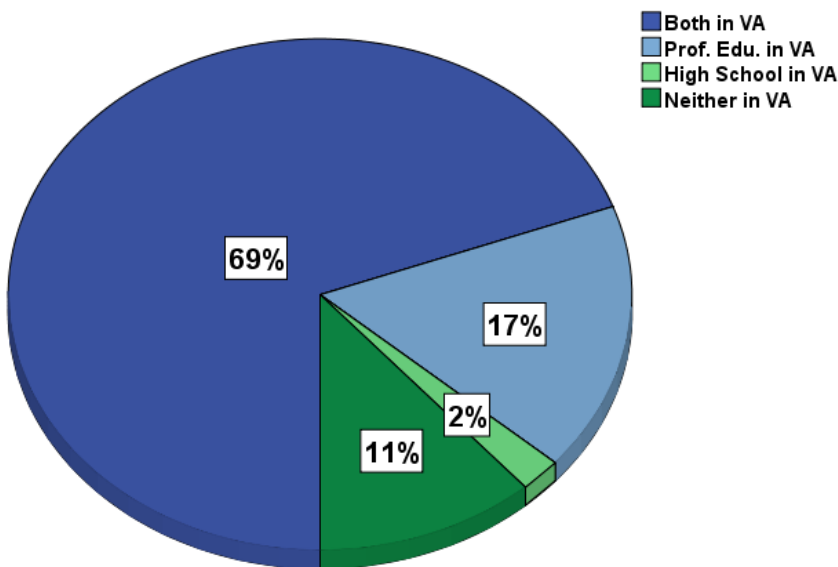
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	30%	42%	29%
2	Metro, 250,000 to 1 Million	66%	22%	12%
3	Metro, 250,000 or Less	73%	18%	9%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	75%	15%	11%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	79%	15%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	4%	3%
8	Rural, Metro Adjacent	86%	10%	4%
9	Rural, Non-Adjacent	74%	20%	7%
<b>Overall</b>		<b>49%</b>	<b>31%</b>	<b>20%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all LPNs grew up in self-described rural areas, and 32% of these professionals currently work in non-metro counties. Overall, 19% of LPNs currently work in non-metro counties.

## Top Ten States for Licensed Practical Nurse Recruitment

Rank	All LPNs			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,276	Virginia	19,622
2	Outside U.S./Canada	1,643	New York	391
3	New York	797	West Virginia	285
4	Pennsylvania	418	Pennsylvania	239
5	West Virginia	400	New Jersey	194
6	North Carolina	331	Florida	182
7	New Jersey	331	Texas	174
8	Florida	274	North Carolina	159
9	Maryland	253	California	148
10	Ohio	211	Washington, D.C.	144

Source: Va. Healthcare Workforce Data Center

*More than 70% of LPNs received their high school degree in Virginia, and 86% obtained their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,931	Virginia	3,440
2	Outside U.S./Canada	304	New York	98
3	New York	166	West Virginia	83
4	New Jersey	77	California	73
5	California	68	Pennsylvania	56
6	West Virginia	60	New Jersey	52
7	Pennsylvania	60	Florida	44
8	Florida	57	Texas	37
9	North Carolina	49	Tennessee	36
10	Maryland	39	Ohio	32

Source: Va. Healthcare Workforce Data Center

*Among LPNs who have obtained their license in the past five years, 70% received their high school degree in Virginia, while 83% obtained their initial professional degree in the state.*

*Among all licensees, 9% did not participate in Virginia's LPN workforce during the past year. More than 60% of these licensees worked at some point in the past year, including 54% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	2,678
% of Licensees:	9%
Federal/Military:	7%
VA Border State/D.C.:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	21,642	96%
Hospital RN Diploma	14	0%
Associate Degree	869	4%
Baccalaureate Degree	83	0%
Master's Degree	10	0%
Doctorate Degree	0	0%
<b>Total</b>	<b>22,618</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Nearly all LPNs hold a LPN/LVN diploma or certificate as their highest professional degree. More than 40% of LPNs carry education debt, including 60% of those LPNs who are under the age of 40. The median debt burden among those LPNs with education debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	3,270	15%
No	19,275	85%
<b>Total</b>	<b>22,545</b>	<b>100%</b>
Degree Pursued	#	%
Associate	2,053	66%
Baccalaureate	936	30%
Master's	124	4%
Doctorate	19	1%
<b>Total</b>	<b>3,133</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 LPN Diploma/Cert.: 96%  
 Associate: 4%

**Education Debt**  
 Carry Debt: 43%  
 Under Age 40 w/ Debt: 60%  
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LPNs		LPNs Under 40	
	#	%	#	%
None	11,008	57%	2,905	40%
Less than \$10,000	1,748	9%	860	12%
\$10,000-\$19,999	1,558	8%	843	12%
\$20,000-\$29,999	1,624	8%	869	12%
\$30,000-\$39,999	1,153	6%	670	9%
\$40,000-\$49,999	751	4%	391	5%
\$50,000-\$59,999	563	3%	298	4%
\$60,000-\$69,999	342	2%	174	2%
\$70,000-\$79,999	231	1%	110	2%
\$80,000-\$89,999	179	1%	81	1%
\$90,000-\$99,999	61	0%	20	0%
\$100,000-\$109,999	70	0%	22	0%
\$110,000-\$119,999	39	0%	19	0%
\$120,000 or More	83	0%	17	0%
<b>Total</b>	<b>19,410</b>	<b>100%</b>	<b>7,279</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Primary Specialty

LTC/Assisted Living:	14%
Geriatrics/Gerontology:	13%
Pediatrics:	8%

### Secondary Specialty

LTC/Assisted Living:	14%
Geriatrics/Gerontology:	11%
Pediatrics:	5%

### Licenses

Registered Nurse:	1%
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Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Specialty	Primary		Secondary	
	#	%	#	%
<b>Long-Term Care/Assisted Living/Nursing Home</b>	3,157	14%	2,410	14%
<b>Geriatrics/Gerontology</b>	2,795	13%	1,899	11%
<b>Pediatrics</b>	1,663	8%	971	5%
<b>Family Health</b>	1,353	6%	688	4%
<b>Psychiatric/Mental Health</b>	633	3%	449	3%
<b>Adult Health</b>	456	2%	481	3%
<b>Acute/Critical Care/Emergency/Trauma</b>	439	2%	493	3%
<b>Surgery/OR/Pre-, Peri- or Post-Operative</b>	343	2%	235	1%
<b>Rehabilitation</b>	320	1%	524	3%
<b>Cardiology</b>	316	1%	188	1%
<b>Community Health/Public Health</b>	285	1%	301	2%
<b>Women's Health/Gynecology</b>	267	1%	227	1%
<b>Administration/Management</b>	240	1%	464	3%
<b>Orthopedics</b>	215	1%	122	1%
<b>General Nursing/No Specialty</b>	6,002	27%	5,367	30%
<b>Medical Specialties (Not Listed)</b>	285	1%	226	1%
<b>Other Specialty Area</b>	3,242	15%	2,647	15%
<b>Total</b>	<b>22,012</b>	<b>100%</b>	<b>17,692</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Other Licenses

License	#	% of Workforce
<b>Registered Nurse</b>	334	1%
<b>Certified Massage Therapist</b>	32	0%
<b>Licensed Nurse Practitioner</b>	17	0%
<b>Respiratory Therapist</b>	12	0%
<b>Clinical Nurse Specialist</b>	3	0%

Source: Va. Healthcare Workforce Data Center

*More than one-quarter of all LPNs have a primary specialty in either long-term care/assisted living/nursing homes or geriatrics/gerontology.*

**A Closer Look:**

Military Service		
Service?	#	%
<b>Yes</b>	1,159	5%
<b>No</b>	20,589	95%
<b>Total</b>	<b>21,747</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
<b>Army</b>	573	54%
<b>Navy/Marine</b>	375	35%
<b>Air Force</b>	109	10%
<b>Other</b>	14	1%
<b>Total</b>	<b>1,071</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Military Service

% Who Served: 5%

Branch of Service

Army: 54%  
Navy/Marines: 35%  
Air Force: 10%

Occupation

Army Health Care Spec.: 18%  
Navy Basic Med. Tech.: 9%  
Air Force Basic Med. Tech.: 1%

Source: Va. Healthcare Workforce Data Center

*In total, 5% of Virginia's LPN workforce has served in the military. More than half of these LPNs have served in the Army, including 18% who worked as an Army Health Care Specialist (68W Army Medic).*

Military Occupation		
Occupation	#	%
<b>Army Health Care Specialist (68W Army Medic)</b>	175	18%
<b>Navy Basic Medical Technician (Navy HM0000)</b>	90	9%
<b>Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)</b>	8	1%
<b>Air Force Independent Duty Medical Technician (IDMT 4NOX1C)</b>	2	0%
<b>Other</b>	720	72%
<b>Total</b>	<b>996</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 89%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 69%  
 2 or More Positions: 11%

### Weekly Hours

40 to 49: 54%  
 60 or More: 5%  
 Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	15	< 1%
Employed in a Nursing-Related Capacity	19,956	89%
Employed, NOT in a Nursing-Related Capacity	923	4%
Not Working, Reason Unknown	8	< 1%
Involuntarily Unemployed	194	1%
Voluntarily Unemployed	1,005	5%
Retired	380	2%
<b>Total</b>	<b>22,482</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly 90% of all LPNs are currently employed in the profession, more than two-thirds hold one full-time job, and 54% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	1,587	7%
1 to 9 Hours	358	2%
10 to 19 Hours	637	3%
20 to 29 Hours	1,219	6%
30 to 39 Hours	3,769	17%
40 to 49 Hours	11,750	54%
50 to 59 Hours	1,222	6%
60 to 69 Hours	546	3%
70 to 79 Hours	187	1%
80 or More Hours	457	2%
<b>Total</b>	<b>21,732</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,587	7%
One Part-Time Position	2,772	13%
Two Part-Time Positions	410	2%
One Full-Time Position	15,254	69%
One Full-Time Position & One Part-Time Position	1,796	8%
Two Full-Time Positions	110	0%
More than Two Positions	150	1%
<b>Total</b>	<b>22,079</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	225	1%
Less than \$20,000	925	5%
\$20,000-\$29,999	1,429	8%
\$30,000-\$39,999	3,767	22%
\$40,000-\$49,999	4,972	29%
\$50,000-\$59,999	3,209	19%
\$60,000-\$69,999	1,399	8%
\$70,000-\$79,999	609	4%
\$80,000-\$89,999	233	1%
\$90,000-\$99,999	104	1%
\$100,000 or More	145	1%
<b>Total</b>	<b>17,018</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$40k-\$50k

**Benefits**  
Health Insurance: 61%  
Retirement: 55%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	13,705	64%
Somewhat Satisfied	6,721	31%
Somewhat Dissatisfied	813	4%
Very Dissatisfied	308	1%
<b>Total</b>	<b>21,548</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

The typical LPN earns between \$40,000 and \$50,000 per year. Among LPNs who receive either an hourly wage or salary as compensation at their primary work location, 76% receive at least one employer-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	12,608	63%	62%
Health Insurance	12,229	61%	60%
Dental Insurance	11,852	59%	58%
Retirement	11,020	55%	55%
Group Life Insurance	8,073	40%	40%
Signing/Retention Bonus	1,242	6%	6%
<b>At Least One Benefit</b>	<b>15,614</b>	<b>78%</b>	<b>76%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	3,614	14%
Switch Employers or Practices?	2,027	8%
Experience Voluntary Unemployment?	1,539	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	1,094	4%
Experience Involuntary Unemployment?	731	3%
<b>Experienced at Least One</b>	<b>7,575</b>	<b>29%</b>

Source: Va. Healthcare Workforce Data Center

Only 3% of Virginia’s LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 5.4% during the same time period.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	838	4%	382	8%
Less than 6 Months	1,558	7%	651	14%
6 Months to 1 Year	2,285	11%	672	14%
1 to 2 Years	4,643	22%	989	21%
3 to 5 Years	4,870	23%	969	20%
6 to 10 Years	2,845	14%	517	11%
More than 10 Years	3,958	19%	547	12%
<b>Subtotal</b>	<b>20,997</b>	<b>100%</b>	<b>4,727</b>	<b>100%</b>
Did Not Have Location	1,102		21,423	
Item Missing	4,333		282	
<b>Total</b>	<b>26,431</b>		<b>26,431</b>	

Source: Va. Healthcare Workforce Data Center

More than 80% of LPNs receive an hourly wage at their primary work location, while 14% are salaried employees.

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 3%  
Underemployed: 4%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 25%  
Over 2 Years: 56%  
Over 2 Yrs., 2<sup>nd</sup> Location: 43%

**Employment Type**

Hourly Wage: 83%  
Salary: 14%

Source: Va. Healthcare Workforce Data Center

More than half of LPNs have worked at their primary work location for more than two years.

**Employment Type**

Primary Work Site	#	%
Hourly Wage	12,729	83%
Salary	2,121	14%
By Contract/Per Diem	297	2%
Unpaid	80	1%
Business/Contractor Income	71	0%
<b>Subtotal</b>	<b>15,297</b>	<b>100%</b>
Did Not Have Location	1,102	
Item Missing	10,033	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for September 2020 was still preliminary.



## At a Glance:

### Concentration

Top Region:	24%
Top 3 Regions:	62%
Lowest Region:	2%

### Locations

2 or More (Past Year):	23%
2 or More (Now*):	20%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LPNs work in Hampton Roads, Central Virginia, and Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Hampton Roads	5,027	24%	1,174	25%
Central	4,512	22%	1,014	21%
Northern	3,300	16%	894	19%
West Central	2,519	12%	551	12%
Southwest	1,797	9%	351	7%
Valley	1,469	7%	265	6%
Southside	1,362	7%	302	6%
Eastern	505	2%	90	2%
Virginia Border State/D.C.	50	0%	42	1%
Other U.S. State	50	0%	88	2%
Outside of the U.S.	3	0%	7	0%
<b>Total</b>	<b>20,594</b>	<b>100%</b>	<b>4,778</b>	<b>100%</b>
Item Missing	4,735		230	

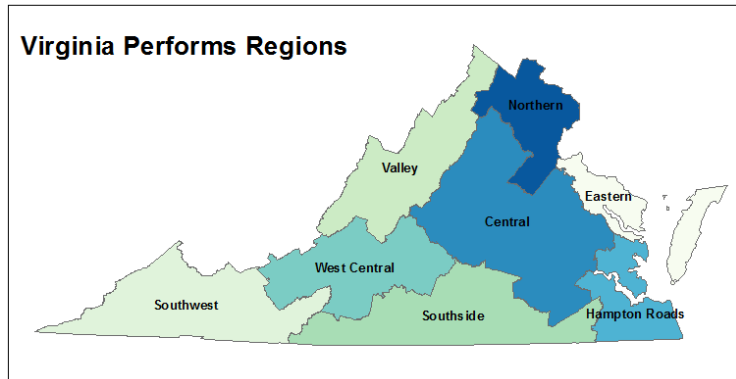
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	879	4%	1,574	7%
1	15,960	73%	15,879	73%
2	2,916	13%	2,765	13%
3	1,673	8%	1,453	7%
4	175	1%	59	0%
5	53	0%	22	0%
6 or More	159	1%	65	0%
<b>Total</b>	<b>21,816</b>	<b>100%</b>	<b>21,816</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2019-Sept. 2020, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



While one out of every five LPNs currently hold two or more positions, 23% have held multiple positions over the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	11,921	61%	2,940	66%
<b>Non-Profit</b>	4,232	22%	796	18%
<b>State/Local Government</b>	2,473	13%	562	13%
<b>Veteran's Administration</b>	398	2%	40	1%
<b>U.S. Military</b>	323	2%	51	1%
<b>Other Federal Government</b>	258	1%	40	1%
<b>Total</b>	<b>19,605</b>	<b>100%</b>	<b>4,429</b>	<b>100%</b>
<b>Did Not Have Location</b>	1,102		21,423	
<b>Item Missing</b>	5,724		578	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

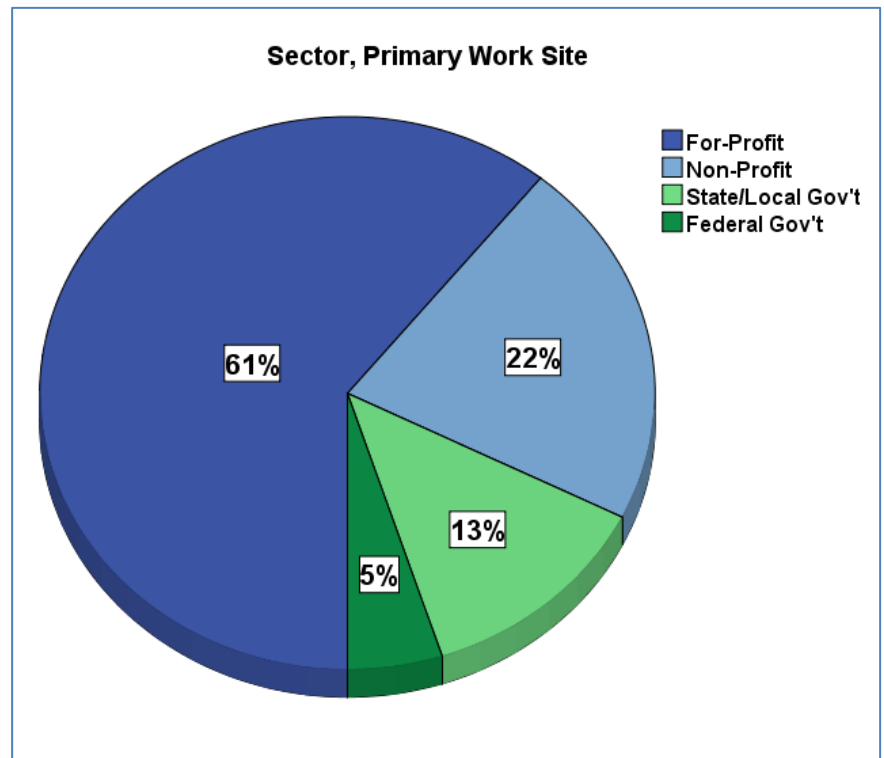
For-Profit:	61%
Federal:	5%

**Top Establishments**

LTC/Nursing Home:	27%
Clinic, Primary Care:	13%
Physician Office:	11%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs work in the private sector, including 61% who work in the for-profit sector.



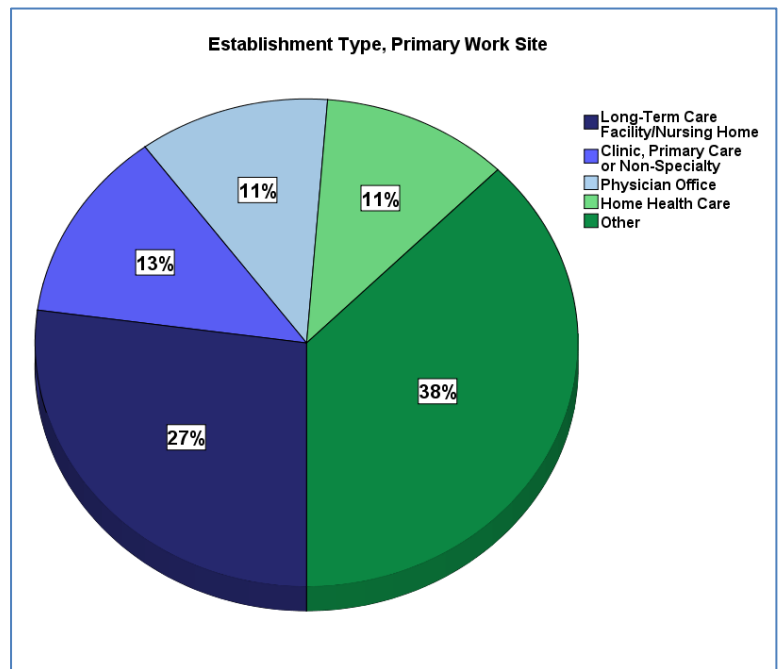
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Long-Term Care Facility/Nursing Home	5,098	27%	1,425	34%
Clinic, Primary Care or Non-Specialty	2,386	13%	340	8%
Physician Office	2,138	11%	243	6%
Home Health Care	2,103	11%	818	19%
Hospital, Inpatient Department	819	4%	122	3%
Corrections/Jail	743	4%	203	5%
Clinic, Non-Surgical Specialty	613	3%	82	2%
Rehabilitation Facility	573	3%	167	4%
School (Providing Care to Students)	489	3%	71	2%
Hospital, Outpatient Department	472	3%	46	1%
Other Practice Setting	3,348	18%	725	17%
<b>Total</b>	<b>18,782</b>	<b>100%</b>	<b>4,242</b>	<b>100%</b>
<b>Did Not Have a Location</b>	1,102		21,423	

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all LPNs in Virginia work in long-term care facilities or nursing homes, while another 13% work in primary care or non-specialty clinics.

Among those LPNs who also have a secondary work location, more than one-third work in long-term care facilities or nursing homes, while 19% work in home health care establishments.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%

### Roles

Patient Care: 68%

Administrative: 7%

Supervisory: 4%

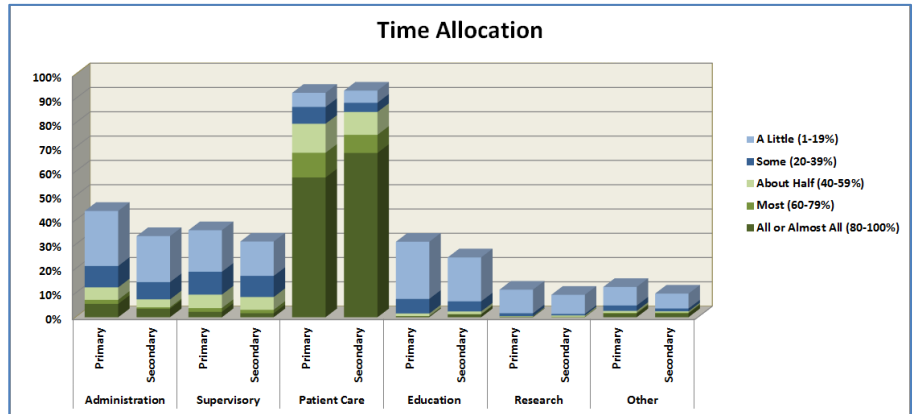
### Patient Care LPNs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



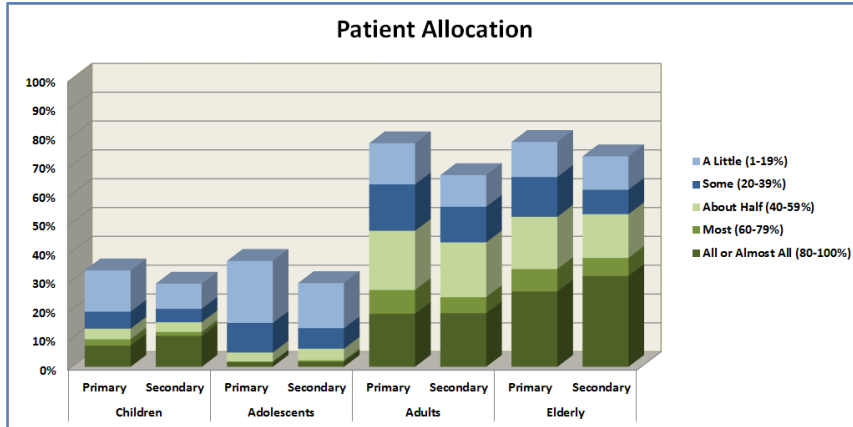
Source: Va. Healthcare Workforce Data Center

*A typical LPN spends most of her time on patient care activities. More than two-thirds of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	5%	3%	2%	2%	58%	68%	0%	1%	0%	0%	1%	2%
<b>Most (60-79%)</b>	2%	1%	2%	1%	10%	7%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	5%	3%	6%	5%	12%	9%	1%	1%	0%	0%	1%	1%
<b>Some (20-39%)</b>	9%	7%	9%	9%	7%	4%	6%	4%	1%	1%	2%	1%
<b>A Little (1-19%)</b>	23%	19%	17%	14%	6%	5%	24%	18%	10%	8%	8%	6%
<b>None (0%)</b>	56%	67%	64%	69%	8%	7%	69%	75%	89%	91%	88%	90%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

*The typical LPN devotes most of her time to treating adults and the elderly. More than one-third of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly.*

**At a Glance:  
(Primary Locations)**

**Typical Patient Allocation**

Children: 0%  
 Adolescents: 0%  
 Adults: 30%-39%  
 Elderly: 40%-49%

**Roles**

Children: 10%  
 Adolescents: 2%  
 Adults: 27%  
 Elderly: 34%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	7%	11%	2%	2%	18%	19%	26%	32%
<b>Most (60-79%)</b>	2%	1%	0%	0%	8%	6%	8%	6%
<b>About Half (40-59%)</b>	4%	3%	3%	4%	21%	19%	18%	15%
<b>Some (20-39%)</b>	6%	5%	10%	7%	16%	12%	14%	8%
<b>A Little (1-19%)</b>	14%	9%	22%	16%	14%	11%	12%	12%
<b>None (0%)</b>	67%	71%	63%	71%	22%	33%	22%	27%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	357	2%	-	-
<b>50 to 54</b>	556	3%	35	1%
<b>55 to 59</b>	1,069	6%	197	3%
<b>60 to 64</b>	4,014	21%	1,395	20%
<b>65 to 69</b>	7,496	40%	3,106	45%
<b>70 to 74</b>	2,807	15%	1,178	17%
<b>75 to 79</b>	691	4%	313	5%
<b>80 or Over</b>	313	2%	117	2%
<b>I Do Not Intend to Retire</b>	1,386	7%	529	8%
<b>Total</b>	<b>18,689</b>	<b>100%</b>	<b>6,870</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All LPNs**

Under 65: 32%  
Under 60: 11%

**LPNs 50 and Over**

Under 65: 24%  
Under 60: 3%

**Time Until Retirement**

Within 2 Years: 6%  
Within 10 Years: 19%  
Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

Nearly one-third of LPNs expect to retire by the age of 65. Among LPNs who are age 50 and over, nearly one-quarter expect to retire by the age of 65.

Within the next two years, 30% of LPNs expect to pursue additional educational opportunities, and 9% expect to increase their patient care hours.

**Future Plans**

Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Patient Care Hours</b>	1,481	6%
<b>Leave Virginia</b>	745	3%
<b>Leave Profession</b>	411	2%
<b>Decrease Teaching Hours</b>	36	0%
<b>Increase Participation</b>		
<b>Pursue Additional Education</b>	7,865	30%
<b>Increase Patient Care Hours</b>	2,368	9%
<b>Increase Teaching Hours</b>	578	2%
<b>Return to the Workforce</b>	408	2%

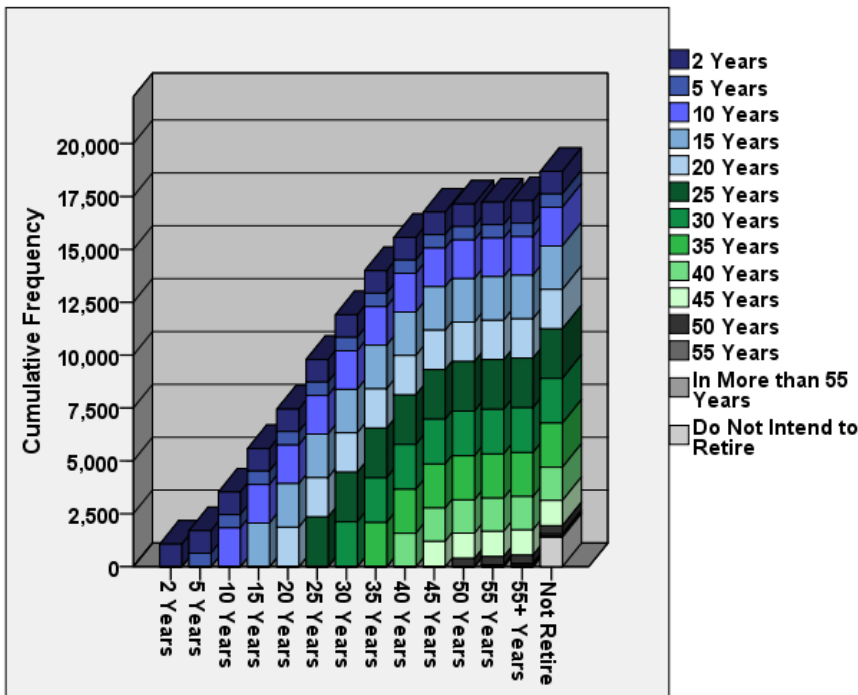
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. While 6% of LPNs expect to retire in the next two years, 19% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	1,064	6%	6%
5 Years	635	3%	9%
10 Years	1,826	10%	19%
15 Years	2,059	11%	30%
20 Years	1,864	10%	40%
25 Years	2,344	13%	52%
30 Years	2,116	11%	64%
35 Years	2,085	11%	75%
40 Years	1,573	8%	83%
45 Years	1,195	6%	90%
50 Years	384	2%	92%
55 Years	89	0%	92%
In More than 55 Years	69	0%	93%
Do Not Intend to Retire	1,386	7%	100%
<b>Total</b>	<b>18,688</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2030. Retirement will peak at 13% of the current workforce around 2045 before declining to under 10% of the current workforce again around 2060.

## At a Glance:

### FTEs

Total: 23,490  
 FTEs/1,000 Residents<sup>2</sup>: 2.75  
 Average: 0.93

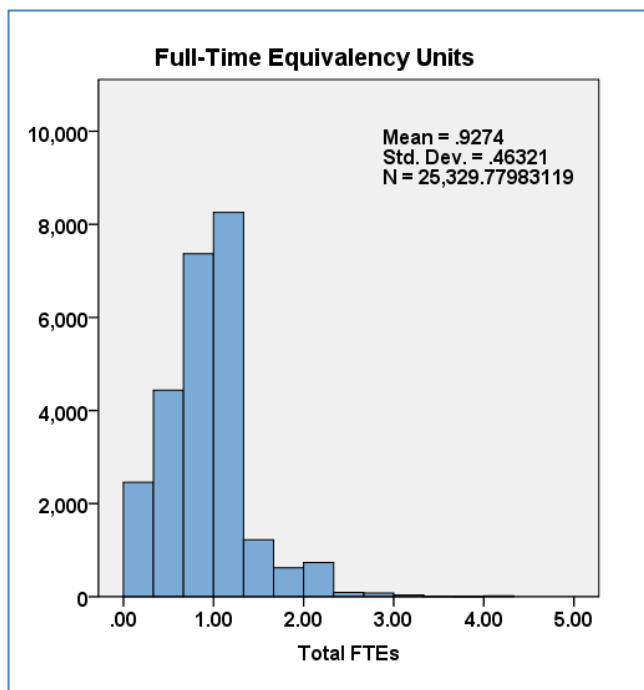
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Negligible  
 Gender, Partial Eta<sup>2</sup>: None

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

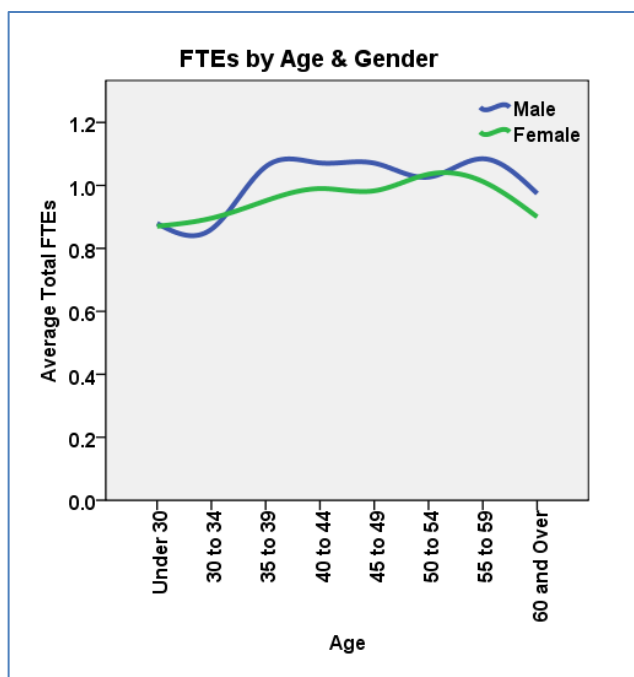


Source: Va. Healthcare Workforce Data Center

*The typical (median) LPN provided 0.95 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.87	0.90
30 to 34	0.87	0.93
35 to 39	0.91	0.93
40 to 44	0.99	0.98
45 to 49	0.98	0.96
50 to 54	1.00	0.99
55 to 59	1.00	0.96
60 and Over	0.85	0.76
Gender		
Male	1.00	1.01
Female	0.95	1.00

Source: Va. Healthcare Workforce Data Center

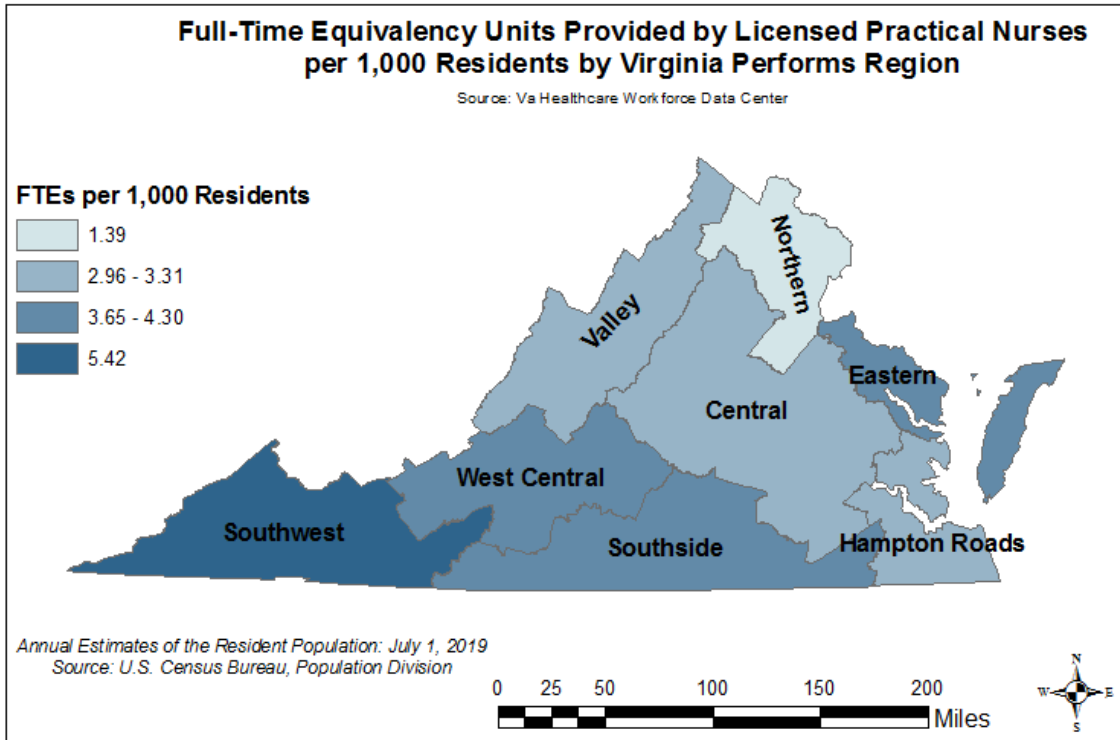
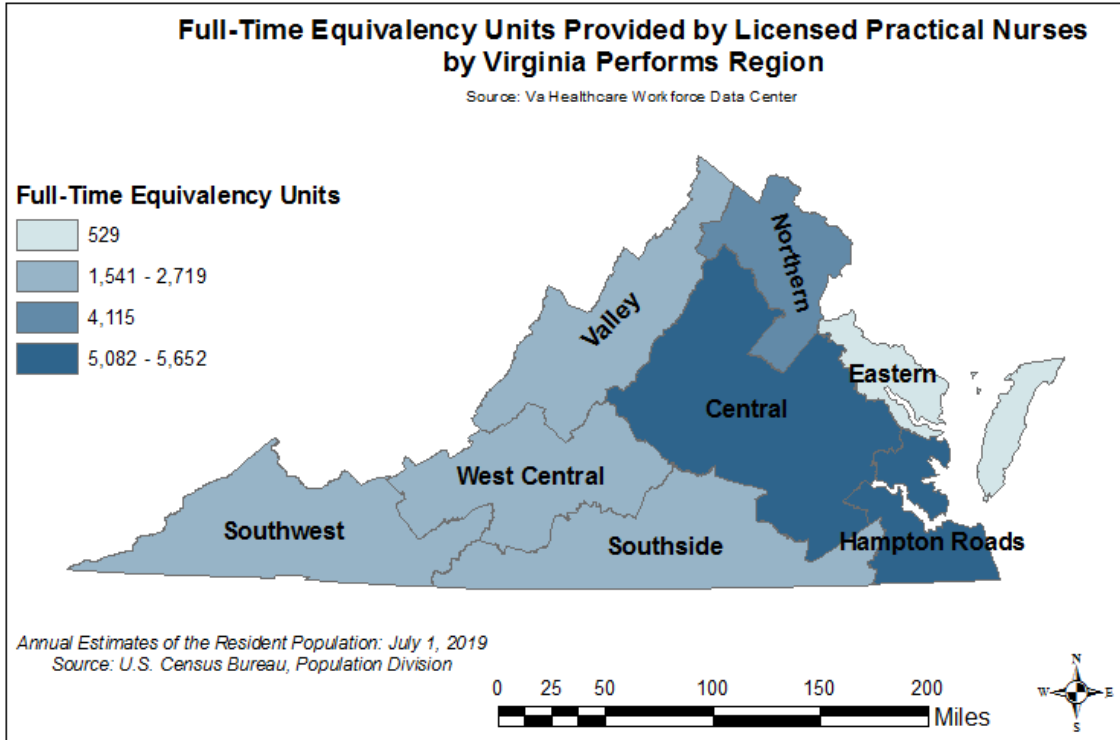


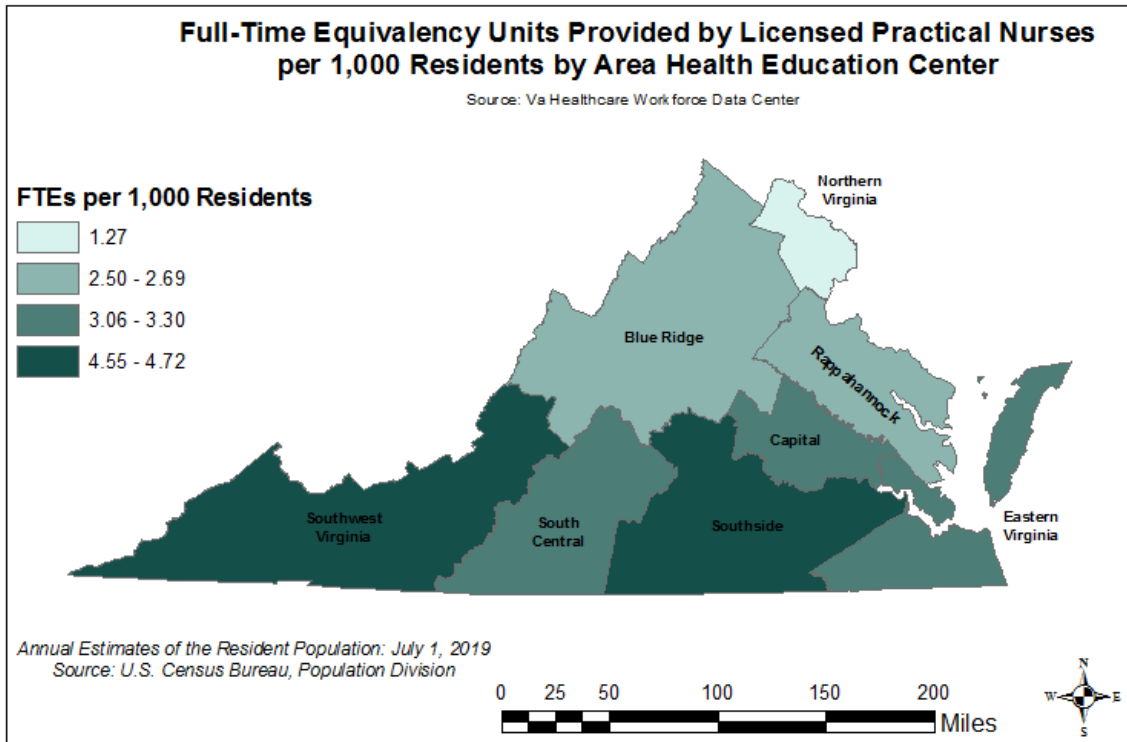
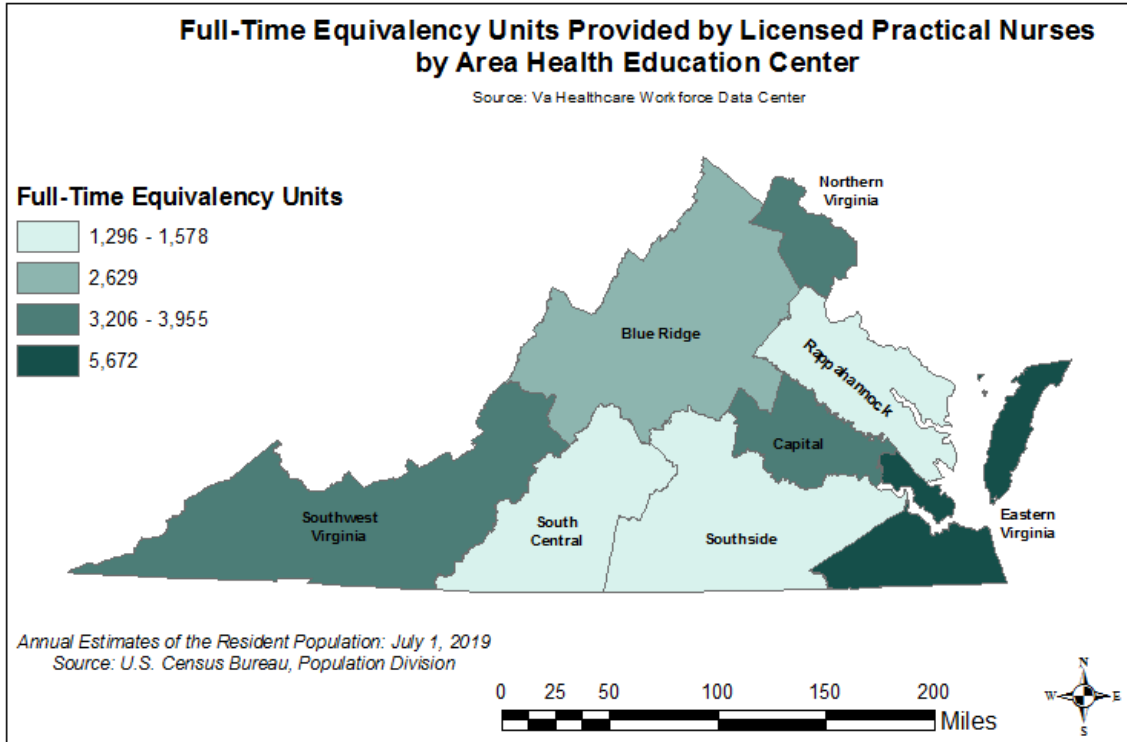
Source: Va. Healthcare Workforce Data Center

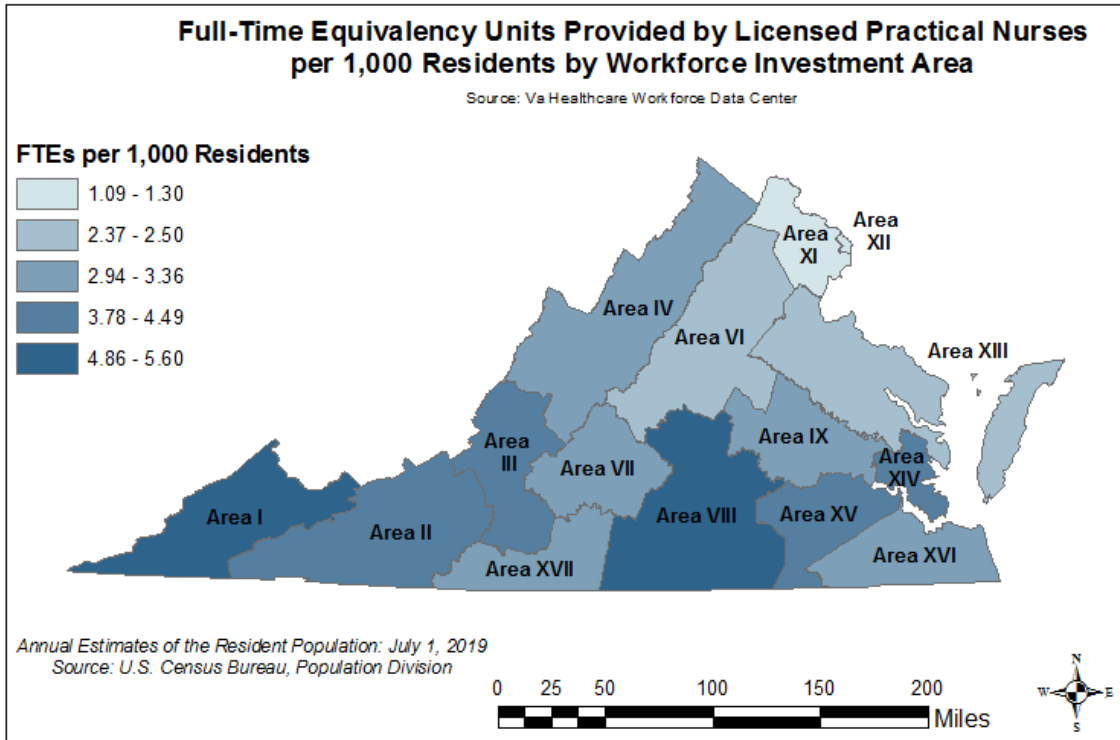
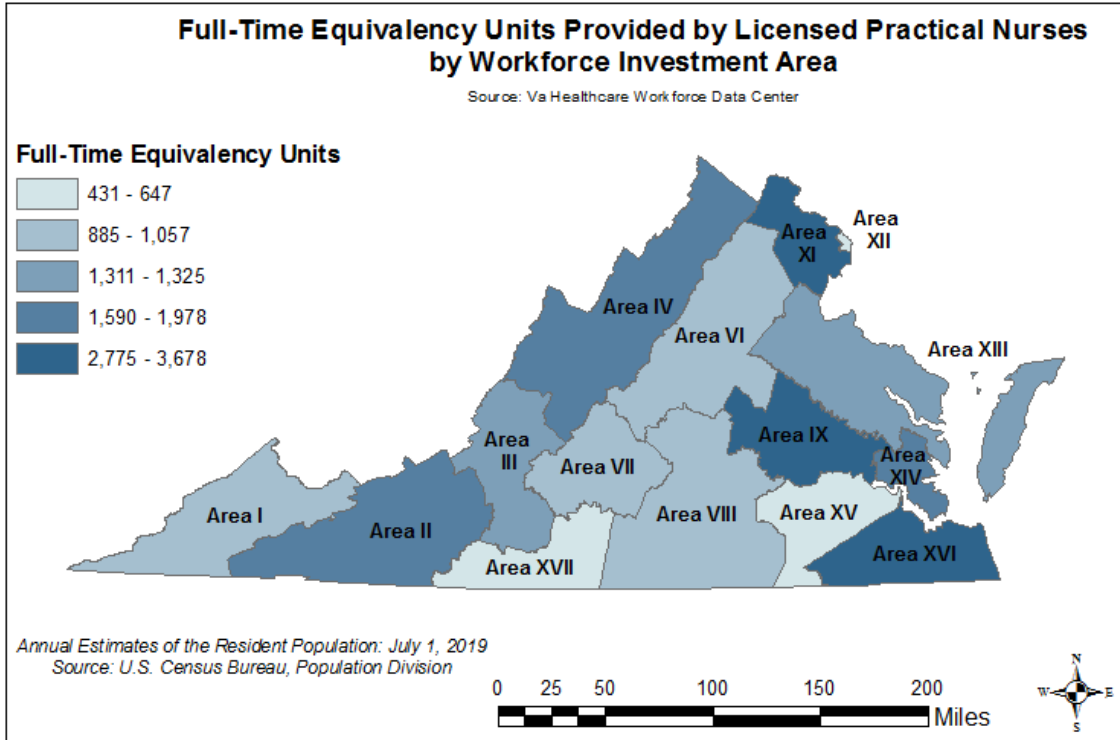
<sup>2</sup> Number of residents in 2019 was used as the denominator.

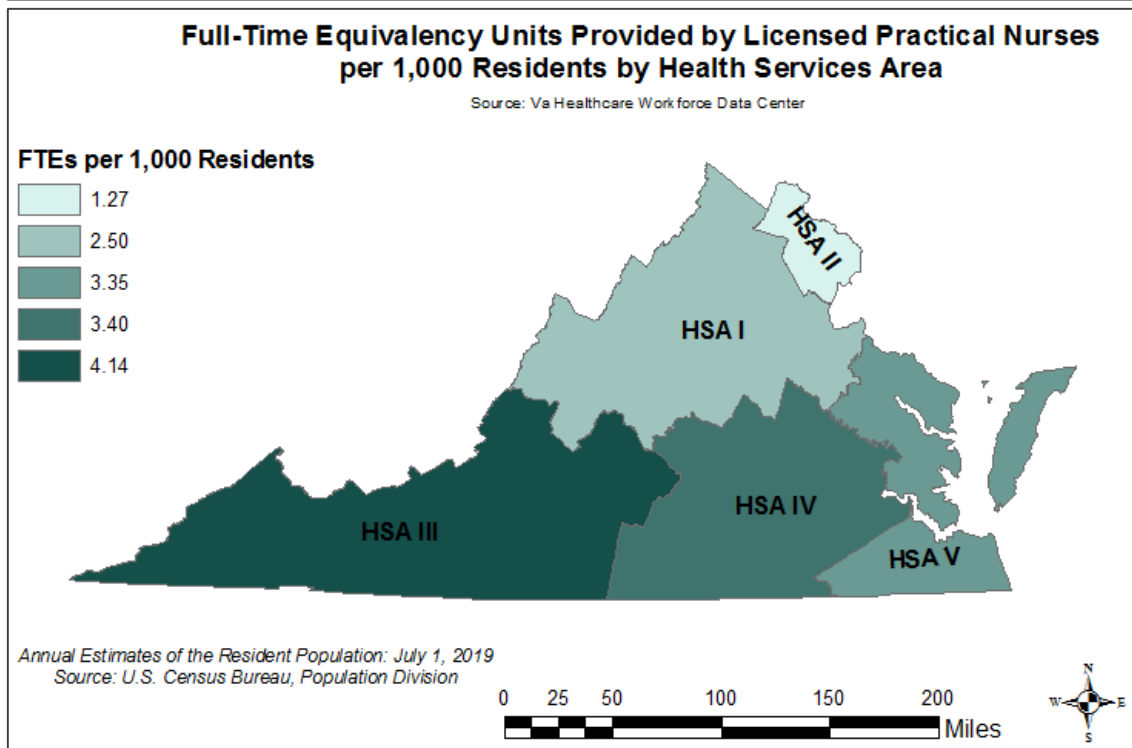
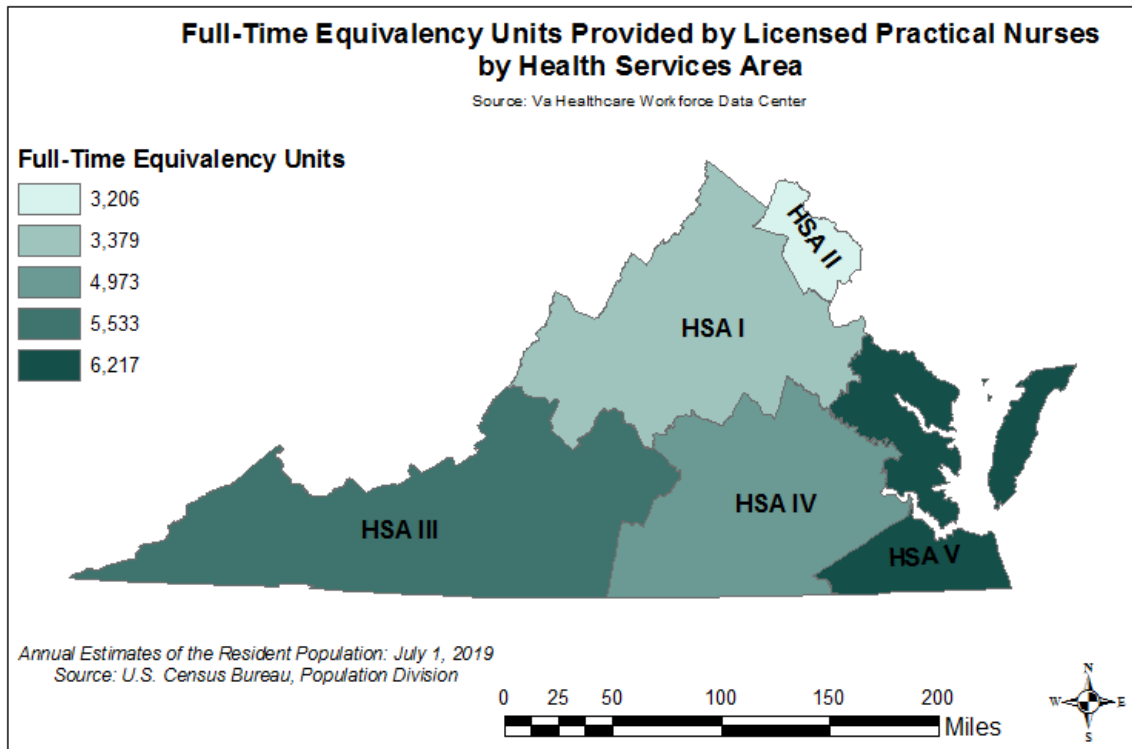
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant).

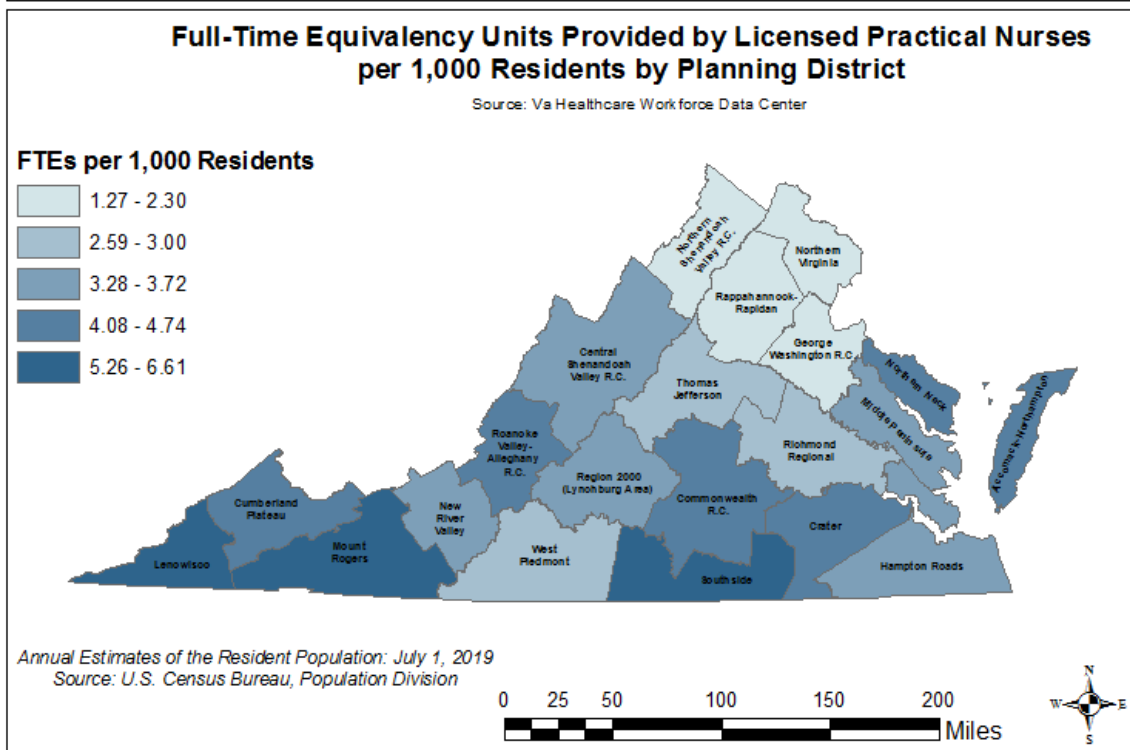
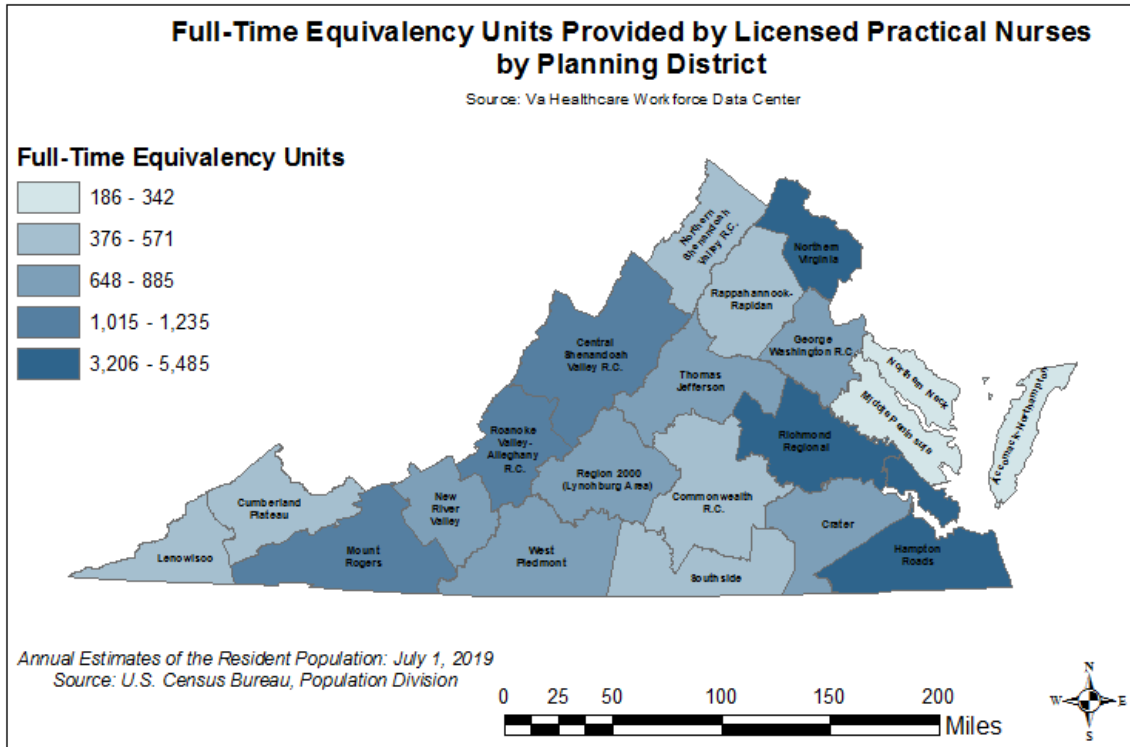












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	16,072	33.65%	2.972	2.368	4.134
<b>Metro, 250,000 to 1 Million</b>	2,742	33.15%	3.017	2.404	4.196
<b>Metro, 250,000 or Less</b>	2,444	33.35%	2.999	2.389	4.171
<b>Urban, Pop. 20,000+, Metro Adj.</b>	812	33.74%	2.964	2.361	4.122
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	2,047	37.18%	2.690	2.143	3.742
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	1,581	34.47%	2.901	2.311	4.035
<b>Rural, Metro Adj.</b>	1,174	34.07%	2.935	2.339	4.083
<b>Rural, Non-Adj.</b>	670	32.69%	3.059	2.438	4.256
<b>Virginia Border State/D.C.</b>	606	25.25%	3.961	3.156	5.510
<b>Other U.S. State</b>	963	26.69%	3.747	2.986	5.212

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	3,047	24.06%	4.157	3.742	5.510
<b>30 to 34</b>	3,354	37.48%	2.668	2.402	3.537
<b>35 to 39</b>	3,538	27.67%	3.614	3.253	4.790
<b>40 to 44</b>	3,536	41.46%	2.412	2.171	3.197
<b>45 to 49</b>	3,329	30.37%	3.293	2.964	4.364
<b>50 to 54</b>	3,193	42.00%	2.381	2.143	3.156
<b>55 to 59</b>	3,176	31.20%	3.205	2.885	4.248
<b>60 and Over</b>	5,939	33.07%	3.024	2.722	4.008

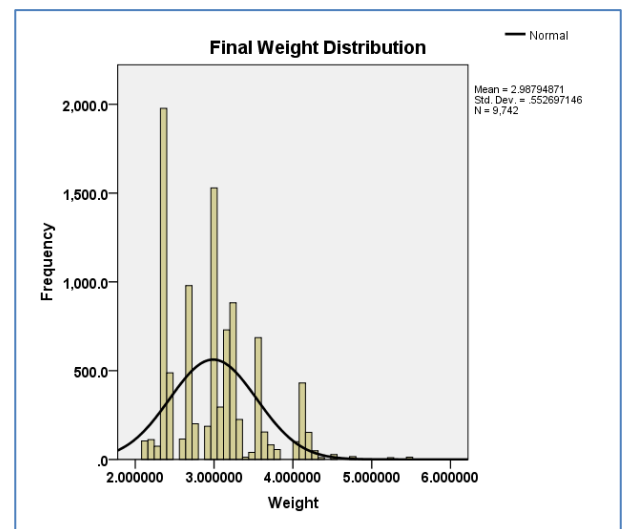
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HhealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.334639**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Certified Nurse Aide Workforce: 2020*

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Healthcare Workforce Data Center

October 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
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*More than 32,000 Certified Nurse Aides voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

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## The Certified Nurse Aide Workforce: At a Glance:

### The Workforce

Licensees:	58,669
Virginia's Workforce:	55,110
FTEs:	48,880

### Background

Rural Childhood:	49%
HS Degree in VA:	70%
Prof. Degree in VA:	88%

### Current Employment

Employed in Prof.:	84%
Hold 1 Full-Time Job:	58%
Satisfied?:	93%

### Survey Response Rate

All Licensees:	55%
Renewing Practitioners:	84%

### Education

RMA Certification:	7%
Advanced CNA Cert.:	1%

### Job Turnover

New Location:	36%
Employed Over 2 Yrs.:	48%

### Demographics

Female:	94%
Diversity Index:	59%
Median Age:	39

### Finances

Med. Income: \$14-\$15/hr.	
Health Benefits:	53%
Retirement Benefits:	44%

### Establishment Type

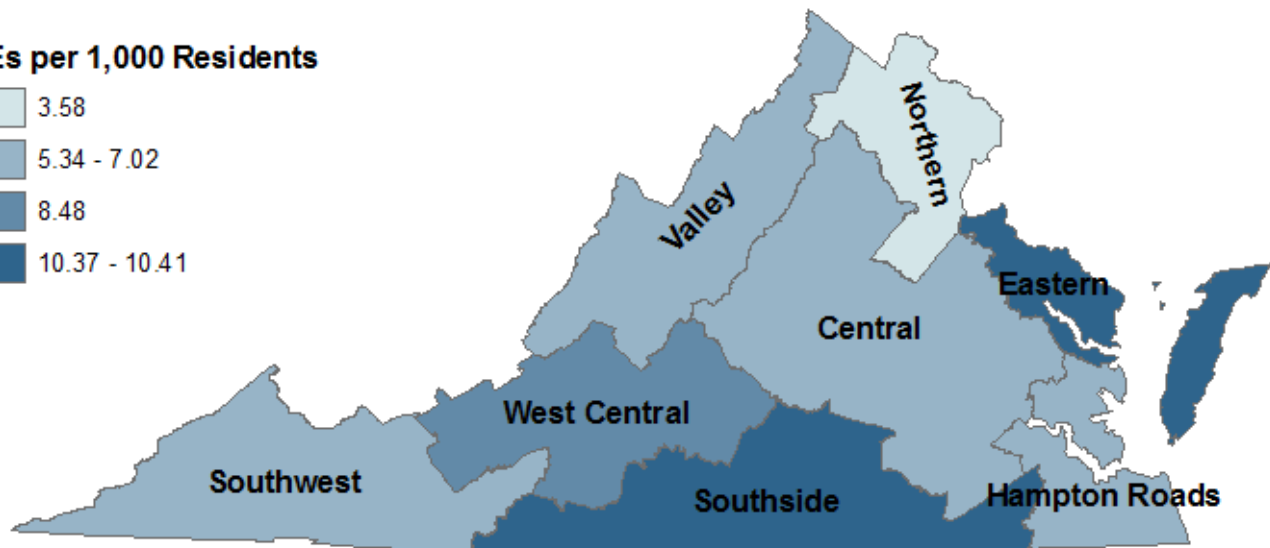
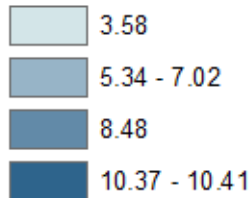
Nursing Home:	30%
Home Health Care:	16%
Assisted Living:	16%

Source: Va. Healthcare Workforce Data Center

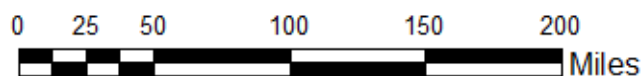
## Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2020 Certified Nurse Aide (CNA) Workforce Survey. More than 32,000 CNAs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the license issuance month of each respondent. These survey respondents represent 55% of the 58,669 CNAs who are licensed in the state and 84% of renewing practitioners.

The HWDC estimates that 55,110 CNAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 48,880 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks off).

More than nine out of every ten CNAs are female, and the median age of the CNA workforce is 39. In a random encounter between two CNAs, there is a 59% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's CNA workforce more diverse than the state's overall population, which has a comparable diversity index of 57%. Nearly half of all CNAs grew up in a rural area, and 29% of these professionals currently work in a non-metro area of Virginia. Overall, 19% of CNAs work in a non-metro area of the state.

More than four out of every five CNAs are currently employed in the profession, 58% hold one full-time job, and 38% work between 40 and 49 hours per week. Nearly one-third of all CNAs work in nursing homes. In addition, 16% of CNAs work in home health care establishments, while another 16% work in assisted living facilities. The median hourly wage for a CNA in the state is between \$14.00 and \$15.00. In addition, nearly three-quarters of all CNAs receive at least one employer-sponsored benefit, including 53% who have access to health insurance. More than 90% of all CNAs are satisfied with their current work situation, including 62% who indicate that they are "very satisfied".

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2015 CNA workforce. The number of licensed CNAs in Virginia has decreased by 5% (58,669 vs. 61,846). In addition, the size of Virginia's CNA workforce has fallen by 4% (55,110 vs. 57,476), and the number of FTEs provided by this workforce has declined by 3% (48,880 vs. 50,501). At the same time, Virginia's renewing CNAs are more likely to respond to this survey (84% vs 76%).

There has not been a change in either the percentage of CNAs who are female (94%) or the median age of the CNA workforce (39 years). Meanwhile, Virginia's CNA workforce has become more diverse (59% vs. 57%) at a time when the state's overall population has also become more diverse (57% vs. 55%). CNAs are slightly more likely to have grown up in a rural area (49% vs. 48%), but these professionals are no more likely to work in non-metro areas of the state (29%). Among all CNAs, there has been no change in the percentage who work in non-metro areas of the state (19%).

Virginia's CNAs are less likely to be employed in the profession (84% vs. 87%). On the other hand, they are also more likely to hold one full-time job (58% vs. 56%) and work between 40 and 49 hours per week (38% vs. 37%). At the same time, CNAs are less likely to have begun work at a new location (36% vs. 39%). Instead, the percentage of CNAs who have worked at their primary work location for more than two years has increased (48% vs. 47%). CNAs are relatively less likely to work in nursing homes (30% vs. 33%) and home health care establishments (16% vs. 18%). Instead, CNAs are now relatively more likely to work in assisted living facilities (16% vs. 14%) and the inpatient department of hospitals (13% vs. 11%). The vast majority of CNAs still engage in clinical or patient care activities at their primary work location (92% vs. 94%), but the percentage who perform non-clinical tasks has increased (8% vs. 6%).

The median hourly wage of Virginia's CNA workforce has increased (\$14-\$15 vs. \$11-\$12). In addition, CNAs are more likely to receive at least one employer-sponsored benefit (74% vs. 71%), including those CNAs who have access to health insurance (53% vs. 50%) and dental insurance (51% vs. 46%). However, a lower percentage of CNAs indicate that they are satisfied with their current work situation (93% vs. 94%). The percentage of CNAs who indicate that they are "very satisfied" with their current employment situation has experienced an even larger decline (62% vs. 65%).

**A Closer Look:**

Licensees		
License Status	#	%
Renewing Practitioners	39,911	68%
New Licensees	4,336	7%
Non-Renewals	8,031	14%
Renewal Date Not in Survey Period	6,391	11%
<b>All Licensees</b>	<b>58,669</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. More than 80% of renewing CNAs submitted a survey. These represent 55% of CNAs who held a license at some point during the survey period.*

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	9,805	6,116	38%
30 to 34	4,114	3,889	49%
35 to 39	2,690	3,721	58%
40 to 44	2,120	3,455	62%
45 to 49	1,812	3,256	64%
50 to 54	1,562	3,476	69%
55 to 59	1,471	3,554	71%
60 and Over	2,571	5,057	66%
<b>Total</b>	<b>26,145</b>	<b>32,524</b>	<b>55%</b>
<b>New Licenses</b>			
Issued in Past Year	4,336	0	0%
<b>Metro Status</b>			
Non-Metro	4,782	6,679	58%
Metro	16,463	24,039	59%
Not in Virginia	4,900	1,806	27%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2019 and September 2020 on the month of initial licensure of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to CNAs who renewed their licenses online. It was not available to those who did not renew, including CNAs newly licensed in the past two years.

Response Rates	
Completed Surveys	<b>32,524</b>
Response Rate, All Licensees	<b>55%</b>
Response Rate, Renewals	<b>84%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed CNAs**

Number:	58,669
New:	7%
Not Renewed:	14%

**Response Rates**

All Licensees:	55%
Renewing Practitioners:	84%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's CNA Workforce: 55,110  
 FTEs: 48,880

### Utilization Ratios

Licenses in VA Workforce: 94%  
 Licenses per FTE: 1.20  
 Workers per FTE: 1.13

Source: Va. Healthcare Workforce Data Center

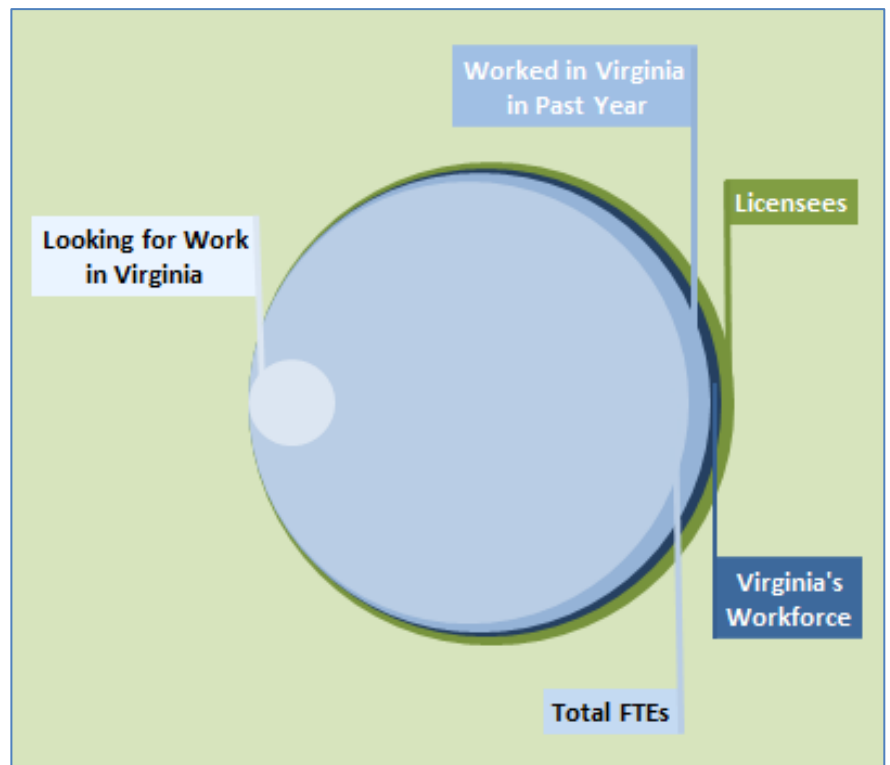
Virginia's CNA Workforce		
Status	#	%
Worked in Virginia in Past Year	53,203	97%
Looking for Work in Virginia	1,907	3%
Virginia's Workforce	55,110	100%
Total FTEs	48,880	
Licenses	58,669	

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	866	6%	13,192	94%	14,058	28%
30 to 34	407	6%	6,609	94%	7,016	14%
35 to 39	345	6%	5,298	94%	5,643	11%
40 to 44	300	6%	4,587	94%	4,887	10%
45 to 49	274	6%	4,154	94%	4,429	9%
50 to 54	280	7%	4,016	94%	4,296	8%
55 to 59	236	6%	4,065	95%	4,300	8%
60 and Over	352	6%	5,892	94%	6,244	12%
<b>Total</b>	<b>3,061</b>	<b>6%</b>	<b>47,813</b>	<b>94%</b>	<b>50,874</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	61%	19,935	38%	12,280	45%
Black	19%	26,713	51%	12,162	44%
Hispanic	10%	2,333	4%	1,366	5%
Asian	7%	1,407	3%	520	2%
Two or More Races	3%	1,260	2%	971	4%
Other Race	0%	542	1%	247	1%
<b>Total</b>	<b>100%</b>	<b>52,190</b>	<b>100%</b>	<b>27,546</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Gender**  
 % Female: 94%  
 % Under 40 Female: 94%

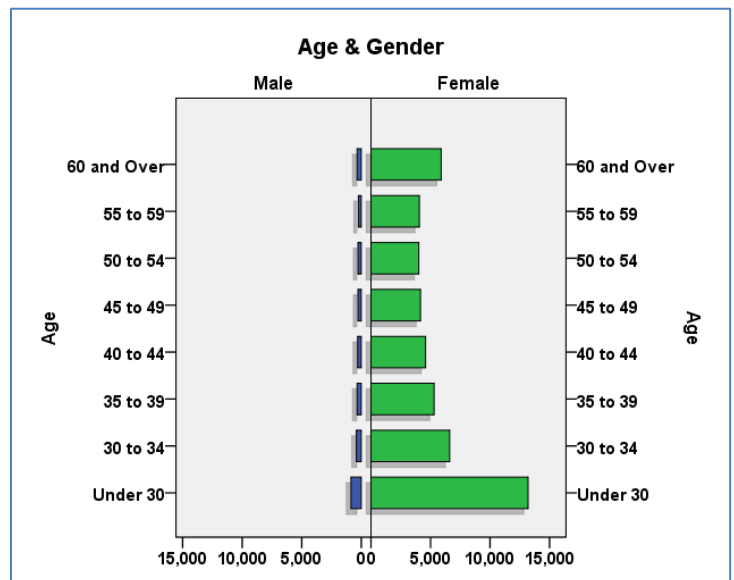
**Age**  
 Median Age: 39  
 % Under 40: 53%  
 % 55 and Over: 21%

**Diversity**  
 Diversity Index: 59%  
 Under 40 Div. Index: 60%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two CNAs, there is a 59% chance they would be of different races or ethnicities (a measure known as the diversity index), compared to a 57% chance for Virginia's population as a whole.*

*More than half of all CNAs are under the age of 40. More than 90% of these professionals are female. In addition, the diversity index among this group of CNAs is 60%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 28%  
 Rural Childhood: 49%

### Virginia Background

HS in Virginia: 70%  
 Prof. Training in VA: 88%  
 HS or Prof. Train. in VA: 90%

### Location Choice

% Rural to Non-Metro: 29%  
 % Urban/Suburban to Non-Metro: 8%

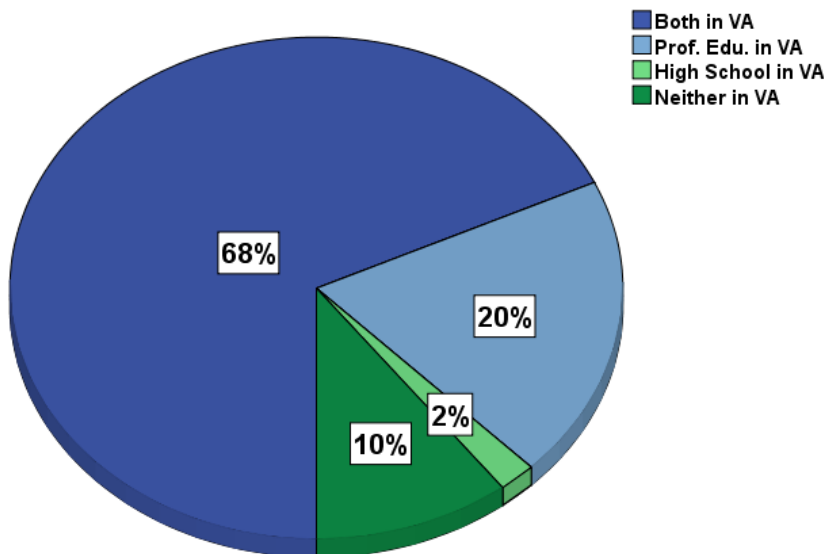
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	33%	28%	39%
2	Metro, 250,000 to 1 Million	58%	19%	23%
3	Metro, 250,000 or Less	67%	18%	15%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	64%	16%	19%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	9%	11%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	84%	9%	7%
8	Rural, Metro Adjacent	83%	8%	9%
9	Rural, Non-Adjacent	72%	12%	15%
<b>Overall</b>		<b>49%</b>	<b>22%</b>	<b>28%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all CNAs grew up in self-described rural areas, and 29% of these professionals currently work in non-metro counties. Overall, 19% of CNAs currently work in non-metro counties.



## Top Ten States for Certified Nurse Aide Recruitment

Rank	All CNAs			
	High School	#	Init. Prof. Degree	#
1	Virginia	36,225	Virginia	45,463
2	Outside U.S./Canada	7,116	North Carolina	998
3	New York	1,160	New York	655
4	North Carolina	1,007	West Virginia	577
5	West Virginia	817	Maryland	533
6	Maryland	665	Pennsylvania	308
7	Pennsylvania	607	New Jersey	285
8	New Jersey	467	California	253
9	Florida	340	Georgia	208
10	California	275	Tennessee	189

Source: Va. Healthcare Workforce Data Center

*Seven out of every ten of Virginia's licensed CNAs obtained their high school degree in Virginia, while 88% received their initial CNA training in the state.*

*Among CNAs who received their license in the past five years, 70% obtained their high school degree in Virginia, and 85% received their initial CNA training in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	10,264	Virginia	12,509
2	Outside U.S./Canada	1,692	North Carolina	324
3	North Carolina	360	West Virginia	214
4	West Virginia	280	New York	180
5	New York	279	Maryland	167
6	Maryland	214	Pennsylvania	95
7	Pennsylvania	208	California	85
8	California	125	New Jersey	83
9	New Jersey	112	Tennessee	83
10	Florida	100	South Carolina	74

Source: Va. Healthcare Workforce Data Center

*More than 5% of Virginia's licensees did not participate in the state's CNA workforce during the past year. Among these licensees, 85% worked at some point in the past year, including 69% who worked in a CNA-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	3,504
% of Licensees:	6%
VA Border State/D.C.:	34%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Medication Aide (RMA)	3,952	7%
Advanced Practice CNA	429	1%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**

RMA: 7%

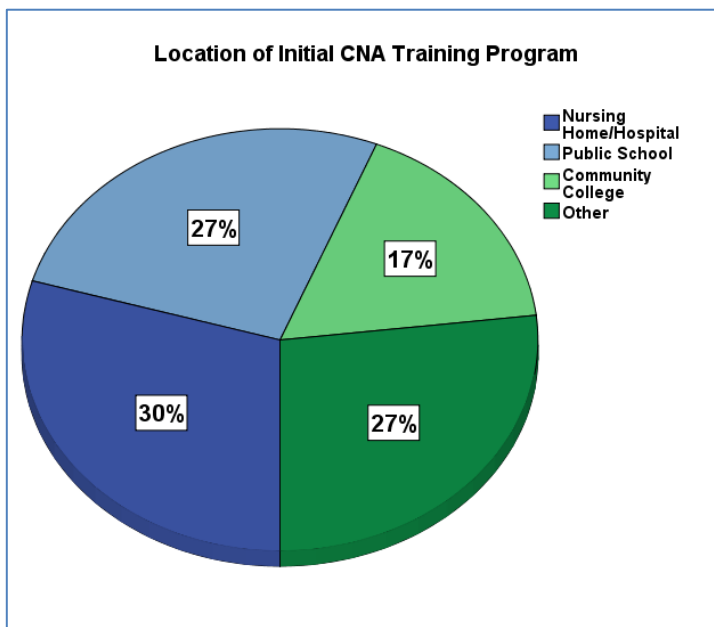
Advanced Practice CNA: 1%

**Educational Advancement**

RN Program: 6%

LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	15,144	30%
Public School (High School/Vocational School)	13,644	27%
Community College	8,733	17%
Other (Private School/Proprietary Program)	13,787	27%
<b>Total</b>	<b>51,308</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	43,644	90%
RN Program	3,016	6%
LPN Program	2,030	4%
<b>Total</b>	<b>48,690</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*One out of every ten CNAs are currently enrolled in a nursing program, including 6% who are enrolled in an RN program.*

## At a Glance:

### Employment

Employed in Profession: 84%  
Involuntarily Unemployed: 5%

### Positions Held

1 Full-Time: 58%  
2 or More Positions: 18%

### Weekly Hours:

40 to 49: 38%  
60 or More: 5%  
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	25	< 1%
Employed in a CNA-Related Capacity	43,824	84%
Employed, NOT in a CNA-Related Capacity	5,293	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2,618	5%
Voluntarily Unemployed	162	< 1%
Retired	16	< 1%
<b>Total</b>	<b>51,937</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than four out of every five CNAs are currently employed in the profession, 58% hold one full-time job, and 38% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	2,796	6%
1 to 9 Hours	1,739	4%
10 to 19 Hours	2,688	5%
20 to 29 Hours	5,117	10%
30 to 39 Hours	13,856	28%
40 to 49 Hours	18,856	38%
50 to 59 Hours	1,742	4%
60 to 69 Hours	784	2%
70 to 79 Hours	649	1%
80 or More Hours	1,256	3%
<b>Total</b>	<b>49,483</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	2,796	5%
One Part-Time Position	9,887	19%
Two Part-Time Positions	1,842	4%
One Full-Time Position	29,492	58%
One Full-Time Position & One Part-Time Position	6,131	12%
Two Full-Time Positions	646	1%
More than Two Positions	384	1%
<b>Total</b>	<b>51,178</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
Less than \$7.50 per Hour	261	1%
\$7.50 to \$7.99 per Hour	236	1%
\$8.00 to \$8.99 per Hour	849	2%
\$9.00 to \$9.99 per Hour	1,529	4%
\$10.00 to \$10.99 per Hour	2,240	5%
\$11.00 to \$11.99 per Hour	2,950	7%
\$12.00 to \$12.99 per Hour	5,509	13%
\$13.00 to \$13.99 per Hour	7,063	16%
\$14.00 to \$14.99 per Hour	6,289	15%
\$15.00 or More per Hour	16,257	38%
<b>Total</b>	<b>43,184</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$14-\$15/hr.

**Benefits**  
Health Insurance: 53%  
Retirement: 44%

**Satisfaction**  
Satisfied: 93%  
Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	31,553	62%
Somewhat Satisfied	16,105	32%
Somewhat Dissatisfied	2,329	5%
Very Dissatisfied	1,104	2%
<b>Total</b>	<b>51,090</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical CNA earns between \$14 and \$15 per hour. In addition, nearly 75% of all CNAs receive at least one employer-sponsored benefit, including 53% who have access to health insurance.*

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	27,755	63%
Health Insurance	23,374	53%
Paid Sick Leave	23,076	53%
Dental Insurance	22,244	51%
Retirement	19,377	44%
Group Life Insurance	14,093	32%
<b>Total</b>	<b>32,644</b>	<b>74%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,014	11%	2,569	20%
6 Months to 1 Year	6,712	15%	2,402	18%
1 to 2 Years	12,227	27%	3,277	25%
3 to 5 Years	10,442	23%	2,654	20%
6 to 10 Years	5,204	11%	1,141	9%
More than 10 Years	6,222	14%	1,056	8%
<b>Subtotal</b>	<b>45,822</b>	<b>100%</b>	<b>13,099</b>	<b>100%</b>
Did Not Have Location	3,614		39,311	
Item Missing	5,674		2,699	
<b>Total</b>	<b>55,110</b>		<b>55,110</b>	

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Turnover & Tenure**

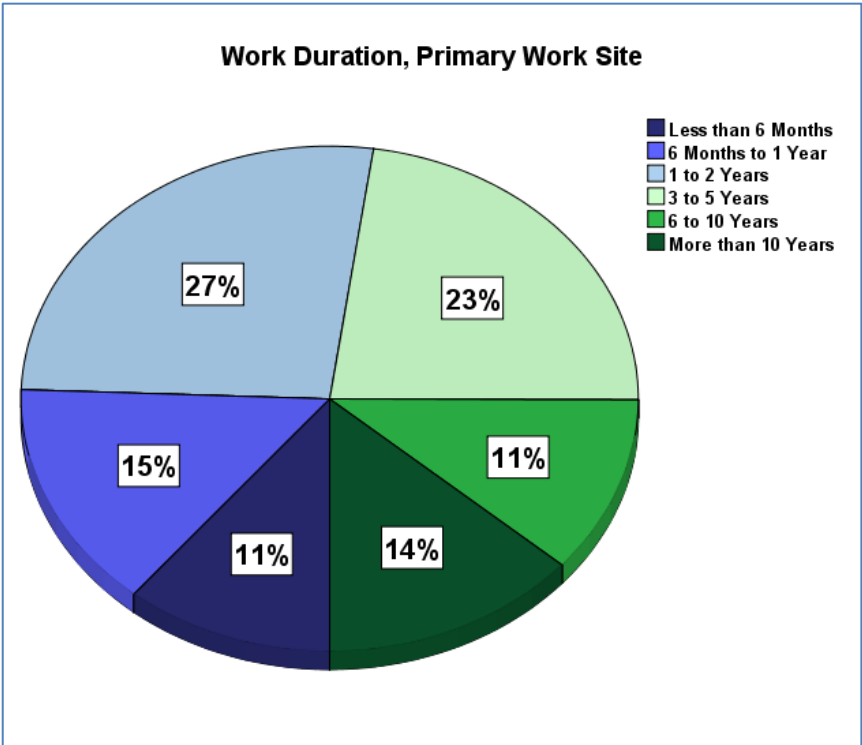
New Location: 36%

Over 2 Years: 48%

Over 2 Yrs., 2<sup>nd</sup> Location: 37%

Source: Va. Healthcare Workforce Data Center

Nearly half of CNAs have worked at their primary work location for more than two years.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

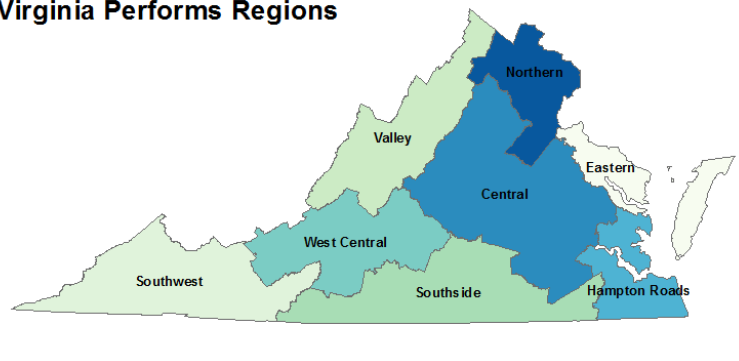
### Concentration

Top Region:	23%
Top 3 Regions:	61%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

### Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

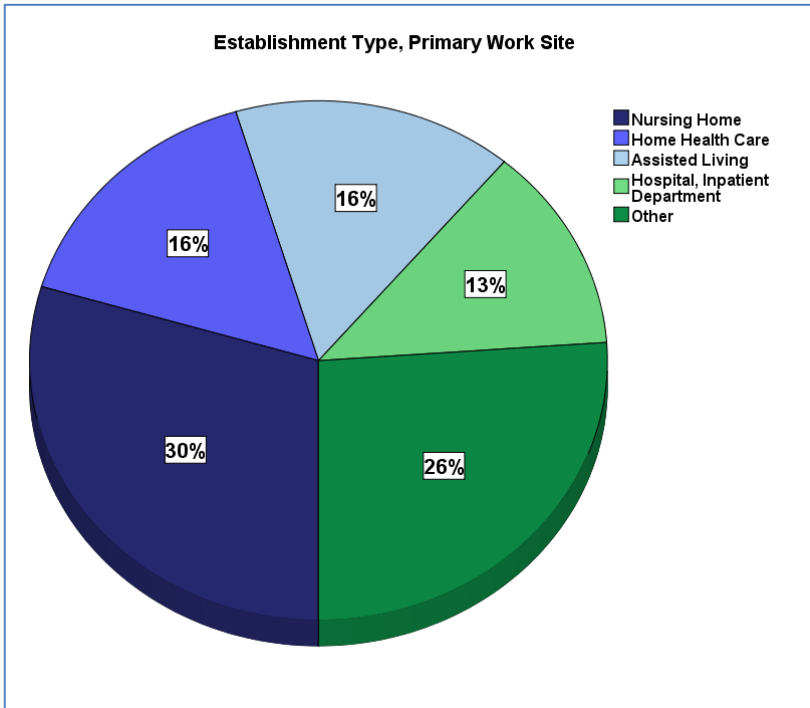
### Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
<b>Central</b>	9,826	23%	3,089	22%
<b>Northern</b>	8,805	20%	3,492	25%
<b>Hampton Roads</b>	8,062	18%	2,695	20%
<b>West Central</b>	6,130	14%	1,603	12%
<b>Valley</b>	3,458	8%	812	6%
<b>Southside</b>	3,283	8%	895	7%
<b>Southwest</b>	2,532	6%	523	4%
<b>Eastern</b>	1,303	3%	449	3%
<b>Virginia Border State/D.C.</b>	101	0%	68	0%
<b>Other U.S. State</b>	94	0%	102	1%
<b>Outside of the U.S.</b>	14	0%	13	0%
<b>Total</b>	<b>43,608</b>	<b>100%</b>	<b>13,741</b>	<b>100%</b>
<b>Item Missing</b>	7,886		2,057	

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all CNAs work in Central Virginia, while another 20% work in Northern Virginia.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

**Activity**

Clinical/Patient Care: 92%

Non-Clinical: 8%

**Top Establishments**

Nursing Home: 30%

Home Health Care: 16%

Assisted Living: 16%

Source: Va. Healthcare Workforce Data Center

Nursing homes employ 30% of all CNAs, the most of any establishment type in the state.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	14,005	30%	2,714	19%
Home Health Care	7,467	16%	3,510	24%
Assisted Living	7,450	16%	2,078	14%
Hospital, Inpatient Department	6,040	13%	693	5%
Personal Care: Companion/Sitter/Private Duty	1,932	4%	1,049	7%
Hospice	1,184	3%	171	1%
Physician's Office	1,028	2%	94	1%
Hospital, Ambulatory Care	982	2%	147	1%
Group Home	970	2%	410	3%
Mental Health Facility	953	2%	156	1%
Other Practice Setting	5,309	11%	3,555	24%
<b>Total</b>	<b>47,320</b>	<b>100%</b>	<b>14,577</b>	<b>100%</b>
Did Not Have a Location	3,614		39,311	

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### FTEs

Total: 48,880  
 FTEs/1,000 Residents<sup>1</sup>: 5.73  
 Average: 0.95

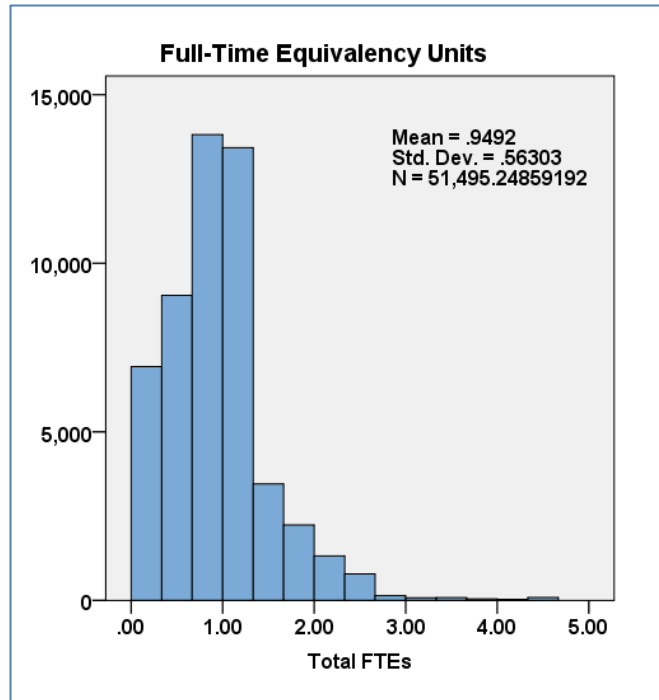
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

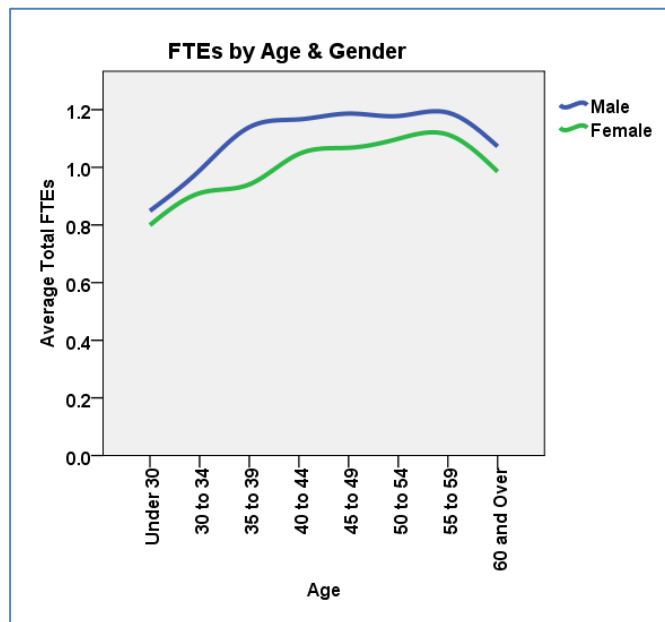


Source: Va. Healthcare Workforce Data Center

*The typical (median) CNA provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>2</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.80	0.77
30 to 34	0.90	0.90
35 to 39	0.94	0.91
40 to 44	1.05	0.95
45 to 49	1.06	1.00
50 to 54	1.09	1.08
55 to 59	1.10	1.08
60 and Over	0.96	0.91
Gender		
Male	1.05	0.97
Female	0.95	0.91

Source: Va. Healthcare Workforce Data Center

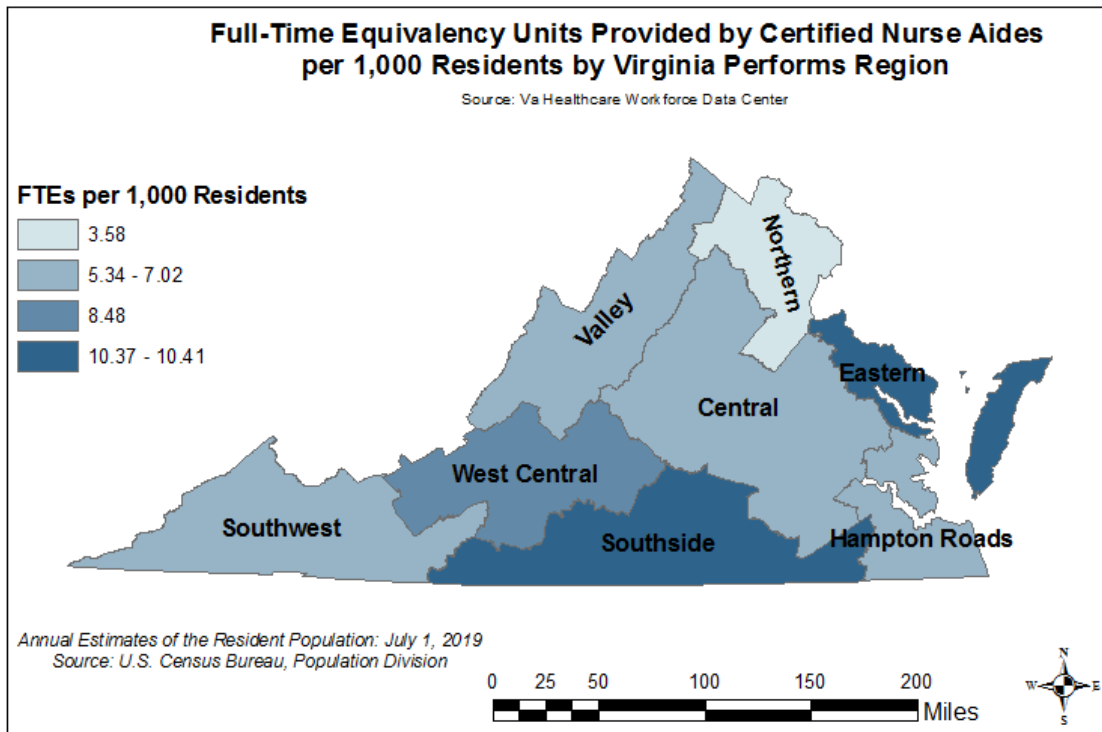
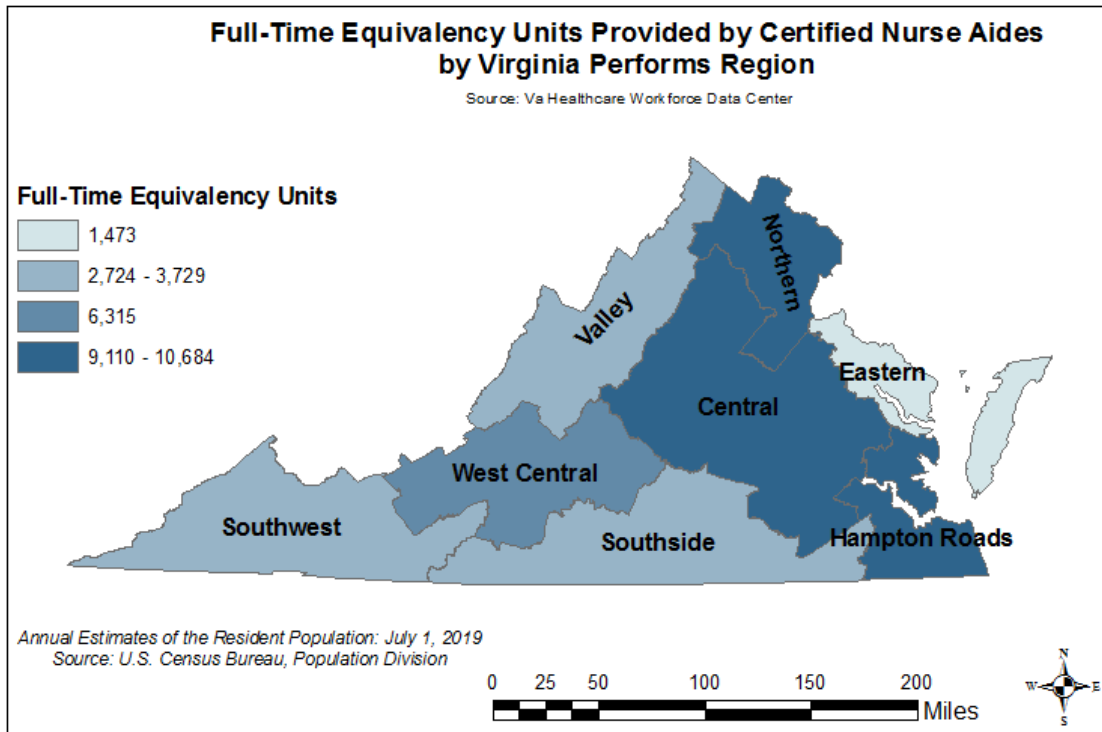


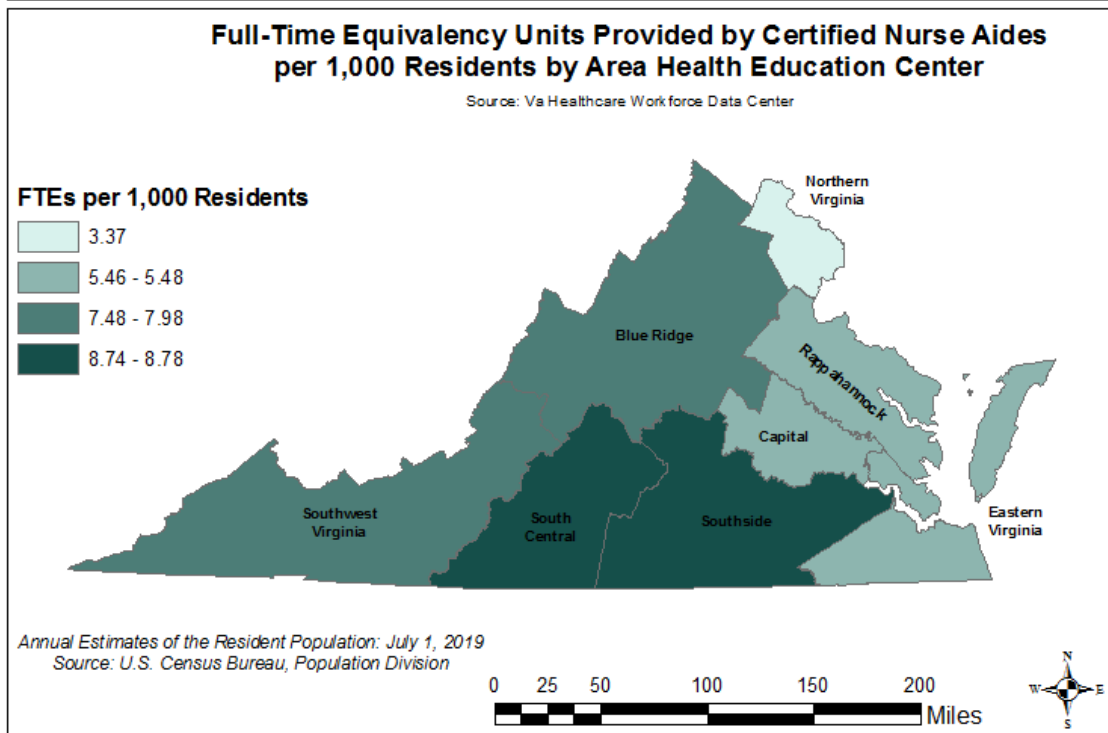
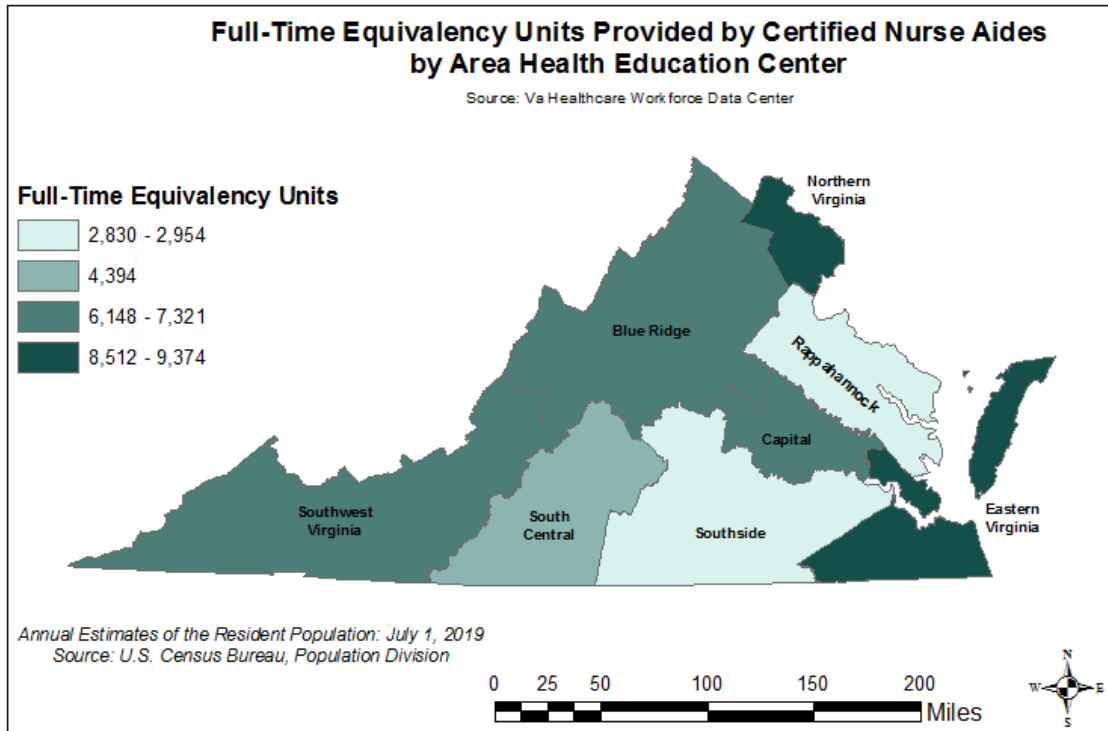
Source: Va. Healthcare Workforce Data Center

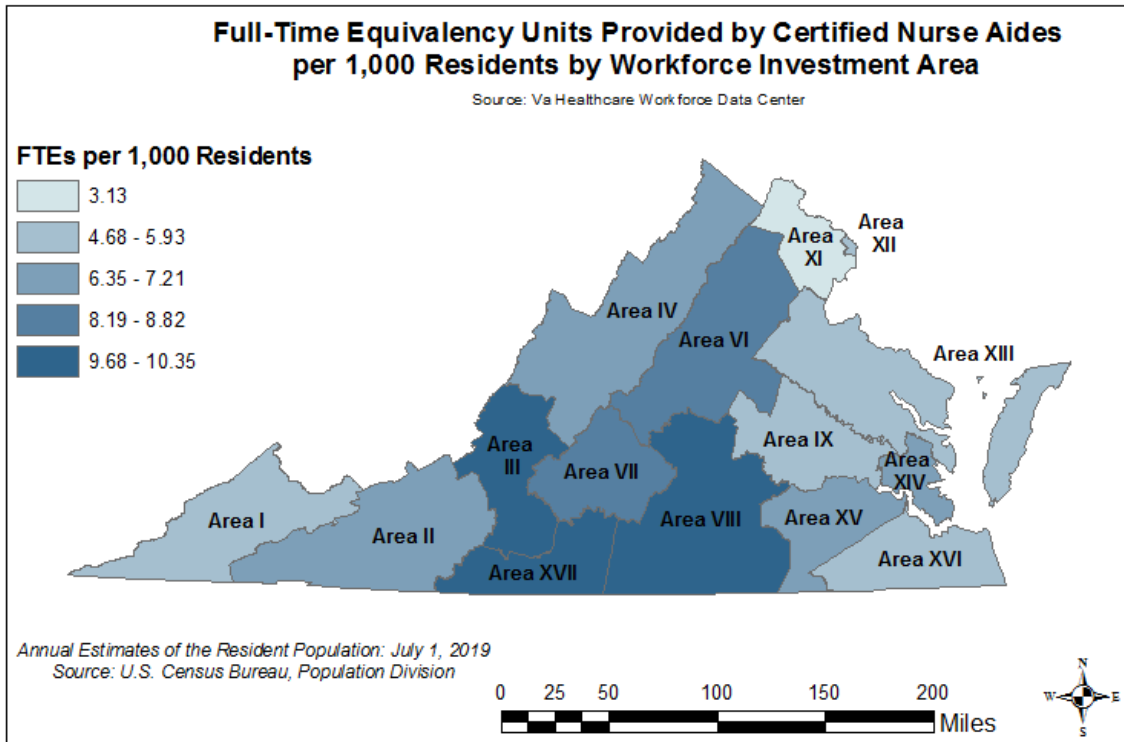
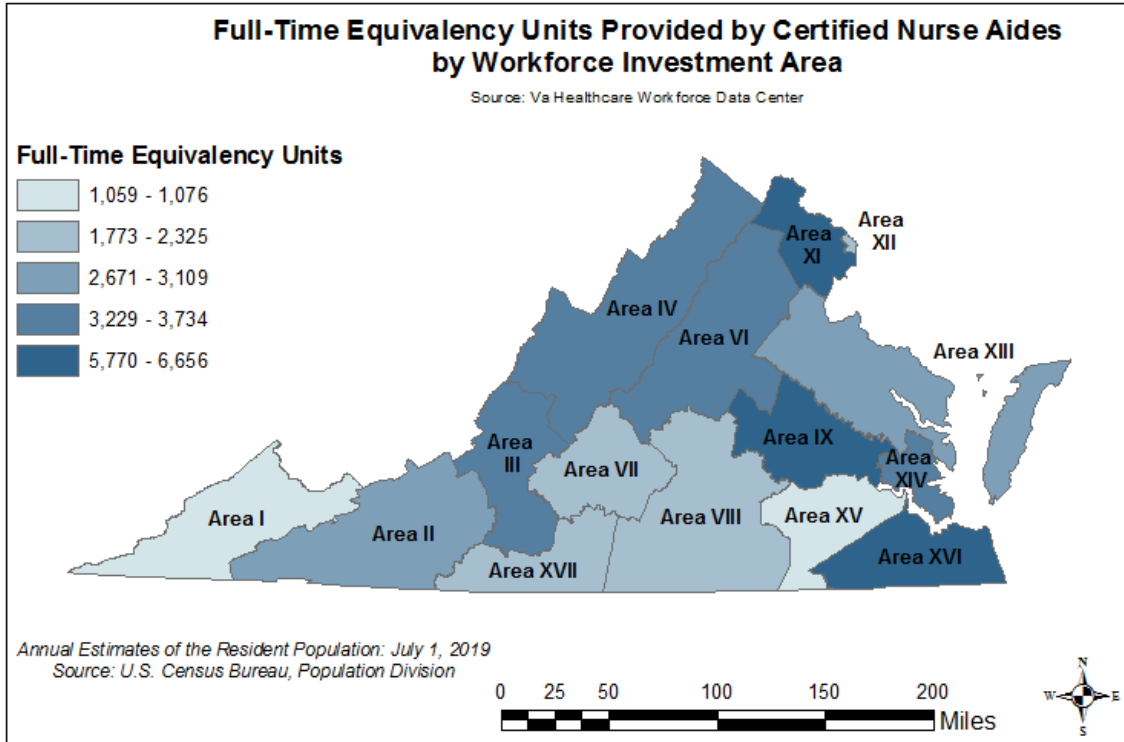
<sup>1</sup> Number of residents in 2019 was used as the denominator.

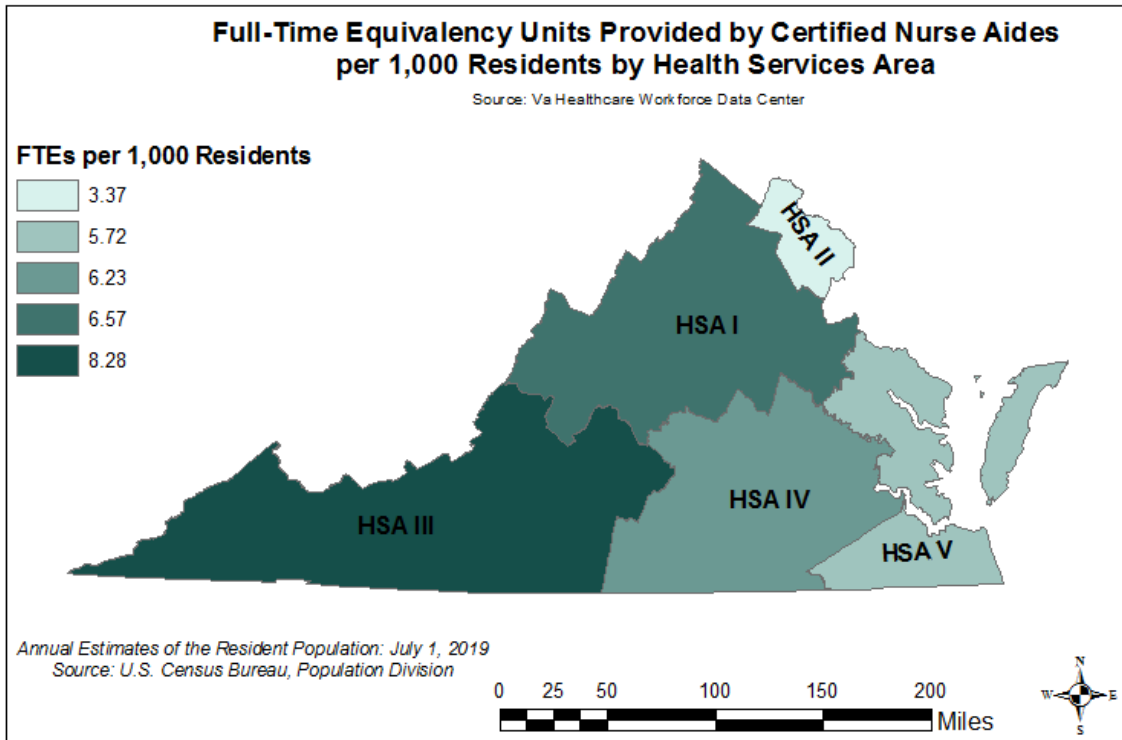
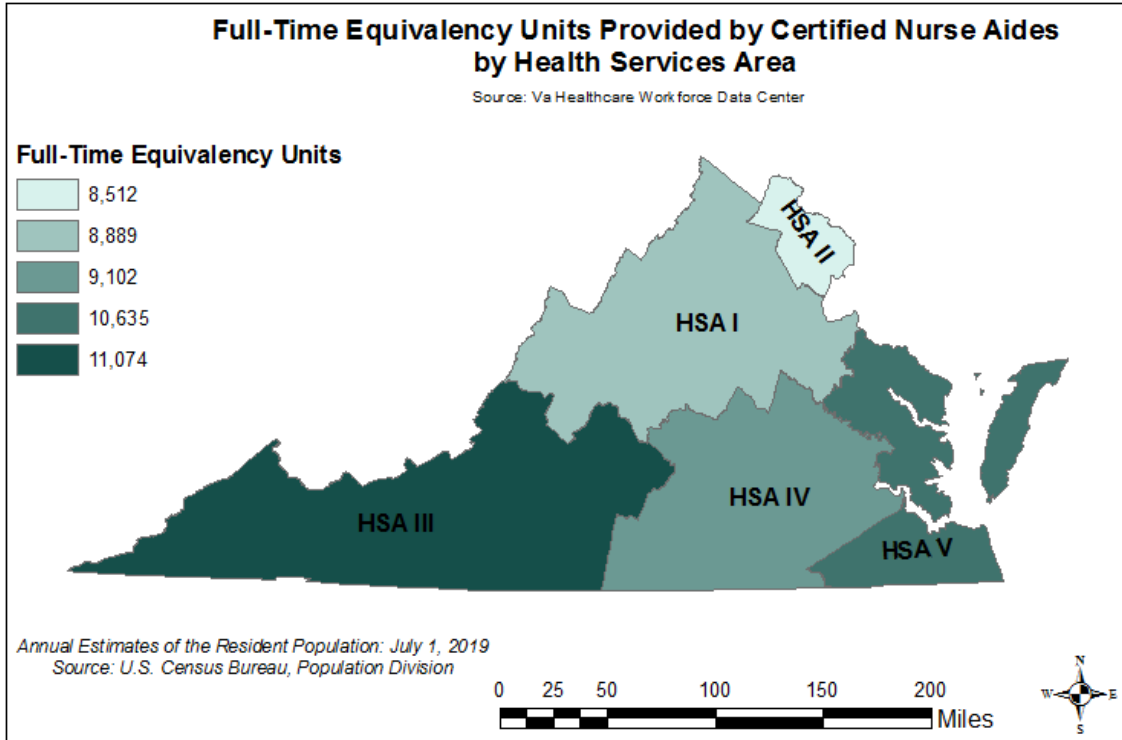
<sup>2</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).

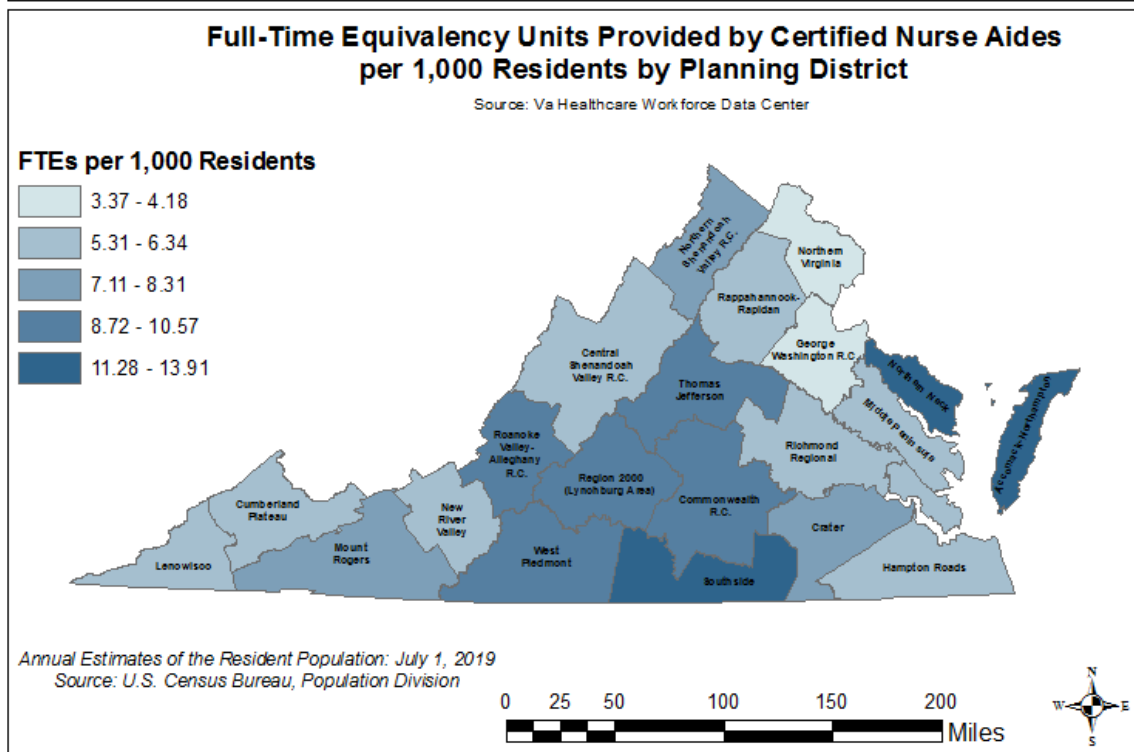
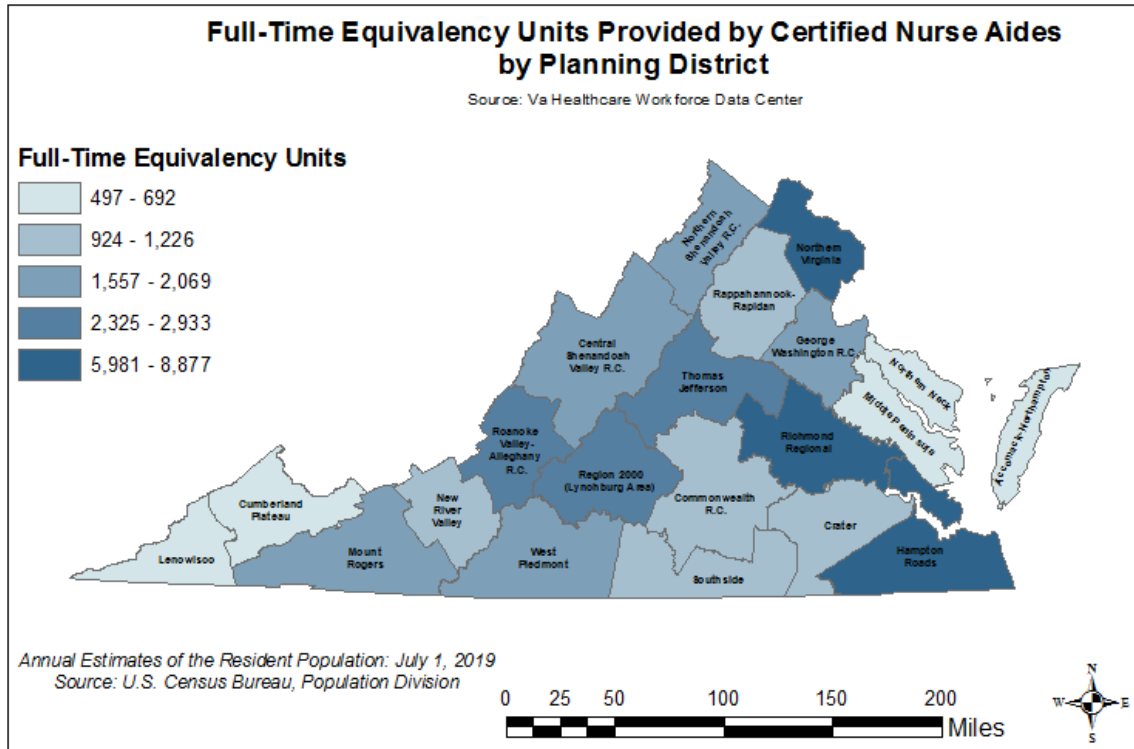












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	28,742	59.73%	1.674	1.312	2.416
<b>Metro, 250,000 to 1 Million</b>	6,026	57.67%	1.734	1.359	2.502
<b>Metro, 250,000 or Less</b>	5,734	59.23%	1.688	1.323	2.437
<b>Urban, Pop. 20,000+, Metro Adj.</b>	1,851	59.21%	1.689	1.324	2.437
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	4,266	61.09%	1.637	1.283	2.362
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	2,024	52.57%	1.902	1.491	2.745
<b>Rural, Metro Adj.</b>	2,263	59.74%	1.674	1.312	2.415
<b>Rural, Non-Adj.</b>	1,057	53.07%	1.884	1.477	2.719
<b>Virginia Border State/D.C.</b>	3,532	35.02%	2.855	2.238	4.120
<b>Other U.S. State</b>	3,174	17.93%	5.578	4.372	8.050

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	15,921	38.41%	2.603	2.362	8.050
<b>30 to 34</b>	8,003	48.59%	2.058	1.867	6.364
<b>35 to 39</b>	6,411	58.04%	1.723	1.564	5.328
<b>40 to 44</b>	5,575	61.97%	1.614	1.464	4.990
<b>45 to 49</b>	5,068	64.25%	1.557	1.413	4.813
<b>50 to 54</b>	5,038	69.00%	1.449	1.315	4.482
<b>55 to 59</b>	5,025	70.73%	1.414	1.283	4.372
<b>60 and Over</b>	7,628	66.30%	1.508	1.369	4.665

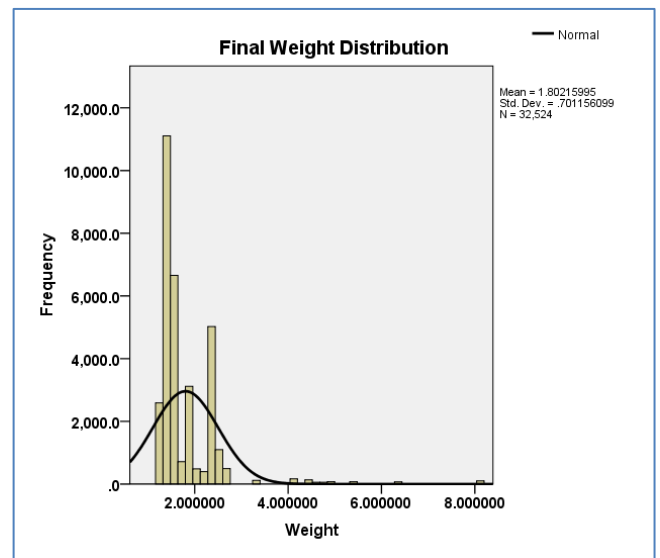
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.554364**



Source: Va. Healthcare Workforce Data Center

**COMMONWEALTH of VIRGINIA**

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Director

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Virginia Board of Nursing  
Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

Board of Nursing (804) 367-4515  
Nurse Aide Registry (804) 367-4569  
FAX (804) 527-4455

**MEMORANDUM**

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director

Date: November 10, 2020

Subject: 2021 Dates for Education Informal Conference Committee Meetings

---

Scheduled dates of the Education Informal Conference Committee meetings for the calendar year 2021:

Tuesday, January 12, 2021

Wednesday, March 10, 2021

Tuesday, May 11, 2021

Tuesday, July 6, 2021

Wednesday, September 1, 2021

Wednesday, November 3, 2021

All meetings are currently scheduled to begin at 9:00 am.

# Revised CNA Sanctioning Reference Points Worksheet

December 2, 2020

Prepared for:  
Board of Health Professions  
Board of Nursing

Neal Kauder  
Kim Small  
804.794.3144  
vis-res.com



# Revising SRPs for CNAs Includes:

Conducting board member & staff interviews

Identifying a sample & collecting data

Account for Advisory Letters and Pre-defined sanctions

Analysis to Identify relevant factors, both new and historic

 Translate factors into new SRP worksheet

Maintaining SRP training opportunities

# Current CNA SRP Worksheet

This worksheet  
was adopted for  
use in March 2006

Case Type Score (score only one)	Points	Score
a. Abuse or Neglect, With Injury	70	_____
b. Impairment	50	_____
c. Inappropriate Relationship	50	_____
d. Misappropriation of Property	50	_____
e. Abuse or Neglect, Without Injury	30	_____
f. Verbally Inappropriate	10	_____
g. Standard of Care	10	_____
h. Fraud	10	_____
Case Type Score		<input type="text"/>

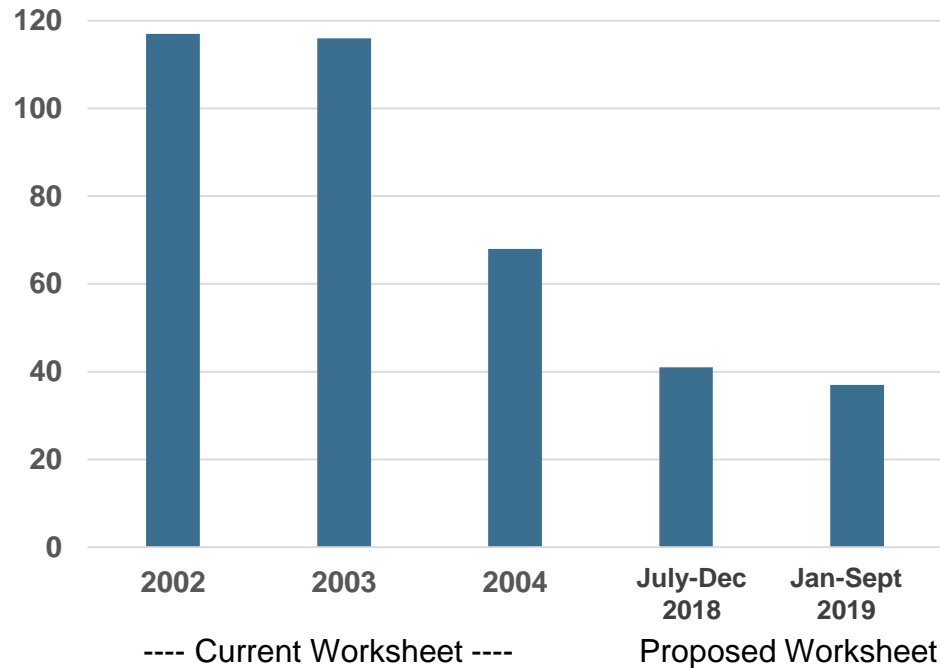
Offense and Respondent Score (score all that apply)	Points	Score
a. Significant and substantial danger to the public	30	_____
b. Impaired at the time of the incident	30	_____
c. Financial or material gain	20	_____
d. Certificate ever taken away by any jurisdiction (including VA)	10	_____
e. Concurrent criminal conviction	10	_____
f. Act of commission	10	_____
g. Two or more concurrent founded cases	10	_____
h. Patient especially vulnerable	10	_____
Offense and Respondent Score		<input type="text"/>

Total Worksheet Score (Case Type + Offense and Respondent)

Score	
0-49	No Sanction Reprimand
50-79	Reprimand Probation Terms Recommend Formal Finding of Abuse/Neglect/Misappropriation Revocation or Suspension with or without Finding of Abuse/Neglect/Misappropriation
80 and up	Recommend Formal Finding of Abuse/Neglect/Misappropriation Revocation or Suspension with or without Finding of Abuse/Neglect/Misappropriation

# Number of Cases in Analysis

Calendar Year Closed

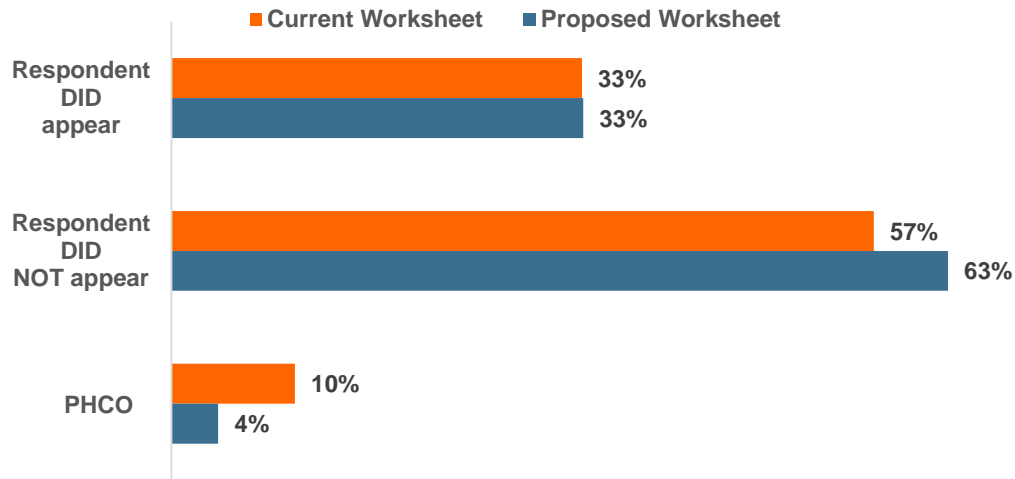


The worksheet currently being used relies on data from 2002-04 and 304 cases.

The database from the proposed worksheet uses data from FY19 and contains 78 cases.

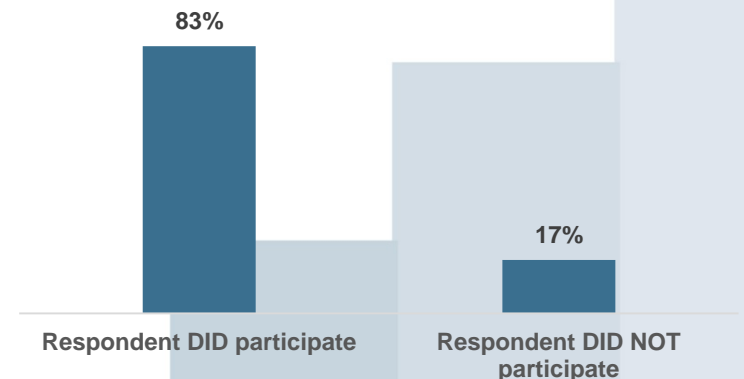
# Observation #1

## Respondents Do Not Appear at 2/3 of IFCs/FHs



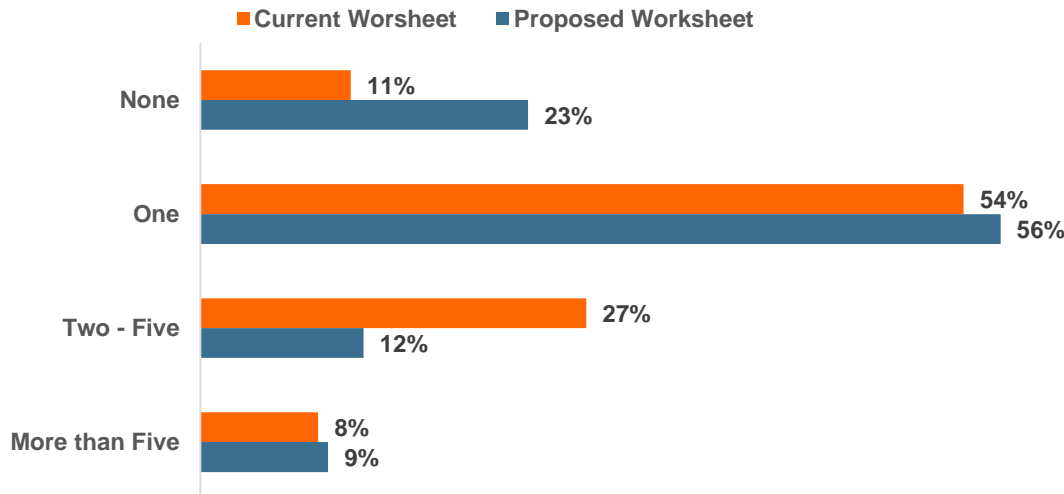
*12% of respondents neither participated nor appeared*

## In Over 80% of the Cases Respondents Participated with the Investigation



# Observation #2

## Number of Patients Involved has Changed

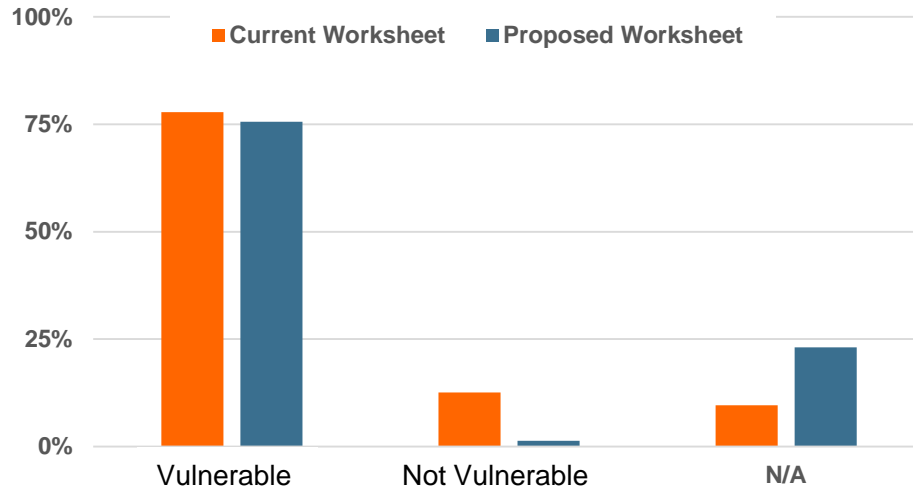


*The analysis shows 79% of cases have one patient or less. This becomes the factor's baseline. Now, cases involving two or more patients receive points.*

The percent of cases without patients has increased. The types of cases in this category are often Impairment due to drugs/alcohol or mental health issues.

# Observation #3

## Most Patients are Vulnerable

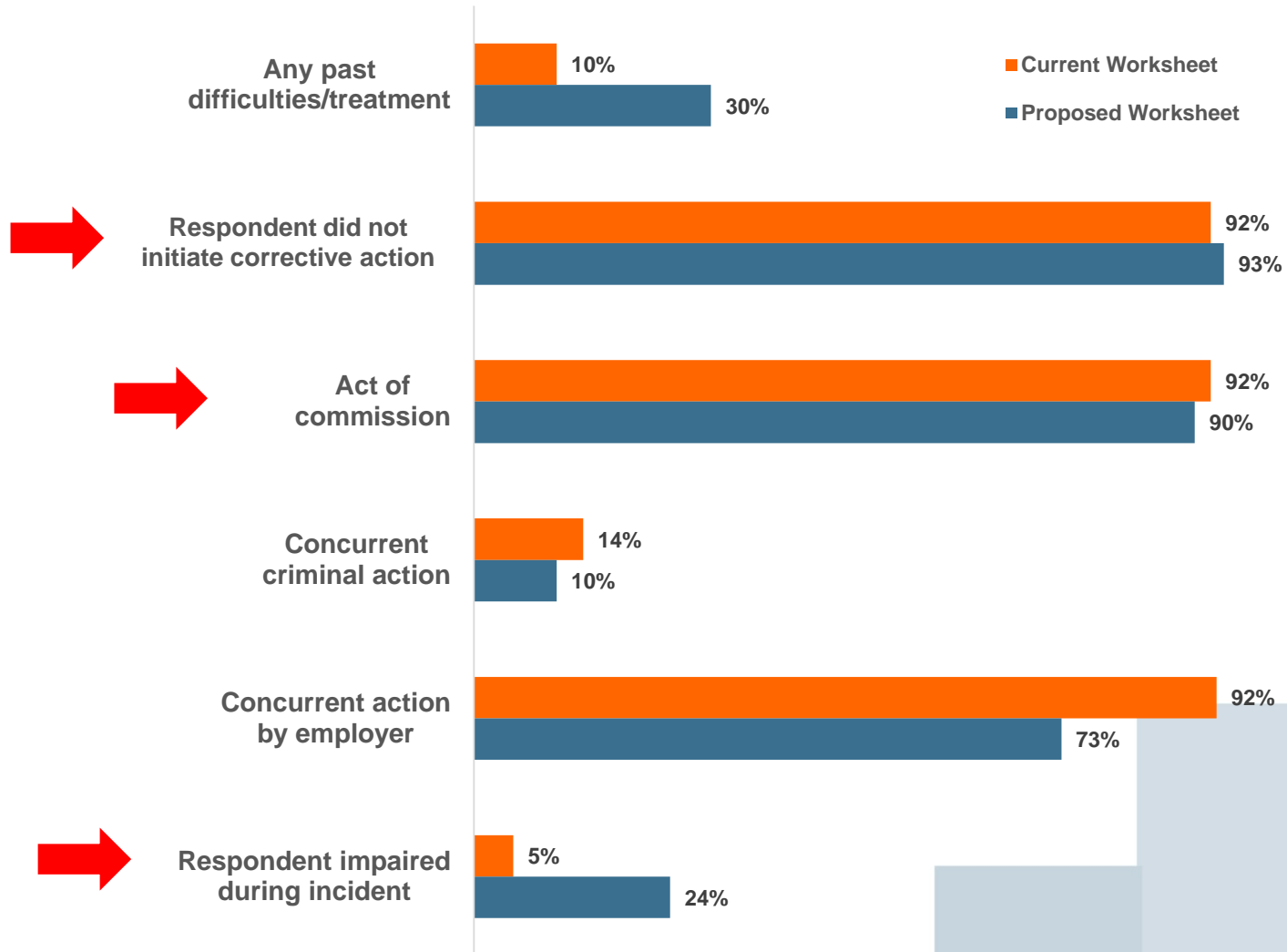


*Due to the nature of the profession, most patients are vulnerable. Therefore, vulnerability becomes the baseline for scoring.*

Interviewees stated that the patients were always vulnerable in these cases. This gave excellent direction for worksheet development. In fact, there was only one case where the patient was not defined as vulnerable.

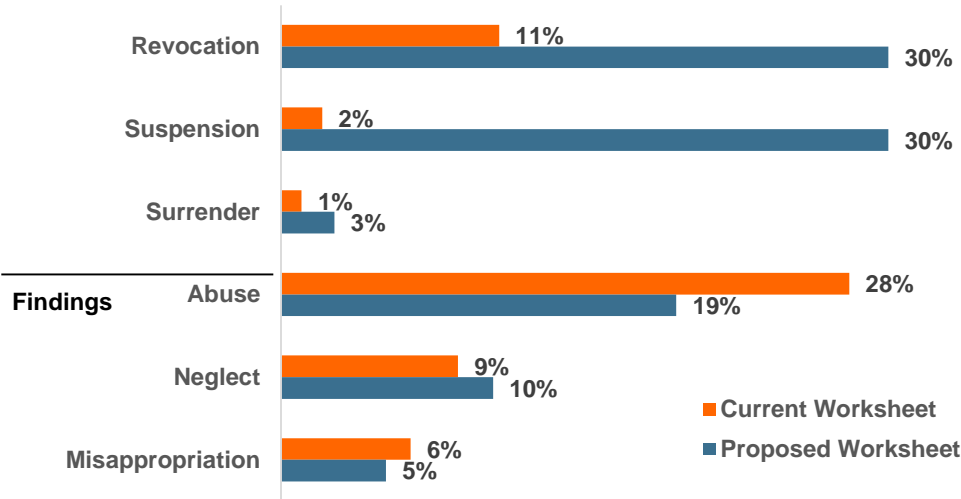
# Observation #4

## Other factors of interest to the Board



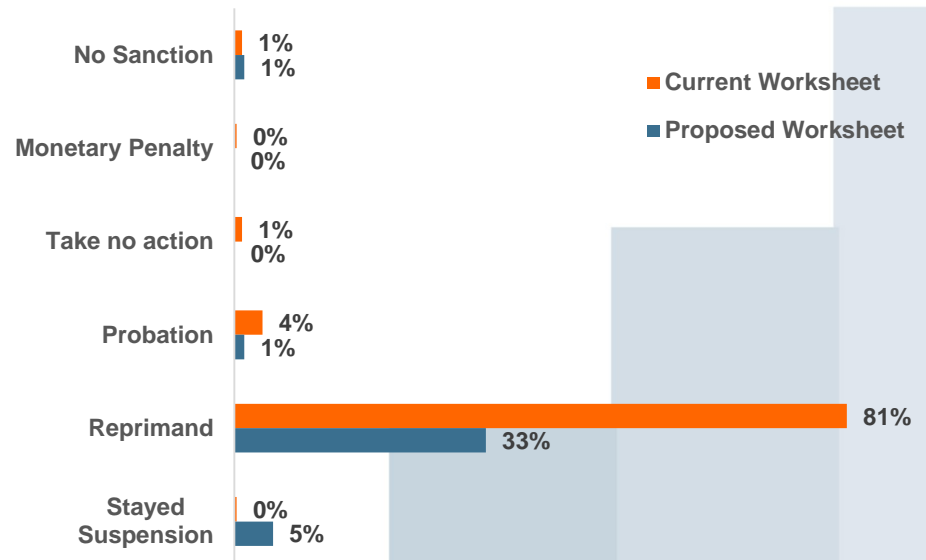
# Observation #5

## Loss of License has Increased



*59% of respondents in the current database lost their license compared to 44% in the 2006 database.*

## Use of Reprimand has Decreased



Note: Respondents can be counted in more than one category



# Worksheet Development Methodology

- A descriptive analysis was conducted to identify how factors were distributed. For example, what case or sanction type changes have occurred?
- An analysis was conducted to determine which case types increased the likelihood to receive a Loss of License.
- Multivariate analysis was used to identify which factors had a significant impact on sanctioning.
- Further analysis was used to determine each factor's weight on the sanctioning outcome.
- Case types and factors were placed on the worksheet and weights were converted to corresponding point values.
- The worksheet was scored against all cases in the database, with a resulting accuracy of 80%.

# BON CNA Proposed Worksheet

This worksheet  
correctly predicts  
**80%** of cases

Case Type Score (score only one)	Points	Score
a. Abuse/Inappropriate Relationship	70	_____
b. Misappropriation of Patient Property	60	_____
c. Inability to Safely Practice	50	_____
d. Neglect	40	_____
e. Verbal Violations	30	_____
f. Abandonment/Standard of Care	10	_____
Case Type Score		<input type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. Act of commission	60	_____
b. Patient injury	50	_____
c. Impaired while practicing	45	_____
d. Failure to initiate corrective action	40	_____
e. More than one patient involved	30	_____
f. Failure to participate with DHP	20	_____
Offense and Respondent Score		<input type="text"/>

**Total Worksheet Score** (Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-100	No Sanction Monetary Penalty Probation Take No Action Stayed Suspension Terms
101-149	Reprimand
150 and up	Revocation Suspension Surrender Finding of Abuse Finding of Neglect Finding of Misappropriation

# Current vs. Proposed CNA Worksheet

## Case Type Scoring (score only one)

### Current Worksheet Case Types

a. Abuse or Neglect, With Injury	70
b. Impairment	50
c. Inappropriate Relationship	50
d. Misappropriation of Property	50
e. Abuse or Neglect, Without Injury	30
f. Verbally Inappropriate	10
g. Standard of Care	10
h. Fraud	10

The scheme for case category coding changed in 2009, 4 years after the last revision of the CNA worksheet.

Analysis revealed several differences in case types currently disposed by IFC or PHCO.

### Proposed Worksheet Case Types

a. Abuse/Inappropriate Relationship	70
b. Misappropriation of Patient Property	60
c. Inability to Safely Practice	50
d. Neglect	40
e. Verbal Violations	30
f. Abandonment/Standard of Care	10

# Current CNA Worksheet

## Case Types Within Groups

---

Abuse/Inappropriate Relationship

Physical Abuse  
Sexual Abuse  
Inappropriate Relationship

---

Misappropriation of Patient Property

Misappropriation of Patient Property

---

Inability to Safely Practice

Inability to Safely Practice

---

Neglect

Neglect

---

Verbal Violations

Verbal Abuse  
Verbally Inappropriate

---

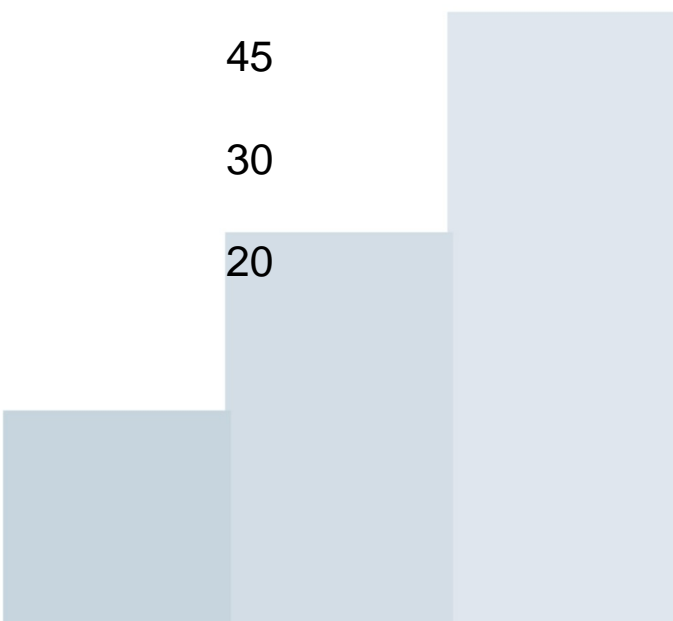
Abandonment/Standard of Care

Standard of Care – Diagnosis/Treatment  
Unlicensed Activity  
Abandonment  
Fraud - Non Patient Care

# Proposed CNA Worksheet

## Offense and Respondent Factor Scoring

a. Act of commission	60	← Point Value Increased
b. Patient injury ← New Factor	50	
c. Impaired while practicing	40	← Point Value Increased
d. Failure to initiate corrective action ← New Factor	45	
e. More than one patient involved ← New Factor	30	
f. Failure to participate with DHP ← New Factor	20	

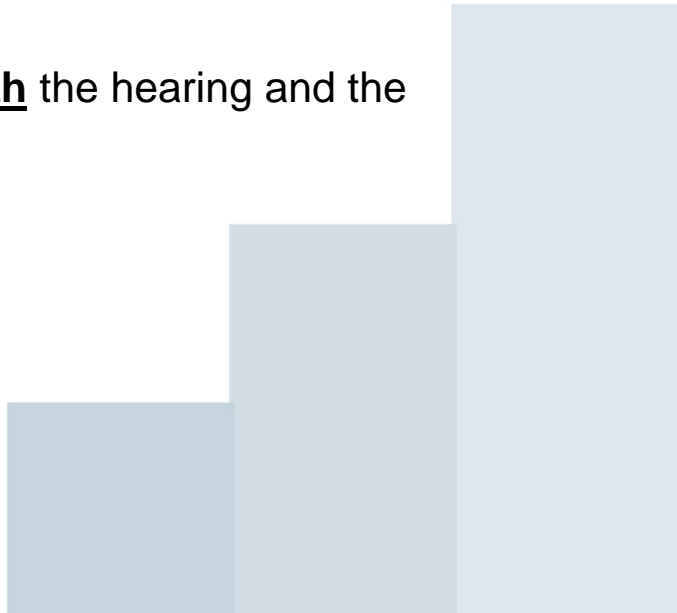


# Proposed CNA Worksheet

## Defining the Factors

b. Enter “50” if a patient was intentionally or unintentionally injured. Injury includes any physical injury, physical or sexual abuse, and death. Injury must be caused by the respondent. For instance a patient injury resulting from a fall would not be scored.

f. Enter “20” if the respondent failed to participate in **both** the hearing and the investigation.



# Proposed CNA Worksheet

## Recommended Sanctions

Points	Sanctioning Recommendation	Frequency
0-100	No Sanction	1
	Monetary Penalty	0
	Probation	1
	Take No Action	0
	Stayed Suspension	4
	Terms	12
101-149	Reprimand	26
150 and up	Revocation	23
	Suspension	23
	Surrender	2
	Finding of Abuse	15
	Finding of Neglect	8
	Finding of Misappropriation	4

Reprimand no longer included with No Sanction

# Current CNA Worksheet

## Removed Offense and Respondent Factors

### Offense and Respondent Score (score all that apply)

<del>Significant and substantial danger to the public</del>	<del>30</del>
Impaired at the time of the incident	30
<del>Financial or material gain</del>	<del>20</del>
<del>Certificate ever taken away by any jurisdiction (including VA)</del>	<del>10</del>
<del>Concurrent criminal conviction</del>	<del>10</del>
Act of commission	10
<del>Two or more concurrent founded cases</del>	<del>10</del>
<del>Patient especially vulnerable</del>	<del>10</del>



# BON CNA Proposed Worksheet

This worksheet  
correctly predicts  
**80%** of cases

**Case Type Score** (score only one)

	Points	Score
a. Abuse/Inappropriate Relationship	70	_____
b. Misappropriation of Patient Property	60	_____
c. Inability to Safely Practice	50	_____
d. Neglect	40	_____
e. Verbal Abuse	30	_____
f. Abandonment/Standard of Care	10	_____

Case Type Score

**Offense and Respondent Score** (score all that apply)

a. Act of commission	60	_____
b. Patient injury	50	_____
c. Impaired at incident	45	_____
d. Failure to take corrective action	40	_____
e. More than one patient involved	30	_____
f. Failure to participate with DHP	20	_____

Offense and Respondent Score

**Total Worksheet Score** (Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-100	No Sanction Monetary Penalty Probation Take No Action Stayed Suspension Terms
101-149	Reprimand
150 and up	Revocation Suspension Surrender Finding of Abuse Finding of Neglect Finding of Misappropriation

# Certified Nurse Aide SRP Worksheet Instructions

Step 1: Case Type – Select the case type from the list and score accordingly. If a case has multiple aspects, enter the point value for the most serious case type that is highest on the list. (score only one)

- a. Abuse/Inappropriate Relationship....70
- b. Misappropriation of Patient Property....60
- c. Inability to Safely Practice....50
- d. Neglect....40
- e. Verbal Violations....30
- f. Abandonment/Standard of Care ....10

Step 2: Offense and Respondent Factors – Score all factors reflecting the totality of the case(s) presented. (score all that apply)

- a. Enter “60” if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- b. Enter “50” if a patient was intentionally or unintentionally injured. Injury includes any physical injury, physical or sexual abuse, and death. Injury must be caused by the respondent. For instance a patient injury resulting from a fall would not be scored.
- c. Enter "45" if the respondent was impaired while practicing due to substance abuse (alcohol or drugs) or mental/physical incapacitation.
- d. Enter “40” if the respondent failed to initiate corrective action prior to the time at which the SRP worksheet is being considered.
- e. Enter “30” if the offense involves more than one patient. Patient includes, but is not limited to, direct contact with a patient, patient neglect, boundary issues, or drug diversion with patient deprivation.
- f. Enter “20” if the respondent failed to participate in **both** the hearing and the investigation.

Step 3: Sanctioning Recommendation – Add the point values in Steps 1 and 2 and enter the result in the box next to the Total Worksheet Score. The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score.

Step 4: Coversheet – Complete the coversheet including the SRP sanction threshold result, the imposed sanction, and the reasons for departure if applicable.



Case Type Score (score only one)	Points	Score
a. Abuse/Inappropriate Relationship	70	_____
b. Misappropriation of Patient Property	60	_____
c. Inability to Safely Practice	50	_____
d. Neglect	40	_____
e. Verbal Violations	30	_____
f. Abandonment/Standard of Care	10	_____
Case Type Score		<input style="width: 50px; height: 20px;" type="text"/>

Offense and Respondent Score (score all that apply)	Points	Score
a. Act of commission	60	_____
b. Patient injury	50	_____
c. Impaired while practicing	45	_____
d. Failure to initiate corrective action	40	_____
e. More than one patient involved	30	_____
f. Failure to participate with DHP	20	_____
Offense and Respondent Score		<input style="width: 50px; height: 20px;" type="text"/>

**Total Worksheet Score** (Case Type + Offense and Respondent)

Score	Sanctioning Recommendations
0-100	No Sanction Monetary Penalty Probation Take No Action Stayed Suspension Terms
101-149	Reprimand
150 and up	Revocation Suspension Surrender Finding of Abuse Finding of Neglect Finding of Misappropriation