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 form those persons who have submitted an email to 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.
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VIRGINIA BOARD OF NURSING

VIRTUAL **BUSINESS MEETING**

Final 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

ESTABLISMENT 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**

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 Duties and Functions of Board of Nursing Officers

D1c November 24, 2020 Slate of Candidates for 2021 Officers Memo**

E. EDUCATION:

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

F. REGULATIONS/GUIDANCE DOCUMENTS – Ms. Yeatts

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

F3 Revisions to Guidance Documents (GDs)**

- ***GD 90-16*** *Evaluation Form and Protocols for Adult Immunizations***
- ***GD 90-19*** *Epidural Anesthesia by RN's and LPN's***
- ***GD 90-55*** *Joint Statement of the Department of Health and the Department of Health Professions on Impact of Criminal Convictions on Nursing Licensure or Certification and Employment in Virginia***

- ***GD 90-59*** *Impact of Criminal Convictions on Registration of Medication Aides and Licensure of Massage Therapist in Virginia (***recommendation from Massage Therapy Advisory Board)****

Updates on additional Guidance Documents (GDs) **–** Ms. Douglas **(verbal report)**

- **GD 90-4** *Opinion on how licensure as a nurse relates to service on a volunteer rescue squad*
- **GD 90-63** *Registered Nurses and Procedural Sedation*

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*
#10 – Martha Atwell, RN**
#11 – Sharon Lynn Jenkins, RN**
#12 – Lydia Chakeela Bernadette Wells, RMA**
#13 – Lyndia Chakeela Bernadette Wells, CNA**
#14 – Stephanie Lynn Abel Mitchell, LPN**
#15 – Elizabeth Egan, LPN**
#16 – Katherine Rose Newsham, RN**

G. CONSENT ORDERS: (Closed Session) - None

MEETING DEBRIEF

ADJOURNMENT

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

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 2021and 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	Board of Nursing Business Meeting
B2	July 21, 2020	Panel A - Formal Hearings
B3	July 21, 2020	Panel B – Formal Hearings
B4	July 22, 2020	Panel A – Agency Subordinate Recommendations & Formal Hearings
B5	July 22, 2020	Panel B - Agency Subordinate Recommendations & Formal Hearings
B6	August 13, 2020	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.

DIALOGUE WITH

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 oversite, 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 ***D1 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 Caroline 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 then 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 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 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
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Louise Hershkowitz, CRNA, MSHA
Brandon Jones, MSN, RN, CEN, NEA-BC
Dixie L. McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CNE

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

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 17, 2020
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M. on November 17, 2020 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Mark Monson, Citizen Member, Second Vice-President
Marie Gerardo, MS, RN, ANP-BC, First Vice-President
Margaret J. Friedenberg, Citizen Member
Louise Hershkowitz, CRNA, MSHA
Brandon A. Jones, MSN, RN, CEN, NEA-BC

STAFF PRESENT: Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

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

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

FORMAL HEARINGS: **Allison Leigh Rulli, RN Reinstatement Applicant 0001-229783**
Ms. Rulli appeared, accompanied by Christine Rose, NA Sponsor.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Wanda Blanks, court reporter, Farnsworth & Taylor Reporting, recorded the proceeding.

Patricia Dewey, former Senior Investigator, Katie Land, Senior Investigator, Department of Health Professions, and Christine Rose, NA Sponsor, were present and testified.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:17 A.M., for the purpose of deliberation to reach a decision in the matter of Allison Leigh Rulli. Additionally, Ms. Hershkowitz moved that Ms. Ridout, Ms. Graham, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:42 A.M.

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing approve the application of Allison Leigh Rulli for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia, suspend her license with suspension stayed contingent upon her continued compliance with the Virginia Health Practitioners' Monitoring Program (HPMP). The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Rulli at her address of record. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Melissa D. Lawson, CNA** **1401-153747**
Ms. Lawson did not appear.

Rebecca Ribley, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Wanda Blanks, court reporter, Farnsworth & Taylor Reporting, recorded the proceeding.

Sherry Foster, Regional Manager of Enforcement Division, Department of Health Professions, and Edwina Wilson, MD, Wayland Nursing & Rehab Center, testified by phone.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:31 A.M., for the purpose of deliberation to reach a decision in the matter of Melissa D. Lawson. Additionally, Ms. Gerardo moved that Ms. Ridout, Ms. Graham, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:52 A.M.

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

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

ACTION: Ms. Gerardo moved that the Board of Nursing revoke the certificate of Melissa D. Lawson to practice as a nurse aide in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Lawson at her address of record. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Diacell Winston, RMA 0031-008400**

Ms. Hicks appeared, represented by Robert L. Flax, Esquire, and accompanied by Dalphine Woodson, Certified Peer Specialist and Sponsor.

Erin Waver, Assistant Attorney General, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Wanda Blanks, court reporter, Farnsworth & Taylor Reporting, recorded the proceeding.

Kimberly Lycnh, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:42 P.M., for the purpose of deliberation to reach a decision in the matter of Diancell Winston. Additionally, Ms. Gerardo moved that Ms. Ridout, Ms. TGraham, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:20 P.M.

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing indefinitely suspend the registration of Diacell Winston to practice as a medication aide in the

Commonwealth of Virginia for the period of not less than two (2) years until such time that she can appear before the Board and prove that she is safe and competent to practice. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Winston at her address of record. T The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:22 P.M.

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Charlette Ridout, RN, MS, CNE
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 17, 2020
Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M. on November 17, 2020 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHPA, CSAC, President
Ann Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE
Cynthia M. Swineford, RN, MSN, CNE

STAFF PRESENT: Lelia Claire Morris, RN, LNHA, Deputy Executive Director (A.M. cases)
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

Francesca Iyengar, Discipline Case Manager, Board of Nursing, James Banning, Executive Director, Administrative Proceedings Division, and Julia Bennett, Deputy Director, Administrative Proceedings Division, observed the proceedings.

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

FORMAL HEARINGS: **Kathryn Marie Hayes Rind, RN** **0001-204664**
Ms. Rind appeared, accompanied by her husband.

Janice Redinger, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Kelly Ashley, Senior Investigator, Department of Health Professions, testified by phone. Amy Stewart, LCSW, Program Administrative Director, Health Practitioners' Monitoring Program, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:21 A.M., for the purpose of deliberation to reach a decision in the matter of Kathryn Marie Hayes Rind. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the

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

RECONVENTION: The Board reconvened in open session at 11:03 A.M.

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

ACTION: Ms. Smith moved that the Board of Nursing reprimand Kathryn Marie Hayes Rind and issue an order to indefinitely suspend the license of Ms. Rind to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Rind at her address of record. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Amiee Nicole Price, RMA Reinstatement Applicant 0031-010390**
Ms. Price appeared.

Janice Redinger, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Joyce Johnson, Senior Investigator, Department of Health Professions, testified by phone.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:36 P.M., for the purpose of deliberation to reach a decision in the matter of Amiee Nicole Price. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, 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 12:50 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.

ACTION: Dr. Gleason moved that the Board of Nursing approve the application of Amiee Nicole Price for reinstatement of her registration to practice as a medication aide in the Commonwealth of Virginia, indefinitely suspend her registration, and stay the suspension contingent upon Ms. Price's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Price at her address of record. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed for lunch at 12:52.M.

RECONVENTION: The Board reconvened in open session at 1:30 P.M

FORMAL HEARINGS: **Ashley Elaine Shenk Macaioni, CNA** **1401-141561**
Ms. Macaioni did not appear.

Lori Pound, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Parke Slater, Senior Investigator, Department of Health Professions, testified by phone.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:54 P.M., for the purpose of deliberation to reach a decision in the matter of Ashley Elaine Shenk Macaioni. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:04 P.M.

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

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

ACTION: Ms. Shah moved that the Board of Nursing indefinitely suspend the certificate of Ashley Elaine Shenk Macaioni to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Macaioni at her address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:06 P.M.

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Lelia Claire Morris, RN, LNHA
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 18, 2020
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on November 18, 2020 in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Marie Gerardo, MS, RN, ANP-BC, First Vice-President
Mark D. Monson, Citizen Member, Second Vice-President
Margaret Friedenberg, Citizen Member
James L. Hersmansen-Parker, MDN, RN, PCCN-K
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

STAFF PRESENT: Lelia Claire Morris, RN, LNHA, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

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

FORMAL HEARINGS: **Heather M. Poe, RN** **0001-216599**
Ms. Poe appeared

Anne Joseph, Adjudication Consultant for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Marie Whisenand, court reporter, Farnsworth & Taylor Reporting, recorded the proceeding.

Christopher Bowers, Health Practitioners' Monitoring Program (HPMP) Intake Coordinator, testified by phone.

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

RECONVENTION: The Board reconvened in open session at 9:48 A.M.

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

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

ACTION: Mr. Monson moved that the Board of Nursing continue the license of Heather M. Poe to practice professional nursing in the Commonwealth of Virginia on indefinite suspension with suspension stayed contingent upon Ms. Poe's re-entry into the Health Practitioners' Monitoring Program (HPMP) and continued compliance with HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Poe at her address of record. The motion was seconded and carried unanimously.

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

CONSIDERATION OF CONSENT ORDERS:

William Brandt, CNA **1401-187541**

Mr. Hermansen-Parker moved to accept the consent order of voluntary surrender for revocation of William Brandt's certificate to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Jo Eve P. Miller, LPN **0001-033512**

Mr. Hermansen-Parker moved to accept the consent order to indefinitely suspend the license of Jo Eve P. Miller to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded and carried unanimously.

RECESS: The Board recessed at 10:00 A.M.

RECONVENTION: The Board reconvened in open session at 1:06 P.M.

FORMAL HEARINGS: **Rahshel Monique McFrazier, RMA Applicant Case # 199316**

Ms. Ms. Frazier did not appear.

Wayne T. Halbleib, Senior Assistant Attorney General/Section Chief, and Lori Pound, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal

counsel for the Board. Marie Whisenand, court reporter, Farnsworth & Taylor Reporting, recorded the proceeding.

CLOSED MEETING: Ms. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:26 P.M., for the purpose of deliberation to reach a decision in the matter of Rahshel Monique McFrazier. Additionally, Ms. Smith moved that Ms.Morris, Ms. Graham, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:34 P.M.

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

ACTION: Mr. Hersmansen-Parker moved that the Board of Nursing deny the application of Rahshel Monique McFrazier for registration to practice as a medication aide in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. McFrazier at her address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 1:36 P.M.

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Lelia Claire Morris, RN, LNHA
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 18, 2020
Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:10 A.M. on November 18, 2020 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA - Chairperson
Ann Tucker Gleason, PhD, Citizen Member
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Meenakshi Shah, BA, RN
Cynthia M. Swineford, RN, MSN, CNE

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director
Jay P. Douglas, MSM, RN, CSAC, FRE Executive Director (joined at 11:27 AM)
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

Julia Bennett, Deputy Director, Administrative Proceedings Division, observed the proceedings.

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF CONSENT ORDER:

G1 Dannette Perkins, LPN **0002-074472**

Ms. Shah moved to accept the consent order to reinstate the license of Dannette Perkins to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

FORMAL HEARINGS: **Jamie M. Holmes, LPN** **0002-091332**

Ms. Holmes did not appear.

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Kelly Ashley, Senior Investigator, Department of Health Professions testified by phone. Gary Lawson, RN, Nursing Coordinator, Newport News Behavioral Health Center, was present and testified. Jeff Kiser, attorney for Newport News Behavioral Health Center, observed.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:40 A.M., for the purpose of deliberation to reach a decision in the matter of Jamie M. Holmes. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:16 A.M.

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

ACTION: Ms. Shah moved that the Board of Nursing revoke the license of Jamie M. Holmes to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Holmes at her address of record. The motion was seconded and carried unanimously.

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

Dr. Hills left the meeting.
Ms. Douglas joined the meeting.

FORMAL HEARINGS: **Incilay Iclal Manley, LPN** **0002-091237**
Ms. Manley did not appear.

Rebecca Ribley, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Kelly Ashley, Senior Investigator, Department of Health Professions, testified by phone. Don Agget, RN, Director of Health Services, Edgeworth Park at New Town, was present and testified. Lesa Brown, RN, ADON, Envoy of Williamsburg, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:39 P.M., for the purpose of deliberation to reach a decision in the matter of Incilay Iclal Manley.

Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, 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 12:56 P.M.

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

ACTION: Ms. Shah moved that the Board of Nursing indefinitely suspend the right of Incilay Iclal Manley to renew her license to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Manley at her address of record. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 12:58 P.M.
Ms. Douglas left the meeting.

RECONVENTION: Dr. Hills joined the meeting
The Board reconvened in open session at 1:30 P.M.

FORMAL HEARINGS: **Amanda Lynn Lewis, LPN** **0002-082866**
Ms. Lewis did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Christopher Moore, Senior Investigator, Department of Health Professions, testified by phone.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:48 P.M., for the purpose of deliberation to reach a decision in the matter of Amanda Lynn Lewis. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:01 P.M.

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

ACTION: Ms. Shah moved that the Board of Nursing indefinitely suspend the license of Amanda Lynn Lewis to practice practical nursing in the Commonwealth of Virginia until such time as she can appear before Board and demonstrate sufficient evidence that she is safe and competent to resume practice. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Lewis at her address of record. The motion was seconded and carried unanimously.

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

Dr. Hills left the meeting.
Ms. Douglas joined the meeting.

FORMAL HEARINGS: **Laura Langley Sargent, RN** **0001-204663**
Ms. Sargent did not appear.

Grace Stewart, Adjudication Specialists for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Kelly Ashley, Senior Investigator, Department of Health Professions, testified by phone. Kim Brooks, RN, DON, River View on the Appomattox Health and Rehab Center, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:58 P.M., for the purpose of deliberation to reach a decision in the matter of Laura Langley Sargent. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:06 P.M.

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

ACTION: Dr. Gleason moved that the Board of Nursing indefinitely suspend the right of Laura Langley Sargent to renew her license to practice professional nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Sargent at her address of record. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Paul J. Landsdown, CNA** **1401-108490**

Mr. Landsdown did not appear.

David Kazzie, Adjudication Consultant for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting, LLC, recorded the proceeding.

Eric Hewett, APS, Roanoke County DSS, was present and testified. Alan Burton, Senior Investigator, Department of Health Professions testified by phone. Carolyn Harvey, Client A's Daughter, testified by phone.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:09 P.M., for the purpose of deliberation to reach a decision in the matter of Paul J. Landsdown. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, 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 4:12 P.M.

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

ACTION: Mr. Jones moved that the Board of Nursing revoke the certificate of Paul J. Landsdown to practice as a nurse aide in the Commonwealth of Virginia based

upon a Finding of Abuse. A Finding of Abuse shall be entered against him in the Virginia Nurse Aide Registry. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Landsdown at his address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:14 P.M.

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

Virginia Department of Health Professions
Cash Balance
As of October 31, 2020

	Nursing	
Board Cash Balance as June 30, 2020	9,306,557	
YTD FY21 Revenue	4,473,081	
Less: YTD FY21 Direct and Allocated Expenditures	4,966,383	*
Board Cash Balance as October 31, 2020	8,813,255	

*** Includes $19,926 deduction for Nurse Scholarship Fund**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	744,415.00	2,488,425.00	1,744,010.00	29.92%
4002406	License & Renewal Fee	3,226,775.00	9,192,645.00	5,965,870.00	35.10%
4002407	Dup. License Certificate Fee	8,520.00	23,750.00	15,230.00	35.87%
4002408	Board Endorsement - In	20,400.00	64,790.00	44,390.00	31.49%
4002409	Board Endorsement - Out	415.00	18,270.00	17,855.00	2.27%
4002421	Monetary Penalty & Late Fees	58,200.00	231,415.00	173,215.00	25.15%
4002432	Misc. Fee (Bad Check Fee)	385.00	1,750.00	1,365.00	22.00%
	Total Fee Revenue	4,059,110.00	12,021,045.00	7,961,935.00	33.77%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,450.00	-	(1,450.00)	0.00%
	Total Sales of Prop. & Commodities	1,450.00	-	(1,450.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	6,600.00	26,500.00	19,900.00	24.91%
	Total Other Revenue	6,600.00	26,500.00	19,900.00	24.91%
	Total Revenue	4,067,160.00	12,047,545.00	7,980,385.00	33.76%
5011110	Employer Retirement Contrib.	94,989.77	343,334.77	248,345.00	27.67%
5011120	Fed Old-Age Ins- Sal St Emp	63,308.57	203,457.33	140,148.76	31.12%
5011140	Group Insurance	9,410.65	31,816.64	22,405.99	29.58%
5011150	Medical/Hospitalization Ins.	146,587.50	511,740.00	365,152.50	28.64%
5011160	Retiree Medical/Hospitalizatn	7,914.85	26,593.01	18,678.16	29.76%
5011170	Long term Disability Ins	4,139.54	14,483.69	10,344.15	28.58%
	Total Employee Benefits	326,350.88	1,131,425.45	805,074.57	28.84%
5011200	Salaries				
5011230	Salaries, Classified	721,277.19	2,374,376.00	1,653,098.81	30.38%
5011250	Salaries, Overtime	10,613.01	-	(10,613.01)	0.00%
	Total Salaries	731,890.20	2,374,376.00	1,642,485.80	30.82%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	2,880.00	18,720.00	15,840.00	15.38%
	Total Special Payments	2,880.00	18,720.00	15,840.00	15.38%
5011400	Wages				
5011410	Wages, General	124,592.16	307,996.00	183,403.84	40.45%
5011430	Wages, Overtime	144.00	-	(144.00)	0.00%
	Total Wages	124,736.16	307,996.00	183,259.84	40.50%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	6,012.37	-	(6,012.37)	0.00%
	Total Terminatn Personal Svce Costs	6,012.37	-	(6,012.37)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	1,191,869.61	3,832,517.45	2,640,647.84	31.10%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	4,395.00	4,395.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012120	Outbound Freight Services	1,081.02	10.00	(1,071.02)	10810.20%
5012140	Postal Services	59,132.84	85,633.00	26,500.16	69.05%
5012150	Printing Services	11.75	1,322.00	1,310.25	0.89%
5012160	Telecommunications Svcs (VITA)	5,658.48	21,910.00	16,251.52	25.83%
5012170	Telecomm. Svcs (Non-State)	202.50	-	(202.50)	0.00%
5012190	Inbound Freight Services	17.65	17.00	(0.65)	103.82%
	Total Communication Services	66,104.24	113,287.00	47,182.76	58.35%
5012200	Employee Development Services				
5012210	Organization Memberships	6,000.00	8,764.00	2,764.00	68.46%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Trainng/Workshop/Conf	-	482.00	482.00	0.00%
	Total Employee Development Services	6,000.00	9,366.00	3,366.00	64.06%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
	Total Health Services	-	4,232.00	4,232.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	60,483.97	197,340.00	136,856.03	30.65%
5012440	Management Services	1,011.93	370.00	(641.93)	273.49%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	1,190.75	5,616.00	4,425.25	21.20%
	Total Mgmnt and Informational Svcs	62,686.65	203,375.00	140,688.35	30.82%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	790.56	-	(790.56)	0.00%
5012530	Equipment Repair & Maint Srvc	15,643.92	3,001.00	(12,642.92)	521.29%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	16,434.48	3,370.00	(13,064.48)	487.67%
5012600	Support Services				
5012630	Clerical Services	67,114.31	317,088.00	249,973.69	21.17%
5012640	Food & Dietary Services	1,103.86	-	(1,103.86)	0.00%
5012660	Manual Labor Services	8,880.14	38,508.00	29,627.86	23.06%
5012670	Production Services	50,946.16	158,515.00	107,568.84	32.14%
5012680	Skilled Services	267,529.17	1,164,774.00	897,244.83	22.97%
	Total Support Services	395,573.64	1,678,885.00	1,283,311.36	23.56%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	463.45	5,260.00	4,796.55	8.81%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	117.82	6,635.00	6,517.18	1.78%
5012880	Trvl, Meal Reimb- Not Rprtble	72.75	3,597.00	3,524.25	2.02%
	Total Transportation Services	654.02	17,947.00	17,292.98	3.64%
	Total Contractual Svs	547,453.03	2,030,462.00	1,483,008.97	26.96%
5013000	Supplies And Materials				
5013100	Administrative Supplies				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013110	Apparel Supplies	100.38	-	(100.38)	0.00%
5013120	Office Supplies	5,055.01	11,696.00	6,640.99	43.22%
5013130	Stationery and Forms	-	3,790.00	3,790.00	0.00%
	Total Administrative Supplies	5,155.39	15,486.00	10,330.61	33.29%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	61.92	-	(61.92)	0.00%
5013520	Custodial Repair & Maint Matrl	8.54	29.00	20.46	29.45%
	Total Repair and Maint. Supplies	70.46	29.00	(41.46)	242.97%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	408.00	408.00	0.00%
5013630	Food Service Supplies	-	1,108.00	1,108.00	0.00%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	Total Residential Supplies	-	1,538.00	1,538.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	474.00	182.00	(292.00)	260.44%
	Total Specific Use Supplies	474.00	182.00	(292.00)	260.44%
	Total Supplies And Materials	5,699.85	17,334.00	11,634.15	32.88%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	-	504.00	504.00	0.00%
	Total Insurance-Fixed Assets	-	667.00	667.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3,466.14	9,014.00	5,547.86	38.45%
5015350	Building Rentals	173.80	-	(173.80)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	79,976.55	239,574.00	159,597.45	33.38%
	Total Operating Lease Payments	83,616.49	248,863.00	165,246.51	33.60%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
5015470	Private Vendor Service Charges:	28.54	-	(28.54)	0.00%
	Total Service Charges	28.54	5.00	(23.54)	570.80%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,897.00	1,897.00	0.00%
5015540	Surety Bonds	-	112.00	112.00	0.00%
	Total Insurance-Operations	-	2,009.00	2,009.00	0.00%
	Total Continuous Charges	83,645.03	251,544.00	167,898.97	33.25%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022170	Other Computer Equipment	791.36	-	(791.36)	0.00%
	Total Computer Hrdware & Sftware	791.36	-	(791.36)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	1,123.00	1,123.00	0.00%
	Total Educational & Cultural Equip	-	1,123.00	1,123.00	0.00%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	-	277.00	277.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	-	133.00	133.00	0.00%
	Total Specific Use Equipment	-	133.00	133.00	0.00%
	Total Equipment	791.36	3,199.00	2,407.64	24.74%
	Total Expenditures	1,829,458.88	6,135,056.45	4,305,597.57	29.82%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	13,206.29	107,104.00	93,897.70	12.33%
30100	Data Center	485,584.46	2,003,610.03	1,518,025.57	24.24%
30200	Human Resources	127,213.26	163,887.70	36,674.43	77.62%
30300	Finance	338,133.13	920,415.04	582,281.91	36.74%
30400	Director's Office	104,420.15	330,712.89	226,292.74	31.57%
30500	Enforcement	903,419.22	2,594,922.12	1,691,502.90	34.81%
30600	Administrative Proceedings	231,974.51	694,701.51	462,727.00	33.39%
30700	Impaired Practitioners	61,990.68	117,466.76	55,476.07	52.77%
30800	Attorney General	105,696.88	173,388.26	67,691.37	60.96%
30900	Board of Health Professions	86,505.77	248,934.17	162,428.40	34.75%
31100	Maintenance and Repairs	2,360.94	14,748.58	12,387.63	16.01%
31300	Emp. Recognition Program	45.11	11,013.89	10,968.78	0.41%
31400	Conference Center	847.52	2,136.89	1,289.37	39.66%
31500	Pgm Devlpmnt & Implmentn	39,031.02	148,273.06	109,242.03	26.32%
	Total Allocated Expenditures	2,500,428.97	7,531,314.88	5,030,885.91	33.20%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (262,727.85)	$ (1,618,826.33)	$ (1,356,098.48)	16.23%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,700.00	300.00	(1,400.00)	566.67%
4002406	License & Renewal Fee	388,485.00	1,200,800.00	812,315.00	32.35%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	170.00	700.00	530.00	24.29%
	Total Fee Revenue	390,355.00	1,202,130.00	811,775.00	32.47%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	15,446.26	536,395.00	520,948.74	2.88%
4003020	Misc. Sales-Dishonored Payments	120.00	-	(120.00)	0.00%
	Total Sales of Prop. & Commodities	15,566.26	536,395.00	520,828.74	2.90%
4009000	Other Revenue				
	Total Revenue	405,921.26	1,738,525.00	1,332,603.74	23.35%
5011110	Employer Retirement Contrib.	3,270.60	10,664.97	7,394.37	30.67%
5011120	Fed Old-Age Ins- Sal St Emp	4,899.88	14,938.92	10,039.04	32.80%
5011140	Group Insurance	369.70	988.32	618.62	37.41%
5011150	Medical/Hospitalization Ins.	6,108.50	16,488.00	10,379.50	37.05%
5011160	Retiree Medical/Hospitalizatn	311.31	826.06	514.75	37.69%
5011170	Long term Disability Ins	169.06	449.91	280.85	37.58%
	Total Employee Benefits	15,129.05	44,356.17	29,227.12	34.11%
5011200	Salaries				
5011230	Salaries, Classified	27,658.08	73,755.00	46,096.92	37.50%
	Total Salaries	27,658.08	73,755.00	46,096.92	37.50%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	-	960.00	960.00	0.00%
	Total Special Payments	-	960.00	960.00	0.00%
5011400	Wages				
5011410	Wages, General	37,468.10	121,525.00	84,056.90	30.83%
	Total Wages	37,468.10	121,525.00	84,056.90	30.83%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	699.84	-	(699.84)	0.00%
	Total Terminatn Personal Svce Costs	699.84	-	(699.84)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	80,955.07	240,596.17	159,641.10	33.65%
5012000	Contractual Svs				
5012100	Communication Services				
5012140	Postal Services	15,948.20	32,117.00	16,168.80	49.66%
5012150	Printing Services	-	276.00	276.00	0.00%
5012160	Telecommunications Svcs (VITA)	398.64	2,500.00	2,101.36	15.95%
5012190	Inbound Freight Services	1.16	-	(1.16)	0.00%
	Total Communication Services	16,348.00	34,893.00	18,545.00	46.85%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Health Services	-	125.00	125.00	0.00%
5012400	**Mgmnt and Informational Svcs**	-			
5012420	**Fiscal Services**	7,559.02	24,920.00	17,360.98	30.33%
5012440	**Management Services**	173.74	530.00	356.26	32.78%
5012460	**Public Infrmtnl & Relatn Svcs**	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	7,732.76	25,460.00	17,727.24	30.37%
5012500	**Repair and Maintenance Svcs**				
5012510	**Custodial Services**	123.20	-	(123.20)	0.00%
5012530	**Equipment Repair & Maint Srvc**	2,121.75	-	(2,121.75)	0.00%
5012560	**Mechanical Repair & Maint Srvc**	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	2,244.95	72.00	(2,172.95)	3117.99%
5012600	**Support Services**				
5012660	**Manual Labor Services**	682.11	2,454.00	1,771.89	27.80%
5012670	**Production Services**	3,653.51	10,300.00	6,646.49	35.47%
5012680	**Skilled Services**	4,217.94	48,303.00	44,085.06	8.73%
	Total Support Services	8,553.56	61,057.00	52,503.44	14.01%
5012800	**Transportation Services**				
5012820	**Travel, Personal Vehicle**	-	6,893.00	6,893.00	0.00%
5012840	**Travel, State Vehicles**	-	310.00	310.00	0.00%
5012850	**Travel, Subsistence & Lodging**	-	912.00	912.00	0.00%
5012880	**Trvl, Meal Reimb- Not Rprtble**	-	528.00	528.00	0.00%
	Total Transportation Services	-	8,643.00	8,643.00	0.00%
	Total Contractual Svs	34,879.27	130,250.00	95,370.73	26.78%
5013000	**Supplies And Materials**				
5013100	**Administrative Supplies**				
5013110	**Apparel Supplies**	16.33	-	(16.33)	0.00%
5013120	**Office Supplies**	594.44	1,092.00	497.56	54.44%
5013130	**Stationery and Forms**	-	1,203.00	1,203.00	0.00%
	Total Administrative Supplies	610.77	2,295.00	1,684.23	26.61%
5013300	**Manufctrng and Merch Supplies**				
5013350	**Packaging & Shipping Supplies**	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013500	**Repair and Maint. Supplies**				
5013510	**Building Repair & Maint Materl**	9.65	-	(9.65)	0.00%
5013520	**Custodial Repair & Maint Matrl**	1.33	-	(1.33)	0.00%
	Total Repair and Maint. Supplies	10.98	-	(10.98)	0.00%
5013600	**Residential Supplies**				
5013620	**Food and Dietary Supplies**	-	80.00	80.00	0.00%
5013630	**Food Service Supplies**	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	621.75	2,621.00	1,999.25	23.72%
5015000	**Continuous Charges**				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	106.00	106.00	0.00%
	Total Insurance-Fixed Assets	-	106.00	106.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	10.51	-	(10.51)	0.00%
5015350	Building Rentals	15.60	-	(15.60)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	10,692.73	30,203.00	19,510.27	35.40%
	Total Operating Lease Payments	10,718.84	30,253.00	19,534.16	35.43%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	129.85	-	(129.85)	0.00%
	Total Service Charges	129.85	-	(129.85)	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	399.00	399.00	0.00%
5015540	Surety Bonds	-	24.00	24.00	0.00%
	Total Insurance-Operations	-	423.00	423.00	0.00%
	Total Continuous Charges	10,848.69	30,782.00	19,933.31	35.24%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	123.33	-	(123.33)	0.00%
	Total Computer Hrdware & Sftware	123.33	-	(123.33)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
	Total Equipment	123.33	166.00	42.67	74.30%
	Total Expenditures	127,428.11	404,415.17	276,987.06	31.51%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	1,457.26	34,904.36	33,447.11	4.17%
30100	Data Center	40,500.64	165,265.70	124,765.06	24.51%
30200	Human Resources	10,815.49	12,801.61	1,986.13	84.49%
30300	Finance	74,252.36	202,579.54	128,327.18	36.65%
30400	Director's Office	22,942.71	72,788.54	49,845.83	31.52%
30500	Enforcement	279,668.22	870,305.25	590,637.02	32.13%
30600	Administrative Proceedings	29,457.79	176,122.15	146,664.36	16.73%
30700	Impaired Practitioners	629.91	2,498.17	1,868.26	25.21%
30800	Attorney General	1,326.79	55,054.77	53,727.98	2.41%
30900	Board of Health Professions	19,012.74	54,789.38	35,776.64	34.70%
31100	Maintenance and Repairs	364.74	2,278.49	1,913.75	16.01%
31300	Emp. Recognition Program	3.09	860.32	857.23	0.36%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
31400	Conference Center	130.93	330.13	199.19	39.66%
31500	Pgm Devlpmnt & Implmentn	8,578.20	32,634.29	24,056.09	26.29%
	Total Allocated Expenditures	489,140.86	1,683,212.68	1,194,071.83	29.06%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (210,647.71)	$ (349,102.86)	$ (138,455.15)	60.34%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	172.12	5,693.36	5,521.24	3.02%
	Total Employee Benefits	172.12	5,693.36	5,521.24	3.02%
5011300	Special Payments				
5011340	Specified Per Diem Payment	2,850.00	-	(2,850.00)	0.00%
	Total Special Payments	2,850.00	-	(2,850.00)	0.00%
5011400	Wages				
5011410	Wages, General	2,249.78	74,423.00	72,173.22	3.02%
	Total Wages	2,249.78	74,423.00	72,173.22	3.02%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	5,271.90	80,116.36	74,844.46	6.58%
5012000	Contractual Svs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,227.47	16,757.00	12,529.53	25.23%
5012830	Travel, Public Carriers	406.81	39.00	(367.81)	1043.10%
5012850	Travel, Subsistence & Lodging	3,005.62	13,828.00	10,822.38	21.74%
5012880	Trvl, Meal Reimb- Not Rprtble	1,751.75	6,546.00	4,794.25	26.76%
	Total Transportation Services	9,391.65	37,170.00	27,778.35	25.27%
	Total Contractual Svs	9,391.65	61,878.00	52,486.35	15.18%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022800	Stationary Equipment				
	Total Expenditures	14,663.55	142,008.36	127,344.81	10.33%

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
Nursing												
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		
Total for Nursing	**176,452**	**168,313**	**168,793**	**168,462**	**168,541**	**169,093**	**168,389**	**170,805**	**170,924**	**171,004**	**0**	**0**
Nurse Aide	**52,984**	**53,105**	**53,010**	**54,454**	**51,652**	**50,858**	**50,920**	**50,743**	**50,601**	**50,593**		
Advanced Nurse Aide	40	40	38	34	31	30	28	28	28	28		
Total for Nurse Aide	**53,024**	**53,145**	**53,048**	**54,488**	**51,683**	**50,888**	**50,948**	**50,771**	**50,629**	**50,621**	**0**	**0**
License Count Grand Total	**229,476**	**221,458**	**221,841**	**222,950**	**220,224**	**219,981**	**219,337**	**221,576**	**221,553**	**221,625**	**0**	**0**

Open Cases Count												
Nursing	1547	1581	1564	1601	1542	1516	1490	1490	1468	1518		
Nurse Aide	413	419	429	451	421	404	410	399	393	431		
Open Cases Total	**1,960**	**2,000**	**1,993**	**2,052**	**1,963**	**1,920**	**1,900**	**1,889**	**1,861**	**1,949**	**0**	**0**

Case Count by Occupation													*Total*
Rec'd RN	63	65	63	54	65	65	73	68	46	59			*621*
Rec'd PN	41	49	39	32	25	40	37	35	43	35			*376*
Rec'd NP, AP, CNS	41	40	24	23	15	24	22	21	31	30			*271*
Rec'd LMT	11	4	4	3	1	6	4	8	4	1			*46*
Rec'd RMA	11	13	12	9	4	6	6	3	12	10			*86*
Rec'd Edu Program	1	8	2	0	1	0	0	1	1	0			*14*
Total Received Nursing	**168**	**179**	**144**	**121**	**111**	**141**	**142**	**136**	**137**	**135**	**0**	**0**	*1,414*
Closed RN	56	123	63	34	81	89	59	52	104	38			*699*
Closed PN	26	52	28	19	37	33	47	31	56	26			*355*
Closed NP, AP, CNS	17	29	49	25	83	38	46	19	46	35			*387*
Closed LMT	7	5	3	4	5	7	2	2	7	3			*45*
Closed RMA	7	4	5	2	14	9	11	7	9	7			*75*
Closed Edu Program	0	6	4	1	2	2	0	1	2	2			*20*
Total Closed Nursing	**113**	**219**	**152**	**85**	**222**	**178**	**165**	**112**	**224**	**111**	**0**	**0**	*1,581*

Case Count - Nurse Aides													*Total*
Received	55	79	55	47	45	54	55	47	47	59			*543*
Rec'd Edu Program	0	1	0	0	0	2	1	1	0	1			*6*
Total Received CNA	**55**	**80**	**55**	**47**	**45**	**56**	**56**	**48**	**47**	**60**	**0**	**0**	*549*
Closed	10	62	95	25	78	56	64	54	26	51			*521*
Closed Edu Program	0	1	1	0	0	0	0	3	0	0			*5*
Total Closed CNA	**10**	**63**	**96**	**25**	**78**	**56**	**64**	**57**	**26**	**51**	**0**	**0**	*526*

All Cases Closed	**123**	**282**	**248**	**110**	**300**	**234**	**229**	**169**	**250**	**162**	0	0	*2,107*
All Cases Received	**223**	**259**	**199**	**168**	**156**	**197**	**198**	**184**	**184**	**195**	0	0	*1,963*

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 wavers.
- 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

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 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 MTLD 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.

_____

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

Virginia Department of Health Professions
Board of Nursing

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Massage Advisory Board Members

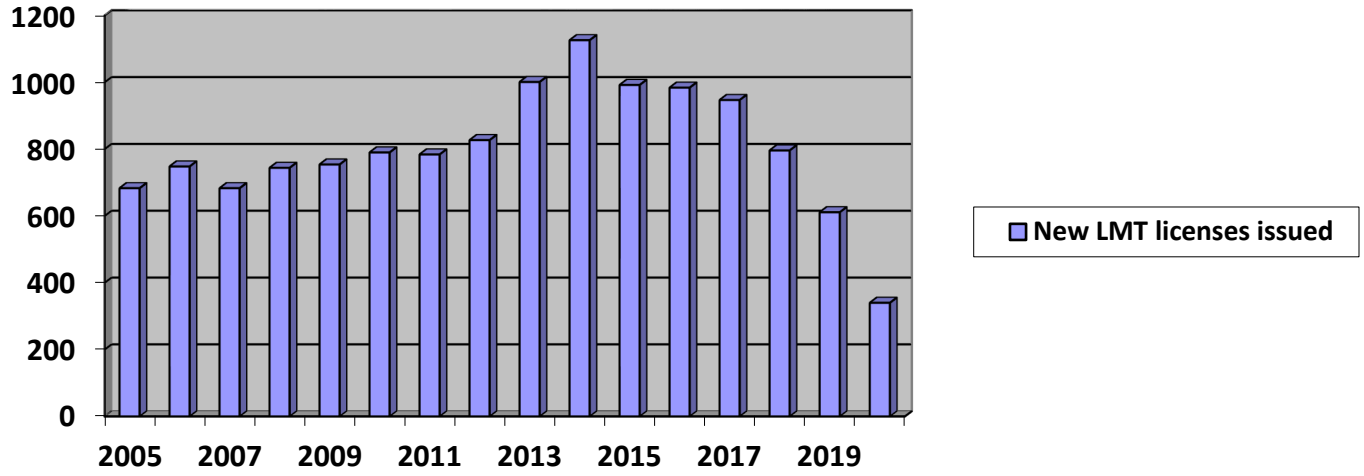
(Revised October 16, 2020)

NAME:	**TERM EXPIRES:**
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- **Sept 30**)	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 – **Sept 30**)	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

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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
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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

Action Taken	Count of Action Taken
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
Grand Total	**99**

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Case Category Report for Nursing - Cases Received Between:

		1/1/2017 - 12/31/2017	1/1/2018 - 12/31/2018	1/1/2019 - 12/31/2019	1/1/2020 - 9/30/2020
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	25	13	19	6
		135	**101**	**133**	**67**

Virginia Board of Nursing -- Informal Conference Schedule

Jan – Jun 2021

*Chairperson

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

BON AGENCY SUBs	TM – Trula Minton		KM - Kelly McDonough	PS – Patricia Selig
BON STAFF	JD – Jay Douglas	RH – Robin Hills	CM – Claire Morris	
	PD – Pat Dewey	CR – Charlette Ridout	JW – Jacquelyn Wilmoth	
BON SUPPORT STAFF	LG – Lakisha Goode	MB – Melvina Baylor	CH – Cathy Hanchey	HV – Huong Vu
	BY – Beth Yates	DG – Darlene Graham	SR – Sally Ragsdale	STS – Sylvia Tamayo-Suijk
APD STAFF	AJ – Anne Joseph	CG – Cynthia Gaines	DK – David Kazzie	TJ – Tammie Jones
	GS – Grace Stewart	JB – Julia Bennett	JR – Janice Redinger	
OTHERS – MT Adv Bd	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 14th 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 10th. 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.

- November 5, 2020, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Nursing Education Program Manager, for the Board of Nursing attended the Clinical Workgroup meeting. Ms. Douglas announced that Ms. Wilmoth will begin serving as Deputy Executive Director over Nursing and Nurse Aide Education Programs on November 10th. 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 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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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

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

Emails to all Nursing Education Programs (Details available upon request)	
Date of Email	**Subject of Email**
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 3rd 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.

Nursing Education Waivers	
Effective March 19, 2020-December 31, 2020	
18VAC90-27-100(D)(2) Simulation for clinical hours in a single course No more than 50% of the total clinical hours for any course may be used as simulation.	Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.
18VAC90-27-100(D)(1) Simulation for total clinical hours 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).	Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.
Effective June 11, 2020	
18VAC90-27-10 Definitions. "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.	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.
18VAC90-27-220 (B) & (C) Maintaining an approved nursing education program. 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	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.

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 2nd, 2020.

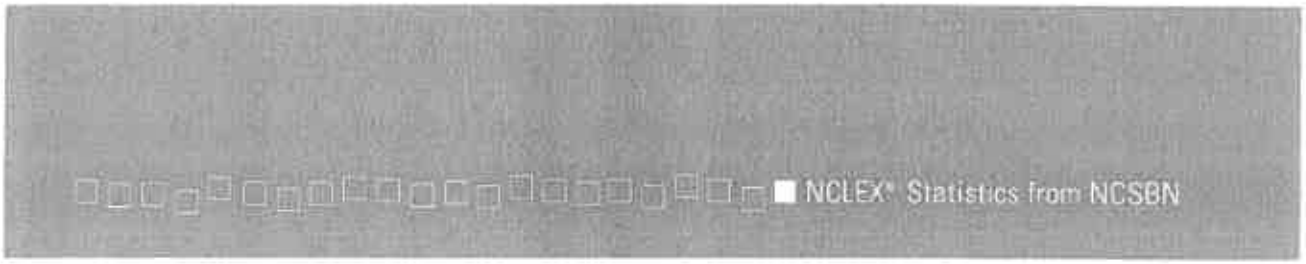
NNAAP Testing Summary

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

Emails to all Nurse Aide Education Programs (details available upon request)	
Date of Email	**Subject of Email**
	None

BON Nurse Aide Education Program Waivers Effective March 19, 2020-June 10, 2020	
18VAC-90-26-30(C) Other Instructional Personnel C. Other instructional personnel. 1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision *shall be registered nurses or licensed practical nurses.*	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.
18VAC90-26-30(D) Qualifications of Nurse Aide Instructors 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: 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.	Waive the requirement that all instructional personnel must demonstrate competence to teach adults.
18VAC90-26-20. Establishing and Maintaining a Nurse Aide Education Program. 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	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.
Federal CMS Waivers affecting Nurse Aide Education Programs Posted April 3, 2020 - Effective Retroactively to March 1, 2020	
Training and Certification of Nurse Aides. 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	Waived the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)) 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

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

PN	Jan.-March[4,6]		April-June[5,7]		July-Sep.		Oct.-Dec.		Year to Date Total	
Type of Candidate	#	%	#	%	#	%	#	%	#	%
First Time, US Educated	10,055	86.01%	8,956	84.63%	17,699	82.84%			36,710	84.14%
Repeat, US Educated	2,505	33.25%	3,489	37.23%	4,563	34.14%			10,557	34.95%
First Time, Internationally Educated	136	52.21%	144	53.47%	160	56.25%			440	54.09%
Repeat, Internationally Educated	120	19.17%	143	34.27%	248	25.81%			511	26.61%
All Candidates	12,816	74.71%	12,732	70.72%	22,670	72.23%			48,218	72.49%

[1] The # symbol denotes the number of candidates who took the exam.
[2] The % symbol denotes the percentage of candidates that passed the exam.
[3] The RN Passing Standard is 0.00 logits.
[4] The PN Passing Standard is -0.21 logits.
[5] The PN Passing Standard is -0.18 logits
[6] Due to COVID-19, the January quarterly data contain NCLEX examinations administered from January 1 to March 24, 2020.
[7] Due to COVID-19, the April quarterly data contain NCLEX examinations administered from March 25 to June 30, 2020.

NCLEX® EXAMINATIONS

10/16/2020

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COMMONWEALTH of VIRGINIA

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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

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

VIRGINIA
Department of Health Professions

NURSE SCHOLARSHIP FUND
Cash Balance as of June 30, 2020

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

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

DRAFT

Virginia's Registered Nurse Workforce: 2020

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***

Follow us on Tumblr: ***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	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	*Data Analyst*	*Research Assistant*

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Executive Director

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

Contents

The Registered Nurse Workforce At a Glance:

The Workforce

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

Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	83%

Demographics

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

Background

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

Education

Baccalaureate:	49%
Associate:	27%

Finances

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

Current Employment

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

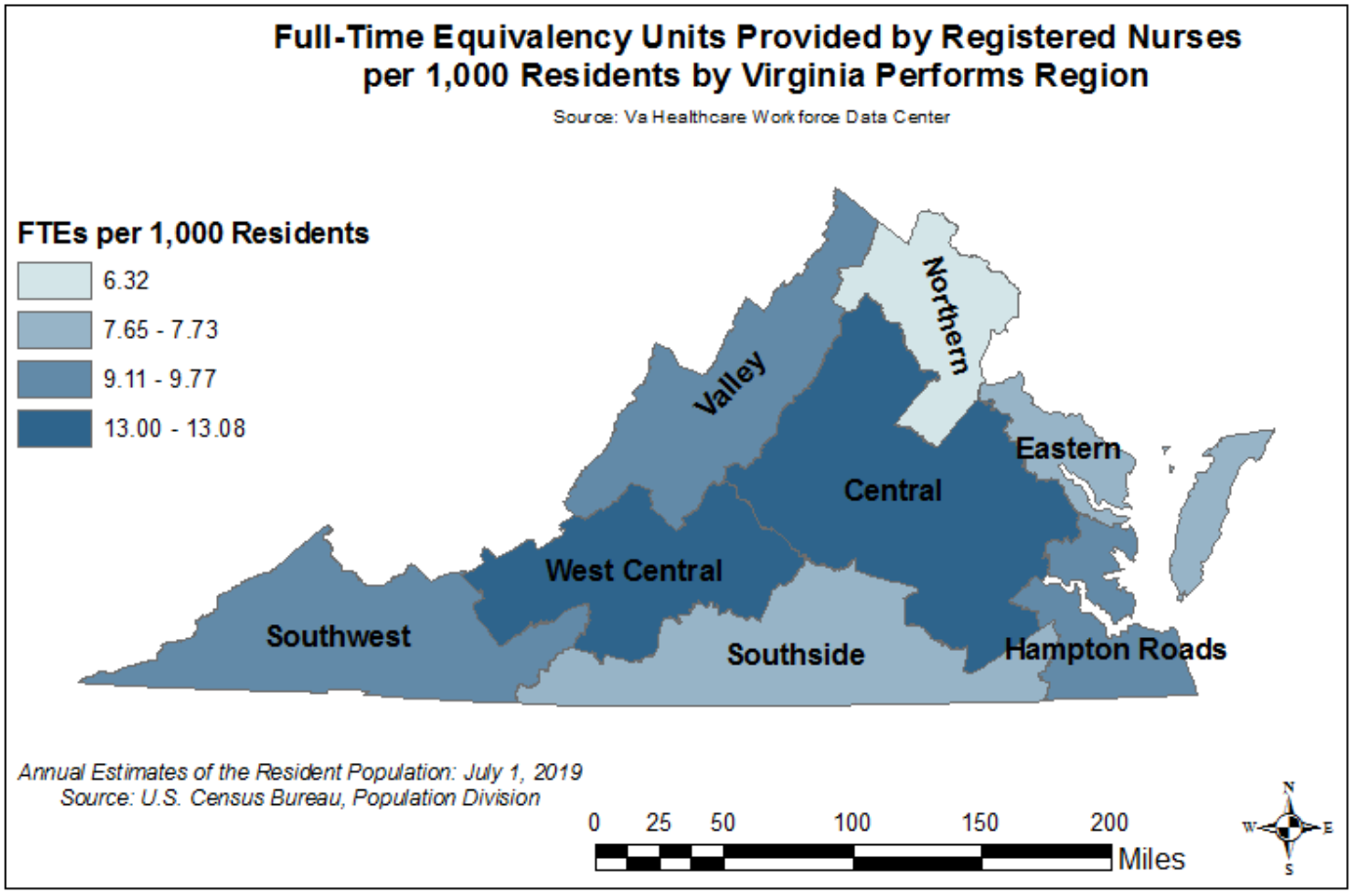
Job Turnover

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

Time Allocation

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

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2020 Registered Nurse (RN) Survey.[1] 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

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%).

[1] 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%
All Licensees	**112,952**	**100%**

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**
By Age			
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%
Total	**73,786**	**39,166**	**35%**
New Licenses			
Issued in Past Year	5,695	6	0%
Metro Status			
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	**39,166**
Response Rate, All Licensees	**35%**
Response Rate, Renewals	**83%**

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

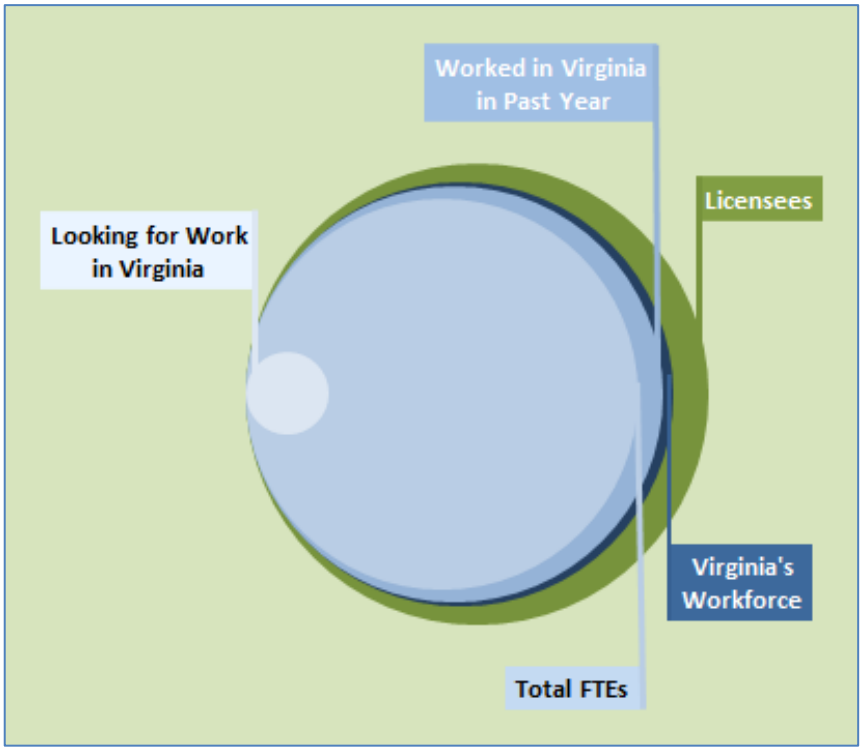
Source: Va. Healthcare Workforce Data Center

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%
Total	**6,413**	**8%**	**79,201**	**93%**	**85,615**	**100%**

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

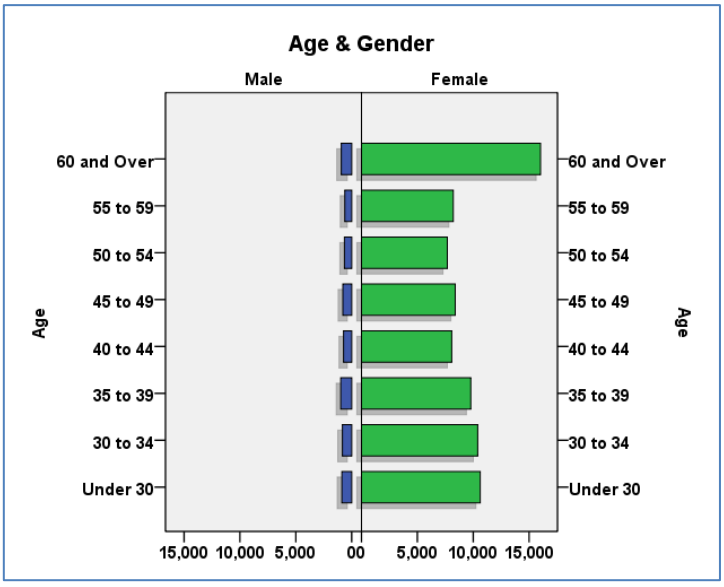
Race & Ethnicity					
Race/ Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	61%	65,503	76%	24,687	73%
Black	19%	9,968	12%	3,582	11%
Hispanic	10%	2,858	3%	1,652	5%
Asian	7%	5,150	6%	2,377	7%
Two or More Races	3%	1,908	2%	1,026	3%
Other Race	0%	851	1%	322	1%
Total	**100%**	**86,238**	**100%**	**33,646**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

*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

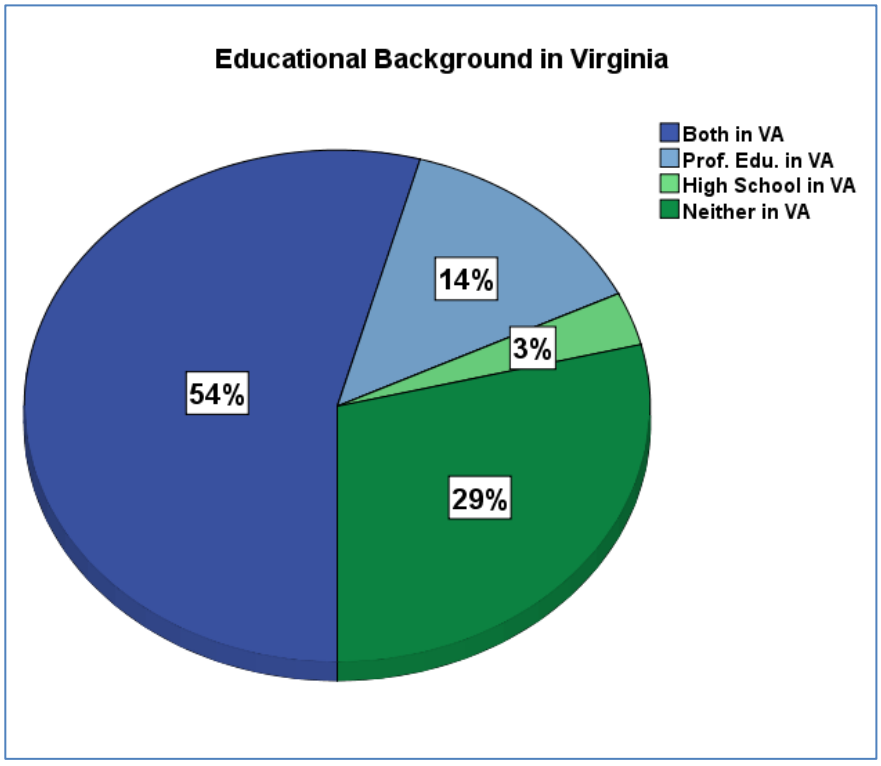
% Rural to Non-Metro:	19%
% Urban/Suburban to Non-Metro:	3%

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
	Metro Counties			
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%
	Non-Metro Counties			
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%
	Overall	**37%**	**50%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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.

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

Source: Va. Healthcare Workforce Data Center

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

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.

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

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%
Total	**85,615**	**100%**

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.

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

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

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	**All RNs**		**RNs 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%
Total	**74,554**	**100%**	**29,475**	**100%**

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

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%
Total	**83,960**	**100%**	**60,864**	**100%**

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?	**#**	**%**
Yes	5,992	7%
No	76,397	93%
Total	**82,389**	**100%**

Source: Va. Healthcare Workforce Data Center

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

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

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%
Total	**84,753**	**100%**

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%
Total	**82,891**	**100%**

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%
Total	**83,296**	**100%**

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%
Total	**65,619**	**100%**

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%
Total	**81,215**	**100%**

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%
Total	**65,071**	**85%**	**85%**
*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%
Experienced at Least One	**23,037**	**24%**

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.[2]

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., 2nd Location: 46%

Employment Type

Hourly Wage: 65%
Salary: 30%

Source: Va. Healthcare Workforce Data Center

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%
Subtotal	**79,188**	**100%**	**13,928**	**100%**
Did Not Have Location	4,223		80,727	
Item Missing	11,919		674	
Total	**95,329**		**95,329**	

Source: Va. Healthcare Workforce Data Center

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

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

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%
Subtotal	**60,363**	**100%**
Did Not Have Location	4,223	
Item Missing	30,743	

Source: Va. Healthcare Workforce Data Center

[2] 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%

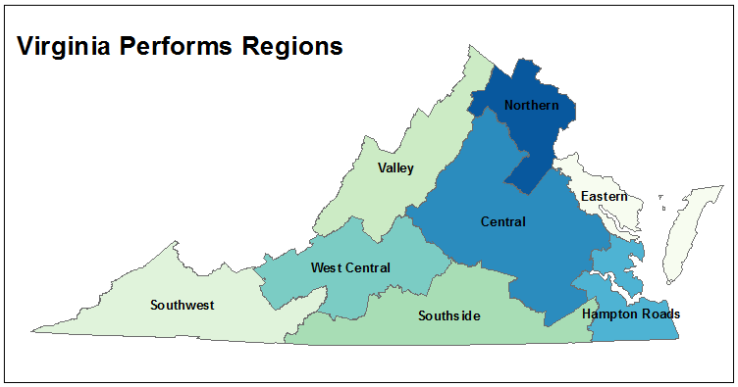
Source: Va. Healthcare Workforce Data Center

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%
Total	**78,442**	**100%**	**14,110**	**100%**
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%
Total	**82,614**	**100%**	**82,614**	**100%**

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

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Location Sector				
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%
Total	**74,291**	**100%**	**12,992**	**100%**
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

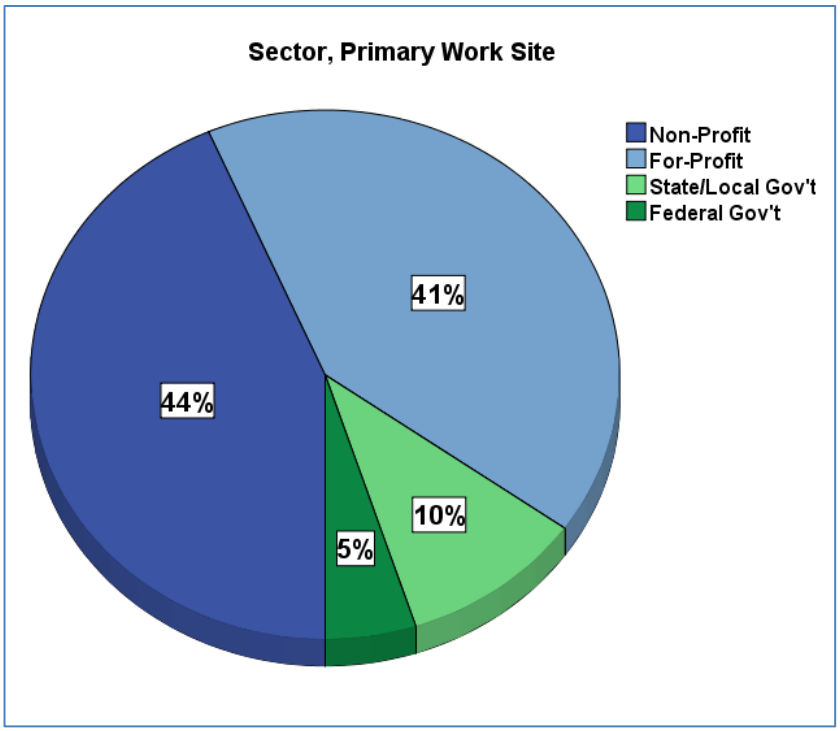
For-Profit:	41%
Federal:	5%

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.



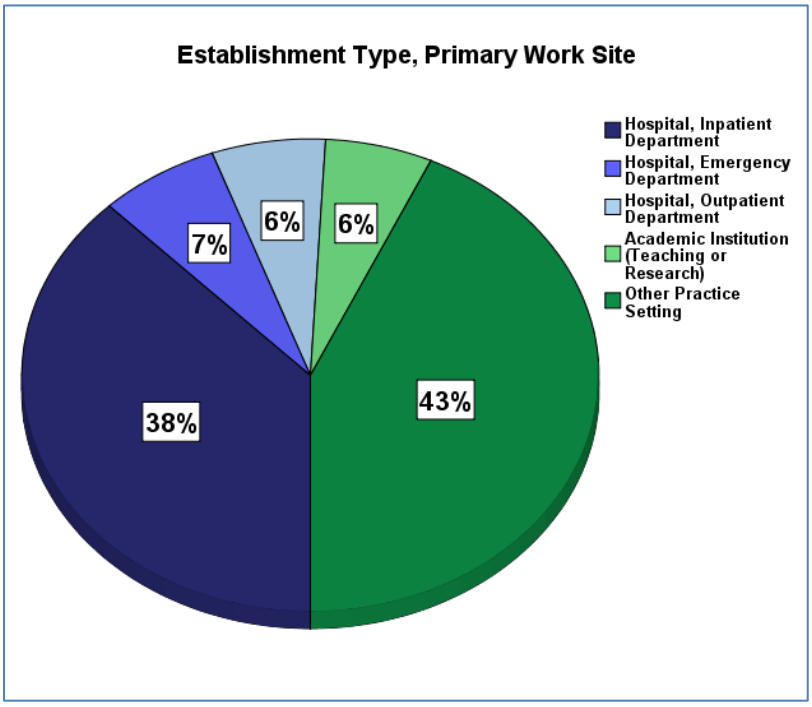
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment 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%
Total	**70,976**	**100%**	**12,462**	**100%**
Did Not Have a Location	4,223		80,727	

Source: Va. Healthcare Workforce Data Center

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

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

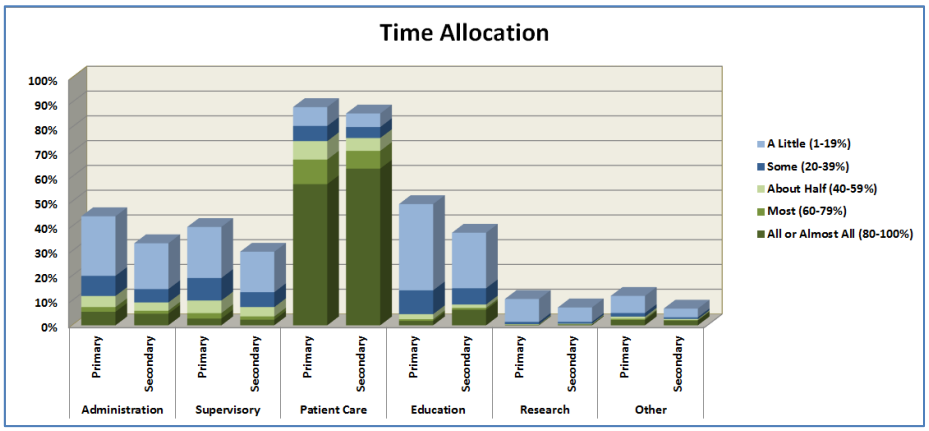
Patient Care:	67%
Administrative:	7%
Supervisory:	5%
Education:	2%

Patient Care RNs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



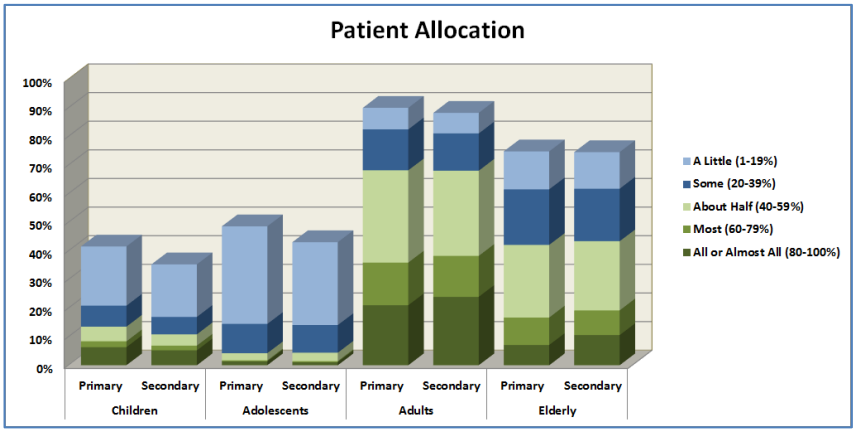
Source: Va. Healthcare Workforce Data Center

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
All or Almost All (80-100%)	5%	5%	3%	2%	57%	63%	2%	6%	0%	0%	2%	2%
Most (60-79%)	2%	1%	2%	1%	10%	7%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	4%	3%	5%	4%	7%	5%	2%	1%	0%	0%	1%	0%
Some (20-39%)	8%	5%	9%	6%	6%	4%	10%	7%	1%	1%	1%	1%
A Little (1-19%)	24%	19%	21%	16%	8%	5%	35%	22%	9%	6%	7%	4%
None (0%)	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
All or Almost All (80-100%)	6%	5%	1%	1%	21%	24%	7%	11%
Most (60-79%)	2%	2%	0%	0%	15%	14%	10%	9%
About Half (40-59%)	5%	4%	3%	3%	32%	30%	25%	24%
Some (20-39%)	7%	6%	10%	10%	14%	13%	19%	18%
A Little (1-19%)	21%	18%	34%	29%	8%	7%	13%	13%
None (0%)	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	
	#	%	#	%
Under Age 50	1,655	2%	-	-
50 to 54	2,070	3%	133	0%
55 to 59	5,939	8%	1,169	4%
60 to 64	18,605	26%	6,493	23%
65 to 69	28,710	40%	12,839	46%
70 to 74	8,792	12%	4,537	16%
75 to 79	2,035	3%	1,099	4%
80 or Over	895	1%	373	1%
I Do Not Intend to Retire	3,001	4%	1,345	5%
Total	**71,702**	**100%**	**27,988**	**100%**

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.

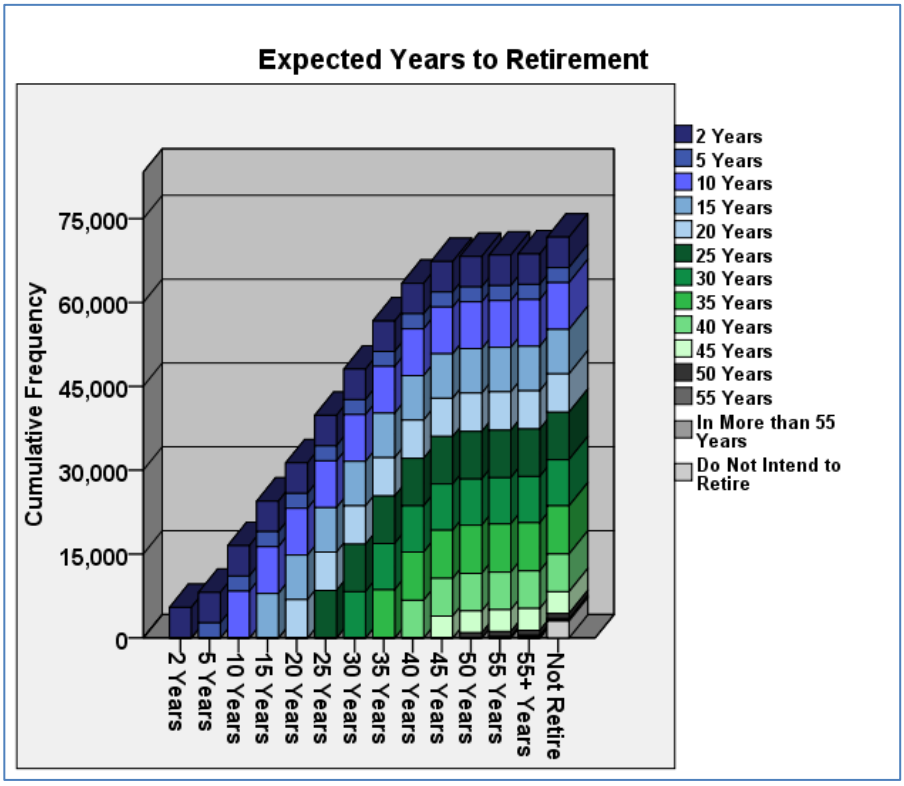
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	7,394	8%
Leave Virginia	3,088	3%
Leave Profession	1,714	2%
Decrease Teaching Hours	425	0%
Increase Participation		
Pursue Additional Education	24,980	26%
Increase Patient Care Hours	7,425	8%
Increase Teaching Hours	5,069	5%
Return to Virginia's Workforce	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%
Total	**71,700**	**100%**	

Source: Va. Healthcare Workforce Data Center



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[3]: 9.50
Average: 0.89

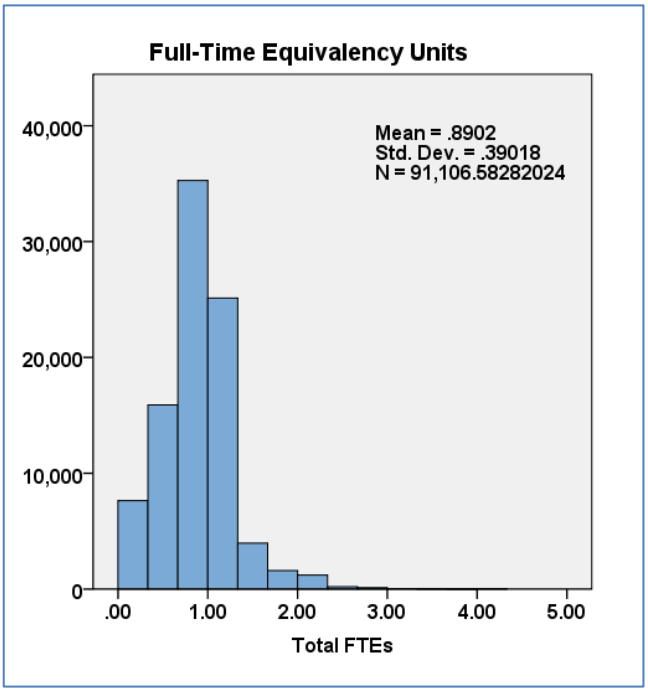
Age & Gender Effect

Age, Partial Eta^2: Negligible
Gender, Partial Eta^2: Negligible

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

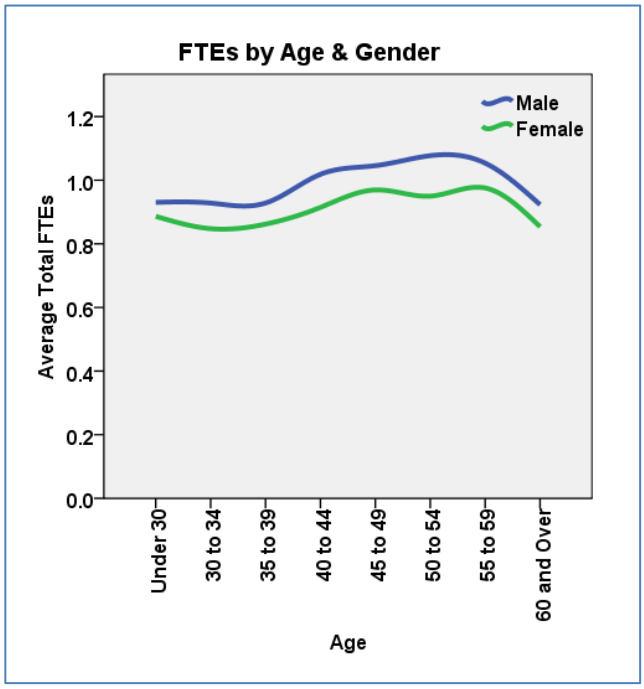


Source: Va. Healthcare Workforce Data Center

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.[4]

Full-Time Equivalency Units		
Age	**Average Age**	**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

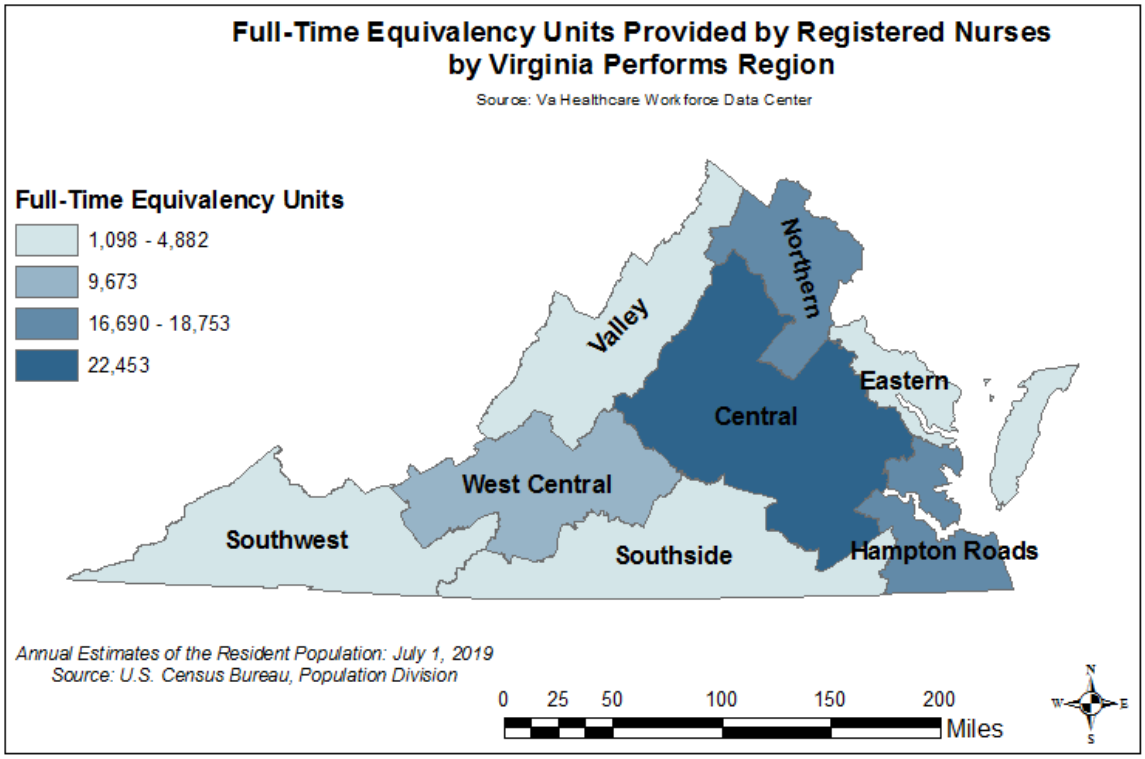


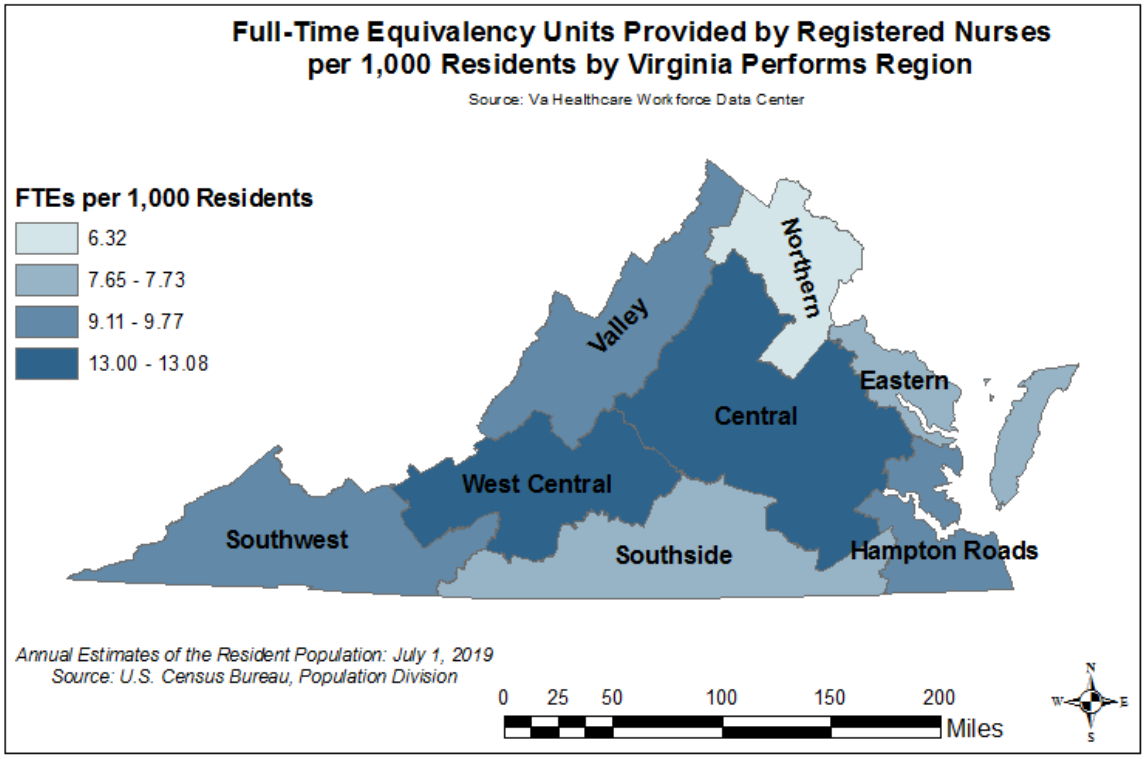
Source: Va. Healthcare Workforce Data Center

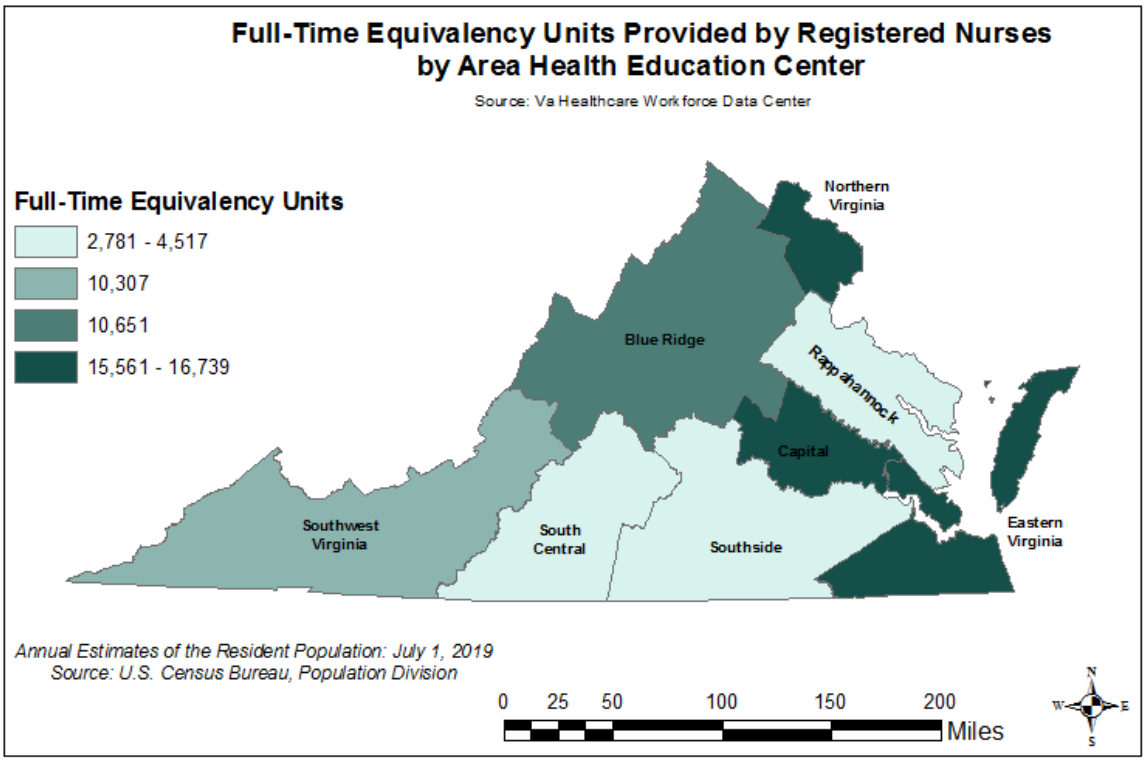
[3] Number of residents in 2019 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).

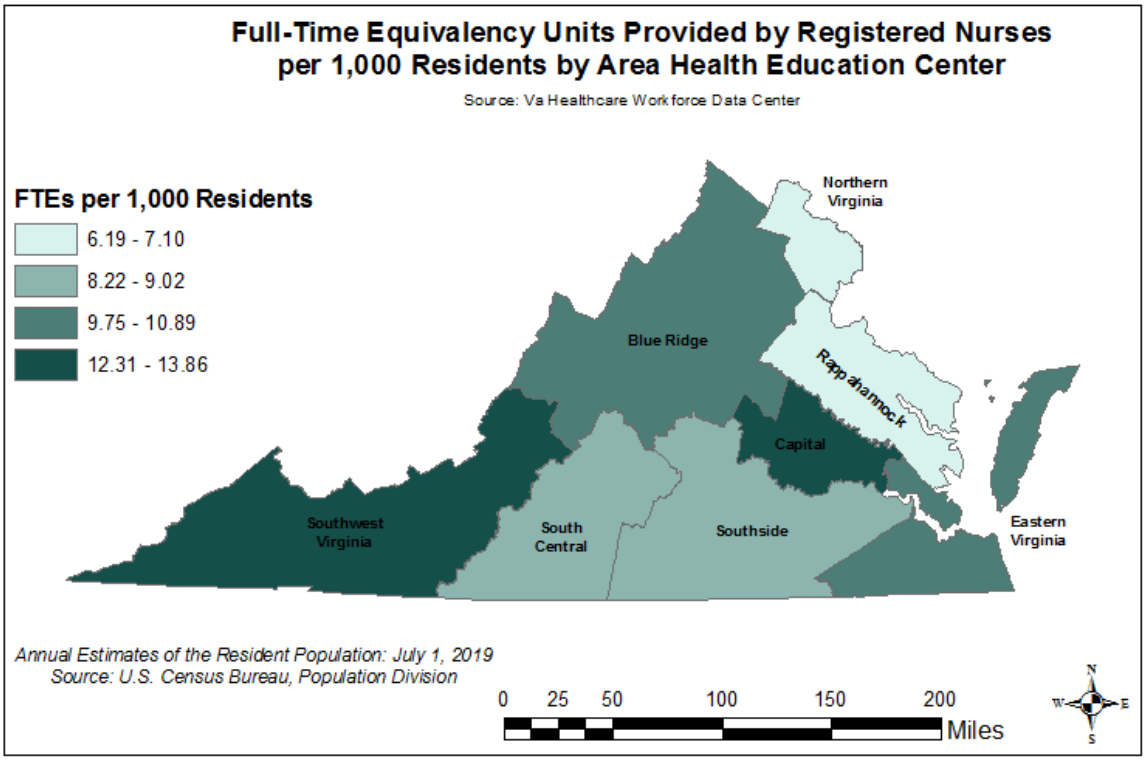
Maps

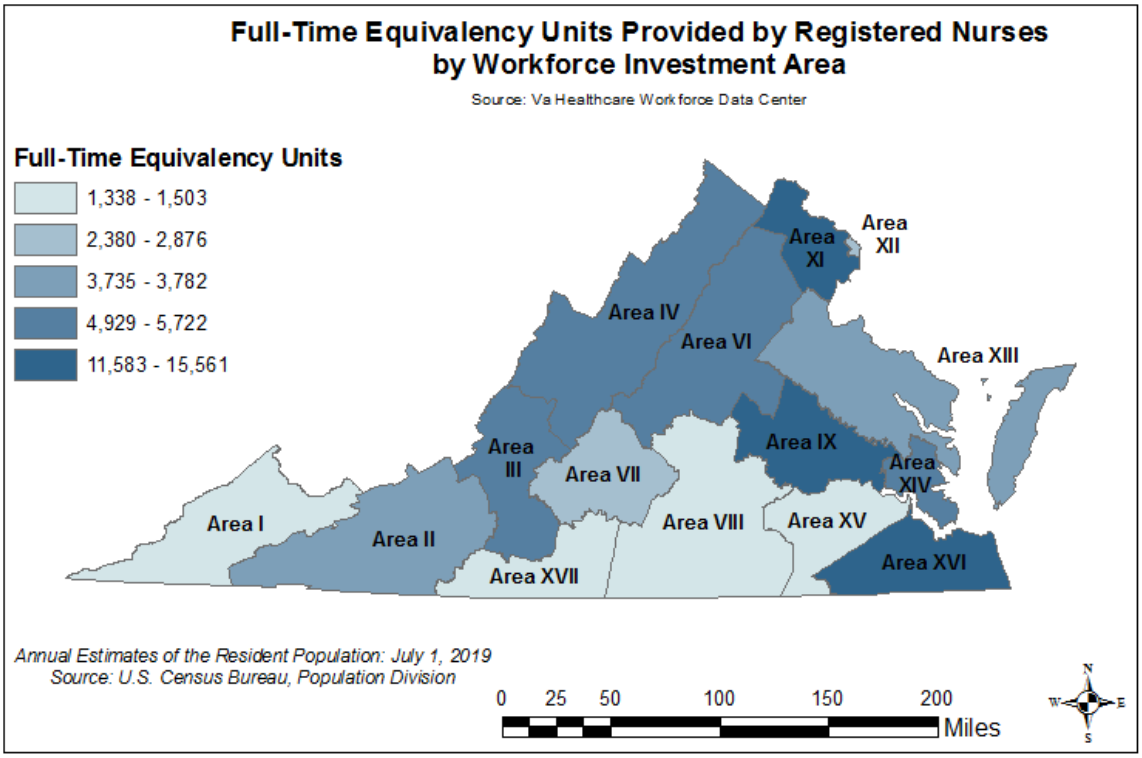
Virginia Performs Regions

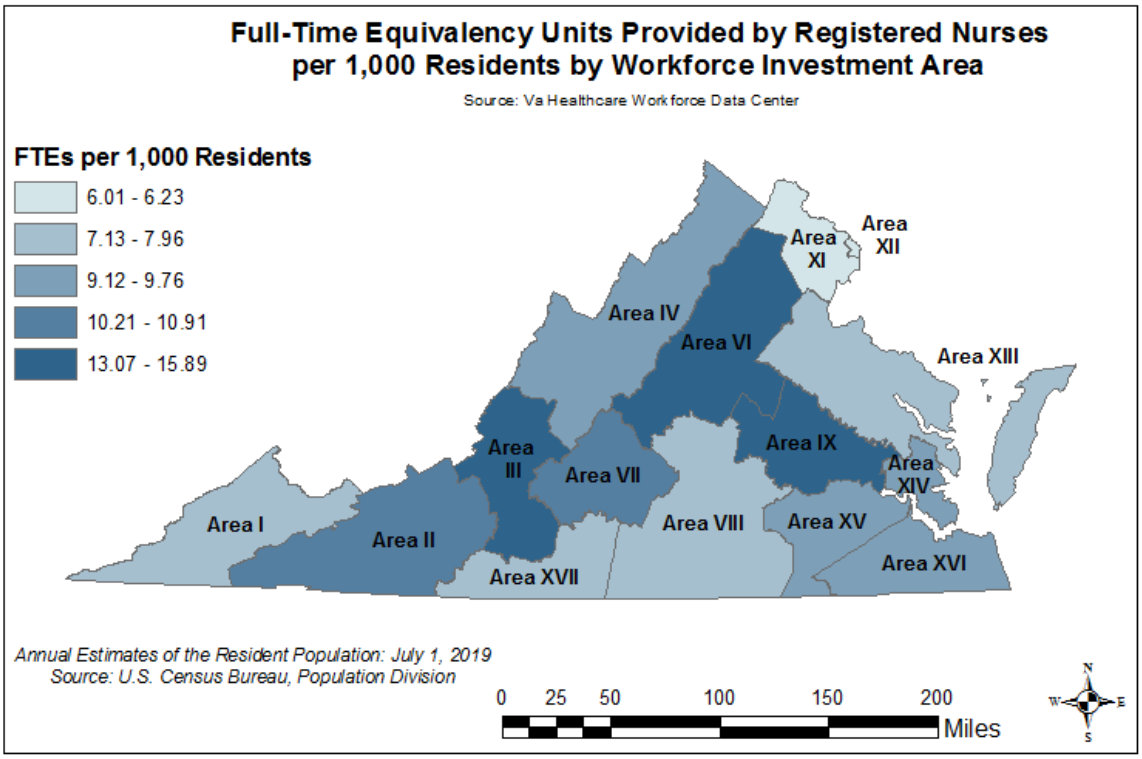


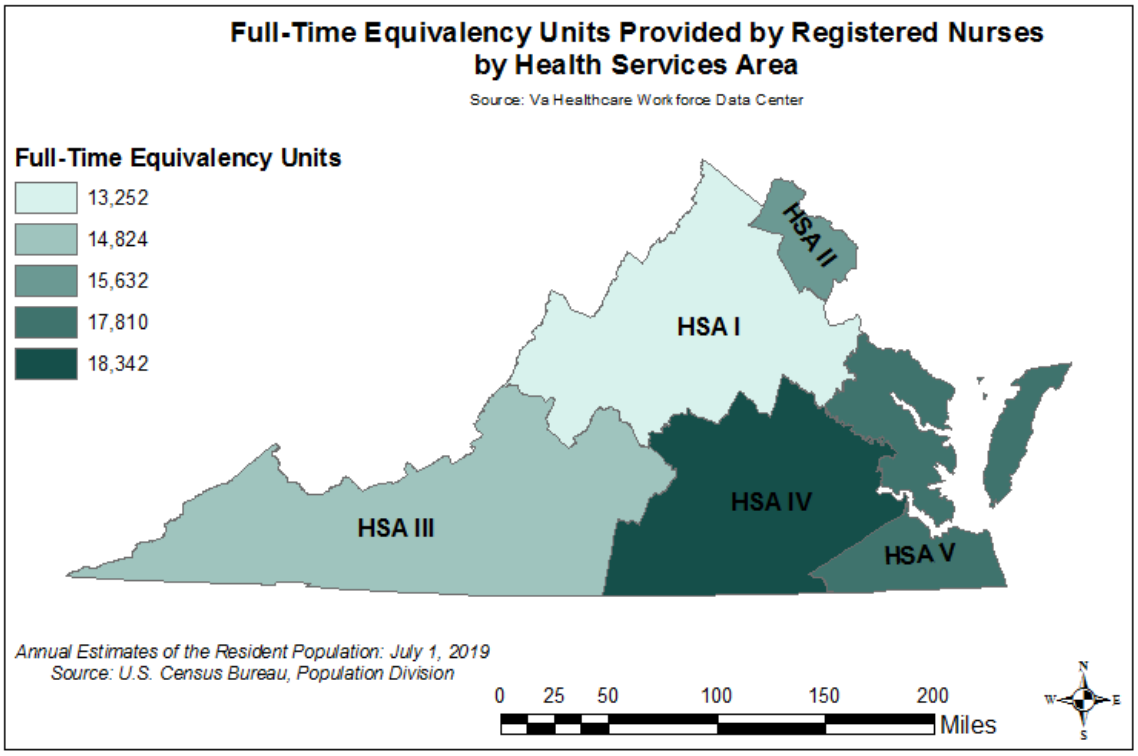


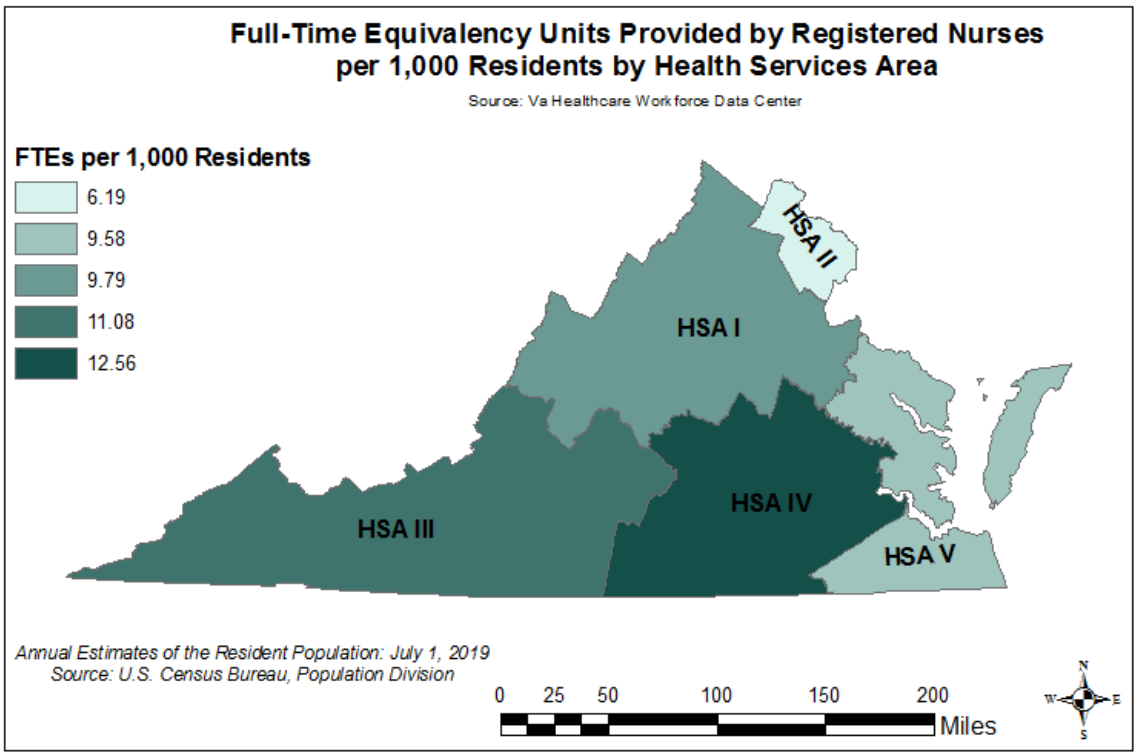

Full-Time Equivalency Units Provided by Registered Nurses
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
2,781 - 4,517
10,307
10,651
15,561 - 16,739
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

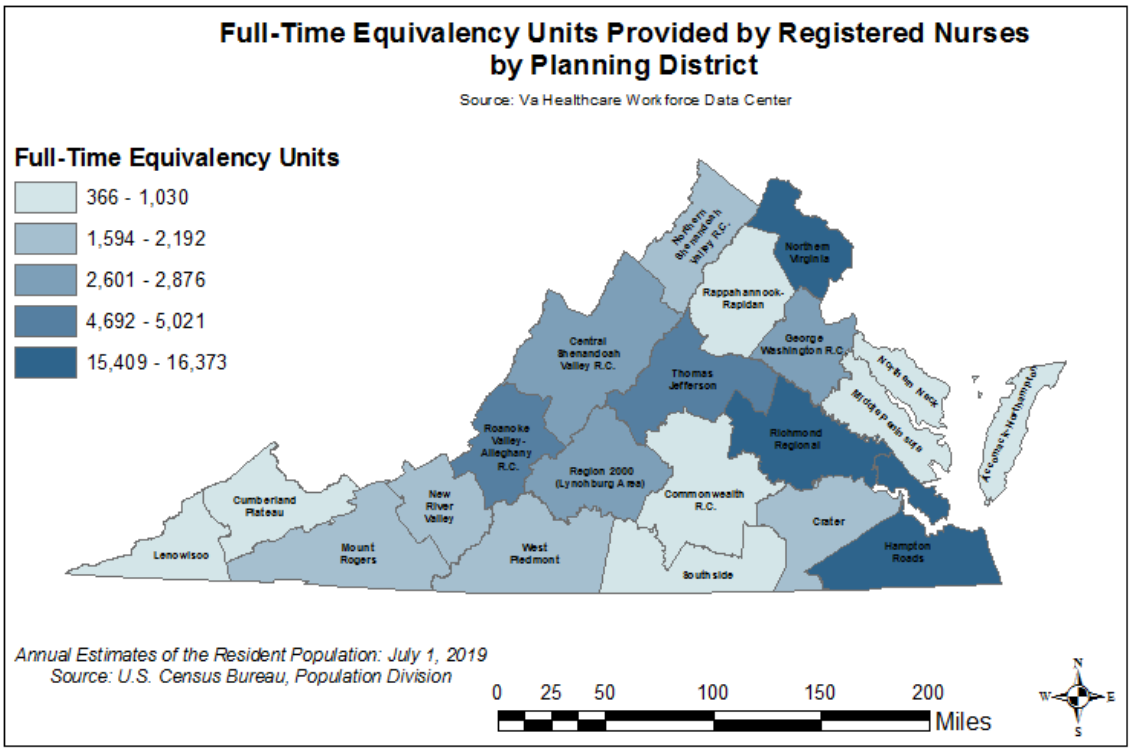

Full-Time Equivalency Units Provided by Registered Nurses
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
6.19 - 7.10
8.22 - 9.02
9.75 - 10.89
12.31 - 13.86
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

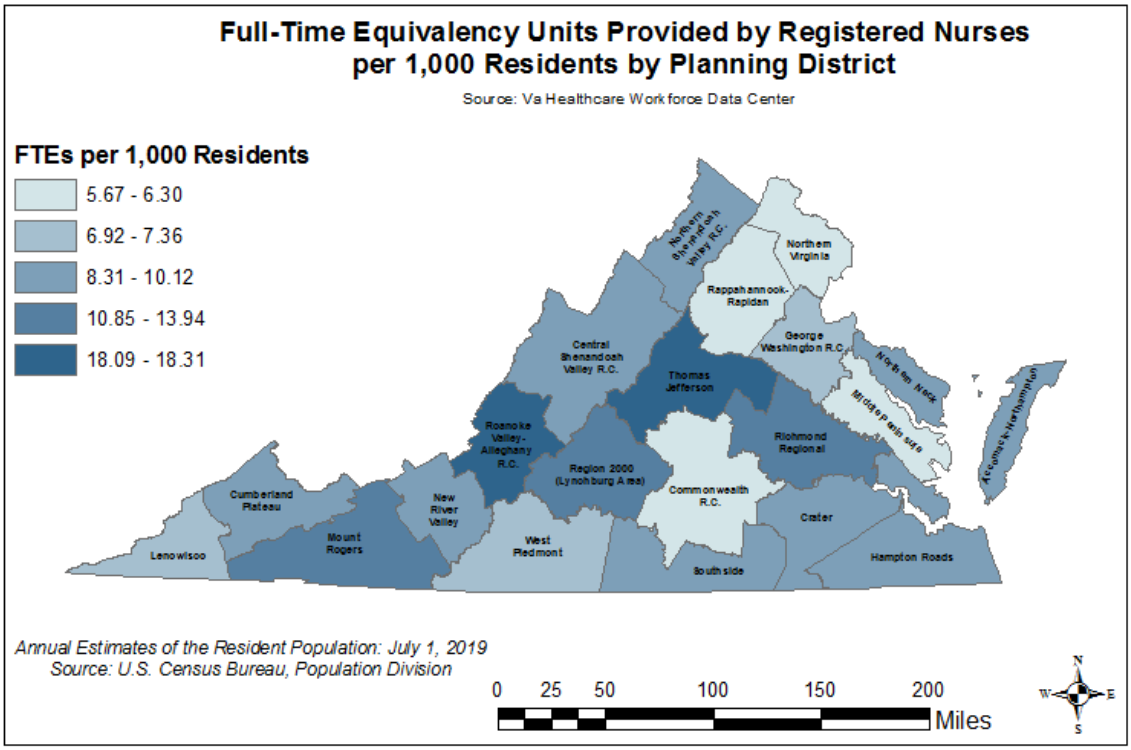

Full-Time Equivalency Units Provided by Registered Nurses
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,338 - 1,503
2,380 - 2,876
3,735 - 3,782
4,929 - 5,722
11,583 - 15,561
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
6.01 - 6.23
7.13 - 7.96
9.12 - 9.76
10.21 - 10.91
13.07 - 15.89
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
13,252
14,824
15,632
17,810
18,342
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
6.19
9.58
9.79
11.08
12.56
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
366 - 1,030
1,594 - 2,192
2,601 - 2,876
4,692 - 5,021
15,409 - 16,373
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Penin sula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
South side
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
5.67 - 6.30
6.92 - 7.36
8.31 - 10.12
10.85 - 13.94
18.09 - 18.31
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Penin sula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
South side
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	65,342	36.15%	2.766	2.162	3.992
Metro, 250,000 to 1 Million	10,192	36.32%	2.753	2.152	3.973
Metro, 250,000 or Less	10,793	36.86%	2.713	2.121	3.915
Urban, Pop. 20,000+, Metro Adj.	1,920	37.60%	2.659	2.079	3.838
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	4,471	35.83%	2.791	2.181	4.028
Urban Pop., 2,500-19,999, Non-Adj.	2,926	36.74%	2.722	2.127	3.928
Rural, Metro Adj.	2,608	33.78%	2.960	2.314	4.272
Rural, Non-Adj.	1,204	35.96%	2.781	2.173	4.013
Virginia Border State/D.C.	2,917	23.93%	4.179	3.266	6.031
Other U.S. State	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.
Under 30	13,289	24.03%	4.162	3.838	6.218
30 to 34	13,744	39.13%	2.556	2.357	3.818
35 to 39	13,479	29.80%	3.355	3.094	5.013
40 to 44	11,386	42.23%	2.368	2.184	3.538
45 to 49	11,772	30.99%	3.227	2.976	4.821
50 to 54	11,070	44.36%	2.254	2.079	3.368
55 to 59	11,718	32.29%	3.097	2.855	4.627
60 and Over	26,494	35.58%	2.810	2.592	4.199

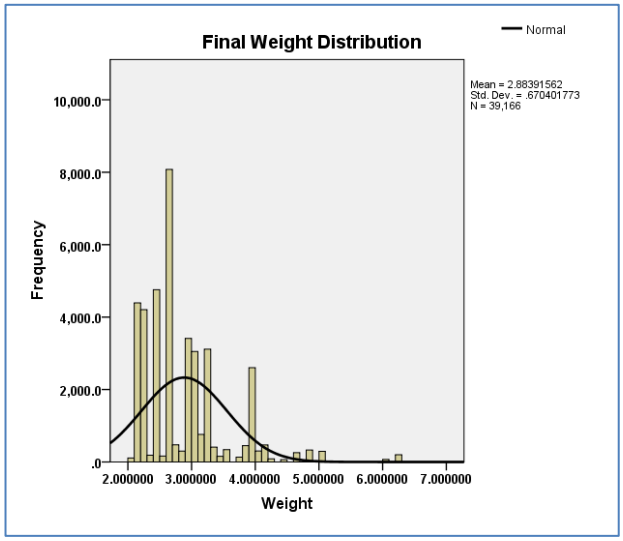
Source: Va. Healthcare Workforce Data Center

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

Virginia's Licensed Practical Nurse Workforce: 2020

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***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
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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Director

Barbara Allison-Bryan, MD
Chief Deputy Director

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The Licensed Practical Nurse Workforce At a Glance:

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FTEs:	23,490

Survey Response Rate

All Licensees:	33%
Renewing Practitioners:	79%

Demographics

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

Background

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

Education

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

Finances

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

Current Employment

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

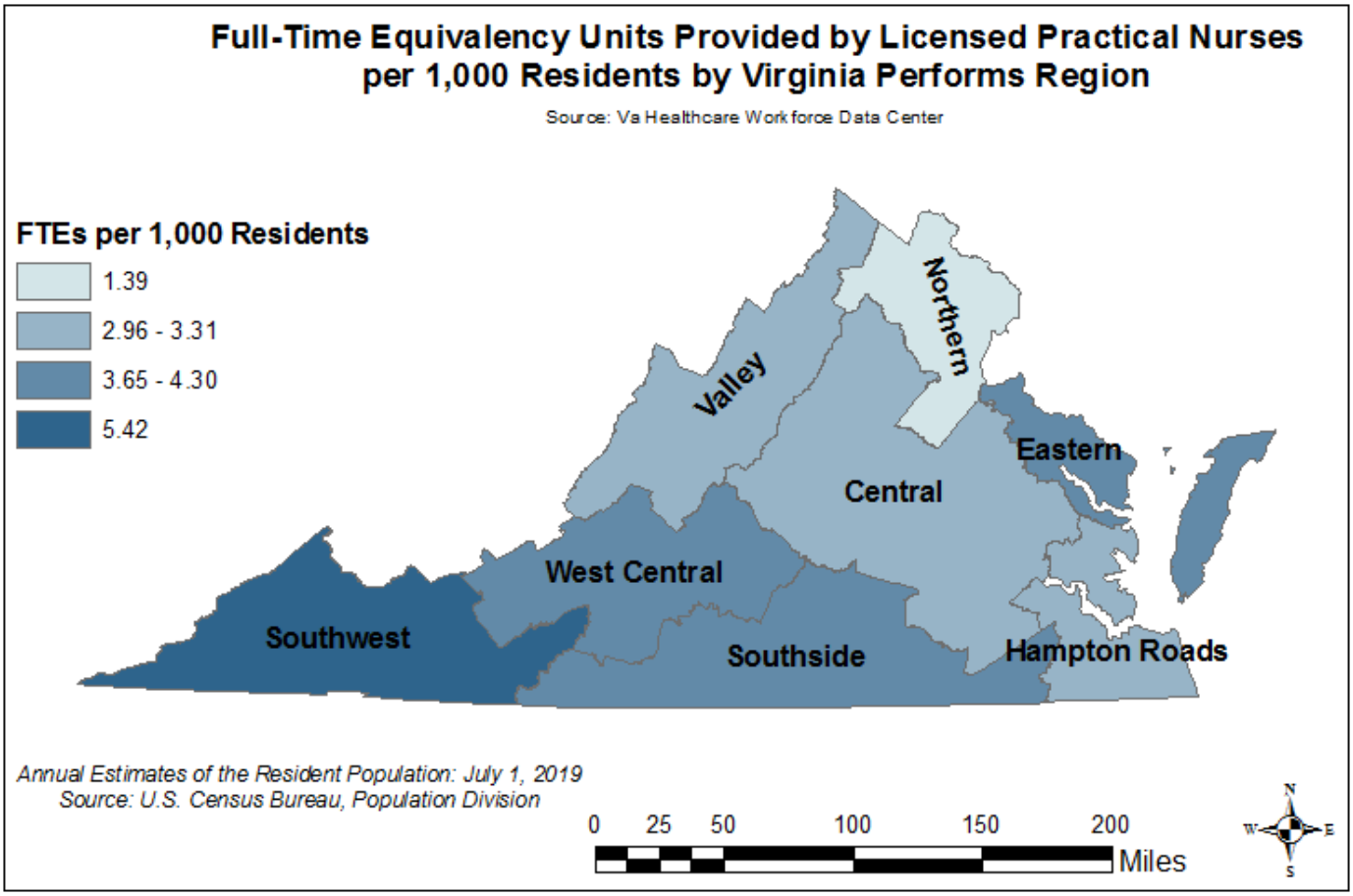
Job Turnover

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

Time Allocation

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

Source: Va. Healthcare Workforce Data Center



Results in Brief

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

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%
All Licensees	**29,112**	**100%**

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**
By Age			
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%
Total	**19,370**	**9,742**	**34%**
New Licenses			
Issued in Past Year	1,082	0	0%
Metro Status			
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

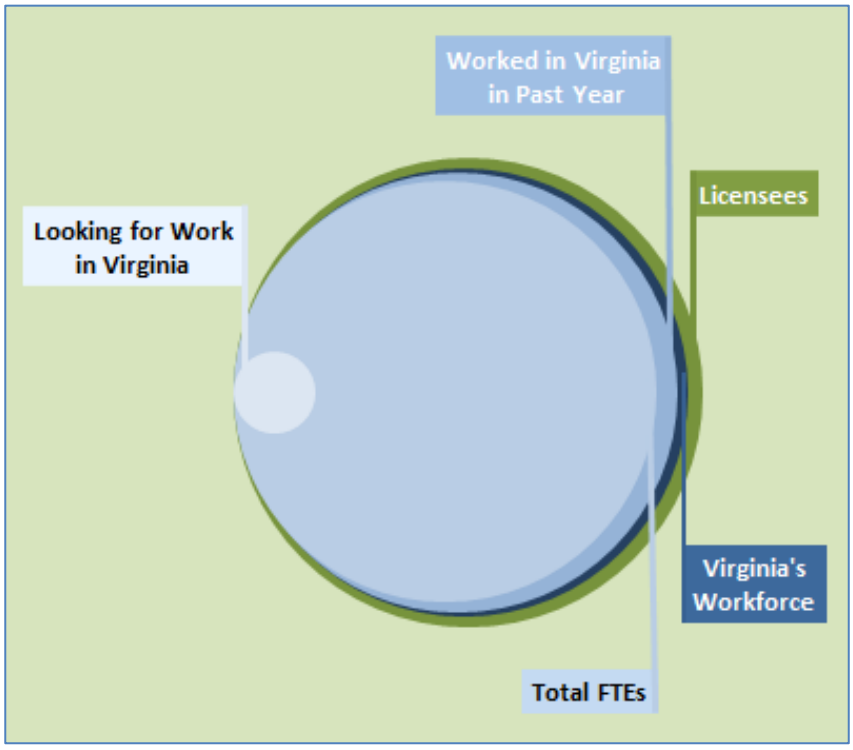
Source: Va. Healthcare Workforce Data Center

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 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



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	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%
Total	**1,117**	**5%**	**21,470**	**95%**	**22,587**	**100%**

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

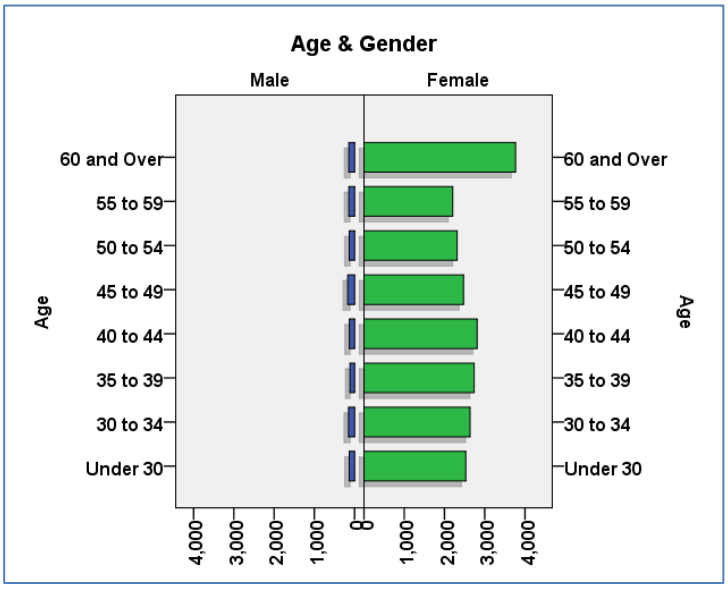
Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	61%	13,731	60%	4,852	58%
Black	19%	6,910	30%	2,301	27%
Hispanic	10%	923	4%	604	7%
Asian	7%	516	2%	207	2%
Two or More Races	3%	605	3%	335	4%
Other Race	0%	258	1%	106	1%
Total	**100%**	**22,943**	**100%**	**8,405**	**100%**

*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

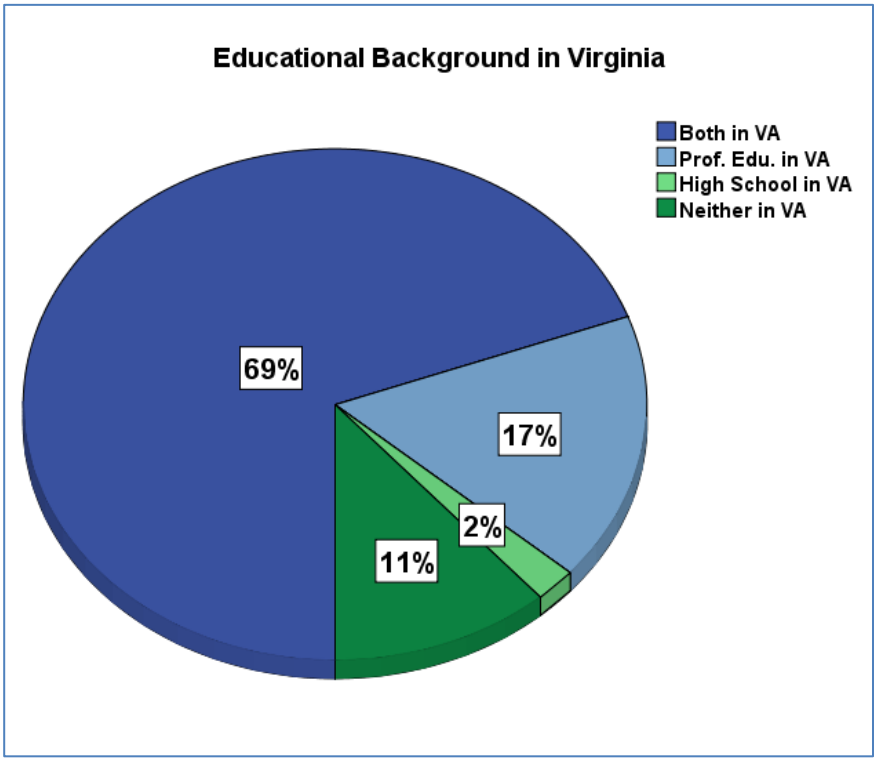
% Rural to Non-Metro:	32%
% Urban/Suburban to Non-Metro:	6%

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
	Metro Counties			
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%
	Non-Metro Counties			
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%
	Overall	**49%**	**31%**	**20%**

Source: Va. Healthcare Workforce Data Center



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.

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.

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 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%
Total	**22,618**	**100%**

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.

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

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

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%
Total	**19,410**	**100%**	**7,279**	**100%**

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%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

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

Source: Va. Healthcare Workforce Data Center

Other Licenses		
License	#	% of Workforce
Registered Nurse	334	1%
Certified Massage Therapist	32	0%
Licensed Nurse Practitioner	17	0%
Respiratory Therapist	12	0%
Clinical Nurse Specialist	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?	**#**	**%**
Yes	1,159	5%
No	20,589	95%
Total	**21,747**	**100%**

Source: Va. Healthcare Workforce Data Center

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

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

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%
Total	**22,482**	**100%**

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%
Total	**21,732**	**100%**

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%
Total	**22,079**	**100%**

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%
Total	**17,018**	**100%**

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%
Total	**21,548**	**100%**

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%
At Least One Benefit	**15,614**	**78%**	**76%**
*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%
Experienced at Least One	**7,575**	**29%**

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.[1]

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., 2nd Location: 43%

Employment Type

Hourly Wage: 83%
Salary: 14%

Source: Va. Healthcare Workforce Data Center

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%
Subtotal	**20,997**	**100%**	**4,727**	**100%**
Did Not Have Location	1,102		21,423	
Item Missing	4,333		282	
Total	**26,431**		**26,431**	

Source: Va. Healthcare Workforce Data Center

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

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

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%
Subtotal	**15,297**	**100%**
Did Not Have Location	1,102	
Item Missing	10,033	

Source: Va. Healthcare Workforce Data Center

[1] 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%

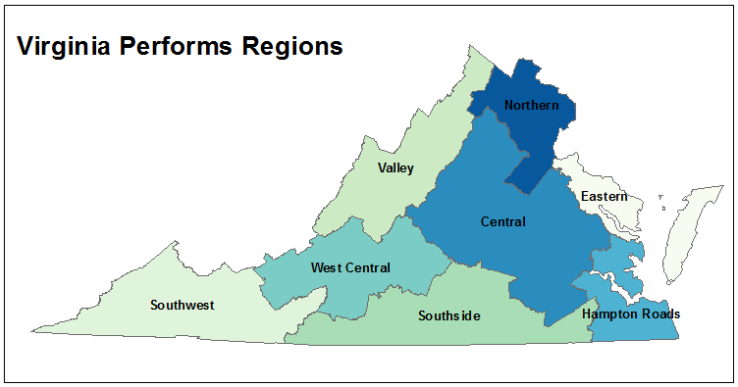
Source: Va. Healthcare Workforce Data Center

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%
Total	**20,594**	**100%**	**4,778**	**100%**
Item Missing	4,735		230	

Source: Va. Healthcare Workforce Data Center



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

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%
Total	**21,816**	**100%**	**21,816**	**100%**

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

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

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

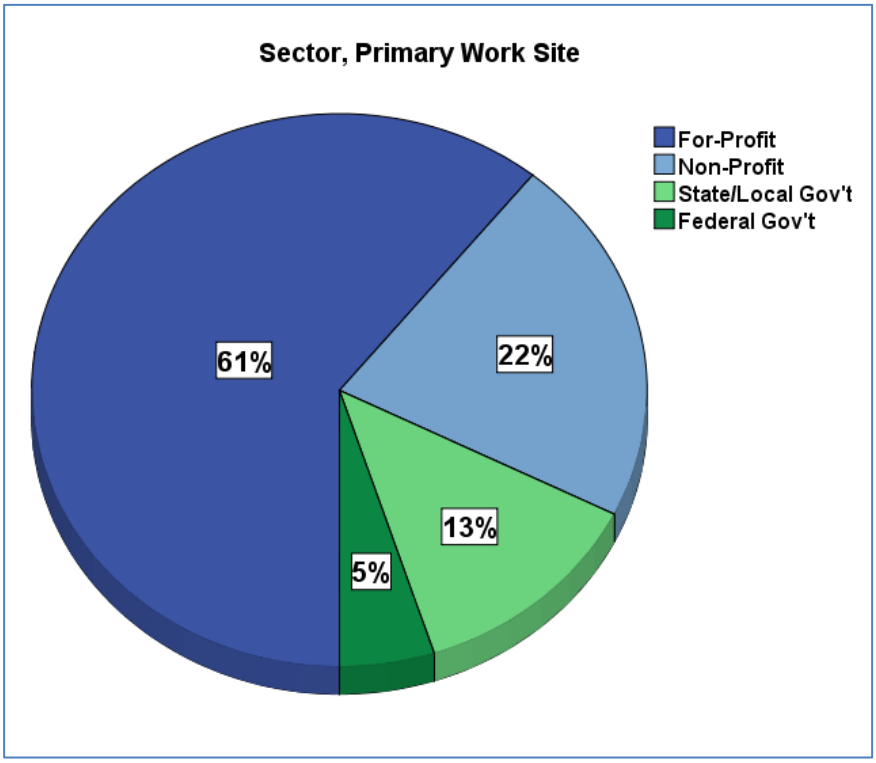
For-Profit: 61%
Federal: 5%

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.



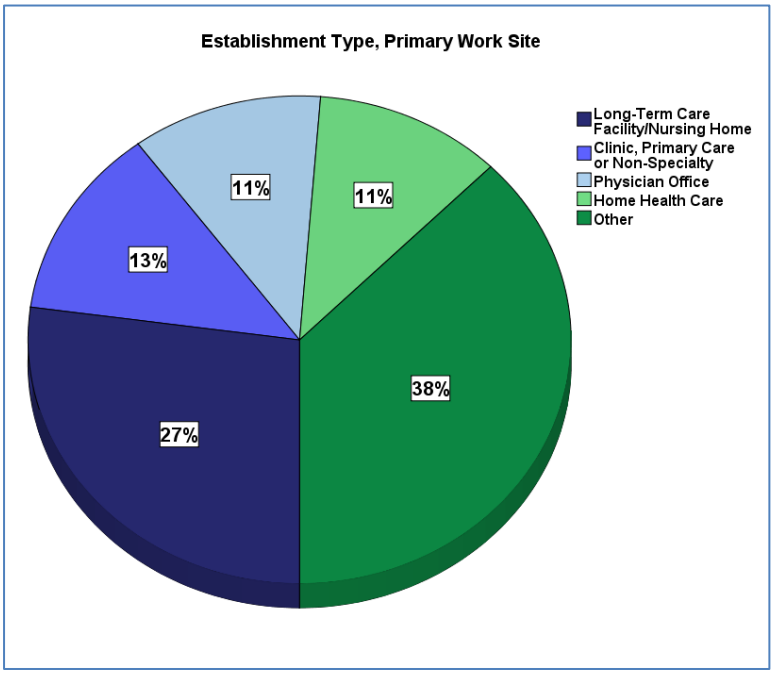
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment 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%
Total	**18,782**	**100%**	**4,242**	**100%**
Did Not Have a Location	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

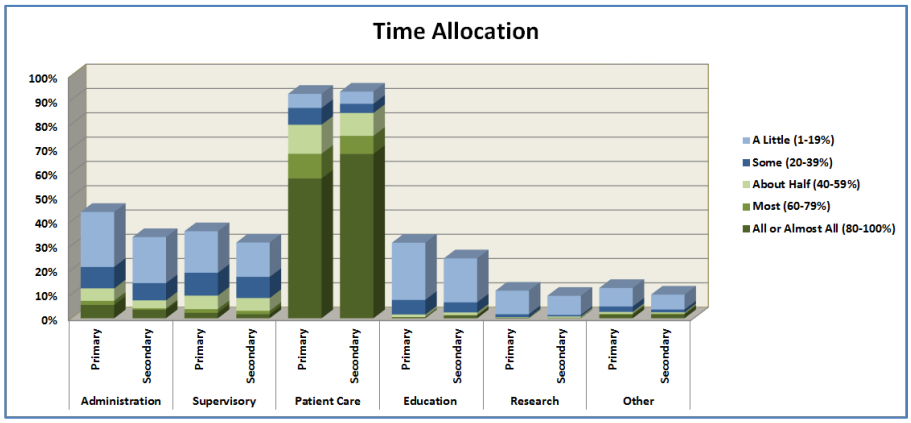
Patient Care:	68%
Administrative:	7%
Supervisory:	4%

Patient Care LPNs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



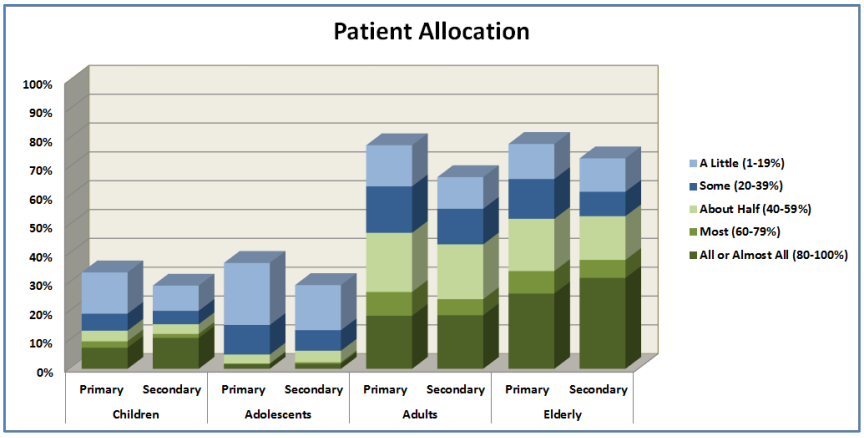
Source: Va. Healthcare Workforce Data Center

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
All or Almost All (80-100%)	5%	3%	2%	2%	58%	68%	0%	1%	0%	0%	1%	2%
Most (60-79%)	2%	1%	2%	1%	10%	7%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	3%	6%	5%	12%	9%	1%	1%	0%	0%	1%	1%
Some (20-39%)	9%	7%	9%	9%	7%	4%	6%	4%	1%	1%	2%	1%
A Little (1-19%)	23%	19%	17%	14%	6%	5%	24%	18%	10%	8%	8%	6%
None (0%)	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
All or Almost All (80-100%)	7%	11%	2%	2%	18%	19%	26%	32%
Most (60-79%)	2%	1%	0%	0%	8%	6%	8%	6%
About Half (40-59%)	4%	3%	3%	4%	21%	19%	18%	15%
Some (20-39%)	6%	5%	10%	7%	16%	12%	14%	8%
A Little (1-19%)	14%	9%	22%	16%	14%	11%	12%	12%
None (0%)	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	
	#	%	#	%
Under Age 50	357	2%	-	-
50 to 54	556	3%	35	1%
55 to 59	1,069	6%	197	3%
60 to 64	4,014	21%	1,395	20%
65 to 69	7,496	40%	3,106	45%
70 to 74	2,807	15%	1,178	17%
75 to 79	691	4%	313	5%
80 or Over	313	2%	117	2%
I Do Not Intend to Retire	1,386	7%	529	8%
Total	**18,689**	**100%**	**6,870**	**100%**

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.

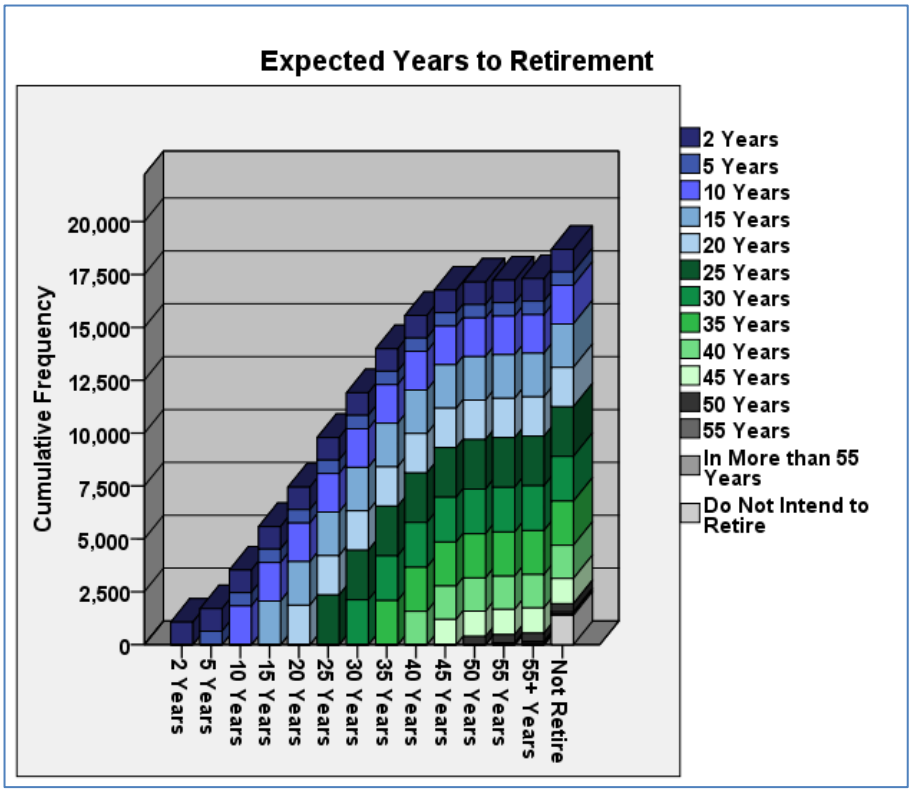
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	1,481	6%
Leave Virginia	745	3%
Leave Profession	411	2%
Decrease Teaching Hours	36	0%
Increase Participation		
Pursue Additional Education	7,865	30%
Increase Patient Care Hours	2,368	9%
Increase Teaching Hours	578	2%
Return to the Workforce	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%
Total	**18,688**	**100%**	

Source: Va. Healthcare Workforce Data Center



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[2]: 2.75
Average: 0.93

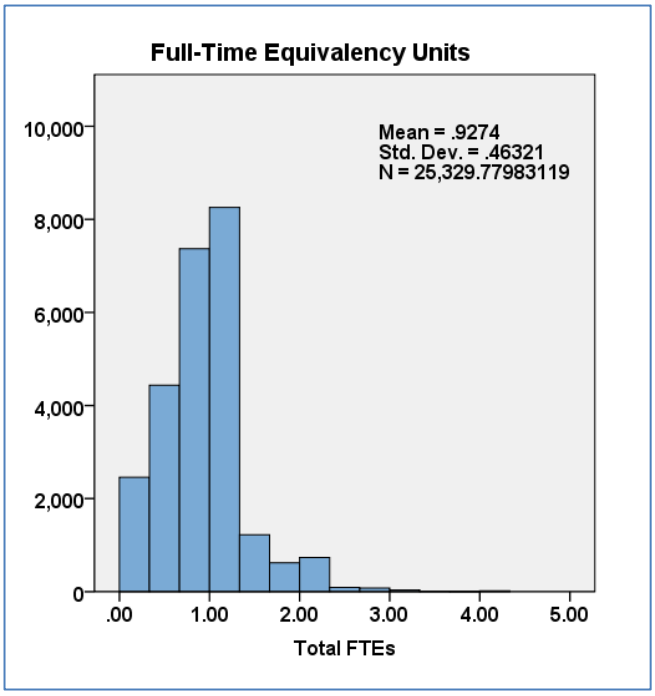
Age & Gender Effect

Age, Partial Eta[2]: Negligible
Gender, Partial Eta[2]: None

Partial Eta[2] Explained:
Partial Eta[2] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

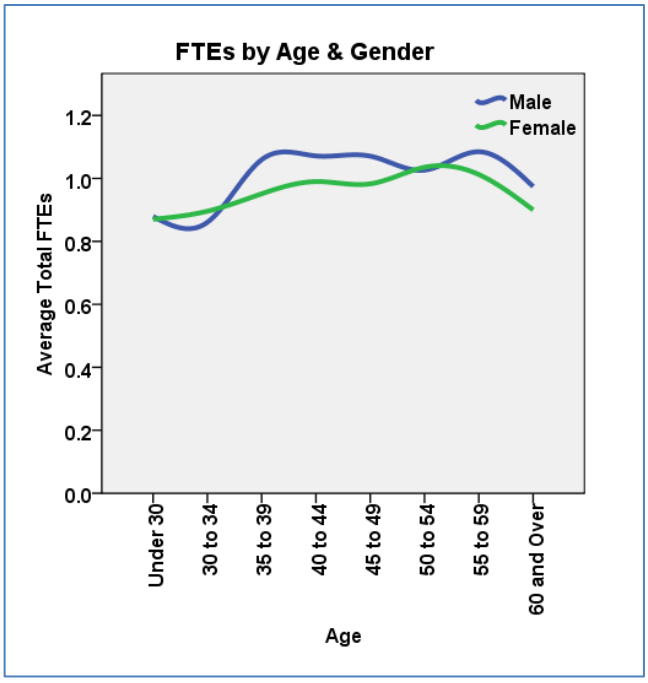


Source: Va. Healthcare Workforce Data Center

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.[3]

Full-Time Equivalency Units		
Age	**Average Age**	**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

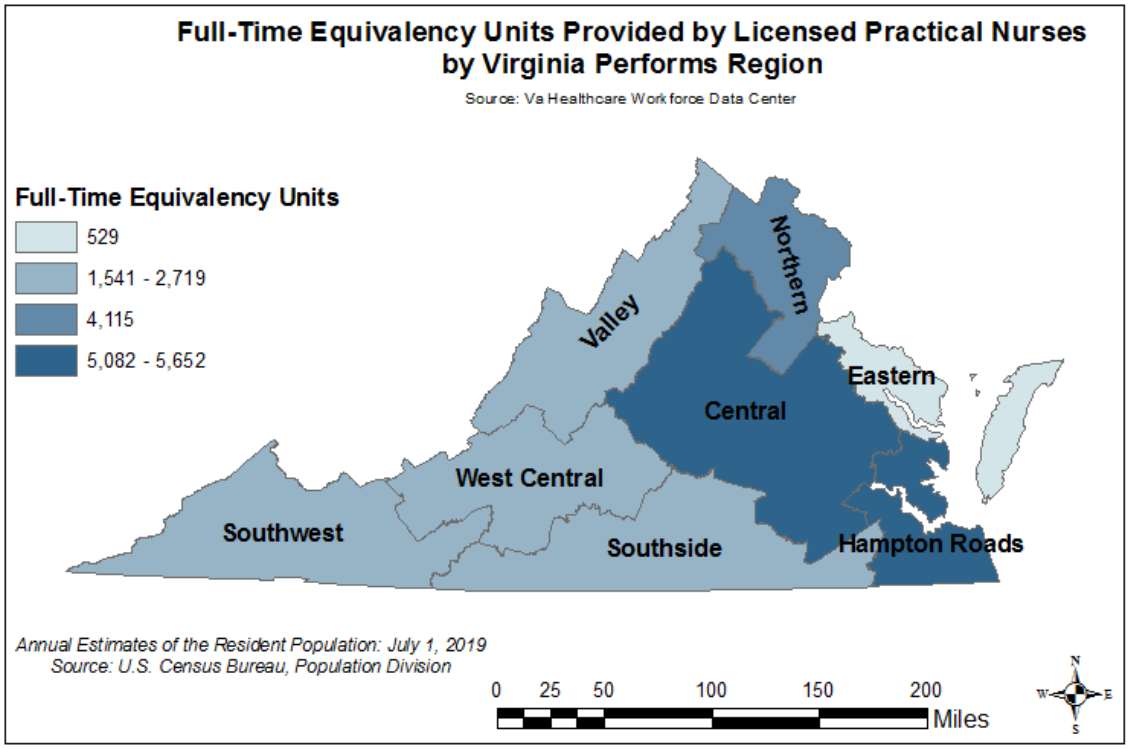


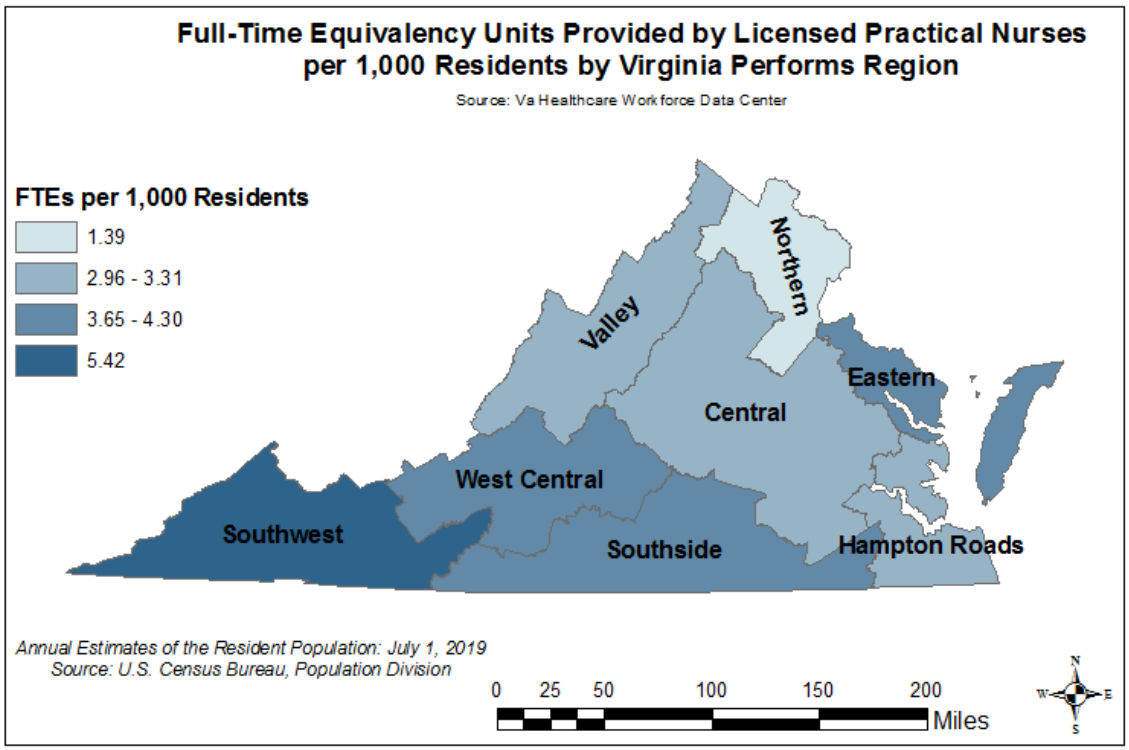
Source: Va. Healthcare Workforce Data Center

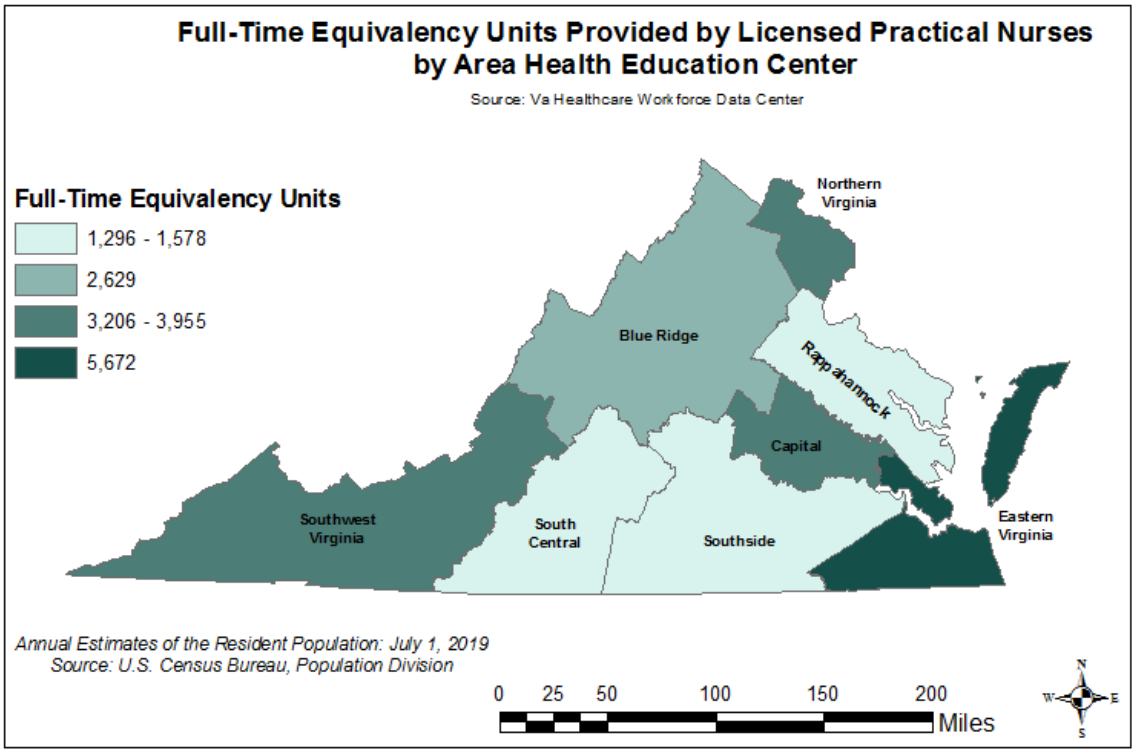
[2] Number of residents in 2019 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant).

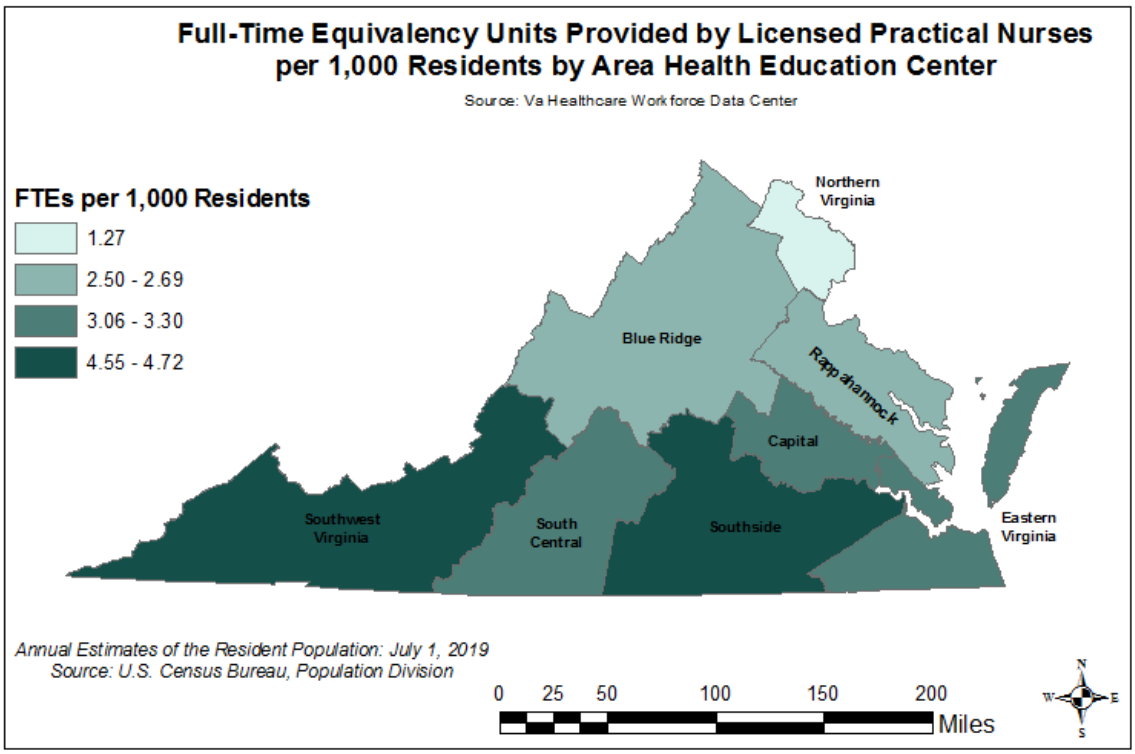
Maps

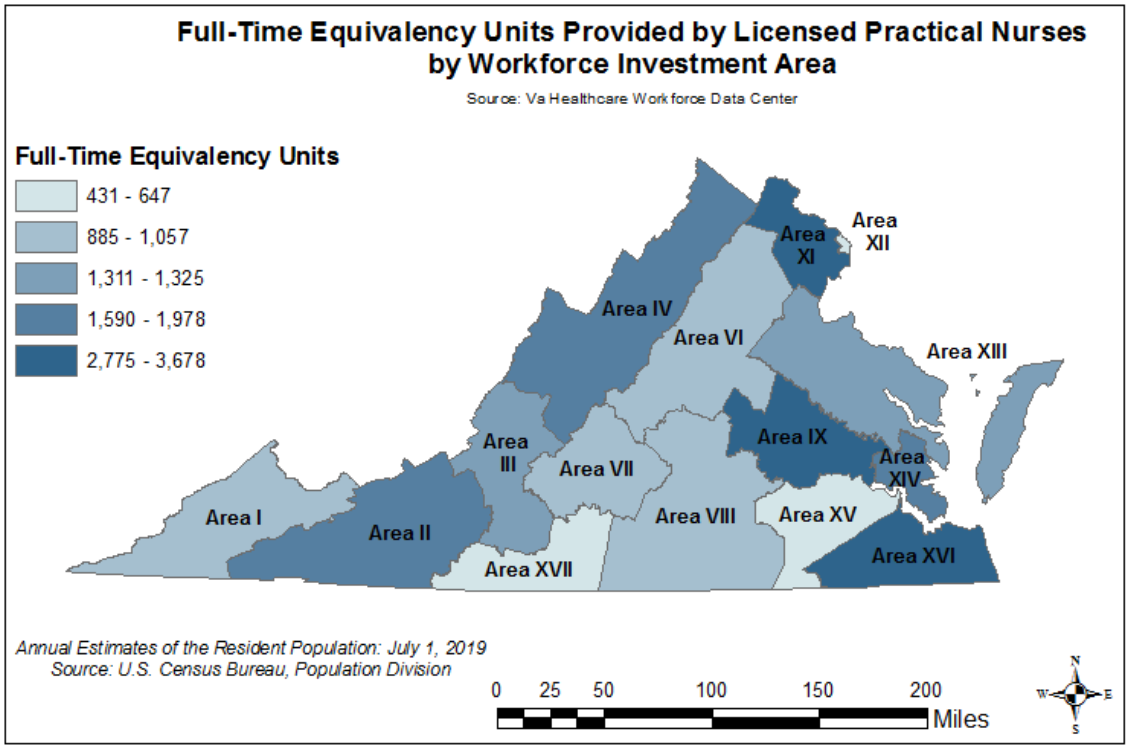
Virginia Performs Regions

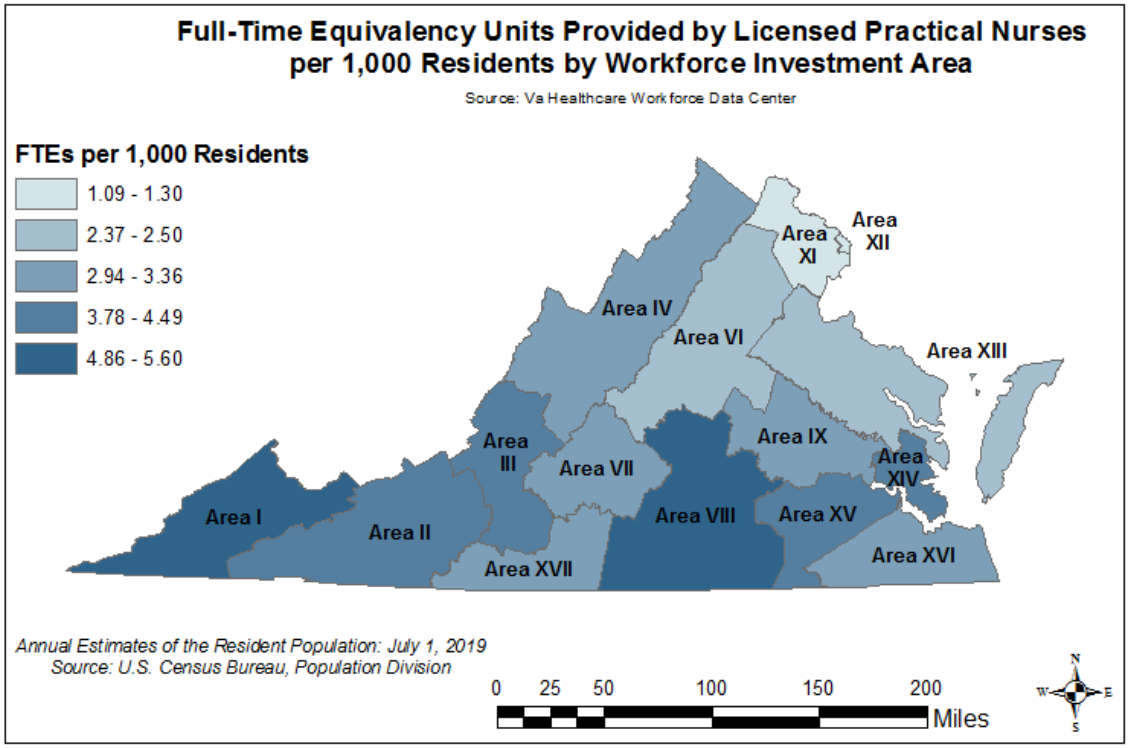


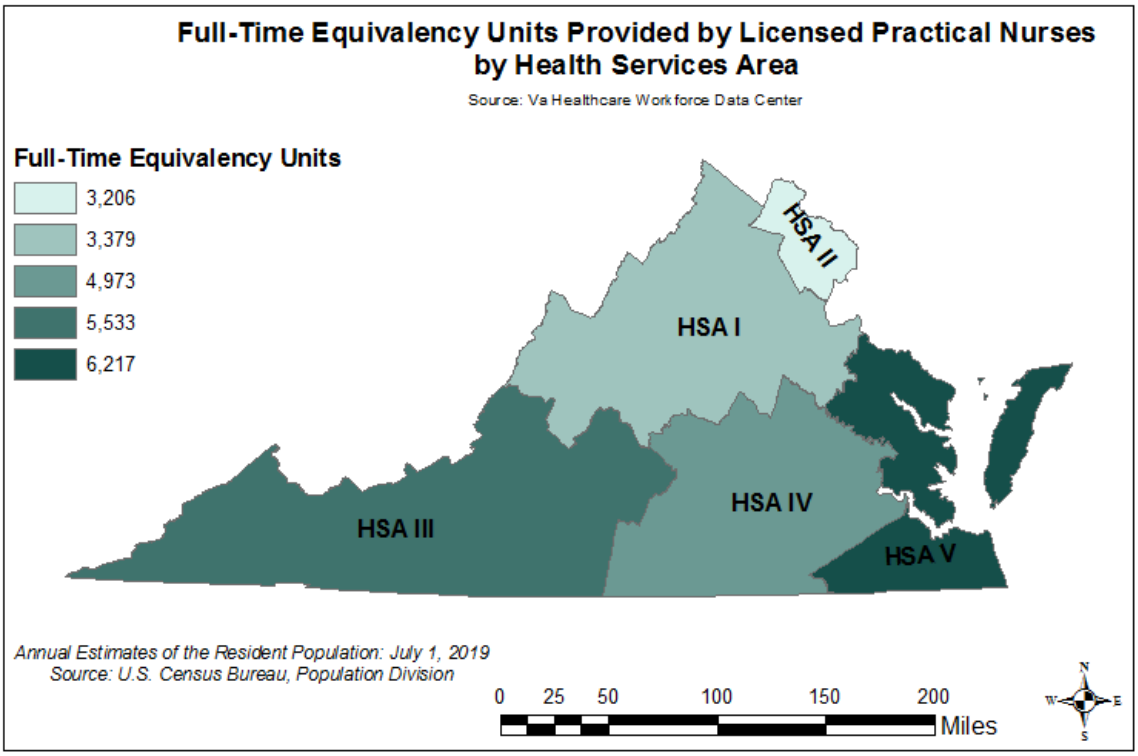


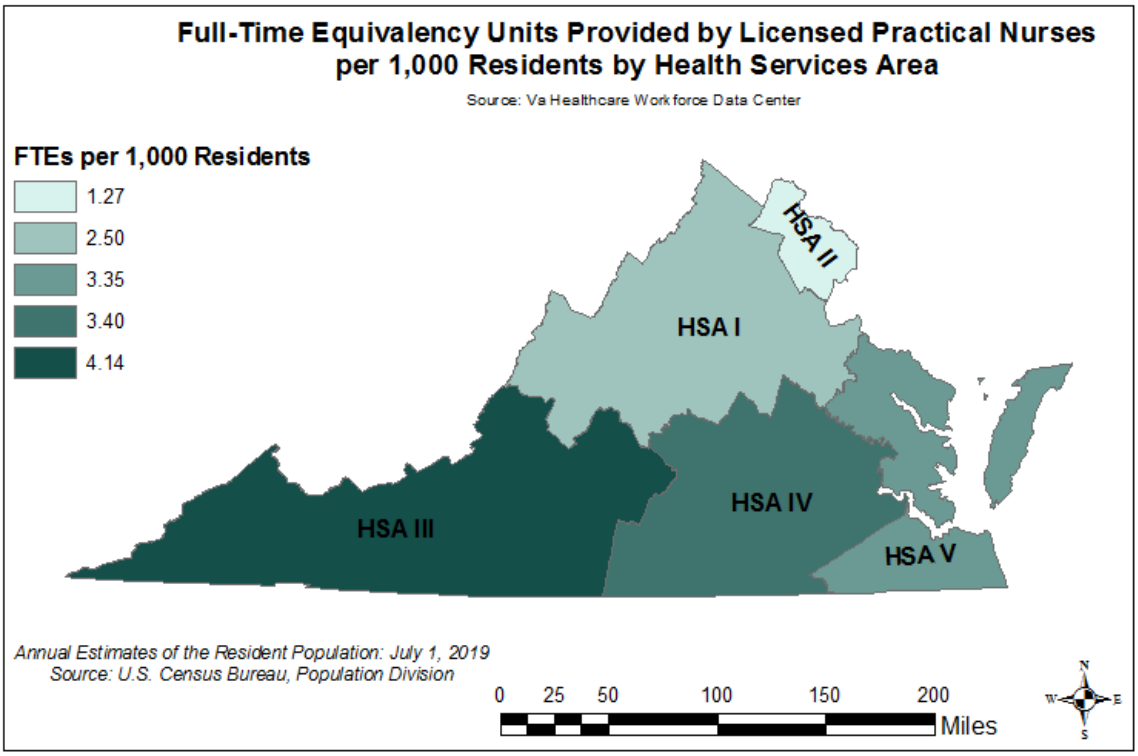

Full-Time Equivalency Units Provided by Licensed Practical Nurses by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,296 - 1,578
2,629
3,206 - 3,955
5,672
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

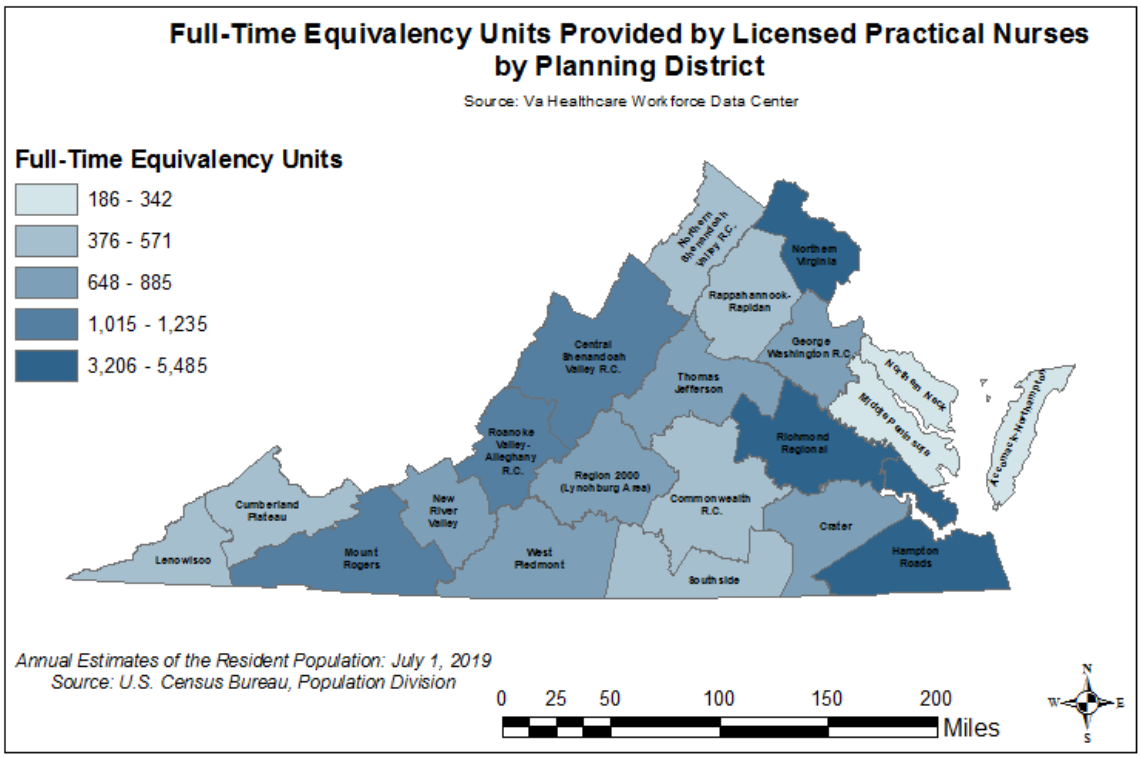

Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.27
2.50 - 2.69
3.06 - 3.30
4.55 - 4.72
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

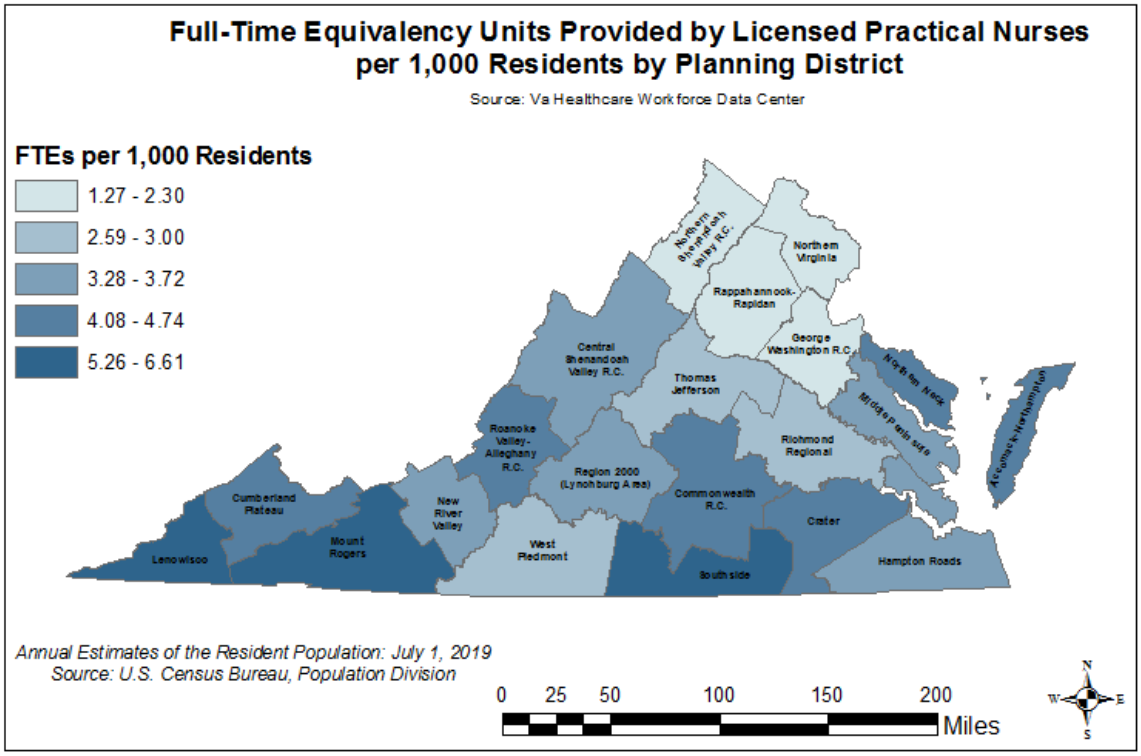

Full-Time Equivalency Units Provided by Licensed Practical Nurses by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
431 - 647
885 - 1,057
1,311 - 1,325
1,590 - 1,978
2,775 - 3,678
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.09 - 1.30
2.37 - 2.50
2.94 - 3.36
3.78 - 4.49
4.86 - 5.60
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
3,206
3,379
4,973
5,533
6,217
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.27
2.50
3.35
3.40
4.14
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
186 - 342
376 - 571
648 - 885
1,015 - 1,235
3,206 - 5,485
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1.27 - 2.30
2.59 - 3.00
3.28 - 3.72
4.08 - 4.74
5.26 - 6.61
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

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

Source: Va. Healthcare Workforce Data Center

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

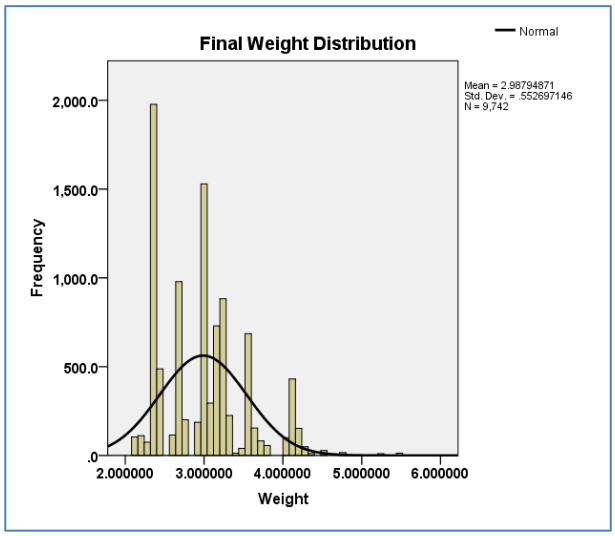
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/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: **0.334639**



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Certified Nurse Aide Workforce: 2020

Healthcare Workforce Data Center

October 2020

Virginia Department of Health Professions
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Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

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 Workforce

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

Survey Response Rate

All Licensees:	55%
Renewing Practitioners:	84%

Demographics

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

Background

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

Education

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

Finances

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

Current Employment

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

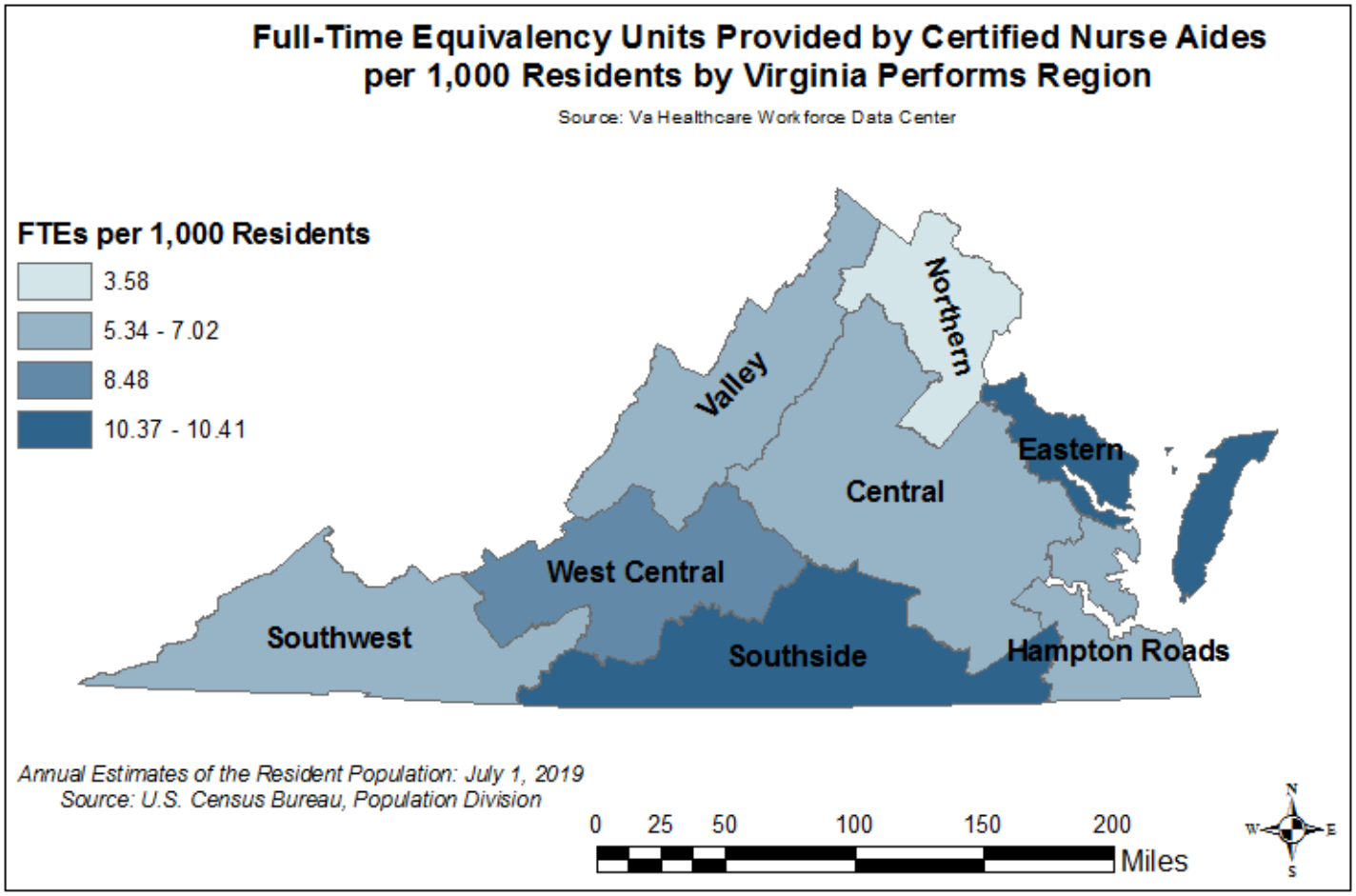
Job Turnover

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

Establishment Type

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

Source: Va. Healthcare Workforce Data Center



Results in Brief

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

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%
All Licensees	**58,669**	**100%**

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.

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			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
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%
Total	**26,145**	**32,524**	**55%**
New Licenses			
Issued in Past Year	4,336	0	0%
Metro Status			
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

Response Rates	
Completed Surveys	**32,524**
Response Rate, All Licensees	**55%**
Response Rate, Renewals	**84%**

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

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

Source: Va. Healthcare Workforce Data Center

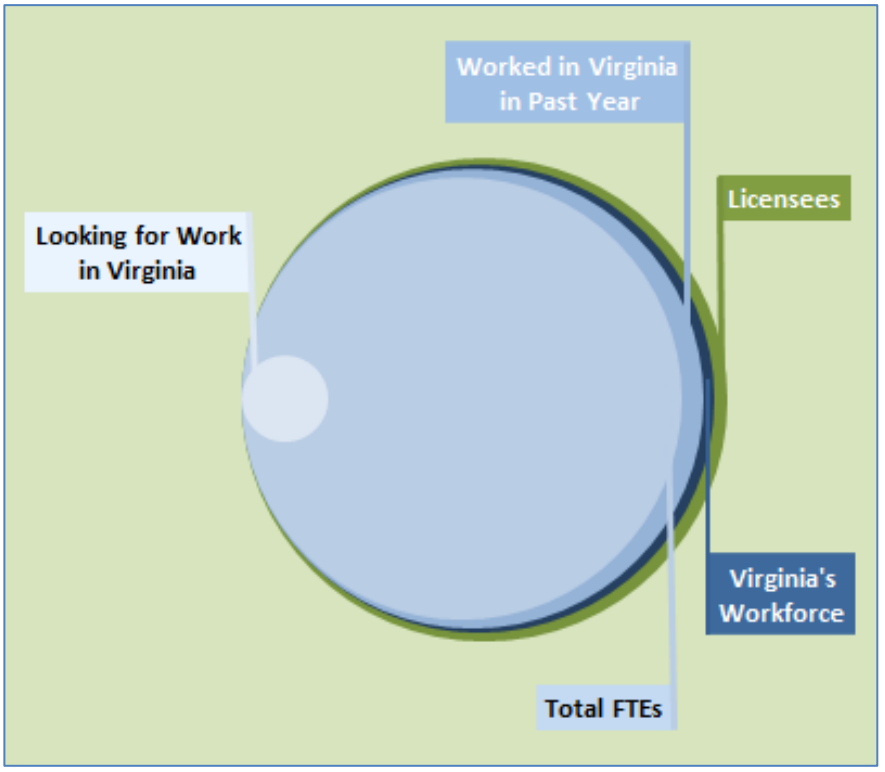
Virginia's CNA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	53,203	97%
Looking for Work in Virginia	1,907	3%
Virginia's Workforce	**55,110**	**100%**
Total FTEs	**48,880**	
Licensees	**58,669**	

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/

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.



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%
Total	**3,061**	**6%**	**47,813**	**94%**	**50,874**	**100%**

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

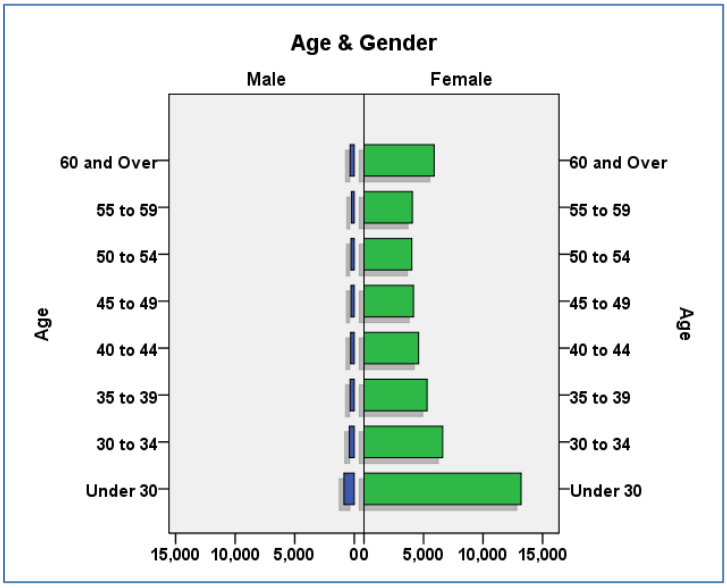
Race & Ethnicity					
Race/ Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	61%	19,935	38%	12,280	45%
Black	19%	26,713	51%	12,162	44%
Hispanic	10%	2,333	4%	1,366	5%
Asian	7%	1,407	3%	520	2%
Two or More Races	3%	1,260	2%	971	4%
Other Race	0%	542	1%	247	1%
Total	**100%**	**52,190**	**100%**	**27,546**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

*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 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

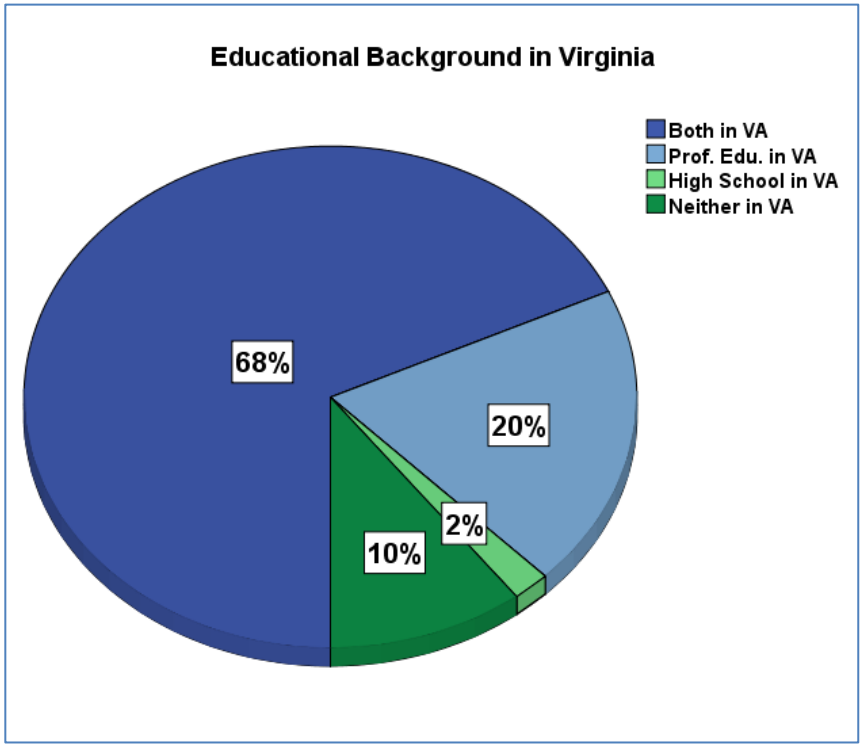
% Rural to Non-Metro:	29%
% Urban/Suburban to Non-Metro:	8%

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
	Metro Counties			
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%
	Non-Metro Counties			
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%
	Overall	**49%**	**22%**	**28%**

Source: Va. Healthcare Workforce Data Center



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%

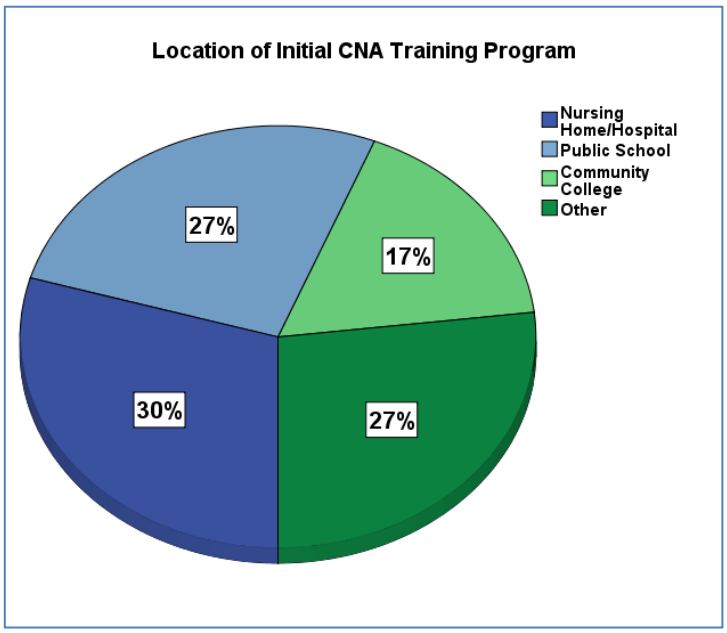
Advanced Practice CNA: 1%

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%
Total	**51,308**	**100%**

Source: Va. Healthcare Workforce Data Center

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

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%
Total	**51,937**	**100%**

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%
Total	**49,483**	**100%**

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%
Total	**51,178**	**100%**

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%
Total	**43,184**	**100%**

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%
Total	**51,090**	**100%**

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%
Total	**32,644**	**74%**
*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%
Subtotal	**45,822**	**100%**	**13,099**	**100%**
Did Not Have Location	3,614		39,311	
Item Missing	5,674		2,699	
Total	**55,110**		**55,110**	

Source: Va. Healthcare Workforce Data Center

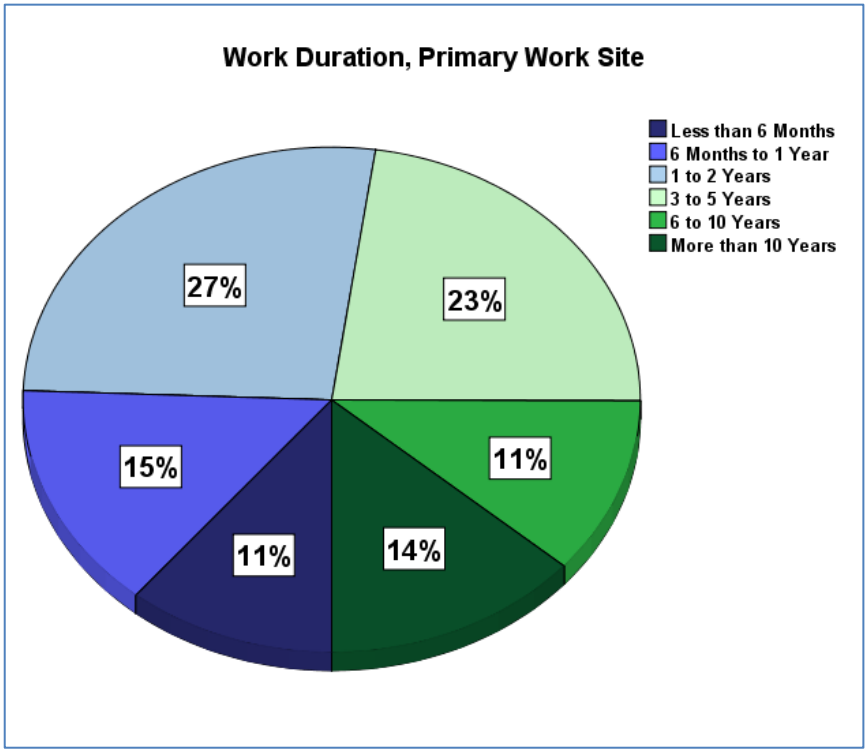
At a Glance:

Turnover & Tenure

New Location:	36%
Over 2 Years:	48%
Over 2 Yrs., 2nd 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

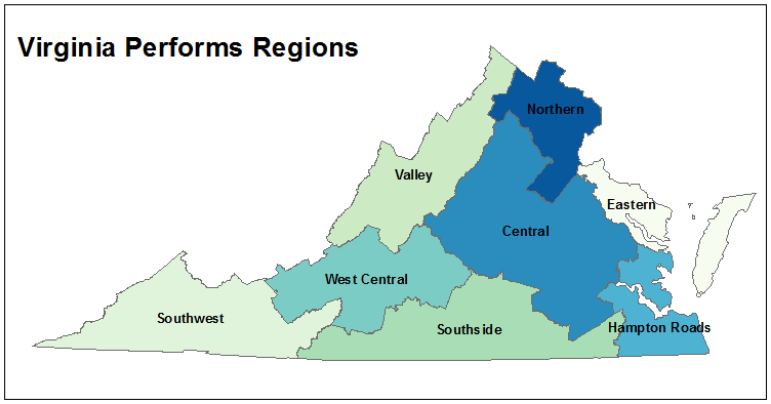
At a Glance:

Concentration

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



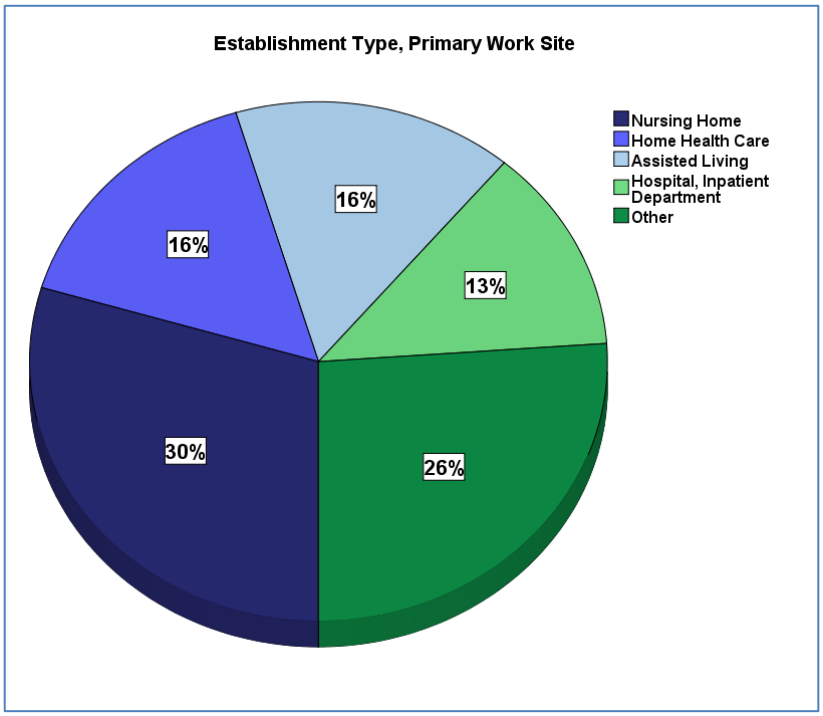
Source: Va. Healthcare Workforce Data Center

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

Location Type				
Establishment 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%
Total	**47,320**	**100%**	**14,577**	**100%**
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[1]: 5.73
Average: 0.95

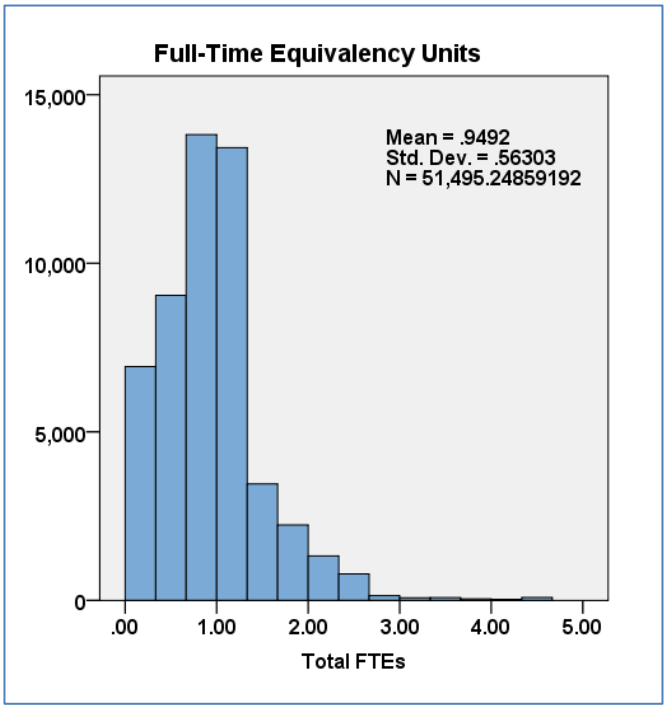
Age & Gender Effect

Age, Partial Eta^2: Small
Gender, Partial Eta^2: Negligible

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

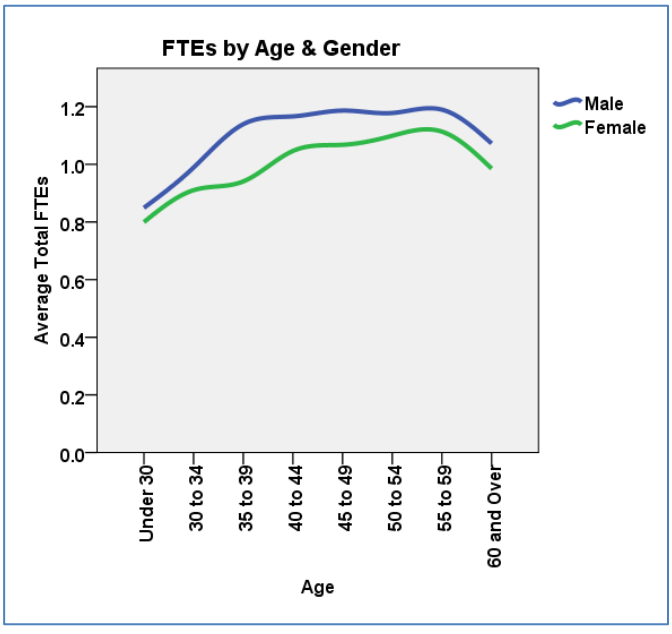


Source: Va. Healthcare Workforce Data Center

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.[2]

Full-Time Equivalency Units		
Age	**Average Age**	**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

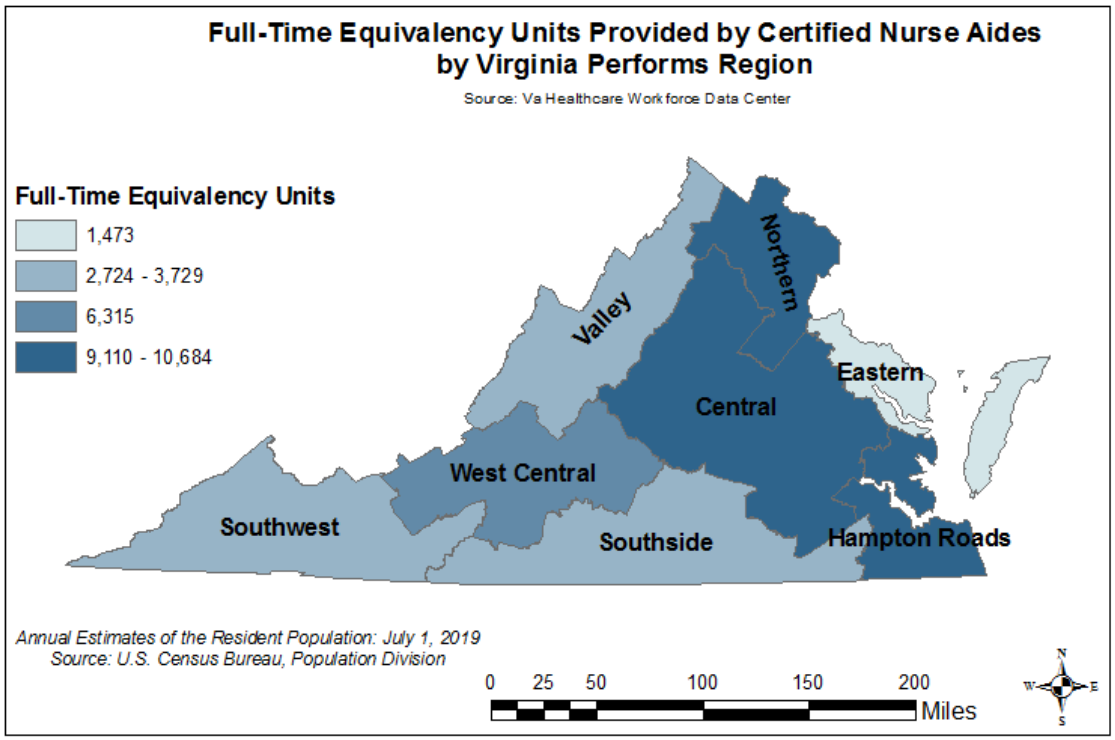


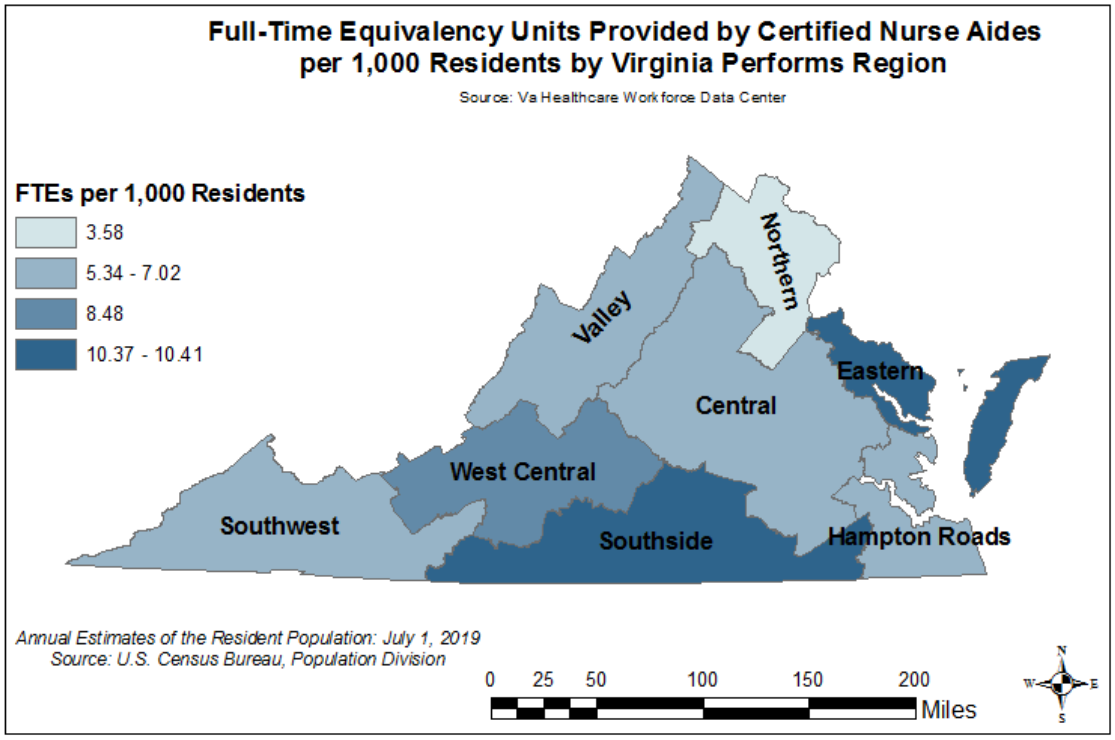
Source: Va. Healthcare Workforce Data Center

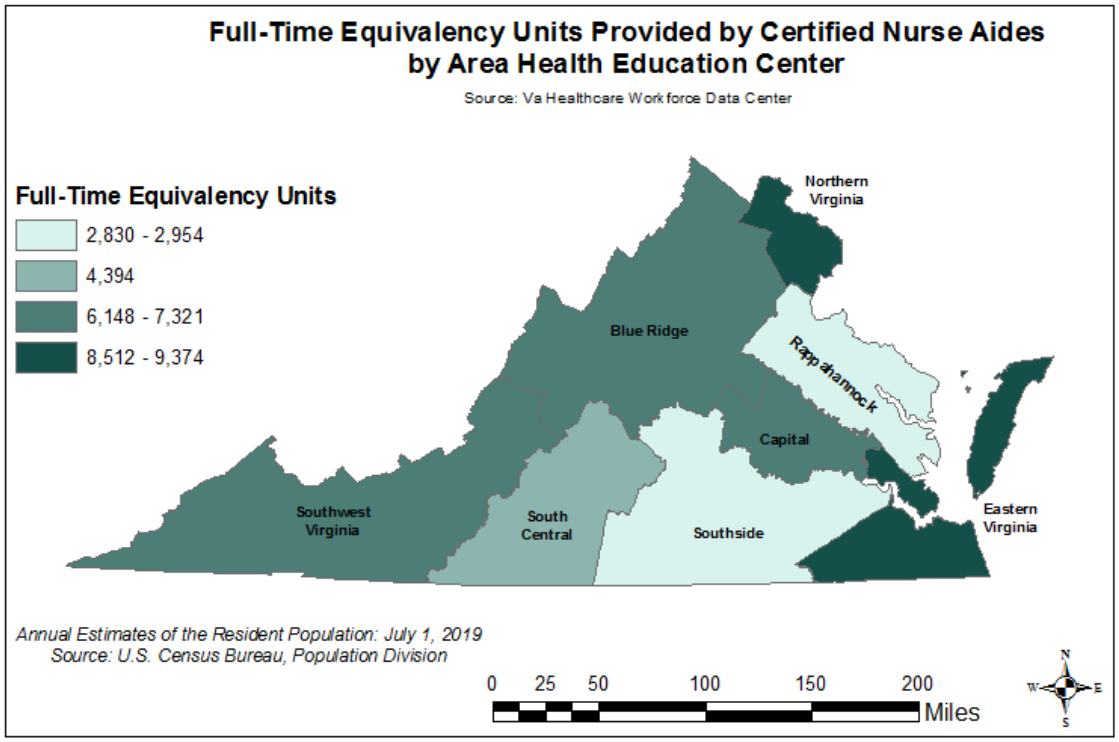
[1] Number of residents in 2019 was used as the denominator.
[2] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).

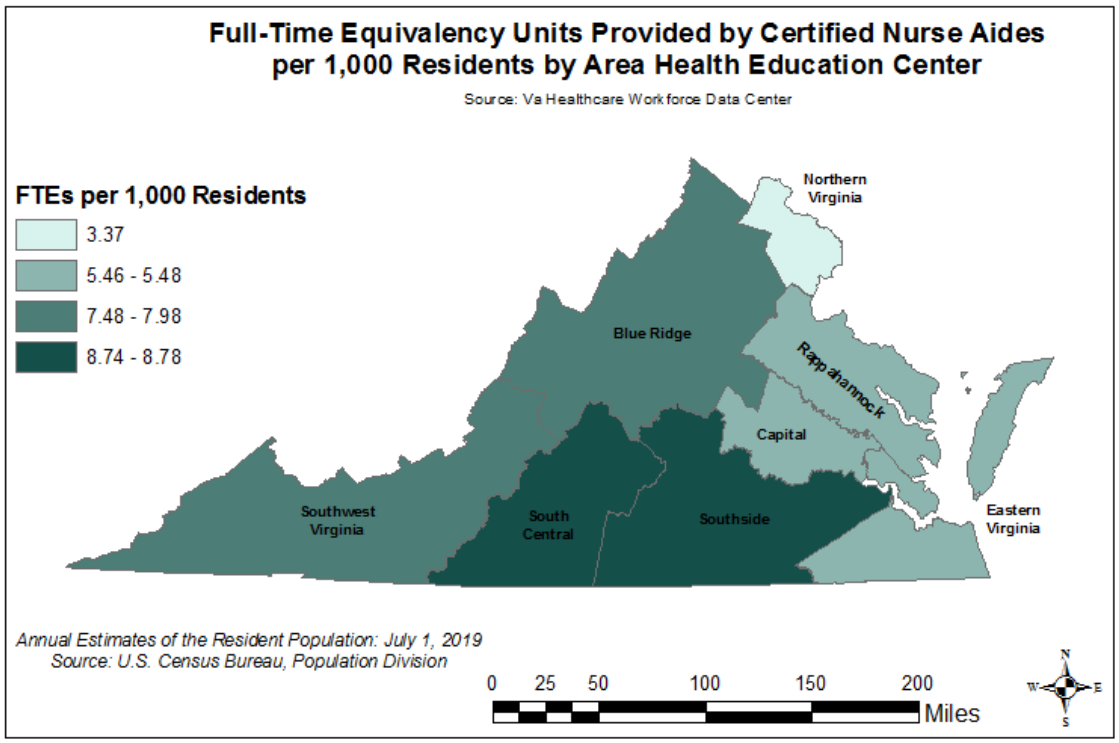
Maps

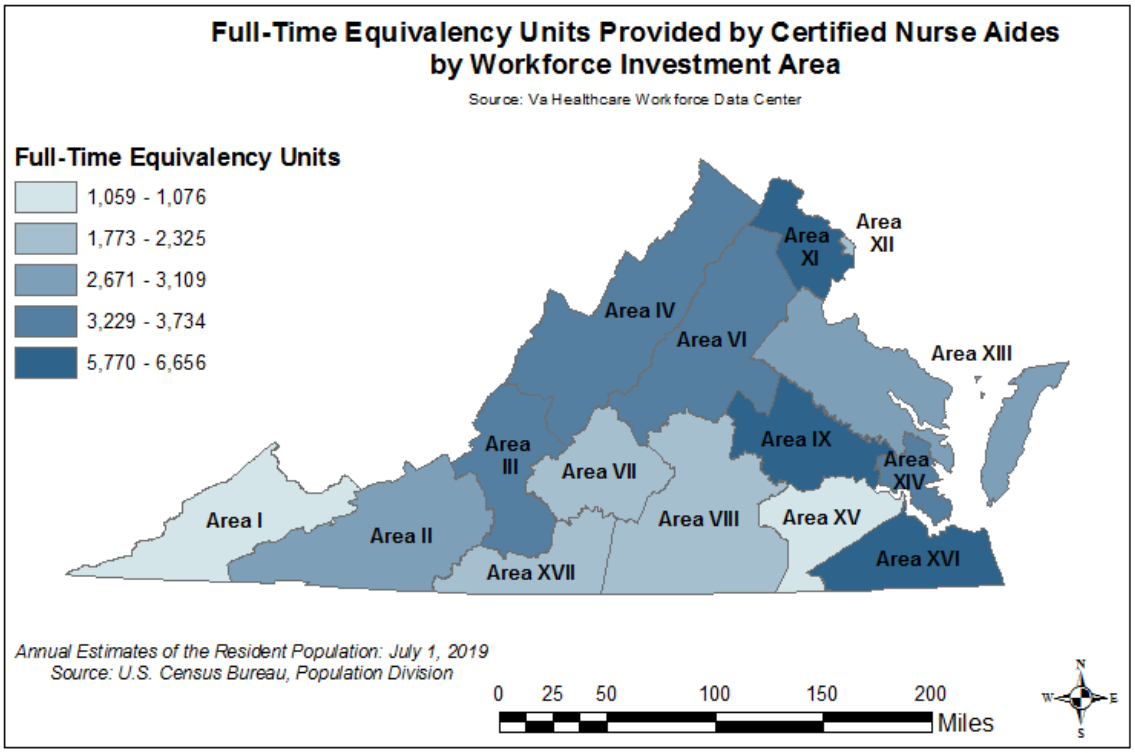
Virginia Performs Regions

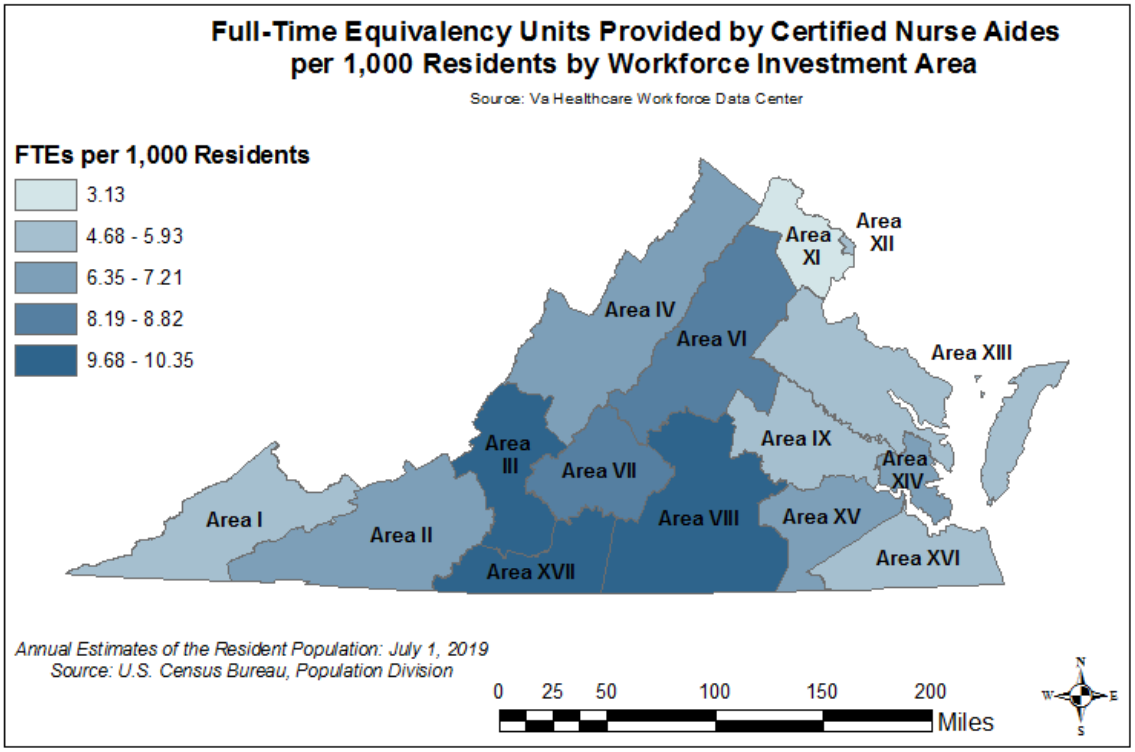


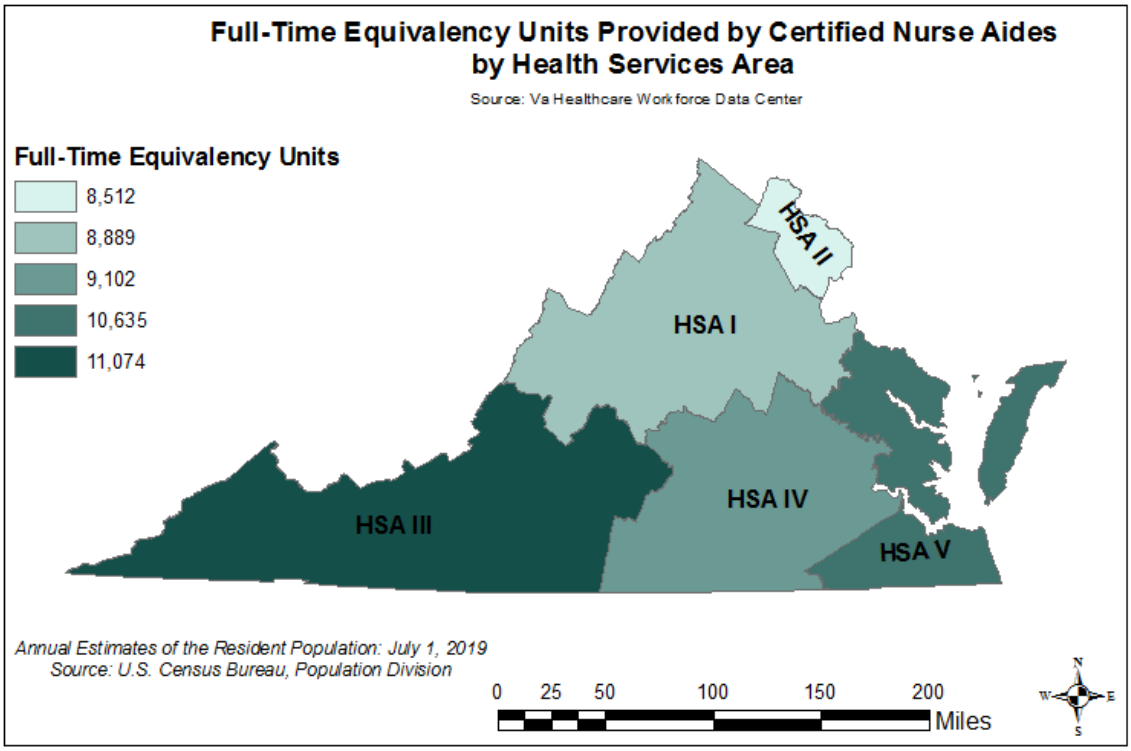


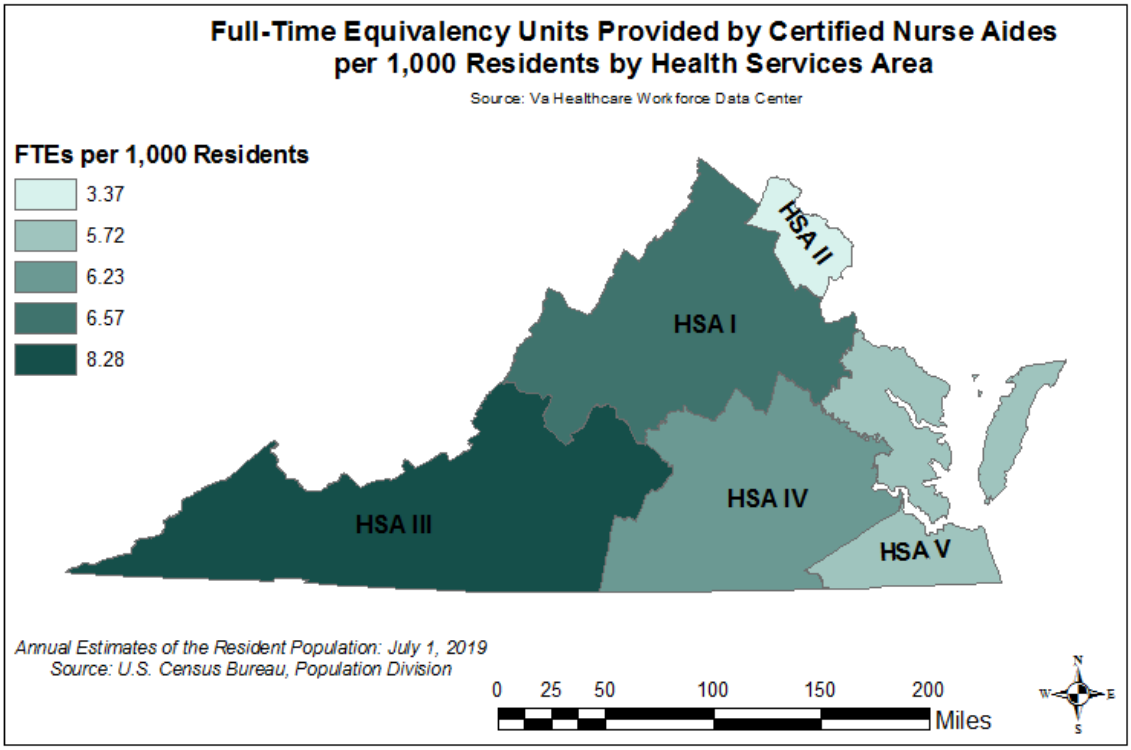

Full-Time Equivalency Units Provided by Certified Nurse Aides
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
2,830 - 2,954
4,394
6,148 - 7,321
8,512 - 9,374
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

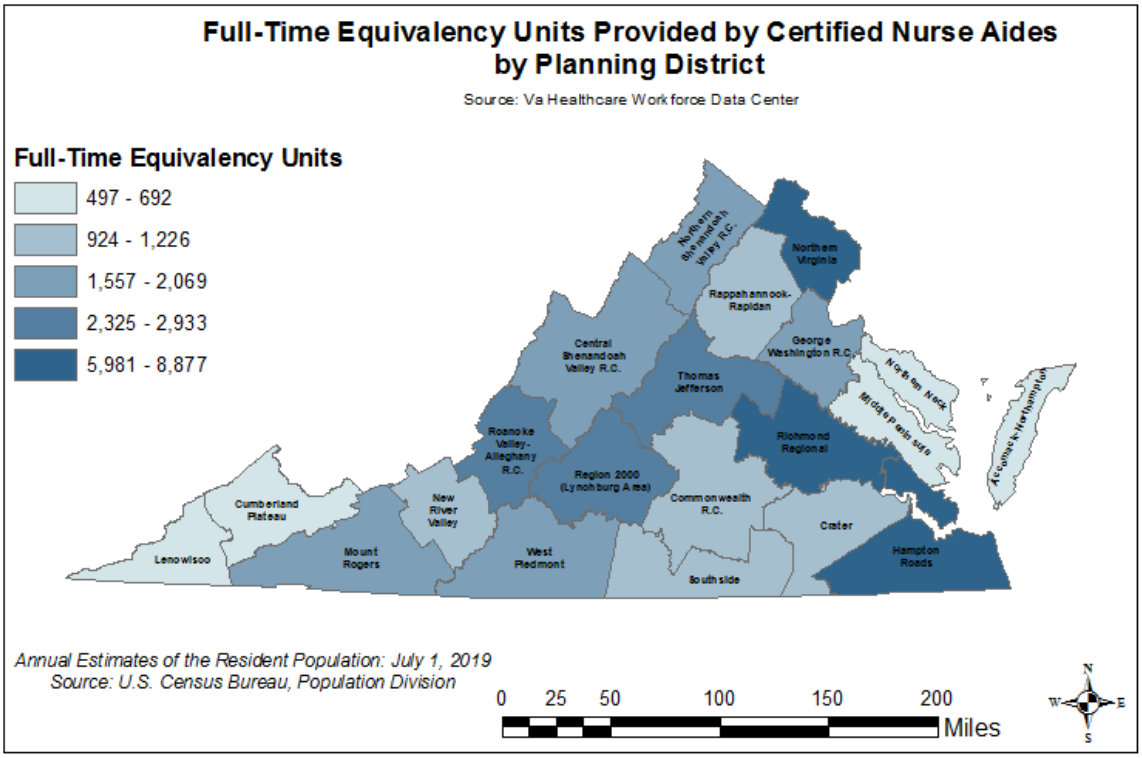

Full-Time Equivalency Units Provided by Certified Nurse Aides
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.37
5.46 - 5.48
7.48 - 7.98
8.74 - 8.78
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

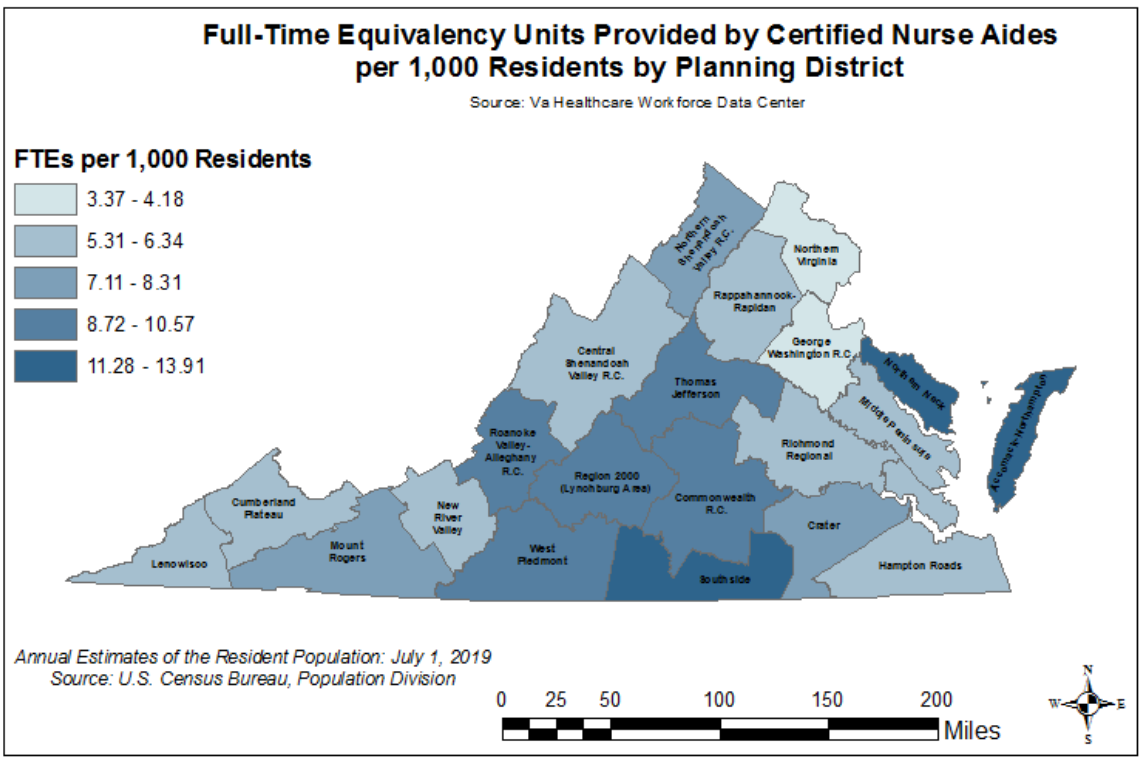

Full-Time Equivalency Units Provided by Certified Nurse Aides
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1,059 - 1,076
1,773 - 2,325
2,671 - 3,109
3,229 - 3,734
5,770 - 6,656
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.13
4.68 - 5.93
6.35 - 7.21
8.19 - 8.82
9.68 - 10.35
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
8,512
8,889
9,102
10,635
11,074
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.37
5.72
6.23
6.57
8.28
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
497 - 692
924 - 1,226
1,557 - 2,069
2,325 - 2,933
5,981 - 8,877
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.37 - 4.18
5.31 - 6.34
7.11 - 8.31
8.72 - 10.57
11.28 - 13.91
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	28,742	59.73%	1.674	1.312	2.416
Metro, 250,000 to 1 Million	6,026	57.67%	1.734	1.359	2.502
Metro, 250,000 or Less	5,734	59.23%	1.688	1.323	2.437
Urban, Pop. 20,000+, Metro Adj.	1,851	59.21%	1.689	1.324	2.437
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	4,266	61.09%	1.637	1.283	2.362
Urban, Pop. 2,500-19,999, Non-Adj.	2,024	52.57%	1.902	1.491	2.745
Rural, Metro Adj.	2,263	59.74%	1.674	1.312	2.415
Rural, Non-Adj.	1,057	53.07%	1.884	1.477	2.719
Virginia Border State/D.C.	3,532	35.02%	2.855	2.238	4.120
Other U.S. State	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.
Under 30	15,921	38.41%	2.603	2.362	8.050
30 to 34	8,003	48.59%	2.058	1.867	6.364
35 to 39	6,411	58.04%	1.723	1.564	5.328
40 to 44	5,575	61.97%	1.614	1.464	4.990
45 to 49	5,068	64.25%	1.557	1.413	4.813
50 to 54	5,038	69.00%	1.449	1.315	4.482
55 to 59	5,025	70.73%	1.414	1.283	4.372
60 and Over	7,628	66.30%	1.508	1.369	4.665

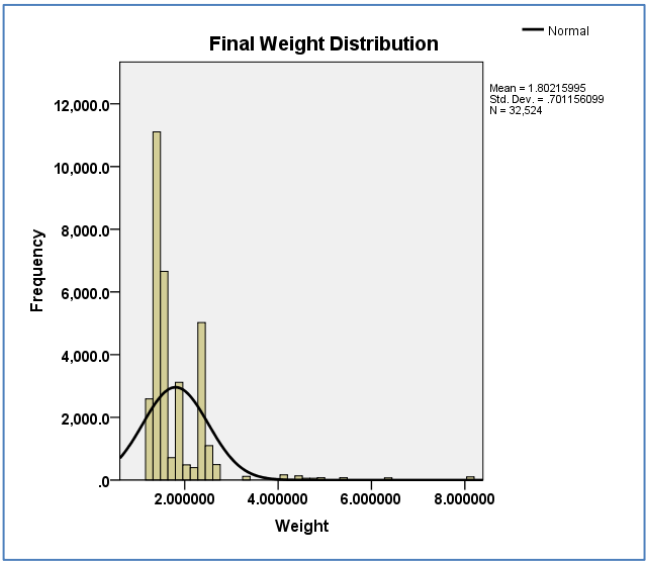
Source: Va. Healthcare Workforce Data Center

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:

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

Overall Response Rate: **0.554364**



Source: Va. Healthcare Workforce Data Center

VIRGINIA BOARD OF NURSING
Nominating Committee
November 18, 2020
Minutes

TIME AND PLACE: The meeting of the Nominating Committee was called to order at 8:15 am on November 18, 2020, at Department of Health Professions, 9960 Mayland Drive, Suite 201, Training Room 1, Henrico, Virginia.

MEMBERS PRESENT: Jennifer Phelps, BN, LPN, QMHP-A, CSAC, Chair
Louise Hershkowitz, CRNA, MSHA
Margaret Friedenberg, Citizen Member

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director

DISCUSSION: Committee Members reported their individual discussions with Board Members regarding their interest in serving a Board of Nursing Office.

Ms. Friedenberg, Ms. McElfresh, Ms. Shah and Ms. Smith have indicated they are not interested in running for office at this time. Dr. Dorsey has not communicated her preference at this time.

Ms. Phelps and Ms. Hershkowitz will term off the Board in June 2021 after 8 years of service.

The Committee discussed the role of officers, necessary leadership skills and experience. The Committee indicated they were encouraged that so many board members expressed an interest in serving for the upcoming year and that others expressed interest for the future.

The Committee acknowledged that individual board members have a variety of professional and personal circumstances affecting their ability to run at this time.

Following discussion the Committee proposed the following slate:
President position:
Marie Gerardo, MS, RN, ANP-BC

First Vice-President position:
Mark D. Monson, Citizen Member
Ann T, Gleason, PhD, Citizen Member

Second Vice-President position:
James L. Hermansen-Parker, MSN, RN, PCCN-K
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC

Ms. Swineford informed the Committee that she will confirm her interest for running for office as soon as possible.

The 2011 version of Duties and Functions of Board Officers were reviewed. Ms. Douglas and Ms. Hershkowitz will make revisions to the document and this document will be distributed to all Board Members prior to December 2, 2020 Board Business Meeting along with final slate.

Prior to publishing slates, all persons on the draft slate will be informed of the slate and any changes in board member interest will be communicated to Ms. Douglas.

ADJOURNMENT: The meeting adjourned at 8:55 A.M.

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

Officers of the Virginia Board of Nursing serve in both leadership and administrative roles.

Leadership Roles

The President of the Virginia Board of Nursing leads the Board in its functions in full cooperation with the Executive Director of the Board.

Positive leadership requires that officers serve as role models for all Board members by being respectful of time and responsibilities each holds as a Board member, as well as in their other roles in the larger community, and expecting that same respect from each member in regard to their service on the Board. It further requires modeling positive and respectful relationships with Board staff, as well as with members of the public. Establishing strong working relationships with the Executive Director and staff, the officers, and all Board members is essential to the work of the Board.

The leadership activities required of the President of the Board of Nursing (preferably in collaboration with the First and Second Vice-Presidents) include developing a vision to support the mission of the Board as well as to strengthen Board members and the Board as a whole. This requires identification of Board members' strengths and needs and provision of training activities that move the Board – members and staff together – forward. Leadership development is an important component of assuring Board effectiveness in the longer term.

Administrative Roles

The administrative functions of Board leaders require understanding of the functions of the Board, which include licensure functions, approval of educational programs and discipline/ enforcement.

The **Virginia Board of Nursing By Laws** (Guidance Document 90-57) delineate the Duties of Officers and of the Executive Committee as follows:

Article VI – Duties of Officers.
A. The President shall:
1. Preserve order and conduct of Board meetings according to these bylaws, Robert's Rules, the Administrative Process Act and other applicable laws and regulations;
2. Preside at Formal Hearings
3. Call special meetings;
4. Appoint all committees, except the nominating committee;
5. Appoint annually three members of the Board of Nursing to the Committee of the Joint Boards of Nursing and Medicine; and

6. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The First Vice-President shall:
1. Preside in the absence of the President;
2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President;
3. Assume such functions or responsibilities as may be delegated by the President or the Board; and
4. Preside at Formal Hearings.

C. The Second Vice-President shall:
1. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
2. Assume such functions or responsibilities as may be delegated by the President or the Board.

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, which shall represent the interests of the Board in meetings within the Department of Health Professions, with other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

Additional Requirements

Not included in the By Laws, but important to the function of the Board, are skills that may be outside of the officer's prior experience. In order to fulfill the requirements of the By Laws, all Officers should develop confidence in their preparation to lead formal hearings, following the **Administrative Process Act** and all guidelines set forth in DHP Guidance Document 76-20 (**The Adjudication Process**). The role of the Chair of a formal hearing may entail several challenging actions, including:

- Ruling on objections to evidence before and during the hearing in consultation with Counsel;
- Participating in the negotiation of Consent Orders;
- Intervening in questioning, as needed, to avoid repetition or inappropriate questions;
- Weighing the advice given by Counsel while remaining cognizant of the public nature of the proceeding;
- Assuring that all Board members and the Respondent are provided with appropriate opportunity to participate in the proceedings.
- In the course of deliberations, the Chair must be able to facilitate discussion among Board members, playing a particularly important role in helping to resolve conflicts during those discussions.

Additionally, the President (and Vice-Presidents in addition, or in the President's absence), fulfills a number of other roles which include but are not limited to:

- Preserve Order and Conduct all business meetings according to parliamentary rules, Administrative Process Act and other applicable law, regulations and DHP Board Member Guidline
- Utilize board meeting script and follow advice of Board Counsel regarding procedural matters.
- Ensure availability for Board Week on the odd months of the year, presiding at Formal Hearings on Tuesdays or Thursdays and every Wednesday.
- Interact collaboratively with Executive Director
- Refer Public inquiries regarding regulatory matters and request for speaking engagements to Executive Director.
- Call Special Meetings
- Appoint all Committees to include SCC's, Standing Committees, and Ad Hoc Committees. (exception is Nominating Committee)
- Appoint Annually Members of Joint Boards of Nursing and Medicine
- Preside over Formal Hearings
- Assign Mentors for New Board Members
- Determine Board member attendance at NCSBN meetings
- Determine in conjunction with Executive Director Board member attendance at Interagency and Professional Association meetings as necessary.
- Represent the Board in meetings with the Director of the Agency, outside entities and the Secretary's office as made aware by Executive Director.
- Seek Advice of Board Counsel
- Review and act upon non-routine licensure, certification and registration applications weekly.
- Enter Consent Orders for Suspension and Revocation following action by the full Board
- Review and approve drafts of Prehearing Consent Orders related to Formal hearings
- Consider and act upon requests for continuances related to Formal Hearings
- Consider and rule upon respondent, APD and Attorney objections and request for telephone testimony prior to Formal Hearings, following advice from legal counsel.
- Consult with Executive Director regarding content and ordering of Business meeting agenda.
- Communicate with Executive Director regarding any staff concerns for the Executive Director to act upon.
- Communicate directly with Board Members individually or as a group regarding any issues related to Board Member Conduct.

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

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

Board of Nursing (804) 367-4515
www.dhp.virginia.gov/Boards/nursing

MEMO

To: Board Members

From: BON Nominating Committee
Jennifer Phelps, BN, LPN, QMHP-A, CSAC, Chair
Louise Hershkowitz, CRNA, MSHA
Margaret Friedenberg, Citizen Member

Re: Slate of Candidates for 2021 Officers

Date: November 24, 2020

The Nominating Committee agreed to the following slate of Board Members who are interested in running for office for 2021:

President: Marie Gerardo, LNP Member
(2nd term expires 2022)

First Vice-President: Mark D. Monson, Citizen Member
(2nd term expires 2022)
Ann T. Gleason, PhD, Citizen Member
(1st term expires 2024)

Second Vice-President: James Hersmansen-Parker, RN Member
(1st term expires 2023)
Brandon A. Jones, RN Member
(unexpired term expires 2021)
Ethlyn McQueen-Gibson, RN Member
(1st term expires 2023)

Pursuant to the Bylaws, Guidance Document 90-57, nominations will be accepted from the floor at the Board December 2, 2020 meeting.

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

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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

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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.

F2

Agenda Item: Final regulations for nurse aide education programs

Included in you agenda package:

Copy of notice on the Virginia Regulatory Townhall

Copy of comment on the proposed regulations

Copy of minutes on public hearing on proposed regulations (excerpt from October 14th business meeting)

Copy of proposed regulations as published

Staff note:

The Board will need to consider the comment and offer a response and then will need to adopt final regulations

Action:

To adopt final amendments as published at the proposed stage; or
To adopt final amendments with any change

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Nursing

Chapter **Regulations for Nurse Aide Education Programs [18 VAC 90 - 26]**

Action: Implementing Result of Periodic Review

Proposed Stage

Action 5157 / Stage 8837

Edit Stage | Withdraw Stage | Go to RIS Project

Documents

Proposed Text	9/9/2020 2:42 pm	Sync Text with RIS
Agency Background Document	12/6/2019 (modified 2/13/2020)	Upload / Replace
Attorney General Certification	1/2/2020	
DPB Economic Impact Analysis	2/14/2020 (modified 2/27/2020)	
Agency Response to EIA	8/19/2020	Upload / Replace
Governor's Review Memo	8/12/2020	
Registrar Transmittal	8/19/2020	

Status

Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/6/2019 Review Completed: 1/2/2020 Result: Certified
DPB Review	Submitted on 1/3/2020 Economist: Oscar Ozfidan Policy Analyst: Melanie West Review Completed: 2/14/2020 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/31/2020
Governor's Review	Review Completed: 8/12/2020 Result: Approved
Virginia Registrar	Submitted on 8/19/2020 The Virginia Register of Regulations Publication Date: 9/14/2020 Volume: 37 Issue: 2
Public Hearings	10/14/2020 11:30 AM

Comment Period	**Ended 11/13/2020** **1 comments**

Contact Information

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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 12/06/2019

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Agency Department of Health Professions

Board Board of Nursing

Chapter **Regulations for Nurse Aide Education Programs [18 VAC 90 - 26]**

Action	Implementing Result of Periodic Review
Stage	Proposed
Comment Period	Ends 11/13/2020

Back to List of Comments

Commenter: Mike Ketron, Botetourt County Public Schools 10/27/20 11:45 am

Purposed regulation would hurt CNA programs.

Dear Sir or Madame,

This proposed regulation change would limit or eliminate CNA programs in many Virginia school divisions due to the fact that many CNA programs are held at CTE technical centers and the CNA instructor also serves as the school nurse for emergencies. Many school divisions do not have the budget to have both a CNA instructor and school nurse for the same building.

Thank you,

M. Ketron

CommentID: **87390**

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 then 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 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 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.

Project 5969 - Proposed

Board Of Nursing

Implementing Result of Periodic Review

18VAC90-26-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approval" means the process by which the board evaluates and grants official recognition to a nurse aide education program.

"Board" means the Virginia Board of Nursing.

"Client" means a person receiving the services of a certified nurse aide, to include a patient in a health care facility or at home or a resident of a long-term care facility.

"Committee" means the Education Special Conference Committee, comprised of not less than two members of the board in accordance with § 2.2-4019 of the Code of Virginia.

"Conditional approval" means the time-limited status that results when a board-approved nurse aide education program has failed to maintain requirements as set forth in this chapter.

"Nurse aide education program" means a program designed to prepare nurse aides for certification.

"Nursing facility" means a licensed nursing home or an entity that is certified for Medicare or Medicaid long-term care reimbursement and licensed or certified by the Virginia Department of Health.

"Primary instructor" means a registered nurse who is responsible for teaching and evaluating the students enrolled in a nurse aide education program.

"Program coordinator" means a registered nurse who is administratively responsible and accountable for a nurse aide education program.

"Program provider" means an entity that conducts a board-approved nurse aide education program.

"Site visit" means a focused onsite review of the nurse aide education program by board staff for the purpose of evaluating program components, such as the physical location (skills lab, classrooms, learning resources) for obtaining program approval, change of location, or verification of noncompliance with this chapter or in response to a complaint.

"Survey visit" means a comprehensive onsite review of the nurse aide education program by board staff for the purpose of granting continued 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 administration, instructional personnel, and students will occur on an as-needed basis.

18VAC90-26-20. Establishing and maintaining a nurse aide education program.

A. Establishing a nurse aide education program.

1. A program provider wishing to establish a nurse aide education program shall submit ~~an~~ a complete application to the board at least 90 days in advance of the expected opening date.

2. The application shall provide evidence of the ability of the institution to comply with subsection B of this section.

3. ~~Initial approval~~ Approval may be granted when all documentation of the program's compliance with requirements as set forth in subsection B of this section has been

submitted and deemed satisfactory to the board and a site visit has been conducted. Advertisement of the program is authorized only after board approval has been granted.

4. If approval is denied, the program may request, within 30 days of the mailing of the decision, an informal conference to be convened in accordance with § 2.2-4019 of the Code of Virginia.

5. If denial is recommended following an informal conference, which is accepted by the board or a panel thereof, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia.

6. If the decision of the board or a panel thereof following a formal hearing is to deny initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

B. Maintaining an approved nurse aide education program. To maintain approval, the nurse aide education program shall:

1. Demonstrate evidence of compliance with the following essential elements:

a. Curriculum content ~~and length~~ as approved by the board and as set forth in subsection A of 18VAC90-26-40 and subsection C of 18VAC90-26-50.

b. Maintenance of qualified instructional personnel as set forth in 18VAC90-26-30.

c. Classroom facilities that meet requirements set forth in subsection D of 18VAC90-26-50.

d. Maintenance of records as set forth in subsection A of 18VAC90-26-50.

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, 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. The use of a nursing facility in Virginia located 50 miles or more from the school shall require board approval.

f. Agreement that board representatives may make unannounced site visits to the program.

g. Financial support and resources sufficient to meet requirements of this chapter as evidenced by a copy of the current annual budget or a signed statement from the administration specifically detailing its financial support and resources.

h. Completion and submission of biennial ~~onsite~~ survey visit review reports and program evaluation reports as requested by the board within a timeframe specified by the board.

2. Impose no fee for any portion of the program on any nurse aide student who, on the date on which the ~~nurse aide~~ student begins the program, is either employed or has an offer of employment from a nursing facility.

3. Provide documentation that each student applying to or enrolled in such program has been given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes that pose a barrier to such employment.

4. Report all substantive changes in subdivision 1 of this subsection within 10 days of the change to the board to include~~, but not be limited to,~~ a change in the program

coordinator, primary instructor, program ownership, physical location of the program, or licensure status of the clinical facility.

5. Provide each student with a copy of his certificate of completion as specified in 18VAVC90-26-50.

18VAC90-26-30. Requirements for instructional personnel.

A. Program coordinator.

1. Each program shall have a program coordinator who must be a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege.

2. The program coordinator ~~in a nursing facility based program may be the director of nursing services. The director of nursing services may~~ shall assume the administrative responsibility and accountability for the nurse aide education program ~~but shall not engage in the actual classroom and clinical teaching~~.

3. The primary instructor may be the program coordinator in any nurse aide education program.

4. The director of nursing services in a nursing facility-based program may serve as the program coordinator but shall not simultaneously engage in the actual classroom, skills laboratory, or clinical teaching while serving as the director of nursing services.

B. Primary instructor.

1. Qualifications. Each program shall have a primary instructor who does the majority of the actual teaching of the students and who shall:

a. Hold a current, unrestricted Virginia license or a multistate licensure privilege as a registered nurse ~~who holds a current, unrestricted license in Virginia or a multistate licensure privilege~~; and

b. Have two years of experience as a registered nurse within the previous five years and at least one year of direct client care or supervisory experience in the provision of geriatric long-term care ~~facility~~ services. ~~Such~~ Other experience may include~~, but not be limited to,~~ employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care, or other long-term care setting. ~~Experience should include varied responsibilities, such as direct client care, supervision, and education.~~

2. Responsibilities. The primary instructor is responsible for the teaching and evaluation of students and~~, in addition,~~ shall not assume other duties while instructing or supervising students. The primary instructor shall:

a. Participate in the planning of each learning experience;

b. Ensure that course objectives are ~~accomplished~~ met;

c. Ensure that the provisions of subsection F of this section are maintained;

d. Maintain records as required by subsection A of 18VAC90-26-50;

e. Perform other activities necessary to comply with subsection B of 18VAC90-26-20; and

f. Ensure that students do not perform services for which they have not received instruction and been found proficient ~~by the instructor~~.

C. Other instructional personnel.

1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision shall be registered nurses or licensed practical nurses.

a. A registered nurse shall:

(1) Hold a current, unrestricted Virginia license or multistate licensure privilege as a registered nurse; and

(2) Have had at least one year of direct ~~patient~~ client geriatric long-term care experience as a registered nurse.

b. A licensed practical nurse shall:

(1) Hold a current, unrestricted Virginia license or multistate licensure privilege as a practical nurse; and

(2) ~~Hold a high school diploma or equivalent;~~

~~(3) Have been graduated from a state-approved practical nursing program; and~~

~~(4)~~ Have had at least two years of direct ~~patient~~ client geriatric long-term care experience as a licensed practical nurse.

2. Responsibilities. Other instructional personnel shall provide instruction under the supervision of the primary instructor.

D. Prior to being assigned to teach ~~the~~ in a nurse aide education program, all instructional personnel shall demonstrate competence to teach adults or high school students by one of the following:

1. Satisfactory completion of ~~a course in teaching adults~~ at least 12 hours of coursework 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~~ student learning outcomes;

d. Review of current regulations for nurse aide education programs;

e. Review of the board-approved nurse aide curriculum content; and

f. Review of the skills evaluated on the board-approved nurse aide certification examination; or

2. Have ~~experience in teaching adults or high school students~~;

a. Experience in teaching the curriculum content and skills evaluated on the board-approved nurse aide certification examination to adults or high school students; and

b. Knowledge of current regulations for nurse aides and nurse aide education programs.

E. In order to remain qualified to teach the nurse aide curriculum, instructional personnel shall complete a refresher course every three years that includes a review of regulations for nurse aides and nurse aide education programs and the skills evaluated on the board-approved nurse aide certification examination.

F. To meet planned program objectives, the program may, under the direct, onsite supervision of the primary instructor, use other persons who have expertise in specific topics and have had at least one year of experience in their field.

~~F.~~ G. When students are giving direct care to clients in clinical areas, instructional personnel must be on site solely to supervise the students. The ratio of students to each instructor shall not exceed 10 students to one instructor in all clinical areas, including the skills laboratory.

18VAC90-26-40. Requirements for the curriculum.

A. Curriculum content. The curriculum shall include~~, but shall not be limited to,~~ classroom, skills laboratory, and clinical instruction in the following:

1. Initial core curriculum. Prior to the direct contact with a ~~nursing facility~~ client, a student shall have completed a total of at least 24 hours of instruction. Sixteen of those hours shall be in the following five areas:

a. Communication and interpersonal skills.

b. Infection control.

c. Safety and emergency procedures, including dealing with obstructed airways and fall prevention.

d. Promoting client independence.

e. Respecting clients' rights.

2. Basic skills.

a. Recognizing changes in body functioning and the importance of reporting such changes to a supervisor.

b. Measuring and recording routine vital signs.

c. Measuring and recording height and weight.

d. Caring for the client's environment.

e. Measuring and recording fluid and food intake and output.

f. Performing basic emergency measures.

g. Caring for a client when death is imminent.

3. Personal care skills.

a. Bathing and oral hygiene.

b. Grooming.

c. Dressing.

d. Toileting.

e. Assisting with eating and hydration, including proper feeding techniques.

f. Caring for skin, to include prevention of pressure ulcers.

g. Transfer, positioning, and turning.

4. Individual client's needs, including mental health and social service needs.

a. Modifying the nurse aide's behavior in response to the behavior of clients.

b. Identifying developmental tasks associated with the aging process.

c. Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.

d. Demonstrating skills supporting age-appropriate behavior by allowing the client to make personal choices, and by providing and reinforcing other behavior consistent with the client's dignity.

e. Utilizing the client's family or concerned others as a source of emotional support.

f. Responding appropriately to the client's behavior including~~, but not limited to,~~ aggressive behavior and language.

g. Providing appropriate clinical care to the aged and disabled.

h. Providing culturally sensitive care.

5. Care of the cognitively or sensory (visual and auditory) impaired client.

a. Using techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others).

b. Communicating with cognitively or sensory impaired clients.

c. Demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients.

d. Using methods to reduce the effects of cognitive impairment.

6. Skills for basic restorative services.

a. Using assistive devices in transferring, ambulation, eating, and dressing.

b. Maintaining range of motion.

c. Turning and positioning, both in bed and chair.

d. Bowel and bladder training.

e. Caring for and using prosthetic and orthotic devices.

f. Teaching the client in self-care according to the client's abilities as directed by a supervisor.

7. Clients' rights.

a. Providing privacy and maintaining confidentiality.

b. Promoting the client's right to make personal choices to accommodate individual needs.

c. Giving assistance in resolving grievances and disputes.

d. Providing assistance necessary to participate in client and family groups and other activities.

e. Maintaining care and security of the client's personal possessions.

f. Promoting the client's rights to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate staff.

g. Avoiding the need for restraints in accordance with current professional standards.

8. Legal and regulatory aspects of practice as a certified nurse aide including~~, but not limited to,~~ consequences of abuse, neglect, misappropriation of client property, and unprofessional conduct as set forth in § 54.1-3007 of the Code of Virginia and 18VAC90-25-100.

9. Occupational health and safety measures.

10. Appropriate management of conflict.

11. Observational and reporting techniques.

12. Substance abuse and opioid misuse.

B. Unit objectives.

1. Objectives for each unit of instruction shall be stated in behavioral terms that are measurable.

2. Objectives shall be reviewed with the students at the beginning of each unit.

~~C. Curriculum changes. Changes in curriculum shall be approved by the board prior to implementation and shall be submitted at the time of the onsite visit or with the report submitted by the program coordinator in the intervening year.~~

18VAC90-26-50. Other program requirements.

A. Records.

1. Each nurse aide education program shall develop and maintain an individual record of major skills taught and the date of performance by the student. At the completion of the nurse aide education program, the program shall provide each nurse aide with a copy of this record and a certificate of completion from the program, which includes the name of the program, the board approval number, date of program completion, and the signature of the primary instructor or program coordinator.

2. A record of the ~~reports of~~ graduates' performance on the ~~approved competency evaluation program~~ state-approved nurse aide certification examination (the National Nurse Aide Assessment Program or NNAAP) shall be maintained.

3. A record that documents the disposition of complaints against the program shall be maintained.

B. Student identification. The nurse aide students shall wear identification that clearly distinguishes them as a "nurse aide student." Name identification on a badge shall follow the policy of the facility in which the nurse aide student is practicing clinical skills.

C. Length of program.

1. ~~The~~ By (insert a the date two years from effective date of the regulation), the program shall be at least ~~120~~ 140 clock hours in length, at least 20 hours of which shall be specifically designated for skills acquisition in the laboratory setting.

2. The program shall provide for at least 24 hours of instruction prior to direct contact of a student with a ~~nursing facility~~ client.

3. ~~Skills~~ Clinical training in clinical settings shall be at least 40 hours of providing direct client care. Five of the clinical hours may be in a setting other than ~~a nursing home~~ a geriatric long-term care facility. Hours of observation shall not be included in the required 40 hours of skills training.

4. ~~Employment~~ Time spent in employment orientation to facilities used in the education program must not be included in the ~~120~~ 140 hours allotted for the program.

D. Classroom facilities. The nurse aide education program shall provide facilities that meet federal and state requirements including:

1. Comfortable temperatures.

2. Clean and safe conditions.

3. Adequate lighting.

4. Adequate space to accommodate all students.

5. ~~Instructional~~ Current instructional technology and equipment needed for simulating client care.

6. Equipment and supplies sufficient for the size of the student cohort.

18VAC90-26-60. Requirements for continued approval.

A. Program review.

1. Each nurse aide education program shall be reviewed annually either by a survey visit ~~on-site~~ by an agent of the board or by a written program evaluation. Each program shall be reviewed by ~~an onsite~~ a survey visit at least every two years following initial review or by a site visit whenever deemed necessary by the board to ensure continued compliance.

2. The program coordinator shall prepare and submit a program evaluation report on a form provided by the board in the intervening year that ~~an onsite review~~ a survey visit is not conducted.

3. Any additional information needed to evaluate a program's compliance with regulations of the board must be submitted within a timeframe specified by the board.

B. ~~Decision on continued~~ Continued, conditional, or withdrawal of approval.

1. The board shall receive and review the report of the ~~onsite~~ survey visit or program evaluation report and may grant continued approval, place a program on conditional approval, or ~~deny continued~~ withdraw approval.

a. Granting continued approval. A nurse aide education program shall continue to be approved provided the requirements set forth in subsection B of 18VAC90-26-20 are maintained.

b. Placing a program on conditional approval. If the board determines that a nurse aide education program (i) has not filed its biennial survey visit or program evaluation report; (ii) is unresponsive or uncooperative in the scheduling of the survey or site visit; or (iii) is not maintaining the requirements of subsection B of 18VAC90-26-20, as evidenced by the ~~onsite~~ survey visit or program evaluation report, the board may place the program on conditional approval and the program provider shall be given a reasonable period of time to correct the identified deficiencies. Within 30 days of the mailing of a decision on conditional approval, ~~The~~ the program may request~~, within 30 days of the mailing of a decision on conditional approval,~~ an informal conference to be convened in accordance with § 2.2-4019 of the Code of Virginia.

(1) The board shall receive and review reports of progress toward correcting identified deficiencies. When a final report is received at the end of the specified time showing corrections of deficiencies, the board may grant continued approval.

(2) If the program provider fails to correct the identified deficiencies within the time specified by the board, ~~a committee~~ the board may ~~recommend withdrawing approval following an informal conference held in accordance with § 2.2-4019 of the Code of Virginia~~ withdraw approval.

c. Withdrawing approval.

~~(3) If the recommendation to withdraw approval following an informal conference is accepted by the board or a panel thereof, no further action will be required unless the program requests a formal hearing.~~

(1) If the board determines that a nurse aide education program is not maintaining the requirements of subsection B of 18VAC90-26-20, an informal conference will be convened in accordance with § 2.2-4019 of the Code of Virginia. If the recommendation to withdraw approval following an informal conference is accepted by the board or a panel thereof, no further action will be required unless the program requests a formal hearing.

~~(4)~~ (2) The program provider may request a formal hearing before the board or a panel thereof pursuant to § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia if it objects to any action of the board relating to ~~conditional~~ withdrawal of approval.

~~c. Denying continued approval. If the board determines that a nurse aide education program is not maintaining the requirements of subsection B of 18VAC90-26-20, an informal conference will be convened in accordance with § 2.2-4019 of the Code of Virginia. If the recommendation to withdraw approval following an informal conference is accepted by the board or a panel thereof, no further action will be required unless the program requests a formal hearing.~~

2. If the decision of the board or a panel thereof following a formal hearing is to withdraw approval or continue on conditional approval with terms or conditions, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

18VAC90-26-70. Interruption or closing of a program.

A. Interruption of program.

1. When a program provider does not hold classes for a period of one year, the program shall be placed on inactive status and shall not be subject to compliance with subsection B of 18VAC90-26-20 ~~for the specified time~~.

2. ~~Unless the program provider notifies the board that it intends to admit students, the program will be considered closed at the end of the inactive period and be subject to the requirements of subsection B of this section.~~ At any time during the year after the program is placed on inactive status, the program provider may request that the board return the program to active status by providing a list of the admitted student cohort and start date.

3. If the program provider does not hold classes for two consecutive years, the program shall be considered closed and shall be subject to the requirements of subsection B of this section. In the event that a program desires to reopen after closure, submission of a new program approval application shall be required.

B. Closing of a nurse aide education program. When a nurse aide education program closes, the program provider shall:

1. Notify the board of the date of closing.

2. Submit to the board a list of all graduates with the date of graduation of each.

18VAC90-26-80. Requirements for an approved advanced certification education program.

A. The advanced certification education program shall be approved by the Virginia Board of Nursing. An approved advanced certification education program shall also be an approved nurse aide education program as set forth in 18VAC90-26-20.

B. An advanced certification education program shall consist of a minimum of 140 hours, at least 20 hours of which shall be specifically designated for skills acquisition in the laboratory

setting. There shall also be a minimum of 40 hours of clinical skills instruction in direct client care with onsite supervision by instructional personnel. When nurse aides are engaged in direct client care in the course of advanced certification training, the ratio shall not exceed 10 students to one instructor.

C. The instructional personnel in an approved advanced certification education program shall meet the requirements as set forth in 18VAC90-26-30.

D. The curricula of an approved advanced certification education program shall, at a minimum, meet the requirements of 18VAC90-26-40.

E. Each advanced certification program shall develop an individual record of major skills taught and the date of performance by the student. At the completion of the program, the program shall provide each nurse aide with a copy of this record and a certificate of completion, as specified in 18VAC90-26-50 A.

F. An advanced certification education program shall develop and submit to the board a competency evaluation based on the curriculum content required in 18VAC90-26-40. Such an evaluation shall include both a written test on the curriculum and an assessment of manual skills. A record of the reports of each graduate's performance on the nurse aide certification examination (the National Nurse Aide Assessment Program or NNAAP) shall be maintained for a minimum of three years.

G. Program review shall be in accordance with requirements of 18VAC90-26-60 and shall be conducted concurrently with the onsite review of the basic nurse aide education program. Loss of board approval for the basic nurse aide education program shall automatically result in the loss of approval for the advanced certification education program.

H. When an advanced certification education program closes, the program provider shall comply with 18VAC90-26-70 B.

18VAC90-26-90. Required curriculum content for an advanced certification education program.

A. In addition to the curriculum content specified in 18VAC90-26-40, an advanced certification education program shall include classroom, skills laboratory, and clinical instruction in the following curriculum:

1. Leadership and mentoring skills.

a. Principles of adult learning;

b. Learning styles;

c. Evaluation methods to assess learner knowledge;

d. Communication techniques and communication barriers; emphasizing cultural diversity of coworkers and clients;

e. Conflict management;

f. Precepting and mentoring new certified nurse aides;

g. Teamwork;

h. Contributing to care plan development and implementation;

i. Organizational responsibilities; and

j. Principles of documentation.

2. Care of the cognitively impaired client.

a. Signs and symptoms of dementia;

b. Concepts and techniques for addressing the unique needs and behaviors of individuals with dementia, including agitation, combativeness, sundown syndrome, wandering, and forgetfulness;

c. Basic concepts of communication with cognitively impaired clients, including techniques to reduce the effects of cognitive impairment;

d. Basic concepts of behavior management with cognitively impaired clients; and

e. Recognizing changes in the client's condition and reporting and documenting such changes.

3. Restorative care.

a. Anatomy and physiology with emphasis on the effects of aging;

b. Pathophysiology of common disorders of the elderly;

c. Measures to assist clients with common medical problems;

d. Recognizing changes in the client's condition and reporting and documenting such changes;

e. Concepts to maintain or improve client mobility and ability to perform activities of daily living; and

f. Rehabilitation procedures.

4. Wound care.

a. Prevention, identification and treatment of Stage I and Stage II pressure ulcers;

b. Positioning;

c. Sterile and clean technique;

d. Dressing changes;

e. Concepts of hydration;

f. Nutrition and weight loss; and

g. Recognizing changes in the client's condition and reporting and documenting such changes.

B. Written objectives for each unit of instruction shall be stated in behavioral terms that are measurable and shall be reviewed with the students at the beginning of each unit.

Agenda Item: Revisions to Guidance Documents

Included in the agenda package:

Guidance document 90-16 – Immunization protocol
Guidance document 90-19 – Epidural anesthesia
Guidance document 90-55 – Criminal convictions (RN, LPN & CNA)
Guidance document 90-59 – Criminal convictions (LMT & RMA)

Staff Note:

Guidance document 90-16 has been reviewed by staff who recommend revision to delete specific, detailed information about each type of immunization and include references that are continually being updated.

Guidance document 90-19 has been reviewed, and staff recommends that it be reaffirmed without amendments.

The Code of Virginia requires that guidance documents be reviewed at least every four years. The staff has reviewed and updated 90-55, which provides guidance on the impact of criminal convictions for RNs, LPNs and CNAs. It is recommended for the Board's revision and re-adoption.

Likewise, the Advisory Board on Massage Therapy recommended information about the requirement for a criminal background check be added to 90-59, guidance on the impact of criminal convictions for licensed massage therapists and registered medication aides.

Action:

Motion to revised 90-16 on immunization protocols, to reaffirm 90-19 on administration of anesthesia, and to revise 90-55 and 90-59 on criminal convictions

Guidance document: 90-16 Revised: ~~February 2013~~ December 2020

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF NURSING

The Drug Control Act and Board of Nursing Regulation authorizes the Virginia Board of Nursing to approve adult immunization protocols.

§ 54.1-3408. Professional use by practitioners. I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. https://www.dhp.virginia.gov/media/dhpweb/docs/laws-regs/Drug_laws_pract.pdf

Regulations for Training Programs for Medication Administration by Unlicensed Persons and Immunization Protocol 18VAC90-21-10 requires the submission and approval of an adult immunization protocol. The purpose of this Guidance Document is to provide a resource of information and a worksheet that will assist those wanting to establish an adult immunization protocol.
https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/Med_Admin_Immunization022119.pdf

ADULT IMMUNIZATION PROTOCOL(S) REVIEW FORM

Vaccine(s): _____
_____
_____

Name of Company: _____
Contact Person: _____
Position Title: _____
Telephone/Fax #

EVALUATION CRITERIA	CRITERIA MET / PENDING	COMMENTS
Purpose/Objectives of Immunization Program		
Target Population		
Name/Address of Medical Director		
Medical Directive (Signed/Dated)		
Inclusion/Exclusion Screening Criteria		
Informed Consent Form		
Procedural Guidelines:		
• Dosage		
• Single or Multiple Dose Administration		
• Injection Site		
• Vaccine Storage (Temp between 35°–46°)		
• Biohazardous Waste Disposal		
• Universal Precautions		
Post-Immunization Instructions:		
• Minor and Major Side Effects		
• Waiting Time of Approximately 15 Minutes		
• Follow-up Care with Primary Doctor		
Emergency Plan		
• Assessment → CPR →911 Rescue		

• Emergency Care Guidelines		
• Medical Directive		
• Emergency Supplies/Medications		
• Appropriate Drugs/Dosages		
Providers		
• VA Licensure/Level of Preparation		
• CPR Certification		
• Supervision of LPN Provider		
Resource Personnel/Supervision		
Documentation of Patient Record		
• Date, Vaccine, Inj. Site, Expiration Date, Lot #, Administering Person's Signature		

RECOMMENDATIONS

Approved: _____ **Date:** _____

~~Model Protocol for Pharmacists in the State of Virginia~~

~~Administration of Immunizations~~

~~I. Purpose~~

~~As one of health care's most accessible practitioners, the pharmacist uniquely advocates public health initiatives. Pharmacists working in community pharmacies utilize their unique access to patients and their knowledge and skills to administer immunizations when a practitioner with prescriptive authority is not present provided that the following requirements for staff, emergency procedures and physician prescriptive protocol~~ are followed.

~~II. Target Population~~

~~Statistics show people living in rural and inner city areas and families with multiple changes of residences are poorly immunized. This population and any person who wishes to reduce the likelihood of a preventable disease must be adults (18 years of age or older) to be immunized under this protocol. The community pharmacy presents less of a barrier for these patients to receive immunizations and the pharmacist actively surveys the community for needs.~~

I. Name, Address and Phone Number of Medical Director (Pharmacy's physician who signed the protocol)

Name: _____

Address:_____

Phone number: _____

II. A Signed and Dated Medical Directive

I,_____, MD or NP licensed in the state of Virginia do hereby authorize _____ ~~and other certified pharmacists licensed in Virginia employed by _____ Pharmacy~~ to administer immunizations to patients in accordance with the laws and

regulations of the State of Virginia. In exercising this authority, the ~~pharmacists~~ licensee shall comply with the protocol for administration of immunizations. This medical directive also covers emergency care if it is necessary.

The participants must agree to any significant changes in the protocol.

Date _____

Signatures:

Physician _____ License #_____

~~Pharmacist _____ License #_____~~

~~**V. Screening Criteria:**~~
~~(All vaccinations will be administered to those 18 years of age or older)~~

~~**Hepatitis A**~~

~~Persons traveling or working in countries with high rates of hepatitis A~~
~~Persons who live in communities with high rates of hepatitis A~~
- ~~Sexually active homosexual and bisexual men~~
- ~~Illicit drug users~~
- ~~Persons with clotting-factor disorders (e.g. hemophilia)~~
- ~~Persons with chronic liver disease~~
- ~~Food handlers, in whom health authorities or private employers determine vaccination to be cost-effective~~

~~Adults who share a household or have sexual contact with someone who is infected with Hepatitis A virus~~
- ~~Adult travelers visiting countries where Hepatitis A is common and where clean water and proper sewage disposal are not available~~

_____

~~***Contraindications:***~~

~~Persons allergic to alum or the preservative 2-phenoxyethanol~~
- ~~Persons with an acute illness until they have stabilized~~

~~***Special Considerations:***~~

- ~~Pregnancy-Hepatitis A has not been evaluated in pregnancy and these individuals who seek a vaccine should receive it from their physician~~

~~**Hepatitis B**~~

~~Persons with occupational risk of exposure to blood or blood-contaminated body fluids (nurses, physicians, physician assistants, nurse practitioners, lab technicians, emergency room attendants, public safety personnel)~~
- ~~Illicit drug users~~
- ~~Sexually active homosexual and bisexual men~~
- ~~Sexually active heterosexual men and women with multiple sex partners or recent episode of a sexually transmitted disease~~
- ~~Adults living with others who are chronically infected with Hepatitis B~~

- ~~Travelers to endemic countries if they stay in that area for greater than 6 months or if they have sexual contact with persons from these countries~~

~~***Contraindications:***~~

- ~~Persons who have had a prior serious allergic reaction to hepatitis B vaccine or vaccine component common baker's yeast~~
- ~~Persons with an acute illness until they have stabilized~~

~~***Special Considerations:***~~

- ~~Pregnancy-Hepatitis B has not been evaluated in pregnancy and these individuals who seek a vaccine should receive it from their physician~~

Measles, Mumps and Rubella

- ~~Adults in high-risk population groups (colleges, health care workers with direct patient contact, military bases)~~

~~Adults born after 1956 without written documentation of immunization on or after the first birthday~~

- ~~Travelers to foreign countries (particularly Africa and Asia)~~

~~***Contraindications:***~~

~~Persons who are pregnant~~

- ~~Persons allergic to eggs or neomycin or have had a severe reaction to MMR~~
- ~~Persons taking immunosuppressive therapy or immunodeficiency (except HIV)~~
- ~~Persons with an acute illness until they have stabilized~~
- ~~Persons with a history of seizures~~
- ~~Persons receiving immune globulin or other blood products during the past several months.~~

~~**Meningococcal**~~

- ~~Adults in high-risk groups, including persons with terminal complement component deficiencies and those with anatomic or functional asplenia (damaged spleen or spleen removal)~~
- ~~Travelers to and U.S. citizens residing in hyperendemic or epidemic countries, such as West Africa~~
- ~~Anyone who has terminal complement component deficiency (an immune system disorder).~~
- ~~Microbiologists who are routinely exposed to meningococcal bacteria~~
- ~~College students (particularly those residing in dormitories or residence halls)~~
- ~~U.S. military recruits~~

~~***Contraindications:***~~

- ~~Persons who have had a severe allergic reaction to a previous dose of the vaccine~~
- ~~Persons who are moderately or severely ill at the time of the scheduled vaccination~~

~~***Special Considerations:***~~

- ~~Meningococcal vaccine may be given to pregnant women~~

~~**Tetanus and Diphtheria**~~

~~All adults who have not had a Td booster shot in last 10 years but especially~~

- ~~agricultural workers where contact with animal manure is likely~~
- ~~firefighters and construction workers~~

~~campers and gardeners~~

~~***Contraindications:***~~

~~Persons who have had a severe allergic or hypersensitivity reaction to vaccine or vaccine component of Td~~

- ~~Persons with moderate or severe febrile illness~~
- ~~Persons with a history of seizures or previous neurologic reaction to Td~~
- ~~Pregnancy in 1st trimester~~

~~***Special considerations:***~~

~~Pregnant women in the 2nd or 3rd trimester who seek the vaccine should have it administered by their physician~~

Varicella

- ~~Adults who have not had chickenpox or gotten the chickenpox vaccine~~
- ~~All susceptible health care workers~~
- ~~Susceptible persons in the following groups who are at high risk for exposure (teachers, day care employees, college, military, nonpregnant women of childbearing age, and international travelers)~~

~~***Contraindications:***~~

- ~~Persons who have ever had a serious allergic reaction to chickenpox vaccine, neomycin, or gelatin~~

~~Persons with an acute illness until they have stabilized~~

- ~~Persons who are pregnant. Women should not get pregnant for 1 month after getting chickenpox vaccine.~~
- ~~Persons taking immunosuppressive therapy (i.e. long term steroids) or who have immunodeficiency (AIDS/HIV, cancer, cancer treatment)~~
- ~~Persons receiving immune globulin or other blood products during the past five months.~~

~~**Influenza- Inactivated vaccine (flu shot)**~~

- ~~Persons wishing to reduce the likelihood of becoming ill with influenza~~
- ~~Persons 65 years of age and older~~
- ~~Residents or employees of nursing homes or other LTC facilities housing anyone of any age with chronic medical conditions~~
- ~~Persons capable of nosocomial transmission of influenza to high-risk persons~~
- ~~Persons with chronic disorders of lung (COPD, asthma, emphysema, chronic bronchitis), heart (CHF), diabetes mellitus, renal dysfunction, hemoglobinopathies (sickle cell disease)~~
- ~~Health care workers and others with contact with people of high risk groups~~
- ~~Persons who are less able to fight infections due to hereditary disease, infection with HIV, treatment with drugs such as long term steroids; and /or treatment with cancer with x-rays or drugs~~

~~Persons who are less able to fight infections because of a disease they are born with, infection with HIV, treatment with drugs such as long term steroids; and/or treatment with cancer with x-rays or drugs~~

~~***Contraindications:***~~

- ~~Pregnant women in the first trimester~~
- ~~Persons who are allergic to eggs~~
- ~~Persons who have had a serious allergic reaction or other problems after getting influenza vaccine~~
- ~~Persons with an acute illness until they have stabilized~~

~~***Special Considerations:***~~

~~Pregnant women in the 2nd or 3rd trimester who seek the vaccine should have it administered by their physician~~

~~**Influenza – Intranasal- Live attenuated vaccine**~~

- ~~Persons wishing to reduce the likelihood of becoming ill with influenza~~
- ~~Healthy persons 18 to 49 years of age~~
- ~~It takes about 2 weeks for protection to develop after vaccination, and protection can last up to a year.~~
- ~~Influenza viruses are constantly changing. Therefore, influenza vaccines are updated every year, and annual vaccination is recommended.~~

~~***Contraindications:***~~

- ~~Persons who are allergic to eggs~~
- ~~Persons who have had a serious allergic reaction or other problem after getting influenza vaccine~~
- ~~Children and adolescents (5-17 years of age) receiving aspirin therapy or aspirin-containing therapy~~
- ~~Persons who are immunocompromised or have an immune deficiency disease~~
- ~~Patients with a history of Guillain Barre syndrome~~

~~***Special Considerations:***~~

- ~~Not indicated in patients with diabetes, renal dysfunction, or chronic disorders of the pulmonary and cardiovascular systems~~
- ~~Not indicated for adults 50 years of age or older~~
- ~~Not indicated in women who are pregnant~~

~~**Pneumococcal Disease**~~

- ~~Persons aged 65 years and older and adults of all ages with long-term illnesses that are associated with a high risk (heart or lung diseases, diabetes, alcoholism, and cirrhosis)~~
- ~~Adults with and without symptoms who are infected with the AIDS virus~~
- ~~Other people with weak immune system due to illnesses such as chronic renal failure, organ transplantation, Hodgkin's disease, lymphoma, multiple myeloma, and those who have had their spleen removed~~

~~***Contraindications:***~~

~~Persons with an acute illness until they have stabilized~~

~~**Rabies – Pre-exposure**~~

- ~~Adults in high-risk groups (veterinarians, animal handlers, and laboratory workers in either research or production facilities)~~
- ~~International travelers who are likely to come in contact with animals in parts of the world where rabies is common.~~

~~***Contraindications***~~

- ~~Persons allergic to the vaccine components such as neomycin and polymixin B~~
- ~~Persons on immunosuppressive therapy or who are immunosuppressed~~
- ~~Persons with a severe acute illness until they have stabilized~~

~~Special Considerations:~~

- ~~It does not eliminate the need of post exposure treatment but does simplify it by eliminating the need for the immunoglobulin~~
- ~~No studies have been done in pregnancy and these individuals should have it administered by their physician~~

~~Herpes Zoster~~

- ~~Adults age 60 years of age and older~~
- ~~There are is insufficient data from studies to determine the risks versus benefits of use in persons under the age of 60~~

~~Contraindications:~~

- ~~Persons who have experienced an allergic reaction such as anaphylaxis to neomycin or any other component of this vaccine~~
- ~~Persons who have a weakened immune system due to drug therapy~~
- ~~Women who are pregnant or may become pregnant~~
- ~~Persons with a history of primary or acquired immunodeficiency~~
- ~~Persons with active, untreated tuberculosis~~

~~Special Considerations:~~

- ~~Studies have not been conducted in individuals who previously had shingles and is not currently approved for prevention of repeated episodes in those individuals~~
- ~~Not indicated for the treatment of herpes zoster~~

~~Human Papillomavirus (Types 6, 11, 16, and 18)~~

- ~~Women ages 18-26 for the prevention of disease associated with HPV 6, 11, 16, and 18~~

~~Contraindications:~~

- ~~Persons who have a hypersensitivity to yeast or any of the vaccine components~~
- ~~Persons who are moderate or severe illness at the time of the scheduled vaccination~~
- ~~Women who are pregnant or breast-feeding~~

~~Special Considerations:~~

- ~~Not indicated for the treatment of genital warts, cervical cancer, CIN, VIN, or VaIN~~
- ~~Can be administered to persons with minor illnesses~~

III. Informed Consent Form ~~& Patient Record~~

Consent for Administration of Vaccine

_____ Hepatitis A	_____Meningococcal	____ Influenza - Intranasal
_____ Hepatitis B	_____ Pneumococcal	____ Influenza
_____ Varicella	_____ Tetanus, Diphtheria	____ Human Papillomavirus

_____ Measles, Mumps, Rubella _____ Rabies ____ Herpes Zoster

_____ Other: _____, _____, _____

I have read, or have had read to me, the information regarding the vaccine/vaccines marked above. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine/vaccines. I consent to, or give consent for, the administration of the vaccine/vaccines marked above to:

_____
Name (print)

_____
Signature

Date of vaccination: _____

Dose of vaccination: _____

Site of vaccination: _____

Vaccine Manufacturer & Lot Number: _____

Expiration Date: _____

Signature of administrator of vaccine: _____

~~VII. Immunization Procedures:~~

~~Vaccinations to be administered (only include those you will be administering)~~

~~Hepatitis A~~
~~Dosage: Adult: 1.0 ml~~
~~Injection Site: IM, deltoid is preferred~~
~~Directions for use: Adult: inject at months 0 & 6-12~~
~~Storage: Refrigerate, 36-46*F~~
~~Source of Vaccine: (i.e., 5ml multi dose vial or 1ml prefilled syringe)~~

~~Hepatitis B~~
~~Dosage Age 18-19 yrs: based on product~~
~~≥20 yrs: based on product~~
~~Injection Site: IM, deltoid is preferred~~
~~Directions for use: Adults: Inject at days 0, 30, and 150~~
~~Storage: Refrigerate, 36-46*F~~

~~Source of Vaccine: (i.e., 5ml multi dose vial or 1ml prefilled syringe)~~

~~Measles, Mumps, Rubella~~
~~Dosage: 0.5ml~~
~~Injection Site: SC, outer aspect of upper arm is preferred~~
~~Directions for use: Inject one time~~
~~Storage: Keep in a cool place <50*F and protect from light~~
~~Source of Vaccine: (i.e., 5ml multi dose vial or 1ml prefilled syringe)~~

~~Meningococcal~~
~~Dosage: 0.5ml~~
~~Injection Site: SC~~
~~Directions for use: Inject one time~~
~~Storage: Store between 2° – 8° C (35° – 46° F);~~
~~Discard multi-dose vials within 5 days of~~
~~reconstitution; use single dose vials within 24 hours~~
~~of reconstitution~~
~~Source of Vaccine: (i.e., 0.78 ml single dose vial or 6 ml multi-dose vial)~~

~~Tetanus, Diphtheria~~
~~Dosage: 0.5ml~~
~~Injection Site IM, thigh or deltoid~~
~~Directions for use: Unvaccinated: Inject at weeks 0, 4-8 and 25-52~~
~~Vaccinated: Inject once every 10 years~~
~~Storage: Refrigerate, 36-46*F~~
~~Source of Vaccine: (i.e., 5ml multi dose vial or 0.5ml prefilled syringe)~~

~~Varicella~~
~~Dosage: 0.5ml~~
~~Injection Site: SC~~
~~Directions for use: >18yrs: inject at weeks 0 and 4-8~~
~~Storage: Keep Frozen at < 6*F~~
~~Source of Vaccine: (i.e., 5ml multi dose vial or 1ml prefilled syringe)~~

~~Influenza~~
~~Dosage: 0.5ml~~
~~Injection Site: IM, deltoid~~
~~Directions for use: Inject once yearly between October and November for best efficacy.~~
~~Storage: Refrigerate, 36-46*F~~
~~Source of Vaccine: (i.e., 5ml multi dose vial or 1ml prefilled syringe)~~

~~Influenza – Intranasal~~
~~Dosage: 0.5ml~~
~~Injection Site: Intranasal~~
~~Directions for use: Spray 0.25 ml in each nostril once yearly between October and November for best efficacy~~
~~Storage: Keep frozen <5*F~~
~~Source of Vaccine: (i.e., 0.5ml prefilled syringe)~~

~~Pneumococcal~~
~~Dosage: 0.5ml~~
~~Injection Site: IM or SC, deltoid or lateral mid-thigh~~
~~Directions for use: Inject once, a 5-year booster is recommended in some cases.~~
~~Storage: Refrigerate, 36-46*F~~
~~Source of Vaccine: (i.e., 5ml multi-dose vial or 1ml prefilled syringe)~~

~~Rabies – Pre-exposure~~
~~Dosage: 1.0ml~~
~~Injection Site: IM, deltoid~~
~~Directions for use: Inject once on days 0, 7 and 21 or 28~~
~~Storage: Refrigerate, 35-46*F~~
~~Source of Vaccine: (i.e. single dose vial)~~

~~Herpes Zoster~~
~~Dosage: 0.65 mL~~
~~Injection Site: SC~~
~~Directions for use: Inject once as a single dose~~
~~Storage: keep frozen, -15*C (+5*F) or colder~~
~~Source of Vaccine: (i.e. single dose vial)~~

~~Human Papillomavirus~~
~~Dosage: 0.5 mL~~
~~Injection Site: IM, deltoid or high anterolateral thigh~~
~~Directions for use: Inject once at 0, 2, and 6 months~~
~~Storage: Refrigerate, 36-46*F~~
~~Source of Vaccine: (i.e. single dose vial)~~

~~Injection Procedure~~

~~1. Review and provide emergency procedures for pharmacy based immunizations. In all cases follow standard precautions.~~

~~2. Review indication for injection. Make sure patient has read CDC information sheets for the specific vaccine to be administered if available. Obtain history regarding allergy and previous adverse reactions to administration of specific vaccine. Rule out any specific contraindication or precaution for specific vaccine.~~

~~3. Obtain consent for injection.~~

~~4. Record lot number and expiration date from vaccine vial. Double check dose, swab top of vial with alcohol; allow to dry.~~

~~5. If not using a prefilled syringe, inject an equal volume of air into the vaccine vial of the volume of vaccine to be removed; then withdraw that volume of vaccine. Draw up an additional 0.2-0.3 ml air into the syringe to clear needle of vaccine and preventing vaccine seepage from injection site.~~

~~6. Cleanse injection site thoroughly using friction with alcohol. Allow to dry. All procedures must be performed in compliance with standard precautions.~~

~~7. Establish anatomic landmarks. Have the needle and syringe completely ready prior to contact with the patient.~~

~~8. Carry out the procedure quickly and gently.~~

~~9. Following injection, massage site. Apply adhesive bandage.~~

~~10. Dispose of uncapped needle in an approved sharps container using universal precautions. All full sharps containers must be disposed of according to state regulations.~~

~~11. Record the injection site in the chart or profile, and update the patient's immunization record.~~

~~VIII. Post-Immunization Procedures~~

~~Following immunization, keep patients under observation for at least 20-30 minutes. Before leaving, patients should be advised to report any adverse event to you and their primary care provider.~~

~~IX. Emergency Procedures:~~

~~1. Be prepared to call 911~~

~~2. Take a thorough history of allergies and adverse reactions prior to vaccine administration.~~

~~3. Allow adequate physical space for fainting without injury, and to lay patient flat on a hard surface in the event that CPR is needed.~~

~~4. Maintain a readily available emergency supply kit including epinephrine 1:1000, diphenhydramine injection, stethoscope, and blood pressure cuff.~~

~~5. Have all staff associated with the program certified in CPR and trained in use of first aid associated with anaphylactic reaction.~~

~~Management Protocol for Moderate or Severe Anaphylaxis~~

~~1. Have someone call 911.~~

~~2. Administer epinephrine 1:1000 injection:~~

~~Subcutaneous epinephrine 0.3 ml in the opposite arm and 0.3 ml at the site of injection. Intervals for repeat administration of epinephrine are 5-20 minutes based on patient response. (Epinephrine effect is blunted in patients on beta adrenergic blockers. Be prepared to repeat the dose at shorter intervals based on patient response in these patients on beta blockers)~~

~~3. Administer CPR as necessary.~~

~~Reference: Thibodeau JL. Office management of childhood vaccine related anaphylaxis. Canadian Family Physician 1994;40: 1602-161~~

~~X. Qualification of Immunization providers~~.

~~♦ Current validated Virginia pharmacy license~~
~~♦ Current CPR certification~~
~~Insured~~
~~♦ Review:~~
~~1. Vaccine administration literature and procedure~~
~~2. Screening Criteria~~
~~3. Procedural Guidelines~~
~~4. Post-Immunization Instructions~~
~~5. Emergency Plan~~
~~♦ Comply with physician's prescriptive protocol~~

~~XI. Resource Personnel and Supervision.~~
~~In the event of an emergency contact (insert names/locations here)~~
~~Include supervisor's name~~
~~All pharmacists and technicians involved.~~

~~XII. Documentation~~

~~Each pharmacy documents all immunizations as required by statute. The pharmacist records the immunizations on the individual's personal immunization card or an immunization record provided to the patient or the patient's guardian. The pharmacy maintains a patient record of administration by documenting immunizations on a standard form.~~

Patient History

(Model Patient History Questionnaire also available from Immunization Action Coalition 612-647-9009)

Patient Name: _____ Date: _____

Please read the questions below. Indicate Yes or No for the person receiving a vaccine today.

	Yes	No
1. Has this person ever had a severe reaction to any vaccine, which required medical care?	____	____
2. Is this person allergic to eggs, baker's yeast, streptomycin or neomycin?	____	____
3. Does this person have fever, diarrhea or vomiting today?	____	____
4. Is this person or anyone in the home being treated with chemotherapy, radiation for cancer; have HIV/AIDS, or any immune deficiency disease?	____	____
5. Is this person receiving treatments for any disease or illness?	____	____
6. Has this person been under a doctor's care in the past year?	____	____
7. Has this person had immune globulin or a blood transfusion in the past year?	____	____
If yes, when?	_____	
8. Is this person pregnant, or planning pregnancy in the next three months?	____	____
9. List all prescriptions or over the counter medications that this person is taking.		

XIII. Minor and Major Side Effects

Hepatitis A

Mild/Moderate (will go away in 1-2 days)

- soreness or swelling at the injection site
- headache
- tiredness
- loss of appetite

Severe

- serious allergic reaction, within a few minutes to a few hours of the shot (very rare).

Hepatitis B

- ***Mild/Moderate***
  - soreness at the injection site
  - mild to moderate fever
  - headache
  - fatigue
- ***Severe***
  - serious allergic reaction is very rare

Measles, Mumps, Rubella

- ***Mild/Moderate***
  - soreness, redness, or swelling at the injection site
  - rash
  - fever
  - swelling of the glands in the cheeks, neck, or under the jaw
  - seizure usually caused by fever - rare
  - pain, stiffness, or swelling in one or more joints lasting up to 3 days

- ***Severe***
  - serious allergic reaction-anaphylaxis, anaphylactic shock
  - low number of platelets that can lead to bleeding problems --almost always temporary
  - long seizures, decreased consciousness, or coma
  - encephalopathy, encephalitis

Meningococcal

- ***Mild/Moderate***
  - soreness and/or redness at the injection site
  - mild fever

- ***Severe***
  - Serious allergic reaction- difficulty breathing, weakness, hives, dizziness,
  - swelling of the throat
  - high fever
  - unusual behavior

Tetanus, Diphtheria

- ***Mild/Moderate***
  - soreness, redness, or swelling at the injection site
  - fever
  - a seizure usually caused by fever - rare
- ***Severe***
  - serious allergic reaction-anaphylaxis, anaphylactic shock
  - a long seizure
  - encephalopathy, encephalitis

Varicella

- ***Mild/Moderate***
  - soreness, redness, or swelling at the injection site
  - very mild rash or several small bumps

- ~~fever over 102 degree~~
- ~~seizure usually caused by fever~~

~~Influenza~~

- ***~~Mild/Moderate~~***
  - ~~soreness, redness, or swelling at the injection site~~
  - ~~fever, aches~~

~~Influenza – Intranasal~~

- ***~~Mild/Moderate~~***
  - ~~nasal congestion, runny nose, cough, and sore throat~~

~~Pneumococcal Disease~~

- ***~~Mild/Moderate~~***
  - ~~redness and pain at the injection site~~
  - ~~fever, muscle aches~~
  - ~~severe local reactions~~
- ***~~Severe~~***
  - ~~severe allergic reactions~~

~~Rabies~~

- ***~~Mild/Moderate~~***
  - ~~injection site redness, swelling, and pain~~
  - ~~rash~~
  - ~~headache~~
  - ~~fatigue~~
  - ~~fever~~

~~Herpes Zoster~~

- ***~~Mild/Moderate~~***
  - ~~Redness, pain, and tenderness at the injection site~~
  - ~~Swelling, puritus, and warmth~~
  - ~~headache~~
  - ~~severe local reactions~~
- ***~~Severe~~***
  - ~~severe cardiovascular events that can lead to death, asthma exacerbation, and polymyalgia rheumatica~~

~~Human Papillomavirus~~

- ***~~Mild/Moderate~~***
  - ~~Redness, pain, swelling, puritus at the injection site~~
  - ~~fever, nausea, and dizziness~~
- ***~~Severe~~***
  - ~~severe headache, gastroenteritis, appendicitis, and pelvic inflammatory disease~~

The following sources will provide current information related to specific immunizations:

- https://www.vdh.virginia.gov/news/public-relations-contacts/archived-news-releases/2019-regional-news-releases/august-is-national-immunization-awareness-month/
- https://www.cdc.gov/vaccines/index.html
- https://immunize.org/

Protocol revised: October 2006, February 2013, December 2020

Virginia Board of Nursing

Epidural Anesthesia by RN's and LPN's

It is not within the scope of practice of a Registered Nurse to bolus epidural anesthesia in obstetric and perioperative patients unless qualified personnel are immediately available on site to treat complications and the nurse has demonstrated clinical competence in the procedure.

It is not within the scope of practice of a Licensed Practical Nurse to bolus epidural anesthesia in any scenario.

Adopted: September 23, 1997
Revised: September 22, 1998
November 18, 2003
September 11, 2012

Joint statement of the Department of Health and the Department of Health Professions on Impact of Criminal Convictions on Nursing Licensure or Certification and Employment in Virginia

INTRODUCTION

Certain criminal convictions may prevent licensure as a nurse or certification as a nurse aide in Virginia. Criminal convictions may also prohibit employment in certain health care settings.

This document provides information for persons interested in becoming a Certified Nurse Aide (C.N.A.), Licensed Practical Nurse (L.P.N.), or Registered Nurse (R.N.). It clarifies how convictions and other past history may affect the application process and subsequent licensure or certification by the Board of Nursing. It also clarifies the criminal convictions that prohibit employment in nursing home facilities, home care organizations, hospice programs, and assisted living facilities,[1] and identifies what is commonly referred to as "barrier crimes."

Table of Contents

[1] Individuals licensed or certified by the Board of Nursing may be eligible for employment in other health care settings, depending upon the hiring and employment practices of the particular employer.

I. IMPACT OF CRIMINAL CONVICTIONS ON BOARD OF NURSING LICENSURE AND CERTIFICATION

Criminal convictions can affect an individual during the licensure or certification application process and may affect an individual's employment options after licensure or certification by the Board.

Until an individual applies for licensure or certification, the Board of Nursing is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

APPLICATION PROCESS FOR LICENSURE OR CERTIFICATION WITH THE BOARD OF NURSING

After successfully completing an approved nursing or nurse aide education program, the individual is eligible to apply for licensure or certification by the Virginia Board of Nursing of the Department of Health Professions (DHP).

Effective January 1, 2016, there is requirement for RN and LPN initial applicants for licensure (by examination and endorsement), as well as RN and LPN applicants for reinstatement, to submit to fingerprint-based state and federal criminal background history checks (hereinafter "CBC"), pursuant to § 54.1-3005.1 of the Code of Virginia. Effective January 1, 2018, in accordance with the *Nurse Licensure Compact* (NLC), if an applicant has been convicted of any Felony or Misdemeanor related to nursing practice they may be eligible for a single-state license (SSL), authorizing practice only in Virginia (See § 54.1-3040.3 (C) 7 of the Code of Virginia). For more information, see the Board of Nursing website ~~for more information, instructions,~~ and Frequently Asked Questions (FAQs) regarding the CBC process and its impact on the application process at: ~~www.dhp.virginia.gov/nursing~~ www.dhp.virginia.gov/Boards/Nursing/.

Applicants seeking licensure as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) by examination**:** An application for licensure by examination is made directly to the Virginia Board of Nursing. These applicants must also submit to a CBC. Upon receipt of a completed application with appropriate application fee and an official transcript from the nursing education program, as well as review of results from the CBC, the Board determines and communicates eligibility for testing to the testing company that administers the NCLEX examination for licensure. The applicant must also submit a separate registration form and fee to the testing company that administers the exam for licensure. Both application for "licensure by exam" and the registration packet for the testing company are available from the Board of Nursing web site or by calling the Board office at (804) 367-4515.The applications, registration and information about testing may be obtained from the DHP - Board of Nursing website at: ~~www.dhp.virginia.gov/nursing~~ www.dhp.virginia.gov/Boards/Nursing/ and ~~choosing "Forms and Applications."~~ select *Practitioner Resources, Forms.*

Applicants seeking certification as a Nurse Aide (CNA) by examination**:** The application for certification is made directly to Virginia's nurse aide testing service. Upon receipt of a completed application and appropriate fee, the testing service verifies eligibility and administers

the National Nurse Aide Assessment Program (NNAAP) exam for certification by the Virginia Board of Nursing. The application for "certification by exam" and candidate handbook may beaccessed directly from the DHP - Board of Nursing website at ~~www.dhp.virginia.gov/nursing~~, www.dhp.virginia.gov/Boards/Nursing/ and choosing NNAAP. They may also be obtained by calling the Board of Nursing-Nurse Aide Registry office at (804) 367-~~4569~~ *4515*, select option three (3).

Applicants seeking licensure or certification by endorsement from another state: Endorsement applicants already licensed or certified in other jurisdictions must apply directly to the Virginia Board of Nursing, unless applicants reside and are licensed as a R.N. or L.P.N. in another state that is a member of the Nurse Licensure Compact.[2] These applicants must also submit to a CBC. Applications with instructions can also be accessed from the DHP- Board of Nursing web site at ~~www.dhp.virginia.gov/nursing~~ www.dhp.virginia.gov/Boards/Nursing/ and ~~choosing "Forms and Applications~~." select *Practitioner Resources, Forms.*

BASIS FOR DENIAL OF LICENSURE OR CERTIFICATION

According to § 54.1-3007 of the Code of Virginia, the Board of Nursing may refuse to admit a candidate to any examination, or refuse to issue a license or certificate, to any applicant with certain criminal convictions. Likewise, the Board may refuse licensure or certification to an applicant who uses alcohol or drugs to the extent that it renders the applicant unsafe to practice, or who has a mental or physical illness rendering the applicant unsafe to practice (referred to as a history of impairment).

Criminal convictions for ANY felony can cause an applicant to be denied nursing licensure or nurse aide certification.

Misdemeanor convictions involving moral turpitude may also prevent licensure or certification. Moral turpitude means convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming a licensed nurse or C.N.A. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the licensure or certification application process.

Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to nursing licensure or nurse aide certification.

[2] See § 54.1-3040.1 et seq. of the Code of Virginia for laws related to the *Nurse Licensure Compact* (NLC) which Virginia began ~~participating in~~ participation on January 1, 2005. The ~~Compact~~ NLC allows nurses licensed and residing in another Compact state to practice nursing in Virginia on a multi-state privilege to practice without obtaining additional licensure here. However, if the applicant is moving to Virginia and declares Virginia as the primary state of residency, licensure must be obtained here and the prior Compact state license will be ~~invalidated~~. de-activated. For a current list of states in the Compact, go to ~~http://www.ncsbn.org/nlc/rnlpvncompact_mutual_recognition_state.asp~~ https://www.ncsbn.org/nurse-licensure-compact.htm.

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure and certification include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and
3. Any mental or physical illness, or ~~chemical dependency~~ ~~condition~~ substance use disorder that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Nursing has the ultimate authority to approve an applicant for testing and subsequent licensure or certification, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from nursing related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (nursing related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and

- Letters from employers concerning work performance (specifically from nursing related employers, if possible).

  NOTE: Some applicants may be eligible for the Health Practitioner's Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to ~~chemical dependency~~ substance use disorder, mental health or physical disabilities. Willingness to participate in the HPMP is information the Board of Nursing will consider during the review process for applicants with a criminal conviction history related to impairment or a history of impairment alone. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Nursing has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Nursing representative(s) for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied. The Board will notify the testing company directly of all applicants approved so that testing may be scheduled. Upon notification of successful completion of the licensure or certification exam, the Board of Nursing will license or certify the individual based on the Board's Order, including any terms imposed for practice.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Nursing, even after the license or certificate has been issued. It is considered to be "fraud or deceit in procuring or attempting to procure a license," and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license or certificate.

FOLLOWING LICENSURE OR CERTIFICATION

Criminal convictions and other actions can also affect an individual already licensed as a nurse or certified as a nurse aide by the Board of Nursing. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a "mandatory suspension" of the individual's license, multi-state privilege, or certificate to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Nursing, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before at least a panel of the Board of Nursing and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three quarters of the Board members present must agree to reinstate the individual to practice in order for the license or certificate to be restored.

II. CRIMINAL CONVICTIONS AND EMPLOYMENT IN NURSING FACILITIES, HOME CARE, HOSPICE AND ASSISTED LIVING FACILITIES[3]

According to §§ 32.1-126.01 and 32.1-162.9:1 of Title 32.1 and §§ 63.2-1719 and 63.2-1720 of Title 63.2 of the Code of Virginia, persons with certain criminal convictions are prohibited from employment in nursing facilities, home care organizations, hospice programs, or assisted living facilities, whether or not the person is licensed or certified by the Board of Nursing. These convictions are commonly known as "barrier crimes" to employment.

The law requires that owners/operators of nursing facilities, home care organizations, hospice programs, and assisted living facilities obtain a criminal record background check on each new hire within 30 days of their employment. The law requires that these background checks be obtained using the Central Criminal Records Exchange of the Virginia Department of State Police.

Generally, criminal convictions for offenses involving abuse or neglect disqualify an applicant. See a listing of the "barrier" crimes that prevent employment in a nursing facility, home care organization, hospice program or assisted living facility in the Appendix beginning on page 9.

Revised September 2006

CONVICTIONS THAT DO NOT DISQUALIFY AN APPLICANT FROM EMPLOYMENT

Under Virginia law, criminal convictions for offenses unrelated to abuse or neglect would not disqualify an applicant for employment. For example, criminal convictions such as traffic violations, possession of marijuana, and prostitution, may not disqualify an applicant. However, these convictions *may* disqualify an applicant based on a particular employer's hiring or personnel policies, or based on other regulations or policies[4].

Even if the applicant has been convicted of a barrier crime, it may not always prevent employment. An applicant may be hired if:

(i) The individual has only one misdemeanor conviction considered to be a barrier crime;
(i) The criminal offense did NOT involve abuse or neglect; AND
(ii) Five years have lapsed since the conviction occurred.

Examples of such misdemeanor convictions that would not necessarily be a barrier to employment may include, but are not limited to:

- Hazing
- Reckless handling of a firearm
- Access to loaded firearm by children
- Assault and battery

[3] Individuals licensed or certified by the Board of Nursing may be eligible for employment in other health care settings, depending upon the hiring and employment practices of the particular employer.
[4] Such as federal Medicare or Medicaid certification regulations.

- Assault and battery against law enforcement officers
- Burning or destroying any other building, or structure valued less than $200
- Burning or destroying personal property, standing grain, etc., valued less than $200
- Threats to bomb or damage buildings or means of transportation, false information as to danger to such buildings, etc. (if person is younger than 15 years of age)
- Setting woods, etc, on fire intentionally whereby another is damaged or jeopardized
- Setting off chemical bombs capable of producing smoke in certain public buildings
- Carelessly damaging property by fire

DISCLOSURE OF CRIMINAL CONVICTIONS

If an applicant is denied employment because of convictions appearing on his criminal history record, the employer is required to provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

While further dissemination of the results of a criminal record check by an employer is prohibited, employers may provide criminal record information and reason for employment termination to state authorities to comply with legal reporting requirements.[5] Criminal conviction information reported to the Board of Nursing that was not revealed by the licensed nurse or C.N.A. upon initial application for licensure or certification may form the basis for disciplinary action to be taken by the Board of Nursing. Disciplinary actions for such "fraud or deceit in procuring a license or certificate" or for falsifying an employment application may range from reprimand to revocation of the license or certification.

> Note: The law specifies that incomplete or false statements in an applicant's sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges constitutes a misdemeanor offense. Subsequent disclosure or discovery of a relevant criminal conviction or convictions may also disqualify the person from being hired and from continuing on in the hired employment.

III. GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual's licensure/certification or employment record. Therefore, any criminal conviction *must* be revealed on any application for licensing or employment, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungement pursuant to § 19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

[5] See § 54.1-2400.6 of the Code of Virginia for mandatory reporting requirements.

APPENDIX.

BARRIER CRIMES PROHIBITING EMPLOYMENT
IN NURSING HOME FACILITIES, HOME CARE ORGANIZATIONS,
HOSPICE PROGRAMS AND ASSISTED LIVING FACILITIES

NOTE: This list is not all-inclusive and should be used only as a guide. For further clarification regarding criminal offenses, refer to Title 18.2 Crimes and Offenses Generally of the *Code of Virginia*.

State Code	Offense
18.2 – 30	Murder and manslaughter declared felonies
18.2 – 31	Capital murder defined
18.2 – 32	First and second degree murder defined
18.2 – 32.1	Murder of a pregnant woman
18.2 – 33	Felony homicide
18.2 – 35	How voluntary manslaughter punished
18.2 – 36	How involuntary manslaughter punished
18.2 –36.1	Certain conduct punishable as involuntary manslaughter
18.2 – 37	How and where homicide prosecuted and punished
18.2 – 41	Malicious wounding by a mob
18.2 – 47	Abduction
18.2 – 48	Abduction with intent to extort money or for immoral purposes
18.2 – 51	Shooting, stabbing, etc. with intent to maim, kill, etc.
18.2 - 51.1	Malicious bodily injury to law enforcement officers or firefighters
18.2 - 51.2	Aggravated malicious wounding
18.2 - 51.3	Reckless endangerment/throwing objects from places higher than one story
18.2 - 51.4	Maiming, etc., of another resulting from driving while intoxicated
18.2 – 52	Malicious bodily injury by means of caustic substance
18.2 - 52.1	Possession of infectious biological substances
18.2 – 53	Shooting, etc., in committing or attempting a felony
18.2 - 53.1	Use or display of firearm in committing felony
18.2 - 54.1	Attempts to poison
18.2 - 54.2	Alteration of food, drink, drugs, cosmetics, etc.
18.2 – 55	Bodily injuries caused by prisoners, probationers, or parolees
18.2 - 56	Hazing
18.2 - 56.1	Reckless handling of firearms
18.2 - 56.2	Allowing access to firearms by children

State Code	Offense
18.2 - 57	Assault and battery
18.2 - 57.01	Pointing a laser at law-enforcement officer
18.2 - 57.2	Assault and battery against a family or household member
18.2 - 58	Robbery
18.2 - 58.1	Carjacking
18.2 – 60	Threats of death or bodily injury
18.2 – 60.3	Felony stalking
18.2 - 61	Rape
18.2 - 63	Carnal knowledge of child between 13 and 15 years of age
18.2 - 64.1	Carnal knowledge of certain minors
18.2 - 64.2	Carnal knowledge of inmate, parolee, probationer, or pre-trial or post-trial offender
18.2 - 67.1	Forcible sodomy
18.2 - 67.2	Object sexual penetration
18.2 - 67.2:1	Marital sexual assault
18.2 - 67.3	Aggravated sexual battery
18.2 - 67.4	Sexual battery
18.2 - 67.4:1	Infected sexual battery
18.2 - 67.5	Attempted rape, forcible sodomy, object sexual penetration, aggravated sexual battery, and sexual battery
18.2 - 77	Burning or destroying dwelling house, etc.
18.2 - 79	Burning or destroying meeting house, etc.
18.2 - 80	Burning or destroying any other building or structure (valued at $200 or more)
18.2 - 81	Burning or destroying personal property, standing grain, etc. (valued at $200 or more)
18.2 - 82	Burning building or structure while in such building or structure with intent to commit felony
18.2 - 83	Threats to bomb or damage buildings or means of transportation, false information as to danger to such buildings, etc. (if person is older than 15 years of age)
18.2 - 84	Causing, inciting, etc., commission or acts described in 18.2 - 83 (if person is older than 15 years of age)
18.2 - 85	Manufacture, possession, use, etc. of fire bombs or explosive material or devices
18.2 - 86	Setting fire to woods, fences, grass, etc.
18.2 - 87	Setting woods, etc. on fire intentionally, where another's property is damaged or jeopardized
18.2 - 87.1	Setting of chemical bombs capable of producing smoke in certain public buildings
18.2 - 88	Carelessly damaging property by fire
18.2 – 286.1	Drive by shooting
18.2 – 289	Use of a machine gun in a crime of violence
18.2 – 290	Aggressive use of a machine gun
18.2 - 300	Use of a sawed-off shotgun in a crime of violence
18.2 - 314	Failing to secure medical attention for injured child
18.2 - 355	Pandering, taking, detaining, etc., person for prostitution, etc., or consenting thereto

18.2 – 361	Crimes against nature involving children
18.2 - 366	Incest

State Code	Offense
18.2 - 369	Abuse and neglect of incapacitated adults
18.2 - 370	Taking indecent liberties with children
18.2 - 370.1	Taking indecent liberties with child by person in custodial or supervisory relationship
18.2 - 371.1	Abuse and neglect of children
18.2 – 373	Obscene items enumerated
18.2 - 374	Production, publication, sale, possession, etc., of obscene items
18.2 - 374.1	Production, publication, sale, possession with intent to distribute, financing, etc., of sexually explicit items involving children
18.2 – 374.1:1	Possession of child pornography
18.2 – 374.3	Electronic facilitation of pornography
18.2 – 375	Obscene exhibitions and performances
18.2 - 376	Advertising, etc., obscene items, exhibitions or performances
18.2 – 376.1	Enhanced penalties for using a computer in certain violations
18.2 - 377	Placards, posters, bills, etc.
18.2 – 378	Coercing acceptance of obscene articles or publications
18.2 - 379	Employing or permitting minor to assist in offense under article.
18.2 – 474.1	Delivery of drugs to prisoners
18.2 – 477	Escape from jail
53.1 - 203	Felonies by prisoners
	Equivalent offense in another state

Impact of Criminal Convictions on Registration of Medication Aides and Licensure of Massage Therapist in Virginia

INTRODUCTION

Certain criminal convictions may prevent registration of medication aides or licensure of massage therapist in Virginia. Criminal convictions may also prohibit employment in certain health care settings.

This document provides information for persons interested in becoming a Registered Medication Aide or a Licensed Massage Therapist. It clarifies how convictions and other past history may affect the application process and subsequent registration or licensure by the Board of Nursing. It also clarifies the criminal convictions that prohibit employment in nursing home facilities, home care organizations, hospice programs, and assisted living facilities, [1]and identifies what is commonly referred to as "barrier crimes."

Table of Contents

[1] Individuals registered or licensed by the Board of Nursing may be eligible for employment in other health care settings, depending upon the hiring and employment practices of the particular employer.

I. IMPACT OF CRIMINAL CONVICTIONS ON BOARD OF NURSING REGISTRATION AND LICENSURE

Criminal convictions can affect an individual during the registration or licensure application process and may affect an individual's employment options after registration or licensure by the Board.

Until an individual applies for registration or licensure, the Board of Nursing is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

APPLICATION PROCESS FOR REGISTRATION OR LICENSURE WITH THE BOARD OF NURSING

After successfully completing an approved registered medication aide training program or the training and licensing examination of the Federation of State Massage Therapy Boards (FSMTB) for massage therapists, the individual is eligible to apply for registration or licensure by the Virginia Board of Nursing of the Department of Health Professions (DHP).

Applicants seeking registration as a medication aide by examination**:** An application for registration by examination is made directly to the Virginia Board of Nursing. Upon receipt of a completed application with appropriate application fee and proof of meeting all requirements for registration, the Board determines and communicates eligibility for testing to the testing company that administers the registered medication aide examination. The applicant must also submit a separate registration form and fee to the testing company that administers the exam for registration. Both application for "registration by exam" and the registration packet for the testing company are available from the Board of Nursing web site or by calling the Board office at (804) 367-4515. The applications, registration and information about testing may be obtained from the DHP - Board of Nursing website at: www.dhp.virginia.gov/Boards/Nursing/ and choosing "Applicant Resources."

Applicants seeking licensure as a massage therapist (LMT) **:** The application is made and fee paid directly to Virginia Board of Nursing. Completion of the FSMTB exam is required prior to applying for licensure. Please refer to the regulations for LMTs that can be found on our website at www.dhp.virginia.gov/Boards/Nursing/ and choosing "Practitioner Resources".

Applicants seeking registration or licensure by endorsement from another state: Endorsement applicants already registered or licensed in other jurisdictions must apply and pay fee directly to the Virginia Board of Nursing. Applications with instructions can also be accessed from the DHP- Board of Nursing web site atwww.dhp.virginia.gov/Boards/Nursing/ and choosing "Applicant Resources."

There is also a requirement for initial applicants for licensure as a massage therapist (by examination and endorsement), as well as applicants for reinstatement, to submit to fingerprint-

based state and federal criminal background history checks (hereinafter "CBC"), pursuant to § 54.1-3005.1 of the Code of Virginia. Information about criminal background checks may be found at http://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/CriminalBackgroundChecks/

BASIS FOR DENIAL OF REGISTRATION OR LICENSURE

According to §54.1-3007 of the Code of Virginia, the Board of Nursing may refuse to admit a candidate to any examination, or refuse to issue a registration or license, to any applicant with certain criminal convictions. Likewise, the Board may refuse registration or licensure to an applicant who uses alcohol or drugs to the extent that it renders the applicant unsafe to practice, or who has a mental or physical illness rendering the applicant unsafe to practice (referred to as a history of impairment).

Criminal convictions for ANY felony can cause an applicant to be denied medication aide registration or massage therapist licensure.

Misdemeanor convictions involving moral turpitude may also prevent registration or licensure. Moral turpitude means convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming a registered medication aide or a licensed massage therapist. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the registration or licensure application process.

Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to medication aide registration or massage therapy licensure.

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for registration and licensure include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Nursing has the ultimate authority to approve an applicant for testing and subsequent registration or licensure, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from practice-related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification/registration denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (practice-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from practice-related employers, if possible).

  NOTE: Some applicants may be eligible for the Health Practitioner's Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental health or physical disabilities. Willingness to participate in the HPMP is information the Board of Nursing will consider during the review process for applicants with a criminal conviction history related to impairment or a history of impairment alone. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Nursing has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Nursing representative(s) for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

For registration as a medication aide, the Board will notify the testing company directly of all applicants approved so that testing for the state exam may be scheduled. Upon notification of successful completion of the registration or licensure exam, the Board of Nursing will license or register the individual based on the Board's Order, including any terms imposed for practice.

> NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for registration or licensure is grounds for disciplinary action by the Board of Nursing, even after the license or registration has been issued. It is considered to be "fraud or deceit in procuring or attempting to procure a license," and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a registration or license.

FOLLOWING REGISTRATION OR LICENSURE

Criminal convictions and other actions can also affect an individual already registered as a medication aide or licensed as a massage therapist by the Board of Nursing. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license, registration, or certificate held in another state will result in a "mandatory suspension" of the individual's registration or certificate to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Nursing, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before at least a panel of the Board of Nursing and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three quarters of the Board members present must agree to reinstate the individual to practice in order for the registration or license to be restored.

II. CRIMINAL CONVICTIONS AND EMPLOYMENT IN NURSING FACILITIES, HOME CARE, HOSPICE AND ASSISTED LIVING FACILITIES[2]

According to §§32.1-126.01 and 32.1-162.9:1 of Title 32.1 and §§ 63.2-1719 and 63.2-1720 of Title 63.2 of the Code of Virginia, persons with certain criminal convictions are prohibited from employment in nursing facilities, home care organizations, hospice programs, or assisted living facilities, whether or not the person is registered or licensed by the Board of Nursing. These convictions are commonly known as "barrier crimes" to employment.

[2] Individuals licensed or registered by the Board of Nursing may be eligible for employment in other health care settings, depending upon the hiring and employment practices of the particular employer.

The law requires that owners/operators of nursing facilities, home care organizations, hospice programs, and assisted living facilities obtain a criminal record background check on each new hire within 30 days of their employment. The law requires that these background checks be obtained using the Central Criminal Records Exchange of the Virginia Department of State Police.

Generally, criminal convictions for offenses involving abuse or neglect disqualify an applicant. See a listing of the "barrier" crimes that prevent employment in a nursing facility, home care organization, hospice program or assisted living facility in the Appendix beginning on page 9.

CONVICTIONS THAT DO NOT DISQUALIFY AN APPLICANT FROM EMPLOYMENT

Under Virginia law, criminal convictions for offenses unrelated to abuse or neglect would not disqualify an applicant for employment. For example, criminal convictions such as traffic violations, possession of marijuana, and prostitution, may not disqualify an applicant. However, these convictions *may* disqualify an applicant based on a particular employer's hiring or personnel policies, or based on other regulations or policies[3].

Even if the applicant has been convicted of a barrier crime, it may not always prevent employment. An applicant may be hired if:

(i) The individual has only one misdemeanor conviction considered to be a barrier crime;
(i) The criminal offense did NOT involve abuse or neglect; AND
(ii) Five years have lapsed since the conviction occurred.

Examples of such misdemeanor convictions that would not necessarily be a barrier to employment may include, but are not limited to:

- Hazing
- Reckless handling of a firearm
- DUI
- Disorderly conduct
- Access to loaded firearm by children
- Assault and battery
- Assault and battery against law enforcement officers
- Burning or destroying any other building, or structure valued less than $200
- Burning or destroying personal property, standing grain, etc., valued less than $200
- Threats to bomb or damage buildings or means of transportation, false information as to danger to such buildings, etc. (if person is younger than 15 years of age)
- Setting woods, etc, on fire intentionally whereby another is damaged or jeopardized
- Setting off chemical bombs capable of producing smoke in certain public buildings
- Carelessly damaging property by fire

[3] Such as federal Medicare or Medicaid certification regulations.

DISCLOSURE OF CRIMINAL CONVICTIONS

If an applicant is denied employment because of convictions appearing on his criminal history record, the employer is required to provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

While further dissemination of the results of a criminal record check by an employer is prohibited, employers may provide criminal record information and reason for employment termination to state authorities to comply with legal reporting requirements.[4] Criminal conviction information reported to the Board of Nursing that was not revealed by the Registered Medication Aide or the Licensed Massage Therapist upon initial application for registration or licensure may form the basis for disciplinary action to be taken by the Board of Nursing. Disciplinary actions for such "fraud or deceit in procuring a registration or license" or for falsifying an employment application may range from reprimand to revocation of the registration or licensure.

> Note: The law specifies that incomplete or false statements in an applicant's sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges constitutes a misdemeanor offense. Subsequent disclosure or discovery of a relevant criminal conviction or convictions may also disqualify the person from being hired and from continuing on in the hired employment.

III. GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual's registration/licensure or employment record. Therefore, any criminal conviction *must* be revealed on any application for registration/licensure or employment, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

[4] See § 54.1-2400.6 of the Code of Virginia for mandatory reporting requirements.

APPENDIX.

BARRIER CRIMES PROHIBITING EMPLOYMENT IN NURSING HOME FACILITIES, HOME CARE ORGANIZATIONS, HOSPICE PROGRAMS AND ASSISTED LIVING FACILITIES

NOTE: This list is not all-inclusive and should be used only as a guide. For further clarification regarding criminal offenses, refer to Title 18.2 Crimes and Offenses Generally of the *Code of Virginia*.

State Code	Offense
18.2 - 30	Murder and manslaughter declared felonies
18.2 – 31	Capital murder defined
18.2 – 32	First and second degree murder defined
18.2 – 32.1	Murder of a pregnant woman
18.2 – 33	Felony homicide
18.2 – 35	How voluntary manslaughter punished
18.2 – 36	How involuntary manslaughter punished
18.2 –36.1	Certain conduct punishable as involuntary manslaughter
18.2 – 37	How and where homicide prosecuted and punished
18.2 – 41	Malicious wounding by a mob
18.2 – 47	Abduction
18.2 - 48	Abduction with intent to extort money or for immoral purposes
18.2 - 51	Shooting, stabbing, etc. with intent to maim, kill, etc.
18.2 - 51.1	Malicious bodily injury to law enforcement officers or firefighters
18.2 - 51.2	Aggravated malicious wounding
18.2 - 51.3	Reckless endangerment/throwing objects from places higher than one story
18.2 - 51.4	Maiming, etc., of another resulting from driving while intoxicated
18.2 - 52	Malicious bodily injury by means of caustic substance
18.2 - 52.1	Possession of infectious biological substances
18.2 - 53	Shooting, etc., in committing or attempting a felony
18.2 - 53.1	Use or display of firearm in committing felony
18.2 - 54.1	Attempts to poison
18.2 - 54.2	Alteration of food, drink, drugs, cosmetics, etc.
18.2 - 55	Bodily injuries caused by prisoners, probationers, or parolees
18.2 - 56	Hazing
18.2 - 56.1	Reckless handling of firearms
18.2 - 56.2	Allowing access to firearms by children
18.2 - 57	Assault and battery
18.2 - 57.01	Pointing a laser at law-enforcement officer
18.2 - 57.2	Assault and battery against a family or household member
18.2 - 58	Robbery
18.2 - 58.1	Carjacking
18.2 – 60	Threats of death or bodily injury
18.2 – 60.3	Felony stalking

State Code	Offense
18.2 - 61	Rape
18.2 - 63	Carnal knowledge of child between 13 and 15 years of age
18.2 - 64.1	Carnal knowledge of certain minors
18.2 - 64.2	Carnal knowledge of inmate, parolee, probationer, or pre-trial or post-trial offender
18.2 - 67.1	Forcible sodomy
18.2 - 67.2	Object sexual penetration
18.2 - 67.2:1	Marital sexual assault
18.2 - 67.3	Aggravated sexual battery
18.2 - 67.4	Sexual battery
18.2 - 67.4:1	Infected sexual battery
18.2 - 67.5	Attempted rape, forcible sodomy, object sexual penetration, aggravated sexual battery, and sexual battery
18.2 - 77	Burning or destroying dwelling house, etc.
18.2 - 79	Burning or destroying meeting house, etc.
18.2 - 80	Burning or destroying any other building or structure (valued at $200 or more)
18.2 - 81	Burning or destroying personal property, standing grain, etc. (valued at $200 or more)
18.2 - 82	Burning building or structure while in such building or structure with intent to commit felony
18.2 - 83	Threats to bomb or damage buildings or means of transportation, false information as to danger to such buildings, etc. (if person is older than 15 years of age)
18.2 - 84	Causing, inciting, etc., commission or acts described in 18.2 - 83 (if person is older than 15 years of age)
18.2 - 85	Manufacture, possession, use, etc. of fire bombs or explosive material or devices
18.2 - 86	Setting fire to woods, fences, grass, etc.
18.2 - 87	Setting woods, etc. on fire intentionally, where another's property is damaged or jeopardized
18.2 - 87.1	Setting of chemical bombs capable of producing smoke in certain public buildings
18.2 - 88	Carelessly damaging property by fire
18.2 – 286.1	Drive by shooting
18.2 – 289	Use of a machine gun in a crime of violence
18.2 – 290	Aggressive use of a machine gun
18.2 - 300	Use of a sawed-off shotgun in a crime of violence
18.2 - 314	Failing to secure medical attention for injured child
18.2 - 355	Pandering, taking, detaining, etc., person for prostitution, etc., or consenting thereto
18.2 – 361	Crimes against nature involving children
18.2 - 366	Incest
18.2 - 369	Abuse and neglect of incapacitated adults
18.2 - 370	Taking indecent liberties with children
18.2 - 370.1	Taking indecent liberties with child by person in custodial or supervisory relationship
18.2 - 371.1	Abuse and neglect of children
18.2 – 373	Obscene items enumerated
18.2 - 374	Production, publication, sale, possession, etc., of obscene items

State Code	Offense
18.2 - 374.1	Production, publication, sale, possession with intent to distribute, financing, etc., of sexually explicit items involving children
18.2 – 374.1:1	Possession of child pornography
18.2 – 374.3	Electronic facilitation of pornography
18.2 – 375	Obscene exhibitions and performances
18.2 - 376	Advertising, etc., obscene items, exhibitions or performances
18.2 – 376.1	Enhanced penalties for using a computer in certain violations
18.2 - 377	Placards, posters, bills, etc.
18.2 – 378	Coercing acceptance of obscene articles or publications
18.2 - 379	Employing or permitting minor to assist in offense under article.
18.2 – 474.1	Delivery of drugs to prisoners
18.2 – 477	Escape from jail
53.1 - 203	Felonies by prisoners
	Equivalent offense in another state

Revised CNA Sanctioning Reference Points Worksheet

December 2, 2020

Prepared for:
Board of Health Professions
Board of Nursing

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VisualResearch inc
Data Analytics & Information Design

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

SRP Worksheet for CNAs Only

Board of Nursing
Adopted 3/22/11

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		

Offense and Respondent Score (score all that apply)		
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		

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

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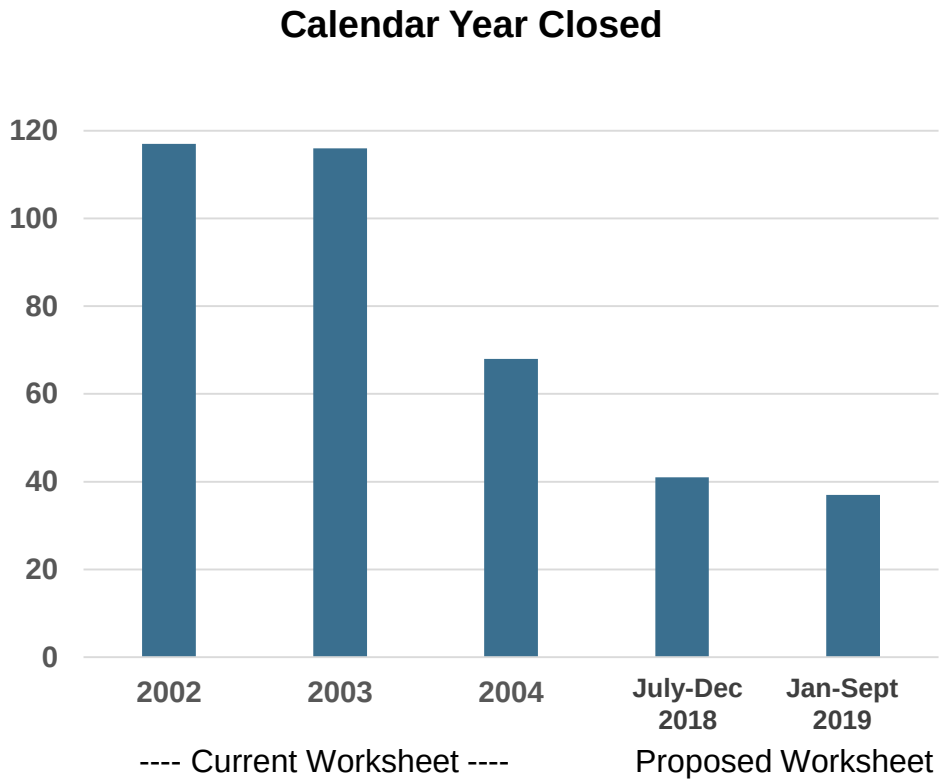
Number of Cases in Analysis

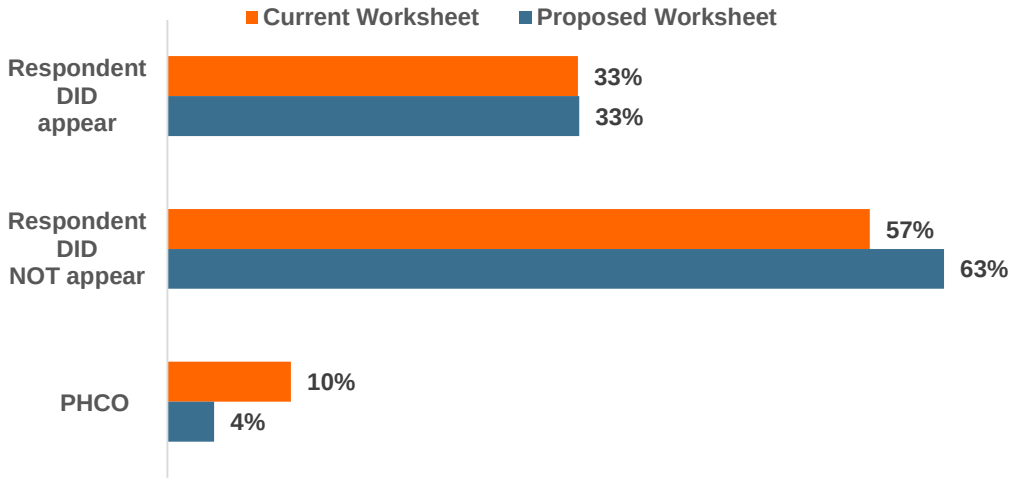


The worksheet currently being used relies on data from 2002-04 and 304 cases.

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

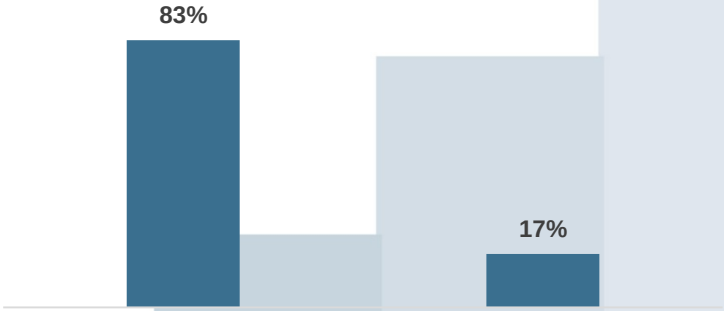
Observation #1

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

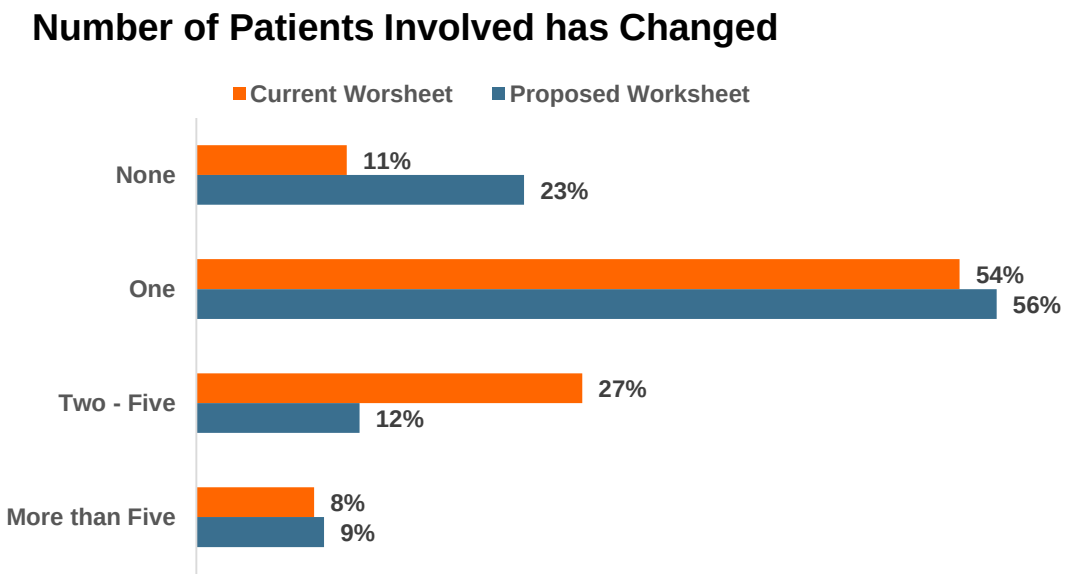


12% of respondents neither participated nor appeared

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



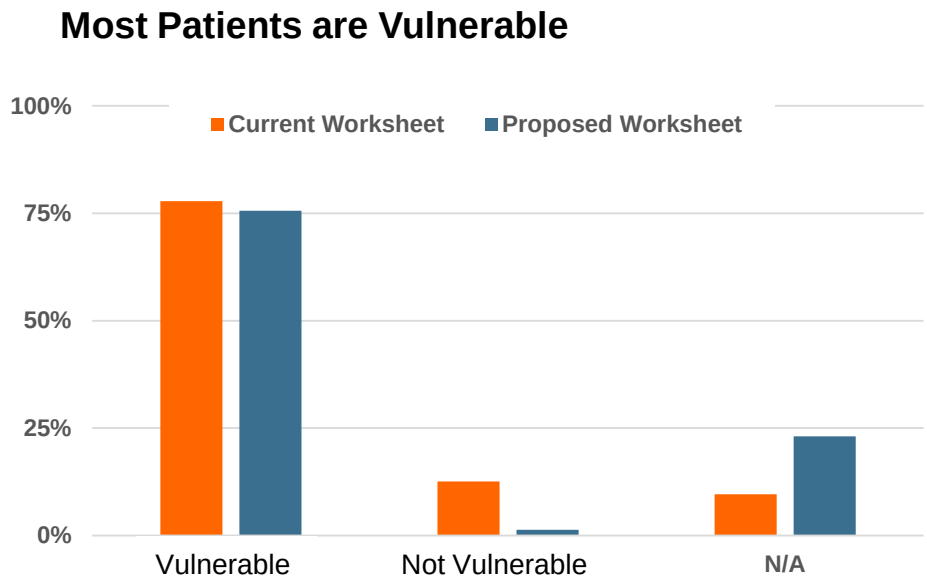
Observation #2



The analysis shows 79% of cases have one patient or less. This becomes the factor's baseline. Now, cases involving <u>two</u> 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.

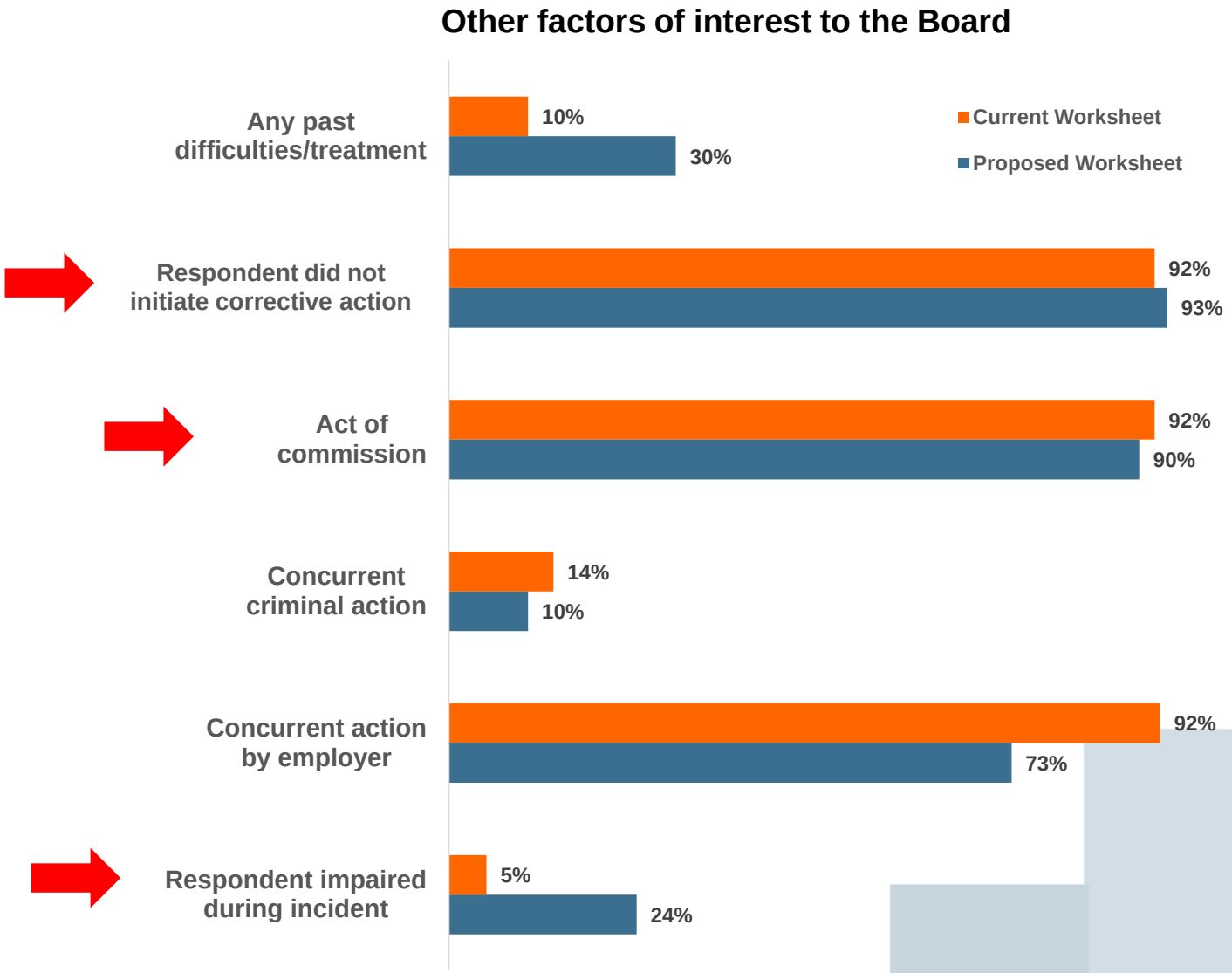
Observation #3



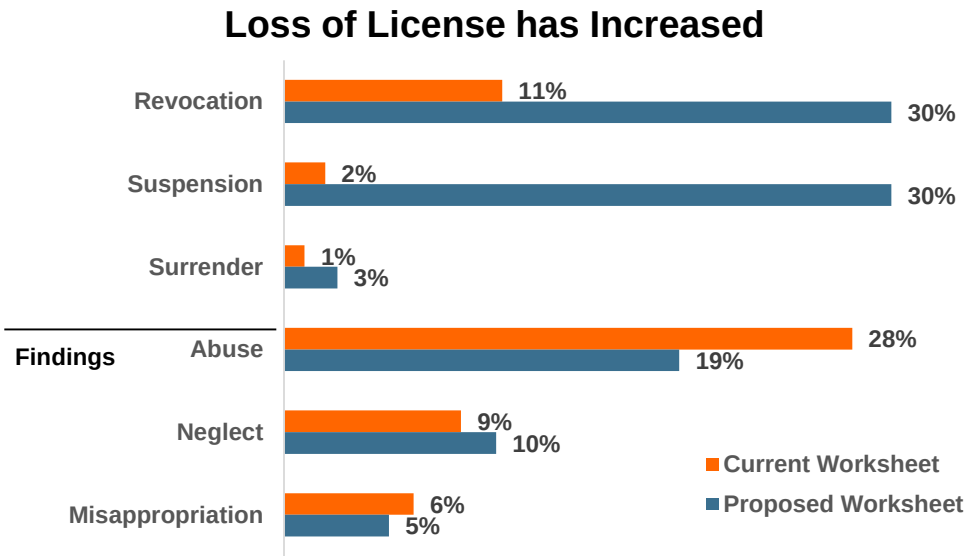
Due to the nature of the profession, most patients are vulnerable. Therefore, vulnerability becomes the baseline for scoring.

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.

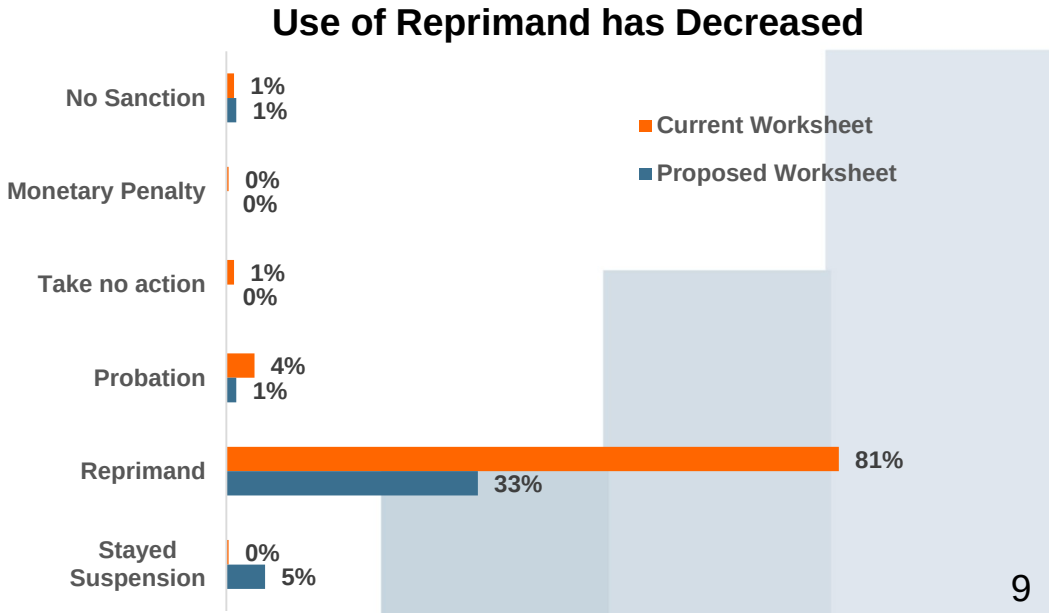
Observation #4



Observation #5



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



Note: Respondents can be counted in more than one category

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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

SRP Worksheet for CNAs Only — Board of Nursing

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	

Offense and Respondent Score (score all that apply)

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	

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

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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

DRAFT

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)

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

BON CNA Proposed Worksheet

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

SRP Worksheet for CNAs Only

Board of Nursing

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)

	Points	Score
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

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Certified Nurse Aide SRP Worksheet Instructions

Step1: 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.

SRP Worksheet for CNAs Only

Board of Nursing

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	

Offense and Respondent Score (score all that apply)

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	

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