

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
Final Agenda

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 2**
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

Tuesday, January 25, 2022 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

ESTABLISHMENT OF A QUORUM.

ANNOUNCEMENT

- The Board thanks Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN, BC for her term of service ended September 17, 2021. Recognition for Dr. McQueen-Gibson is on January 25, 2022.
- Lisa Speller was appointed to the Massage Therapy Advisory Board on January 4, 2021 as Citizen Member replacing Jermaine Mincey.

Staff Update:

- **Louise Hershkowitz, CRNA, MSHA**, accepted the P-14 Agency Subordinate/Probable Cause Reviewer position and started on December 6, 2021. Ms. Hershkowitz recently completed two terms as a Board of Nursing Member.
- **Candis Stoll** accepted a position of Discipline Specialist and started on December 10, 2021.
- **Nicole Corley** accepted the Licensing Specialist (RN/LPN) by Examination position and started on January 10, 2022.
- **Anthony Morales** accepted the Licensing Manager for the CNA and RMA programs position and started on January 10, 2022.
- **Anne Hardy** accepted the Compliance & Case Adjudication Manager position and starts on January 25, 2022.
- **Jay Schmitz** accepted the P-14 Discipline position and will start on January 31, 2022.
- **Ann Tiller**, Compliance Manager, will be retiring as of February 1, 2022.

A. UPCOMING MEETINGS:

- The NCSBN Board of Directors (BOD) *VIRTUAL* meeting is scheduled for February 8, 2022.
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, February 16, 2022 at 9:00 am in Board Room 2.
- The Education Informal Conference Committee is scheduled for Wednesday, March 9, 2022 at 9:00 am in Board Room 3.
- The NLC Commission meeting is scheduled for March 14, 2022 in Chicago, IL. Ms. Douglas will attend as the Commissioner
- The NCSBN Hybrid Midyear meeting is scheduled for March 15-17, 2022 in Chicago, IL. The registration fee is complimentary for virtual attendees. Ms. Douglas will attend in-person as the President of NCSBN Board of Directors (BOD). Mr. Jones will attend in-person as President of the Virginia Board of Nursing.

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda

- **CONSENT AGENDA**

B1 November 15, 2021	Formal Hearings*
B2 November 16, 2021	Business Meeting*
B3 November 17, 2021	Panel A – Formal Hearings*
B4 November 17, 2021	Panel B – Formal Hearings*
B5 November 18, 2021	Formal Hearing*
B6 December 16, 2021	Telephone Conference Call*
B7 January 6, 2022	Telephone Conference Call**

C1 Board of Nursing Monthly Tracking Log as of December 31, 2021**

C2 Agency Subordination Recommendation Tracking Log**

C3 HPMP Quarterly Report as of December 31, 2021**

C4 Executive Director Report**

- NCSBN President's Letter dated December 20, 2021**

Healthcare Workforce Data Center (HWDC) Reports:

- Virginia's Certified Nurse Aide Workforce: 2021*
- Virginia's Licensed Practical Nurse Workforce: 2021*
- Virginia's Registered Nurse Workforce: 2021*

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

B. DISPOSITION OF MINUTES – None

C. REPORTS

- Virginia's Proprietary Registered Nursing Education Programs: 2019-2020 Academic Year* - **Ms. Wilmoth**

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- **D1** – January – June 2022 Informal Conference (IFC) Dates** – **Ms. Morris**
- Committee Appointments: Education Regulatory Review and Discipline – **Mr. Jones (verbal report)**
- Board Member participation in NCSBN ICRS courses – **Mr. Jones (verbal report)**
- Changes in Nurse Aide application processes, transition to new system – **Ms. Bargdill/Ms. Wilmoth (verbal report)**
- Discussion of Changes to the Agency Subordination Recommendation Tracking Log – **Ms. Morris**

E. EDUCATION:

- **E1** - January 12, 2022 Education Informal Conference Committee minutes and recommendations – **Mr. Jones**
- Mary Marshall Scholarship Update – **Ms. Wilmoth (verbal report)**
- Education Update – **Ms. Wilmoth (verbal report)**
 - Nursing Education Program Updates
 - Nurse Aide Program Updates
 - Medication Aide Program Updates

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

F1 – Chart of Regulatory Actions as of January 6, 2022**
Report of the 2022 General Assembly (**verbal report**)

10:00 A.M. – PUBLIC COMMENT

10:30 A.M. –SRP Worksheet Presentation by Neal Kauder and Kim Small, VisualResearch

- Consideration of Revised Sanctioning Reference Points for LMTs
- Massage Therapy Advisory Board Meeting DRAFT December 1, 2021 minutes**

12:00 P.M. – LUNCH – Board Member Recognition

2:00 P.M. – POSSIBLE SUMMARY SUSPENSION CONSIDERATION

2:30 P.M. - CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

1	Jordan L. Banks, CNA*	2	Karen Kelly Fontaine Smith, LPN*
3	Syble Elaine Craig Hallstrom, RN*	4	Penny Jewell Thompson-Cozart Everett, LPN*
5	Aimee J. Pierson, LPN*	6	Kelly Eileen Cramer, RN*
7	Rodgie Lee Knight, Jr., CNA*	8	Leanne Renee Wood, LPN*
9	Leigh Anne Miller, RN*	10	Laura Murphy, LPN*
11	Yvettrise Marquitta Hoskie, CNA*	12	Christine Tice, LPN*
13	Betty S. Delesdernier, RN*	14	Tonya Elaine Deane-Lamb, LPN*
15	Ivy Lee Morris Hutt, RN*	16	Jamie Denice Loy Pound, CNA**
17	Kenneth Earl Greene, LPN**		

CONSIDERATION OF CONSENT ORDERS

- G1** – Hongling Zheng, LMT*
- G2** – Xiuting Cui, LMT*
- G3** – Hongsub Song, LMT*
- G4** – Melanie Hope Leonhart Jones, RN*
- G5** – Kristine Loeffelbein, RN**
- G6** – Talbott Smith, LMT**
- G7** – Kaitlyn Nicole Cornell, RN

MEETING DEBRIEF

- ❖ What went well
- ❖ What needs improvement

ADJOURNMENT

(* mailed 1/6) (** mailed 1/13) (***)mailed 1/19)

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 12:23 P.M., for the purpose of deliberation to reach a decision in the matter of **Rosella Carter**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Bargdill, Ms. Hanchey, Ms. Goode 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 12:50 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 revoke the registration of **Rosella Carter** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 12:51 P.M.

RECONVENTION: The Board reconvened at 1:26 P.M.

FORMAL HEARING: **Melinda Brown, RN** **0001-243295**

Ms. Brown appeared.

Mandy Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Alan Burton, Senior Investigator, Enforcement Division, was present and testified. Hannah Lloyd, CSAC testified by phone. Rebecca Paster, HPMP, was present and testified. Marcia Armstrong, LPC, 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 2:52 P.M., for the purpose of deliberation to reach a decision in the matter of **Melinda Brown**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Bargdill, Ms. Hanchey, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:14 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. Phelps moved that the Board of Nursing issue **Melinda Brown** a reprimand and the indefinite suspension of her license for not less than one year to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 3:15 P.M.

RECONVENTION: The Board reconvened at 3:25 P.M.

Ms. Shah left the meeting at 3:25 P.M.

FORMAL HEARING: **Chantella Ranelle Mangrum Smith, LPN** **0002-072597**

Ms. Smith did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Shawn Ledger, Senior Investigator, Enforcement Division, 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 3:39 P.M., for the purpose of deliberation to reach a decision in the matter **Chantella Ranelle Mangrum Smith**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Bargdill, Ms. Hanchey, Ms. Goode 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 4:09 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. Phelps moved that the Board of Nursing dismiss the case and impose no sanction against **Chantella Ranelle Mangrum Smith** to practice as a practical nurse in the Commonwealth of Virginia due to insufficient evidence of a violation. The motion was seconded and carried unanimously.

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

FORMAL HEARING: **Brandy Monique Ervin, LPN** **0002-096150**

Ms. Ervin did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, 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 4:25 P.M., for the

purpose of deliberation to reach a decision in the matter **Brandy Monique Ervin**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Bargdill, Ms. Hanchey, Ms. Goode 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 4:45 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.

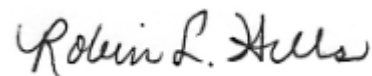
ACTION:

Ms. Phelps moved that the Board of Nursing issue a reprimand to **Brandy Monique Ervin** to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 4:46 P.M.



Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
November 16, 2021**

- TIME AND PLACE:** The meeting of the Board of Nursing was called to order at 9:04 A.M. on November 16, 2021, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- PRESIDING:** Marie Gerardo, MS, RN, ANP-BC; President
- BOARD MEMBERS PRESENT:**
Mark D. Monson, Citizen Member; First Vice-President
Teri Crawford Brown, RNC, MSN
Laurie Buchwald, MSN, WHNP, FNP
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie L. McElfresh, LPN
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN
Felisa A. Smith, PhD, MSA, RN, CNE
Cynthia M. Swineford, RN, MSN, CNE
- MEMBERS ABSENT:** None
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Jacquelyn Wilmoth; Deputy Executive Director for Education
Stephanie Willinger; Deputy Executive Director for Licensing
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Francesca Iyengar, MSN, RN, Discipline Case Manager
Huong Vu, Executive Assistant
Breana Renick, Administrative Support Specialist
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel
David Brown, DO, DHP Director
Barbara Allison-Bryan, MD, DHP Chief Deputy
Elaine Yeatts, DHP Policy Analyst
- IN THE AUDIENCE:** Kassie Schroth, McGuire Woods Consulting
Andrew Densmore, Medical Society of Virginia (MSV)
Nathan A. Kottkamp, Legal Counsel for ECPI University – Practical Nursing Program in Northern VA, Williams Mullen Law Firm

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo asked Board Members and Staff to introduce themselves. With 14 members present, a quorum was established.

ANNOUNCEMENTS:

Ms. Gerardo acknowledged the following:

- The Board thanks Ms. Louise Hershkowitz, CRNA, MSHA, and Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN, BC for their term of service ended September 17, 2021. Recognition for Ms. Hershkowitz is on November 16, 2021. Recognition for Dr. McQueen-Gibson will take place on January 25, 2022.
- Congratulations to Dr. Ann Tucker Gleason, PhD, Citizen Member, for her appointment to the Board of Health Professions on November 5, 2021, to represent the Board Of Nursing.

New Board Members:

- **Teri Crawford Brown, RNC, MSN**, was appointed to the Board of Nursing on September 17, 2021 to replace Ethlyn McQueen-Gibson. Ms. Crawford Brown's first term will expire on June 30, 2022.
- **Laurie Buchwald, MSN, WHNP, FNP**, was appointed to the Board of Nursing on September 17, 2021 to replace Louise Hershkowitz. Ms. Buchwald's first term will expire on June 30, 2025. Ms. Buchwald was appointed by Ms. Gerardo, Board of Nursing President, to the Committee of the Joint Boards of Nursing and Medicine as a nurse practitioner Committee Member on September 20, 2021.

Both Ms. Crawford Brown and Ms. Buchwald shared their background information to the Board.

Staff Update

- **Sally Ragsdale**, Discipline Specialist for Nurse Aide Program, has accepted a position at the Board of Dentistry beginning October 12, 2021. The resignation leaves the Board of Nursing with 2 Discipline Specialist vacancies and another discipline staff vacancy due to extended leave.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, December 8, 2021 at 9:00 am in Board Room 2.

- The NCSBN Board of Directors (BOD) is scheduled for December 14 – 15, 2021 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.

Ms. Douglas noted the additional upcoming meeting:

The Massage Therapy Advisory Board meeting is scheduled for Wednesday, December 1, 2021, at 2:00 pm in Training Room 2

ORDERING OF AGENDA: Ms. Gerardo asked staff to provide updates of the Agenda.

Ms. Douglas provided the following:

- Under OTHER MATTERS → Item **D1** – Consideration of *Meetings Held with Electronic Participation Policy* will be moved to REGULATIONS/LEGISLATION section.
- Automation Process item is added to OTHER MATTERS and will be provided by Ms. Willinger.
- There is no Possible Summary Suspension Consideration at 2:00 pm

Ms. Morris provided the following:

- The formal hearings of Kurtistine Beehelle Hathway, LPN Reinstatement Applicant (at 10 am) and Tracy Whorley, CNA (at 1 pm) have been removed from the schedule for Panel A on Wednesday, 11/17/2021.
- The formal hearing of Hongsub Song, LMT at 10 am has been removed from the schedule for Panel B on Wednesday, 11/17/ 2021.

CONSENT AGENDA: The Board removed the following item from the consent agenda for discussion:

- Mr. Jones removed **C3** Agency Subordination Recommendation Tracking Log

Mr. Monson moved to accept the remaining items on consent agenda as presented. The motion was seconded by Dr. Smith and carried unanimously.

Consent Agenda

B1	September 13, 2021	Formal Hearings
B2	September 14, 2021	Business Meeting
B3	September 14, 2021	Panel A – Formal Hearings
B4	September 14, 2021	Panel B – Formal Hearings
B5	September 15, 2021	Possible Summary Suspension Meeting
B6	September 15, 2021	Panel A – Formal Hearings
B7	September 15, 2021	Panel B – Formal Hearings
B8	September 22, 2021	Telephone Conference Call
B9	October 20, 2021	Telephone Conference Call
B10	November 3, 2021	Telephone Conference Call

- C2 Board of Nursing Monthly Tracking Log as of September 30, 2021
- C4 HPMP Quarterly Report as of September 30, 2021
- C5 Executive Director Report – **Ms. Douglas**
- C6 RMA Curriculum Committee September 22, 2021 Meeting Minutes – **Dr. Smith**
- C7 Report from NCLEX Item Review Subcommittee (NIRSC) September 21-23, 2021 *VIRTUAL* meeting – **Mr. Jones**
- C8 – The Federation of Associations of Regulatory Boards September 30 – October 3, 2021 *VIRTUAL* Law Seminar – **Ms. Morris**
- C9 The Committee of the Joint Boards of Nursing and Medicine October 13, 2021 Formal Hearing Minutes – **Dr. Gleason**

Discussion of item removed from the Consent Agenda:

C3 – Agency Subordination Recommendation Tracking Log

Mr. Jones noted that the total accepted percentage (97%) for 2021 so far was higher than the total accepted percentage (89.6%) for 2020 and is the highest since recording started in 2010. Mr. Jones asked what factors contributing to higher percentage rate.

Ms. Douglas offered that quality improvement and education efforts have been ongoing to ensure the Findings of Fact are clear. Mr. Jones commended Board Staff on this work and result.

Mr. Jones moved to accept C3 as presented. The motion was seconded by Mr. Monson and carried unanimously.

**DIALOGUE WITH DHP
DIRECTOR OFFICE:**

Dr. Brown reported the following:

- The audio/video system in the Conference Center is in the process to be updated
- Three (3) reports submitted to the General Assembly:

Report on the Implementation of 2018 HB793: Nurse Practitioners (NPs); Practice Agreements – the Committee of the Joint Boards of Nursing and Medicine identified and discussed recommendations at its June 16, 2021 meeting and DHP staff compiled into an initial draft report. At its July 20, 2021, the Board of Nursing (BON) approved the Report as written. At its August 6, 2021, the Board of Medicine (BOM) accepted some but not all of the recommendations. The key differences between BON and BOM recommendations are that the BOM supported continuing to require five (5) years of collaboration with a physician before autonomous practice, while the BON supported requiring only two (2) years of collaboration, or eliminating the practice agreement requirement entirely.

Report on Midwifery Licensing Entity: HB1953 - DHP convened a work group and met to study and determine the appropriate entity to license and regulate all categories of midwives: Licensed Midwife (LM) also known as Certified Professional Midwife, Certified Nurse Midwife (CNM) and Certified Midwife (CM). The work group composed of CNMs, LMs, CMs, Lobbyists, Dr. Harp, Executive Director for the Board of Medicine, Ms. Douglas and Dr. Vanessa Walker Harris, Deputy Secretary of Health and Human Resources. The group concluded that all three (3) types of midwives in Virginia:

- Support establishing and advisory board of midwifery to the BON for CNMs and CMs while keeping LMs as an advisory board to the BOM, and
- Are interested in an independent board of midwifery if the licensure fees are reasonable

Report on Advanced Practice Registered Nurses (APRNs): Item 309 of the 2021 Budget Bill – DHP was required to study and make recommendations regarding the oversight and regulation of APRNs. DHP made the following recommendations to the Governor and General Assembly:

- Amend statutory and regulatory definitions to conform to those in the APRN Consensus Model;
- Consider amending Virginia laws and regulations to align with the APRN Consensus Model; and
- Pursue participation in the APRN Licensure Compact

Dr. Allison-Bryan reported the following regarding COVID impact on Virginia, which is the most vaccinated state in the southern states:

- 87% of adults have one dose and 76% of adults are fully vaccinated
- Since middle of October 2021, 25,000 doses were administered per day
- 90,000 children, age 5 to 11, received at least 1 dose of the vaccine
- 70%, age 12 to 18, are fully vaccinated
- When Virginia is down by 50 COVID cases per 100,000 people, then no mask is required for indoor gathering

Ms. Buchwald asked where the reports can be located. Dr. Brown stated that reports are published on the General Assembly website. Ms. Douglas noted that at the time of preparation for this meeting, not all reports were available and staff will email the link to Board Members after the meeting.

Ms. Buchwald asked if all reports were developed by the BON. Dr. Brown replied that the Midwife and APRN reports were developed by DHP and the NP report (HB793) was developed by the Joint Boards of Nursing and Medicine.

DISPOSITION OF
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell stated that she has nothing to report.

Ms. Mitchell provided information about her roles on the Board and noted that she is one of a 3 person team, Ms. Barrett and Mr. Rutkowski are also assisting the Board when needed.

Election of Officers:

Ms. Gerardo thanked Ms. Friedenber, Ms. McElfresh and Ms. Shah, for serving on the Nominating Committee. Ms. Gerardo asked if Board Members have any questions for Ms. Friedenber? No questions were raised.

Ms. Gerardo stated it is now time to consider the Slate of Candidates for Offices who will begin their terms on January 1, 2022.

The Nominating Committee offers the following slate of candidates for Board of Nursing Officer positions for 2022:

President:

Brandon Jones, MSN, RN, CEN, NEA-BC
(1st term expires 2023)

First Vice-President:

Cynthia Swineford, RN, MSN, CNE
(2nd term expires 2025)

Second Vice-President:

Felisa Smith, PhD, MSA, RN, CNE
(2nd term expires 2025)

Pursuant to the Bylaws, Guidance Document 90-57, nominations will be accepted from the floor.

Ms. Gerardo asked if there are additional nominations from the floor for the **Office of President** to be added to the Slate?

With no additional nomination from the floor was noted. Ms. Gerardo stated that **Mr. Jones** is elected as **President by acclamation**.

Ms. Gerardo asked if there are additional nominations from the floor for the **Office of First Vice-President** to be added to the Slate?

With no additional nomination from the floor was noted. Ms. Gerardo stated that **Ms. Swineford** is elected as **First Vice-President by acclamation**.

Ms. Gerardo asked if there are additional nominations from the floor for the **Office of Second Vice-President** to be added to the Slate?

With no additional nomination from the floor was noted. Ms. Gerardo stated that **Dr. Smith** is elected as **Second Vice-President by acclamation**.

Ms. Gerardo thanked the Nominating Committee for their work, thanked Board Members for their willing to run for offices and congratulated Board Members who are just elected.

Election of current vacant Second Vice-President position

Ms. Gerardo noted that Dr. McQueen-Gibson held the Second Vice-President position and her term ended on September 17, 2021, so the current Second Vice-President position is vacant.

Ms. Gerardo added that according to the Bylaws “*The Board shall fill a vacancy in the office of First Vice-President or Second Vice-President by election at the next meeting after which the vacancy occurred*”

Ms. Gerardo stated that she has asked if Dr. Smith would fill the vacant position and Dr. Smith has agreed.

Mr. Monson moved to accept Dr. Smith to fill the current vacant Second Vice-President. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Discontinuance of certain NCSBN CE Courses

Ms. Morris stated that as of October 28, 2021, NCSBN stopped offering learning extension courses. Ms. Morris noted that if the licensees signed up for the courses before October 28, the courses are good for completion.

Mr. Monson asked if licensees be able to find courses from other than NCSBN. Ms. Morris said yes but the courses have to be board approved.

Dr. Gleason asked how many respondents assigned courses that did not take the courses. Ms. Douglas said that staff can take a look at non-compliance cases for non-compliance courses.

Status of DHP/Committee of the Joint Boards APRN Report

Ms. Gerardo stated that Dr. Brown already reported this matter earlier.

2022 Informal Conference (IFC) Dates

Ms. Morris said that staff are still working with Board Members on the dates and the schedule will be available soon.

Ms. Crawford Brown asked if there will be a delay for licensees regarding courses if they have to be board-approved courses. Ms. Douglas said there would not be a delay because the language in the Order will authorize staff to determine if the courses are approved without the Board's consideration at a meeting.

PUBLIC COMMENT: There was no public comment received.

RECESS: The Board recessed at 10:04 A.M.

RECONVENTION: The Board reconvened at 10:15 A.M.

LEGISLATION/
REGULATION: Ms. Yeatts reported the following:

F1 Chart of Regulatory Action as of October 29, 2021:

Ms. Yeatts provided an overview of the regulatory actions found in the chart noting the four regulations that were noted at the Secretary's Office are now at the Governor's Office.

F2 DHP Regulatory/Policy Actions – 2021 General Assembly

Ms. Yeatts provided an overview of the actions.

Consideration of Guidance Documents (GDs) Memo

- ❖ **GD 90-6** – *Peripherally Inserted Central Catheters (PICC) Line Insertion and Removal by Registered Nurses*
- ❖ **GD 90-62** – *Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings*

Ms. Yeatts stated that these two GDs are due for review. Ms. Yeatts added that staff completed the review and recommends that the Board re-adopt with no changes.

Mr. Hermansen-Parker moved to re-adopt GD 90-6 and GD 90-62 with no changes as presented. The motion was seconded by Dr. Dorsey and carried unanimously.

D1 – Consideration of Meeting Held with Electronic Participation Policy

Ms. Yeatts reviewed the policy provided on the agenda and noted that the Board has the options to adopt or to deny the policy.

Mr. Monson moved to adopt the policy as presented. The motion was seconded by Ms. Shah and carried unanimously.

Dr. Brown stated that legislative request for virtual meetings may be introduced to the upcoming General Assembly. Dr. Brown noted that more virtual meetings may be allowed as result of legislation.

SRP WORKSHEET PRESENTATION – by Neal Kauder and Kim Small, VisualResearch

➤ Consideration of Revised Sanctioning Reference Points for LMTs

Ms. Gerardo thanks Mr. Kauder and Ms. Small for their work on this worksheet and invited them to proceed.

Mr. Kauder said that about 42 LMT cases from 2017 to 2020 were collected for data and noted that one case out of 42 was about inappropriate touching.

Mr. Jones asked if the worksheet will be provided to the Massage Therapy (MT) Advisory Board for input. Ms. Douglas said it can be provided to the Board on December 1, 2021.

Mr. Monson suggested adding item e (standard of care) to Case Type Score. All agreed.

Mr. Jones moved to revise the worksheet, present it to the MT Advisory Board for input, and bring it back to the Board for consideration at its next meeting. The motion was seconded by Mr. Monson and carried unanimously.

EDUCATION:

NCSBN Annual Report Data Summary

Ms. Wilmoth reviewed the report provided on the agenda noting that the NCSBN report provided quality indicators, which is different from the Healthcare Workforce Data Center's reports, which provides indicators on the impact on workforce.

Ms. Wilmoth stated that 22 states participate and out of 143 pre-licensure nursing programs in Virginia, 102 completed the survey. Ms. Wilmoth added that this report also included a summary of program impact of COVID-19 for the Spring/summer 2020 academic terms.

Ms. Wilmoth said that it is the recommendation of the November 3, 2021 Education Informal Conference Committee that Virginia participate in the 2021 NCSBN Annual Report and the Board can add additional questions to the NCSBN survey.

Mr. Hermansen-Parker asked whether the NCSBN or HWDC reports provide any information regarding veterans who are in education program. Ms.

Wilmoth said she is not aware neither report provides information about veterans.

Ms. Swineford asked if candidates have the opportunity to participate in refresh courses after they fail the NCLEX. Ms. Wilmoth replied yes.

The Board agreed to participate in the 2021 NCSBN Annual Report and no additional questions were noted.

E2 – 2022 Education Informal Conference Dates

This is provided for information only.

Polling for Medical Learning Center (MLC) Formal Hearing Date

Ms. Wilmoth said that a sheet has been passed around for Board Members to indicate their availability to serve on the panel hearing regarding MLC. Ms. Wilmoth stated that the plan is to conduct the hearing in February 2022.

Education Staff Report:

Ms. Wilmoth reported the following:

- Nursing Education Seminars were held, one to establish a nursing education program, 14 new programs participated, and one to review regulatory requirements and assist programs in preparing for upcoming survey visits. Education Seminars for 2022 are posted on the Board's website.
- 4 new programs have been approved in 2021
- 3 new programs are pending initial site visit
- NCLEX Pass Rates PN – 26 of 60 active programs who have had testers have pass rates below 80%. Three (3) programs who had pass rates below 80% in 2019 and 2020. Virginia is at 74.44% for first 3 quarters; national is 80.72% for first 3 quarters
- NCLEX Pass Rates RN – 30/79 who have had testers have pass rates below 80%. Two (2) programs who had pass rates below 80% in 2019 and 2020.
- Nurse Aide programs – 11 new programs were approved and 25 programs have been closed in 2021. There are 30 inactive programs.
- Medication Aide programs – approximately 270 letters were sent to medication aide programs with a deadline of October 30th to determine program status. 49 have indicated they wish to remain active. 16 have indicated they wish to be closed. 41 letters have come back returned. 112 did not respond at all. Board staff are following up with programs who did not respond or in which the letter was returned.

RECESS: The Board recessed at 11:53 A.M.

RECONVENTION: The Board reconvened at 12:00 P.M.

**EDUCATION INFORMAL CONFERENCE COMMITTEE MINUTES AND
RECOMMENDATIONS**

September 1, 2021 Education Informal Conference Committee Recommendations regarding:
ECPI University – Practical Nursing Program (US28103200), Northern Virginia

Nathan A. Kottkamp, Legal Counsel for ECPI University – Practical Nursing Program in Northern VA, Williams Mullen Law Firm, were present and addressed the Board regarding the recommendations.

CLOSED MEETING:

Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 12:06 P.M. for the purpose of considering the Recommendations regarding ECPI University Practical Nursing Program (US28103200), Northern Virginia. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Willinger, Ms. Iyengar, Dr. Mangrum, Ms. Renick, 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 by Mr. Monson and carried unanimously.

Mr. Jones, Dr. Smith, Ms. Wilmoth and Ms. C. Smith left the meeting.

RECONVENTION:

The Board reconvened in open session at 12:33 P.M.

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

Mr. Jones, Dr. Smith, Ms. Wilmoth and Ms. C. Smith rejoined the meeting.

ACTION:

Dr. Dorsey moved to modify the September 1, 2021 Education Informal Conference Committee recommendations regarding ECPI University Practical Nursing Program (US28103200), Northern Virginia as follows:

- Findings of Fact and Conclusions of Law # 2
- Findings of Fact and Conclusions of Law # 3
- Place ECPI University, Northern Virginia Practical Nursing Program on conditional approval status with terms and conditions

The motion was second by Dr. Gleason and carried with 11 votes in favor of the motion. Mr. Monson opposed the motion.

E1 – November 3, 2021 Education Informal Conference Committee minutes and recommendations regarding:

- ❖ Guidance Document 90-21 – *Clinical Learning experience in Nursing Education Programs (repeal)*
- ❖ Request to increase Enrollment regarding Bryant & Stratton College Associate Degree Program (US28409900), Hampton (**deny**)

Mr. Monson moved to accept the November 3, 2021 Education Informal Conference Committee minutes and recommendations as presented.

Mr. Monson moved to initiate period review of the education program regulations. The motion was seconded by Dr. Smith and carried unanimously.

RECESS: The Board recessed at 12:37 P.M.

RECONVENTION: The Board reconvened at 1:18 P.M.

EDUCATION (cont.):

Education Staff Report:

Ms. Wilmoth reported additional information:

- About 300 TNA2CNA candidates approved by the Board
- Pass rates through October 31st are as follows:
 - Written portion – 90 out of 103 (87%)
 - Skills portion – 35 out of 106 (33%)

Ms. Douglas explained that as authorized by the third amendment to Executive Order (EO) 57, Virginia Temporary Nurse Aides (TNA) practicing in long term care (LTC) facilities may be deemed eligible by the Virginia Board of Nursing to take the National Nurse Aide Assessment Program (NNAAP) examination to become Certified Nurse Aides (CNA) based on the LTC employers attestation of training and competence.

OTHER MATTERS (cont.): **Automated Technology**

Ms. Willinger said that board staff have been working with the company KPMG to put a new robotic process automation (RPA) regarding licensure in place.

Ms. Willinger noted that currently, “Rosie”, the robot/virtual licensing specialist, reviews documents submitted by licensure candidates and places them in appropriate folders for processing by licensing staff.

Ms. Willinger added that the next phase is pertaining to the Virginia nursing program Attestations that confirm graduation of licensure applicants by examination. Ms. Willinger stated that the 2nd phase will reduce the wait times for licensure applicants to receive their Authorization to Practice.

Ms. Willinger noted that the Board of Medicine is also piloting automated processes and are focusing on communication and notifications to applicants.

CONSIDERATION OF CONSENT ORDERS:

G1 Hugh Joseph McLinden, IV, RN 0001-150700

Mr. Jones moved to accept the consent order for voluntary surrender for indefinite suspension of **Hugh Joseph McLinden, IV**'s right to renew his license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

G2 Gloria Jane Morman, RN 0001-081684

Mr. Jones moved to accept the consent order to indefinitely suspend the license of **Gloria Jane Morman** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

G3 Min Sun-Brown, LMT 0019-016177

Mr. Jones moved to accept the consent order for voluntary surrender for revocation of the right of **Min Sun-Brown** to renew her license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

G4 Da'Vonda Re' Black, RMA 0031-007983

Mr. Jones moved to accept the consent order to approve the application of **Da'Vonda Re' Black** for reinstatement of her registration to practice as a medication aide in the Commonwealth of Virginia, suspend her registration with suspension stayed contingent upon proof of entry into the Health Practitioners' Monitoring Program (HPMP) within 90 days of the date of entry of the Order and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Mr. Monson and carried unanimously.

G5 Mark Anthony Mayberry, RN 0001-149223

Mr. Jones moved to accept the consent order for voluntary surrender for indefinite suspension of **Mark Anthony Maberry**'s right to renew his license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

G6 Tracy Whorley, CNA

1401-186447

Mr. Jones moved to accept the consent order to revoke the certificate of **Tracy Whorley** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Monson and carried unanimously.

G7 Stacey Ponce-Reyes, RMA

0031-010029

Mr. Jones moved to accept the consent order revoke the right of **Stacey Ponce-Reyes** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

MEETING DEBRIEF:

The following were well received by Board Members:

- Great dialogue regarding LMT SRP
- Appreciated help from current Board Members to new Board Members

The following needs improvement per Board Members:

- Glossary of terms for new Board Members

ADJOURNMENT:

The Board adjourned at 1:52 P.M.

Marie Gerardo, MS, RN, ANP-BC
President

**VIRGINIA BOARD OF NURSING
CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS
MINUTES**

November 17, 2021

Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M. on November 17, 2021, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Laurie Buchwald, MSN, WHNP, FNP
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Meenakshi Shah, BA, RN
Cynthia M. Swineford, MSN, RN, CNE

STAFF PRESENT:

Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director
Claire Morris, RN, LNHA, Deputy Executive Director
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Specialist

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#3 – Joan M. Blocher, CNA

1401-121649

Ms. Blocher did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Joan M. Blocher to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. McElfresh and carried unanimously.

#5 – Lauren Brooke Antill, RN

0001-269116

Ms. Antill submitted a written response.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to issue an order of reprimand and suspend the license of Lauren Brooke Antill to practice as a professional nurse in the Commonwealth of Virginia, with the suspension stayed upon

proof of entry into and compliance with HPMP. The motion was seconded by Ms. McElfresh and carried unanimously.

#9 – Charideas Castillo, CNA **1401-172015**
Ms. Castillo did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Charideas Castillo to practice as a nurse aide in the Commonwealth of Virginia, with a finding of abuse. The motion was seconded by Ms. McElfresh and carried unanimously.

#13 – Marlene Logan Clay, CNA **1401-078321**
Ms. Clay did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Marlene Logan Clay to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. McElfresh and carried unanimously.

#15 – Tatiana G. Harris, CNA **1401-175187**
Ms. Harris did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Tatiana G. Harris to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. McElfresh and carried unanimously.

#11 – Christopher Lee Coker, RN **0001-289044**
Mr. Coker did not appear.

Mr. Hermansen-Parker recused himself from this recommendation consideration.

CLOSED MEETING:

Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:09 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Mr. Coker. Additionally, Ms. Shah moved that Dr. Hills, Ms. Morris, Ms. Hanchey, Ms. Goode, 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 by Ms. McElfresh and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:17 A.M.

time that Ms. Ferriter can provide proof that she is safe and competent to practice. The motion was seconded by Ms. McElfresh and carried unanimously.

Ms. Shah moved that the Board of Nursing modify Finding of Fact #5 of the recommended decision of the agency subordinate by removing the last sentence: “Ms. Frazier did not provide a reason for her absence at the informal conference, although she had previously indicated her intention to appear.” The motion was seconded by Ms. McElfresh and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:35 A.M.

Claire Morris, RN, LNHA
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
November 17, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:01 A.M., on November 17, 2021 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; President
Laurie Buchwald, MSN, WHNP, FNP
James L. Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Meenakshi Shah, BA, RN
Cynthia M. Swineford, MSN, RN, CNE

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice
Claire Morris, RN, LNHA, Deputy Executive Director
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel
(Koren Lee Karlsen, LPN case only)
Charis Mitchell, Assistant Attorney General, Board Counsel
Julia Bennett, Administrative Proceedings Division
Ka Yu-Cheng, Enforcement Division - **joined at 11:00A.M.**

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

FORMAL HEARING: **Koren Lee Karlsen, LPN Reinstatement Applicant 0002-078056**

Ms. Karlsen appeared 15 minutes late.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Kelly Carter, LNHA, Joyce Johnson, Senior Investigator, Enforcement Division, and Kim Lynch, Senior Investigator, Enforcement Division, were present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:20 P.M., for

the purpose of deliberation to reach a decision in the matter of **Koren Lee Karlsen**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Morris, Ms. Hanchey, Ms. Goode and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:34 P.M.

Ms. Shah 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. McElfresh moved that the Board of Nursing deny the reinstatement application of **Koren Lee Karlsen** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

Mr. Rutkowski left the meeting at 12:36 P.M.

RECESS: The Board recessed at 12:36 P.M.

RECONVENTION: The Board reconvened at 1:10 P.M.

Ms. Mitchell joined the meeting at 1:10 P.M.

FORMAL HEARING: **Sharon Meadows, RN** **0001-078324**

Ms. Meadows did not appear.

Mandy Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

MOTION: The Commonwealth moved for a continuance, stating it received a motion for continuance on November 16, 2021, from Ms. Meadows' daughter,

Theresa Dawn Eddins, who advised the Commonwealth that she was designated as Ms. Meadows' guardian and conservator on November 15, 2021. The motion for continuance was denied.

Steve Keene, Senior Investigator, Enforcement Division, Kristin Allen, RN, and Tonya James, Board of Nursing Compliance Case Manager, were present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:56 P.M., for the purpose of deliberation to reach a decision in the matter of **Sharon Meadows**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Hanchey, Ms. Goode 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 2:12 P.M.

Ms. Shah 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. Hermansen-Parker moved that the Board of Nursing indefinite suspend the license of **Sharon Meadows** to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

Ms. Shah left the meeting at 2:30 P.M.

FORMAL HEARING: **Christina Gill, CNA** **1401-180685**

Ms. Gill appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Janet Yearout, RN, was present and testified. Amy Tanner, Senior Investigator, Enforcement Division, testified via phone.

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 3:16 P.M., for the purpose of deliberation to reach a decision in the matter **Christina Gill**. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Hanchey, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

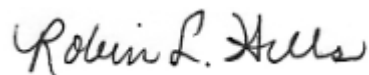
RECONVENTION: The Board reconvened in open session at 3:35 P.M.

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: Ms. Swineford moved that the Board of Nursing revoke the certificate of **Christina Gill** to practice as a certified nurse aide in the Commonwealth of Virginia based upon a Finding of Neglect. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 3:36 P.M.



Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS
MINUTES**

November 17, 2021

Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M. on November 17, 2021, in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Mark Monson, Citizen Member, **First Vice President**
Terri Crawford Brown, RNC, MSN
Yvette L. Dorsey, DNP, RN
Margaret Fridenberg, Citizen member
Brandon Jones, MSN, RN, CEN, NEA-BC
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Felisa A. Smith, PhD, MSA, RN, CNE

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Francesca Iyengar, MSN, RN; Discipline Case Manager
Huong Vu, Executive Assistant
Breana Renick, Administrative Support Specialist

OTHERS PRESENT:

James Rutkowski, Assistant Attorney General, Board Counsel
Maria Mercedes Olivieri, LMT

**ESTABLISHMENT OF
A PANEL:**

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING:

Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:13 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Jones moved that Ms. Douglas, Ms. Bargdill, Ms. Iyengar, Ms. Vu, Ms. Renick, 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 by Dr. Smith and carried unanimously.

Ms. Olivieri left the meeting at 9:13 A.M.

RECONVENTION: The Board reconvened in open session at 9:25 A.M.

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

#2 Jeffrey M. Hubble, R.N. **0001-186407**
Mr. Hubble did not appear.

Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jeffrey M. Hubble** and to place him on probation with terms. The motion was seconded by Dr. Smith and carried unanimously.

#4 Latanya Veney, L.P.N. **0002-052728**
Ms. Veney did not appear.

Mr. Jones moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **LaTanya Chew Veney** and within 60 days from the date of entry of the Order, she shall provide written proof satisfactory to the Board of successful completion of board approved courses in boundaries and ethics, each course must be 3 contact hours. The motion was seconded by Dr. Smith and carried unanimously.

#6 Emily Jean Snyder, R.N. **0001-277861**
Ms. Snyder did not appear.

Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Emily Jean Snyder** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Snyder's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the time period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

#8 Janeen Linda O'Connell Bailey, L.P.N. **0002-056556**
Ms. Bailey did not appear.

Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Janeen Linda O'Connell Bailey** to practice practical nursing in the

Commonwealth of Virginia with suspension stayed upon proof of Ms. Bailey’s entry into a Contract with the Virginia Health Practitioners’ Monitoring Program (“HMPM”) and compliance with all terms and conditions of the HPMP for the time period specified by the HPMP. The motion was seconded by Dr. Smith and carried unanimously.

#10 Deanna M. Mondragon, L.P.N. **0002-093240**
Ms. Mondragon did not appear but submitted a written response.

Mr. Jones moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Deanna M. Mondragon** and place her on probation with terms and conditions. The motion was seconded by Dr. Smith and carried unanimously.

#12 Carla Mechelle Stoakley, R.M.A. **0031-000304**
Ms. Stoakley did not appear.

Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Carla Mechelle Stoakley**. The motion was seconded by Dr. Smith and carried unanimously.

#14 Joseph Fisher, RN Florida License Number RN9489406
With Multistate Privileges

Mr. Fisher did not appear.

Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Joseph Fisher** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:26 A.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel B
November 17, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:02 A.M., on November 17, 2021 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Mark Monson, Citizen Member; First Vice-President
Teri Crawford Brown, RNC, MSN
Yvette Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Felisa Smith, PhD, MSA, RN, CNE – **joined at 1:04 P.M.**
Maria Mercedes Olivieri, LMT

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Executive Assistant
Francesca Iyengar, MSN, RN; Discipline Case Manager

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General – **11 A.M. case only**
James Rutkowski, Assistant Attorney General – **joined at 1:04 P.M.**

**ESTABLISHMENT OF
A PANEL:**

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

FORMAL HEARINGS:

Hwas Suk Trogdon, LMT **0019-014232**

Ms. Trogdon did not appear

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Camron F. Jordan court reporter with Veteran Reporters, recorded the proceedings.

Tonya James, Board of Nursing Compliance Case Manager was present and testified.

CLOSED MEETING:

Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:18 A.M., for the purpose of deliberation to reach a decision in the matter of **Hwas Suk Trogdon**. Additionally, Ms. Phelps moved that Ms. Douglas, Ms. Bargdill, Ms. Vu, Ms. Iyengar 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 by Ms. Olivieri and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:04 P.M.

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

ACTION: Mr. Jones moved that the Board of Nursing reprimand **Hwas Suk Trogdon** and continue her on probation for two years with same terms as Order entered December 22, 2015. The motion was seconded by Ms. Phelps and passed with six votes in favor of the motion. Dr. Dorsey opposed the motion.

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

RECESS: The board recessed at 12:05 P.M.

Ms. Mitchell left the meeting at 12:05 P.M.

RECONVENED: The board reconvened at 1:04 P.M.

Mr. Rutkowski and Dr. Smith joined the meeting at 1:04 P.M.

FORMAL HEARINGS: **Soyeon Lee, LMT** **0019-016037**

Ms. Lee appeared, accompanied by Kyung Simmons, Interpreter, and represented by Alan J. Cilman

David Kazzie Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Camron F. Jordan, court reporter with Veteran Reporters, recorded the proceedings.

Julia Turner, Senior Investigator, Enforcement Division, and Christopher Newton, Detective, Fairfax County, were present and testified.

RECESS: The board recessed at 2:22 P.M.

RECONVENED: The board reconvened at 2:38 P.M.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Soyeon Lee**. Additionally, Ms. Phelps moved that Ms. Douglas, Ms. Bargdill, Ms. Iyengar, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:24 P.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing suspend the license of **Soyeon Lee** to practice massage therapy in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Mr. Jones with seven votes in favor of the motion. Ms. Olivieri opposed the motion.

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

Mr. Jones left the meeting at 5:25 P.M.

FORMAL HEARINGS: **Xiaojun Wang, LMT Applicant by Endorsement (Case # 199424)**

Mr. Wang appeared, accompanied by his wife, Haiyan Butler, Interpreter, and represented by David Z. Lu.

David Kazzie Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Camron F. Jordan, court reporter with Veteran Reporters, recorded the proceedings.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 6:10 P.M., for the purpose of deliberation to reach a decision in the matter of **Xiaojun Wang**. Additionally, Ms. Phelps moved that Ms. Douglas, Ms. Bargdill, Ms. Iyengar, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:23 P.M.

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

ACTION: Dr. Smith moved that the Board of Nursing approve the application of **Xiaojun Wang** for endorsement and issue an unrestricted license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenbergl with six votes in favor of the motion. Dr. Dorsey opposed the motion.

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

RECESS: The board recessed at 6:26 P.M.

Ms. Olivieri left the meeting at 6:26 P.M.

RECONVENED: The board reconvened at 6:42 P.M.

FORMAL HEARINGS: **Eugina Moses-Coston, RN** **Maryland License # R155361**
With Multistate Privilege

Ms. Moses-Coston did not appear.

Sean Murphy, Assistant Attorney General, and Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Camron F. Jordan, court reporter with Veteran Reporters, recorded the proceedings.

Kim Marin, RN, Ashley Hester, Senior Investigators, Enforcement Division, and Ann Lass, RN, Nurse Manager at St. Mary Hospital, were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 7:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Eugina Moses-Coston**. Additionally, Ms. Phelps moved that Ms. Douglas, Ms. Bargdill, Ms. Iyengar, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Crawford Brown and carried unanimously.

RECONVENTION: The Board reconvened in open session at 7:46 P.M.

Ms. Crawford Brown 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 by Dr. Smith and carried unanimously.

ACTION: Ms. Phelps moved that the Board of Nursing indefinitely suspend the license of **Eugina Moses-Coston** to practice professional nursing in the Commonwealth of Virginia for not less than one year. The motion was seconded by Dr. Dorsey and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 7:48 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 18, 2021**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 1:00 P.M., on November 18, 2021 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Mark Monson , Citizen Member; First Vice President
Laurie Buchwald, MSN, WHNP, FNP
Yvette L. Dorsey. DNP, RN
James L. Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Felisa A. Smith, PhD, RN, MSA, MSN/Ed, CNE
Cynthia M. Swineford, MSN, RN, CNE

STAFF PRESENT:

Jay P. Douglas; MSM, RN, CSAC, FRE; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Patricia Dewey, RN, BSN; Discipline Case Manager
Francesca Iyengar, MSN, RN; Discipline Case Manager
Cathy Hanchey, Senior Licensing/Discipline Specialist
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF
A PANEL:**

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

FORMAL HEARINGS:

Jerry Ray Harper, III, RN Reinstatement Applicant 0001-213992

Mr. Harper appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Renee M. Cordero Larkin, court reporter with Veteran Reporters, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING:

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:03 P.M., for the purpose of deliberation to reach a decision in the matter of **Jerry Ray Harper, III**. Additionally, Ms. McElfresh moved that Ms. Douglas, Ms.

Bargdill, Ms. Iyengar, Ms. Hanchey, Ms. Goode 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 2:50 P.M.

Ms. McElfresh 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. Dorsey moved that the Board of Nursing approve the reinstatement application of **Jerry Ray Harper, III** to practice as a professional nurse in the Commonwealth of Virginia and place him on probation with terms for not less than one year. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:53 P.M.



C Bargdill RN, MHS

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 16, 2021**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 16 2021 at 4:30 P.M.

The Board of Nursing members participating in the call were:

Mark Monson, Citizen Member, First Vice-President (**Chair**)
Felicia Smith, PhD, MSA, RN, CNE, Second Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Brandon Jones, MSN, RN, CEN, NEA-BC
Dixie McElfresh, LPN
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
Erin Weaver, Assistant Attorney General
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Claire Morris, RN, LNHA; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Cathy Hanchey, Senior Licensing/Discipline Specialist
Patricia L. Dewey, RN, BSN; Discipline Case Manager
Huong Vu, Executive Assistant
Breana Renick, Administrative Support Specialist
Lakisha Goode, Discipline Team Coordinator
Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division
Julia Bennett, Deputy Executive Director, Administrative Proceedings Division
Jennifer Challis, Senior Investigator, Enforcement

The meeting was called to order by Mr. Monson. With ten members of the Board of Nursing participating, a quorum was established.

Assistant Attorney General, Erin Weaver, presented evidence that the continued practice of nursing by **Kaitlyn Nicole Cornell** may present a substantial danger to the health and safety of the public.

Virginia Board of Nursing
Telephone Conference Call
December 16, 2021

Mr. Hermansen-Parker moved to summarily suspend the registered nurse license of **Kaitlyn Nicole Cornell, RN (0001-260627)** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Dr. Gleason and carried unanimously.

The meeting was adjourned at 4:42 P.M.

Claire Morris, RN, LNHA
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
January 6, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 6, 2022 at 4:30 P.M.

The Board of Nursing members participating in the call were:

Brandon Jones, MSN, RN, CEN, NEA-BC, (**Chair**)
Cynthia Swineford, RN, MSN, CNE, First Vice-President
Felicia Smith, PhD, MSA, RN, CNE, Second Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Teri Crawford Brown, RNC, MSN
Marie Gerardo, MS, RN, ANP-BC
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie McElfresh, LPN
Mark Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Wayne Halbleib, Senior Assistant Attorney General/Section Chief
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Francesca Iyengar, Discipline Case Manager
Patricia L. Dewey, RN, BSN; Discipline Case Manager
Huong Vu, Executive Assistant
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Tammie Jones, Adjudication Consultant, Administrative Proceedings Division – **joined at 4:48 pm**

The meeting was called to order by Mr. Jones. With eleven members of the Board of Nursing participating, a quorum was established.

Assistant Attorney General, Sean Murphy, presented evidence that the continued practice as a nurse aide by Shelly Jones may present a substantial danger to the health and safety of the public.

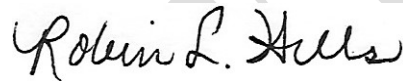
Mr. Monson moved to summarily suspend the certificate of **Shelly Jones, CNA (1401-196299)** pending a formal administrative hearing and to offer a consent order for revocation of her certificate with a Finding of Misappropriation of Patient Property in lieu of a formal hearing. The motion was seconded by Ms. Phelps and carried with ten voted in favor of the motion. Dr. Gleason opposed the motion.

Virginia Board of Nursing
Telephone Conference Call
January 6, 2022

Senior Assistant Attorney General/Section Chief, Wayne Halbleib, presented evidence that the continued practice of nursing by **Penny Hash Agnor** may present a substantial danger to the health and safety of the public.

Mr. Hermansen-Parker moved to summarily suspend the registered nurse license of **Penny Hash Agnor, RN (0001-128536)** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Dr. Gleason and carried with ten votes in favor of the motion. Mr. Monson opposed the motion.

The meeting was adjourned at 5:01 P.M.



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

<i>License Count</i>	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
Nursing												
Practical Nurse	28,259	28,300	28,300	28,290	28,256	28,218	28,209	28,071	28,077	27962	27,975	27891
Registered Nurse	112,895	113,170	113,297	113,412	113,288	113,776	114,776	114,717	115,450	114873	115,097	115053
Massage Therapy	8,407	8,426	8,443	8,430	8,360	8,371	8,375	8,348	8,372	8299	8,297	8268
Medication Aide	6,667	6,669	6,732	6,732	6,636	6,659	6,668	6,637	6,760	6652	6,695	6685
Clinical Nurse Specialist	405	406	408	406	403	394	Effective 7/1/2021 CNSs are now included in NP count					
Nurse Practitioner Total	13,817	13,913	14,040	14,133	14,209	14,708	15,011	15,110	15,489	15466	15,618	15733
Autonomous Practice - NP	1,134	1,164	1,197	1,224	1,252	1,289	1,502	1,551	1,778	1750	1,802	1859
Clinical Nurse Specialist - NP							393	393	395	392	393	393
Certified Nurse Midwife - NP	396	404	404	404	404	404	404	404	413	412	411	418
Certified Registered Nurse Anesthetist - NP	2,174	2,178	2,178	2,181	2,184	2,195	2,213	2,206	2,223	2213	2,219	2223
Other Nurse Practitioners	10,113	10,167	10,261	10,324	10,369	10,820	10,499	10,556	10,680	10699	10793	10840
Total for Nursing	170,450	170,884	171,220	171,403	171,152	172,126	173,039	172,883	174,148	173252	173682	173630

Nurse Aide	50,894	50,929	51,129	50,990	50,053	49,688	50,486	49,103	49,201	48538	48,987	49000
Advanced Nurse Aide	26	26	28	29	25	26	26	24	27	26	29	31
Total for Nurse Aide	50,920	50,955	51,157	51,019	50,078	49,714	49,696	49,127	49,228	48564	49016	49031
License Count Grand Total	221,370	221,839	222,377	222,422	221,230	221,840	222,735	222,010	223,376	221816	222698	222661
Open Cases Count	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
Nursing	1566	1599	1520	1582	1650	1622	1569	1435	1438	1415	1,408	1402
Nurse Aide	449	466	460	479	509	550	585	571	473	477	464	480
Open Cases Total	2,015	2,065	1,980	2,061	2,159	2,172	2,154	2,006	1,911	1892	1872	1882

Case Count by Occupation													Total
Rec'd RN	82	70	70	65	64	54	87	77	56	68	67	80	840
Rec'd PN	20	29	57	42	45	37	40	31	34	32	33	35	435
Rec'd NP, AP, CNS	21	20	15	19	28	29	38	35	28	24	27	23	307
Rec'd LMT	6	1	6	8	9	2	7	3	3	6	7	4	62
Rec'd RMA	8	6	10	12	7	9	10	9	12	8	3	8	102
Rec'd Edu Program	0	3	2	2	3	7	4	4	2	3	2	3	35
Total Received Nursing	137	129	160	148	156	138	186	159	135	141	139	153	1,781
Closed RN	43	38	107	77	15	78	123	81	108	62	63	97	892
Closed PN	31	21	51	36	13	52	69	46	80	47	45	55	546
Closed NP, AP, CNS	12	8	27	16	6	19	58	18	24	26	43	42	299
Closed LMT	3	7	4	4	1	5	4	2	8	4	3	6	51
Closed RMA	10	5	10	6	0	6	1	9	4	15	2	6	74
Closed Edu Program	2	3	2	0	1	0	10	2	1	3	0	1	25
Total Closed Nursing	101	82	201	139	36	160	265	158	225	157	156	207	1,887
Case Count - Nurse Aides													Total
Received	44	41	58	42	47	50	55	50	50	46	49	43	575
Rec'd Edu Program	0	1	1	0	1	0	0	0	0	0	0	1	4
Total Received CNA	44	42	59	42	48	50	55	50	50	46	49	44	579
Closed	69	12	75	21	18	8	13	42	25	202	22	56	563
Closed Edu Program	2	0	1	0	0	0	3	0	0	0	0	0	6
Total Closed CNA	71	12	76	21	18	8	16	42	25	202	22	56	569
All Cases <u>Closed</u>	172	94	277	160	54	168	281	200	250	359	178	263	2,456
All Cases <u>Received</u>	181	171	219	190	204	188	241	209	185	187	188	197	2,360

Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pending	N/A
Total to Date:	2313	2129	92.0%	146	6.3%	13	68	23	40	1.7%	8	21	5	47	57	61	0	
CY2021 to Date:	51	48	94.1%	5	9.8%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Nov-21	15	13	86.7%	2	13.3%	0	1	0	0	0.0%	0	0	0	1	0	1	0	
Sep-21	4	4	100.0%	2	50.0%	0	0	0	0	0.0%	0	0	0	2	1	0	0	
Jul-21	11	11	100.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	1	0	0	
May-21	5	5	100.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0	0	0	
Apr-21	0	0	0.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	1	0	0	
Mar-21	16	15	93.8%	1	6.3%	0	1	0	0	0.0%	0	0	0	0	0	0	0	
Jan-21	0	0	0.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	1	0	0	
Annual Totals:																		
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.9%	0	2	0	2	4	6	N/A	
Total 2016	238	226	95.0%	8	3.4%	0	8	0	4	1.7%	2	4	0	4	8	2	N/A	
Total 2015	238	217	91.2%	14	5.9%	2	12	2	7	2.9%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	

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

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

HPMP Quarterly Report (October 1, 2021 - December 31, 2021)

Board	License	Admissions ¹		Stays ²	Comp ³	Vacated Stays ⁴		Dismissals ⁵					
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Incl.	Dism. Resig.	Resig.	Death	
	` LNP												
	` LPN							2		1			
	` RN	9	3		5	1		5					
	` Massage Ther												
	` CNS												
Nursing Total		9	3		5	1		7		1			
	` DC												
	` DO												
	` DPM												
	` Intern/Resident												
	` LAT												
	` LBA												
	` Lic Rad Tech												
	` MD	3	2	1	4			1					
	` OT												
	` PA				1								
	` RT												
	` LM												
	` OTA												
	` SA												
Medicine Total		3	2	1	5			1					
	` Pharmacist	1			1								
	` Pharm Tech							1					
	` Intern												
Pharmacy Total		1			1			1					
	` DDS	2						1		1			
	` DMD	1			1								
	` RDH												
Dentistry Total		3			1			1		1			
	` LPC	1						1					
	` CSAC	1											
	` Post Graduate Trainee												
	` QMHP-Adult												
	` QMHP-Child												
	` Resident in Counseling												
Counseling Total		2						1					
	` PT	1											
	` PTA	1	2										
Physical Therapy Total		3	2										
TOTALS		21	5	1	12	1	0	11	0	2	0	0	0

Admissions¹: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)

Stays²: Stays of Disciplinary Action Granted

Comp³: Successful Completions

Vacated Stays⁴: Vac Only=Vacated Stay Only; Vac &Dism=Vacated Stay &Dismissal

Dismissals⁵: N/C=Dismissed Non-Compliant; Incl=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

Virginia Board of Nursing
Executive Director Report
January 25, 2022

1 Presentations

- On December 2, 2021, Randall Mangrum, Nursing Education Program Manager, conducted the Regulation Review and Survey Visit Prep for Program Directors and Faculty via Webex Conferencing.

2 Meetings attended

- On November 5, 2021, Stephanie Willinger, Deputy Executive Director, met with an Associate Professor from VCU L. Douglas Wilder School of Government & Public Affairs regarding the Virginia office of New Americans (ONA) study on identifying and reducing barriers to immigrant integration in Virginia. Discussion was focused on licensing of international nursing applicants.
- On November 8, 2021, Stephanie Willinger, Deputy Executive Director, met with representatives of KMPG to kick off a new robotic process automation (RPA) project pertaining to the Virginia nursing program Attestations that confirm graduation of licensure applicants by examination. The proposed RPA will streamline internal processes and reduce the wait times for licensure applicants to receive their Authorization to Practice.
- On November 9, 2021, Several Board of Nursing staff attended the Virginia Nurses Association (VNA) Legislative Summit virtually. Attendees learned how to be powerful advocates for nursing and for the health of all Virginians. We examined the critical issues facing nursing and healthcare and discussed the statewide impact of the results of the November 2 election. We received a detailed look into VNA's nursing 2022 legislative priorities for next year. Jay Douglas, Executive Director, provided the presentation on mandatory reporting and HPMP. Other Speakers discussed legislative solutions for the reported nurse staffing shortage, school nurses, COVID workers compensation and APRN topics.
- On December 7, 2021, Board of Nursing Leadership Team met all day to discuss key projects, resources, board culture and work environment, professional development, post pandemic regulation review and board goals for 2022.
- On December 9, 2021 Jay Douglas, Executive Director, Christine Smith, Nurse Aide/Medication Aide Program Manager, and Jacquelyn Wilmoth, Deputy Executive Director for Education, met with Credentia regarding the upcoming transition of CNA365 (a new system for Credentia).
- On December 14-15, 2021, Jay Douglas attended the NCSBN Board of Directors (BOD) meeting as the President of NCSBN BOD. Letter from the President is included with this report.
- Hiring managers for the Board of Nursing has been busy filing vacant staff positions.



Letter FROM THE President

POST-BOARD MEETING UPDATE

Dec. 20, 2021

Dear Colleagues,

As the year ends, I am mindful of the continuing challenges and the opportunities that another year of pandemic effects have brought to us as regulators and NCSBN Members. The Board of Directors (BOD) held its final meeting of the year last week. In addition to a robust agenda, we reflected on regulatory issues that nursing regulatory bodies are currently experiencing. Key issues shared during the meeting included: workforce shortages, cyber security issues, legislative proposals affecting occupational licensing, COVID mandates, practice and academic partnerships, nursing education, and licensure of international nurses.

The BOD also reviewed the final draft of the NCSBN Annual Environmental Assessment, which includes themes consistent with the issues and patterns board members shared during the environmental scan. This comprehensive report, to be published in 2022, addresses recently released studies, trends in nursing regulation, health care, education, practice, discipline and licensure, emerging issues and challenges, and a review of pertinent legislative activities. I believe you will find the report useful to your boards. It's also a great vehicle for us to "tell the story" of nursing regulation.

The BOD agenda, in addition to routine reports, included several topics that will inform NCSBN's work in 2022 and beyond. The highlights include:

- Leadership attendance at meetings and interactions with the American Association of Colleges of Nursing, The Tri-Council, the National Association of Hispanic Nurses, Veterans Affairs, Federal Trade Commission and policymakers at the federal level;
- Annual research agenda update;
- Strategic Objective 10 - Alternate Exam Item Use;
- Strategic Objective 5 - Modernizing Nurse Licensure report;
- Report on opportunities to provide technical assistance to non-nursing compacts;
- Annual data security report;
- Finance Committee report and a meeting with our external auditors to receive audit results; and
- Appointment of a committee for NCSBN's 45th Anniversary, which we will celebrate in 2023!

POST-BOARD MEETING UPDATE, CONTINUED

The BOD also spent a significant amount of time refining its work on the 2023-2025 Strategic Plan and objectives that began in October during a two-day meeting facilitated by Stephanie Ferguson. The BOD will make final decisions regarding the plan at our February 2022 meeting and this work will be reported out at the Midyear meeting.

The BOD also had the opportunity to meet face-to-face with the NLC Executive Committee. These meetings, which occur on a regular basis, provide the two leadership bodies an opportunity to communicate, collaborate and inform regarding separate and joint work in progress.

As you all know, our lives and our regulatory activities related to public protection necessitate constant flexibility and innovation, which can be energizing and exhausting at the same time. I want to take this opportunity to say how appreciative I am of the board, our members and staff for their many contributions during this past year. I hope that each of you find some time to rest and refresh this holiday season. Wishing you all the best for the new year.

Peace be with you and yours,

Jay Douglas, MSM, RN, CSAC, FRE

President

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DRAFT

Virginia's Certified Nurse Aide Workforce: 2021

Healthcare Workforce Data Center

November 2021

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 their ongoing cooperation.

Thank You!

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The Certified Nurse Aide Workforce At a Glance:

The Workforce

Certified:	57,788
Virginia's Workforce:	54,003
FTEs:	46,641

Background

Rural Childhood:	49%
HS Degree in VA:	69%
Prof. Degree in VA:	87%

Current Employment

Employed in Prof.:	83%
Hold 1 Full-Time Job:	57%
Satisfied?:	92%

Survey Response Rate

All Certified:	56%
Renewing Practitioners:	86%

Education

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

Job Turnover

New Location:	37%
Employed Over 2 Yrs.:	48%

Demographics

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

Finances

Med. Income: \$14-\$15/hr.	
Health Benefits:	52%
Retirement Benefits:	43%

Establishment Type

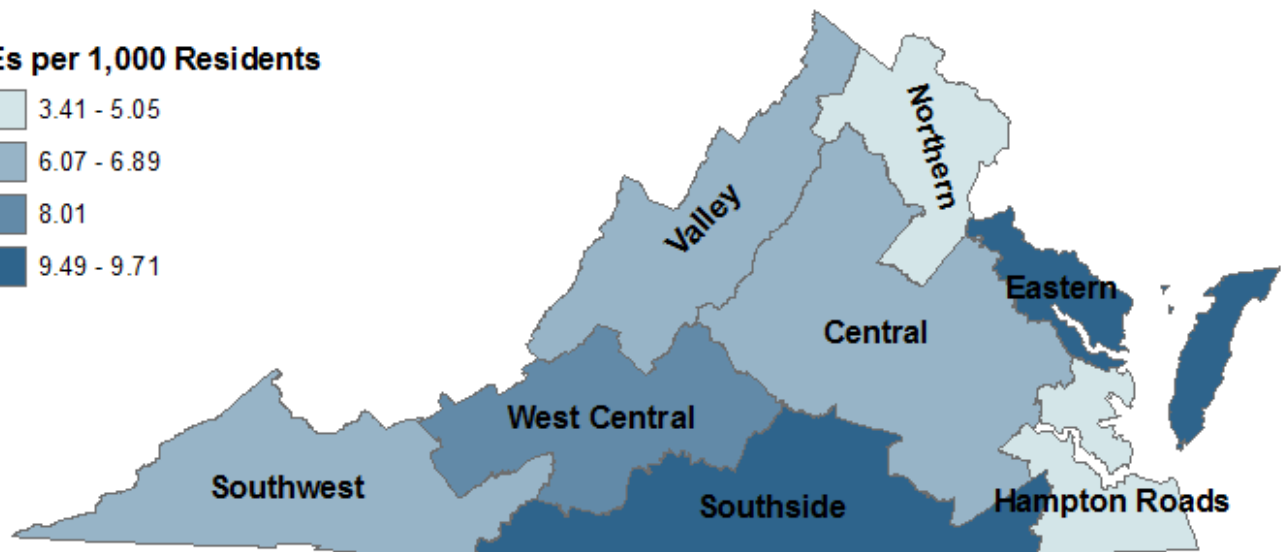
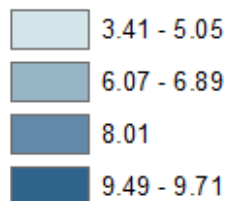
Nursing Home:	29%
Home Health Care:	17%
Assisted Living:	15%

Source: Va. Healthcare Workforce Data Center

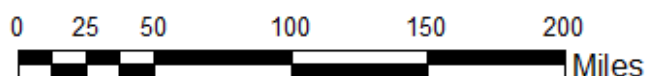
Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



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



This report contains the results of the 2021 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 in the certificate issuance month of each respondent. These survey respondents represent 56% of the 57,788 CNAs who are certified in the state and 86% of renewing practitioners. The others are newly certified, non-renewing, or those whose renewal date fell outside the survey period.

The HWDC estimates that 54,003 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 46,641 "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).

Nearly 95% of all 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. For CNAs who are under the age of 40, this diversity index increases to 60%. Both of these values are higher than the comparable diversity index of 57% for Virginia's population as a whole. Nearly half of all CNAs grew up in a rural area, and 29% of CNAs who grew up in a rural area 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, 57% hold one full-time job, and 38% work between 40 and 49 hours per week. More than 60% of all CNAs work in nursing homes, home health care establishments, or assisted living facilities. The median hourly wage for a CNA in the state is between \$14.00 and \$15.00. In addition, nearly 75% of all CNAs receive at least one employer-sponsored benefit, including 52% who have access to health insurance. More than 90% of all CNAs indicated that they are satisfied with their current work situation, including 60% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 CNA workforce. The number of certifications in Virginia has decreased by 6% (57,788 vs. 61,302). In addition, the size of Virginia's CNA workforce has fallen by 7% (54,003 vs. 57,803), and the number of FTEs provided by this workforce has declined by 8% (46,641 vs. 50,533). At the same time, Virginia's renewing CNAs are more likely to respond to this survey (86% vs 82%).

The median age of the CNA workforce has increased (39 vs. 38). In addition, Virginia's CNA workforce has become more diverse (59% vs. 58%). This is also true among CNAs who are under the age of 40 (60% vs. 58%). CNAs are more likely to have grown up in a rural area (49% vs. 48%), but CNAs who grew up in a rural area are no more likely to work in a non-metro area of the state (29%). In addition, there has been no change in the percentage of all CNAs who work in a non-metro area of the state (19%).

Virginia's CNAs are less likely to be employed in the profession (83% vs. 86%). At the same time, the percentage of CNAs who have worked at their primary work location for at least two years has increased (48% vs. 47%). CNAs are relatively less likely to work in either nursing homes (29% vs. 31%) or home health care establishments (17% vs. 18%). Instead, CNAs are now relatively more likely to work in the inpatient department of hospitals (13% vs. 11%). Although most CNAs still engage in clinical or patient care activities at their primary work location (92% vs. 93%), the percentage of CNAs who perform non-clinical tasks has increased slightly (8% vs. 7%).

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 (73% vs. 71%), including those CNAs who have access to health insurance (52% vs. 51%) and a retirement plan (43% vs. 39%). The percentage of CNAs who indicated that they are satisfied with their current work situation has fallen (92% vs. 94%). This is also true among CNAs who indicated that they are "very satisfied" with their current employment situation (60% vs. 65%).

A Closer Look:

Certified		
Certificate Status	#	%
Renewing Practitioners	38,984	67%
New Certificate	5,818	10%
Non-Renewals	8,874	15%
Renewal Date Not in Survey Period	4,112	7%
All Certified	57,788	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than four out of every five renewing CNAs submitted a survey. This represents 56% of CNAs who held a certificate at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2020 and September 2021 on the month of initial certification of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia certificate at some point during the survey period.
- 3. Survey Population:** The survey was available to CNAs who renewed their certificate online. It was not available to those who did not renew, including CNAs newly certified in the past two years.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	9,336	5,830	38%
30 to 34	3,955	3,939	50%
35 to 39	2,764	3,733	58%
40 to 44	2,135	3,431	62%
45 to 49	1,750	3,269	65%
50 to 54	1,497	3,482	70%
55 to 59	1,366	3,474	72%
60 and Over	2,551	5,276	67%
Total	25,354	32,434	56%
New Certificates			
Issued in Past Year	5,818	0	0%
Metro Status			
Non-Metro	4,345	6,695	61%
Metro	15,308	23,853	61%
Not in Virginia	5,701	1,886	25%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	32,434
Response Rate, All Practitioners	56%
Response Rate, Renewals	86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Certified Nurse Aides

Number: 57,788
 New: 10%
 Not Renewed: 15%

Response Rates

All Certified: 56%
 Renewing Practitioners: 86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's CNA Workforce: 54,003
FTEs: 46,641

Utilization Ratios

CNAs in VA Workforce: 93%
CNAs per FTE: 1.24
Workers per FTE: 1.16

Source: Va. Healthcare Workforce Data Center

Virginia's CNA Workforce

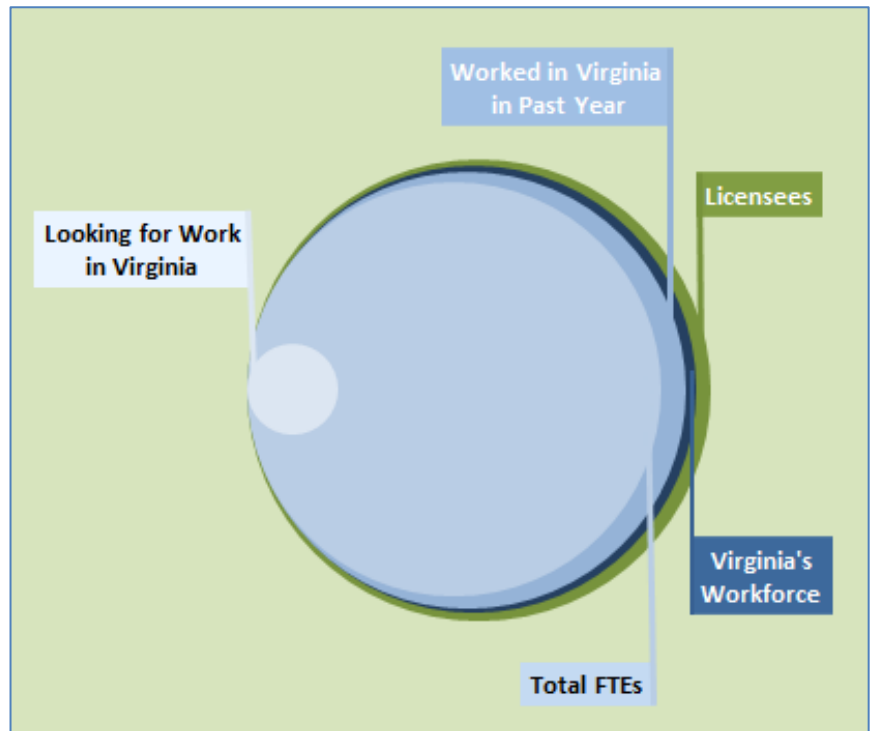
Status	#	%
Worked in Virginia in Past Year	51,761	96%
Looking for Work in Virginia	2,241	4%
Virginia's Workforce	54,003	100%
Total FTEs	46,641	
Certified CNAs	57,788	

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A practitioner 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. Practitioner in VA Workforce:** The proportion of practitioners in Virginia's Workforce.
- 4. Practitioner per FTE:** An indication of the number of CNAs needed to create 1 FTE. Higher numbers indicate lower CNA participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	813	6%	12,548	94%	13,361	27%
30 to 34	414	6%	6,508	94%	6,923	14%
35 to 39	328	6%	5,345	94%	5,673	11%
40 to 44	290	6%	4,564	94%	4,854	10%
45 to 49	258	6%	4,040	94%	4,298	9%
50 to 54	264	6%	3,952	94%	4,216	8%
55 to 59	246	6%	3,806	94%	4,052	8%
60 and Over	371	6%	5,896	94%	6,268	13%
Total	2,984	6%	46,661	94%	49,645	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	61%	19,634	38%	12,287	46%
Black	19%	25,952	51%	11,442	43%
Hispanic	10%	2,338	5%	1,389	5%
Asian	7%	1,416	3%	529	2%
Two or More Races	3%	1,222	2%	924	3%
Other Race	0%	509	1%	229	1%
Total	100%	51,071	100%	26,800	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

At a Glance:

Gender

% Female: 94%
% Under 40 Female: 94%

Age

Median Age: 39
% Under 40: 52%
% 55 and Over: 21%

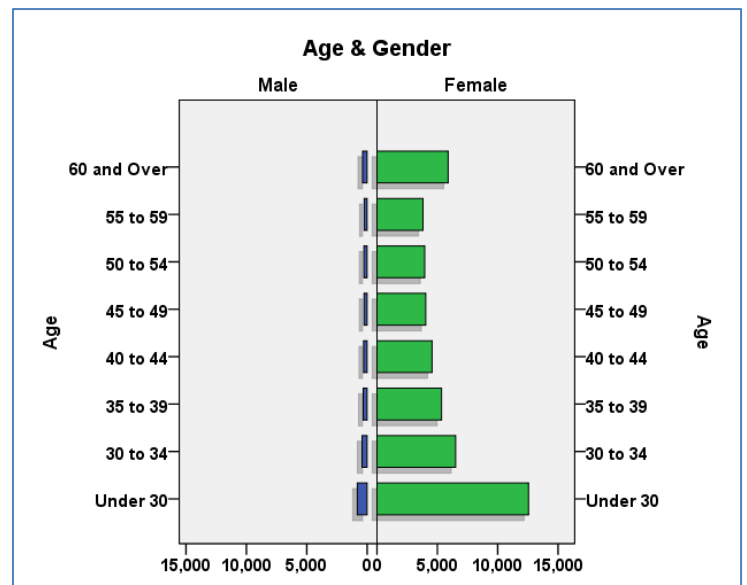
Diversity

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

Source: Va. Healthcare Workforce Data Center

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), compared to a 57% chance for Virginia's population as a whole.

More than half of all CNAs are under the age of 40. Among CNAs who are under the age of 40, 94% are female. In addition, the diversity index among CNAs who are under the age of 40 is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 28%
 Rural Childhood: 49%

Virginia Background

HS in Virginia: 69%
 Prof. Training in VA: 87%
 HS or Prof. Train. in VA: 89%

Location Choice

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

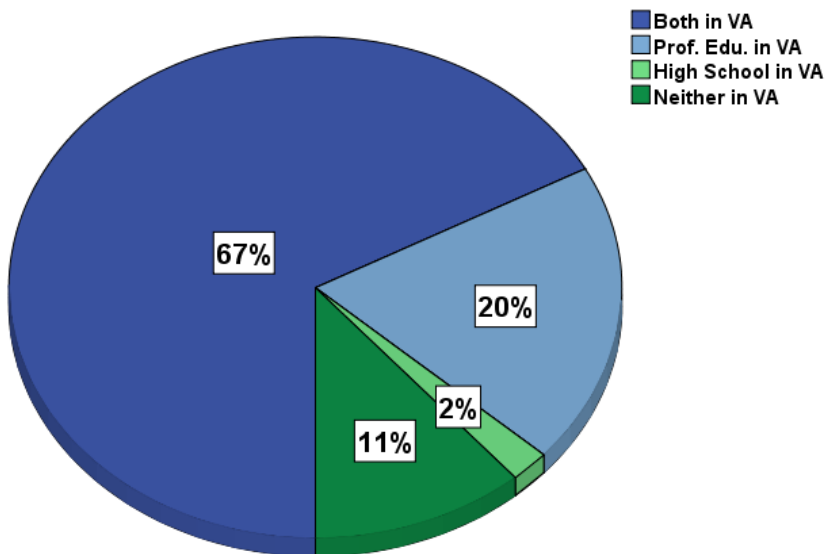
Source: Va. Healthcare Workforce Data Center

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%	29%	38%
2	Metro, 250,000 to 1 Million	57%	19%	24%
3	Metro, 250,000 or Less	67%	19%	14%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	66%	16%	19%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	79%	11%	10%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	83%	9%	7%
8	Rural, Metro Adjacent	83%	8%	9%
9	Rural, Non-Adjacent	71%	11%	18%
Overall		49%	23%	28%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all CNAs grew up in a self-described rural area, and 29% of CNAs who grew up in a rural area currently work in a non-metro county. In total, 19% of all CNAs currently work in a non-metro county.

Top Ten States for Certified Nurse Aide Recruitment

Rank	All Certified Nurse Aides			
	High School	#	Init. Prof. Degree	#
1	Virginia	35,082	Virginia	43,943
2	Outside U.S./Canada	6,785	North Carolina	1,059
3	New York	1,137	New York	645
4	North Carolina	1,085	West Virginia	601
5	West Virginia	788	Maryland	533
6	Maryland	712	Pennsylvania	374
7	Pennsylvania	693	California	304
8	New Jersey	504	New Jersey	268
9	Florida	358	Georgia	236
10	Georgia	294	Florida	170

Source: Va. Healthcare Workforce Data Center

Nearly 70% of CNAs received their high school degree in Virginia, while 87% received their initial CNA training in the state.

Among CNAs who have obtained their certificate in the past five years, 69% received their high school degree in Virginia, and 83% received their initial CNA training in the state.

Rank	Certified in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	10,194	Virginia	12,317
2	Outside U.S./Canada	1,565	North Carolina	389
3	North Carolina	375	West Virginia	201
4	New York	266	New York	178
5	Pennsylvania	255	Maryland	155
6	West Virginia	251	Pennsylvania	148
7	Maryland	236	California	121
8	New Jersey	155	Georgia	87
9	Florida	123	New Jersey	83
10	Georgia	121	Michigan	70

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia's CNAs did not participate in the state's workforce during the past year. Among these CNAs, 84% worked at some point in the past year, including 70% who worked in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total:	3,763
% of Certified:	7%
VA Border State/DC:	31%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Medication Aide (RMA)	3,843	7%
Advanced Practice CNA	482	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

RMA: 7%

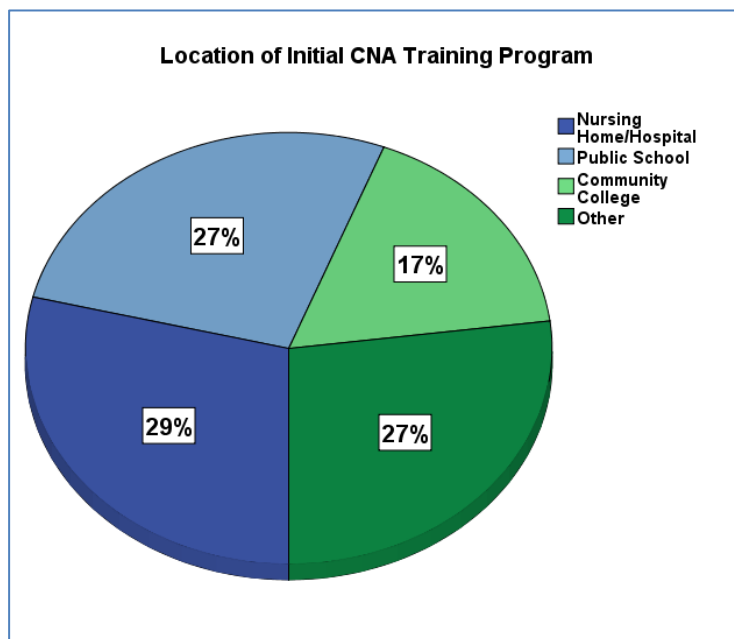
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 7%

LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	14,471	29%
Public School (High School/Vocational School)	13,584	27%
Community College	8,573	17%
Other (Private School/Proprietary Program)	13,570	27%
Total	50,198	100%

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	42,404	89%
RN Program	3,145	7%
LPN Program	1,957	4%
Total	47,506	100%

Source: Va. Healthcare Workforce Data Center

More than 10% of all CNAs are currently enrolled in a nursing program, including 7% who are enrolled in an RN program.

At a Glance:

Employment

Employed in Profession: 83%
Involuntarily Unemployed: 6%

Positions Held

1 Full-Time: 57%
2 or More Positions: 17%

Weekly Hours:

40 to 49: 38%
60 or More: 6%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	15	< 1%
Employed in a CNA-Related Capacity	42,272	83%
Employed, NOT in a CNA-Related Capacity	5,429	11%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2,968	6%
Voluntarily Unemployed	156	< 1%
Retired	22	< 1%
Total	50,861	100%

Source: Va. Healthcare Workforce Data Center

More than four out of every five CNAs are currently employed in the profession, 57% hold one full-time job, and 38% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	3,146	7%
1 to 9 Hours	1,797	4%
10 to 19 Hours	2,661	5%
20 to 29 Hours	5,170	11%
30 to 39 Hours	12,795	26%
40 to 49 Hours	18,163	38%
50 to 59 Hours	1,803	4%
60 to 69 Hours	843	2%
70 to 79 Hours	714	1%
80 or More Hours	1,290	3%
Total	48,382	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	3,146	6%
One Part-Time Position	9,854	20%
Two Part-Time Positions	1,818	4%
One Full-Time Position	28,677	57%
One Full-Time Position & One Part-Time Position	5,617	11%
Two Full-Time Positions	608	1%
More than Two Positions	359	1%
Total	50,079	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Less than \$7.50 Per Hour	225	1%
\$7.50 to \$7.99 Per Hour	145	0%
\$8.00 to \$8.99 Per Hour	476	1%
\$9.00 to \$9.99 Per Hour	1,228	3%
\$10.00 to \$10.99 Per Hour	1,873	5%
\$11.00 to \$11.99 Per Hour	1,926	5%
\$12.00 to \$12.99 Per Hour	3,642	9%
\$13.00 to \$13.99 Per Hour	5,241	13%
\$14.00 to \$14.99 Per Hour	6,201	15%
\$15.00 or More Per Hour	20,805	50%
Total	41,763	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 52%
Retirement: 43%

Satisfaction
Satisfied: 92%
Very Satisfied: 60%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	30,008	60%
Somewhat Satisfied	15,980	32%
Somewhat Dissatisfied	2,763	6%
Very Dissatisfied	1,187	2%
Total	49,938	100%

Source: Va. Healthcare Workforce Data Center

The typical CNA earns between \$14 and \$15 per hour. In addition, nearly three-fourths of all CNAs receive at least one employer-sponsored benefit, including 52% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	25,800	61%
Health Insurance	21,992	52%
Paid Sick Leave	21,176	50%
Dental Insurance	20,641	49%
Retirement	18,286	43%
Group Life Insurance	13,038	31%
At Least One Benefit	30,877	73%

*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	5,456	12%	2,630	21%
6 Months to 1 Year	6,096	14%	2,262	18%
1 to 2 Years	11,355	26%	2,985	24%
3 to 5 Years	10,493	24%	2,382	19%
6 to 10 Years	5,055	11%	1,055	9%
More than 10 Years	5,928	13%	1,008	8%
Subtotal	44,384	100%	12,322	100%
Did Not Have Location	3,948		38,914	
Item Missing	5,671		2,767	
Total	54,003		54,003	

Source: Va. Healthcare Workforce Data Center

At a Glance:

Turnover & Tenure

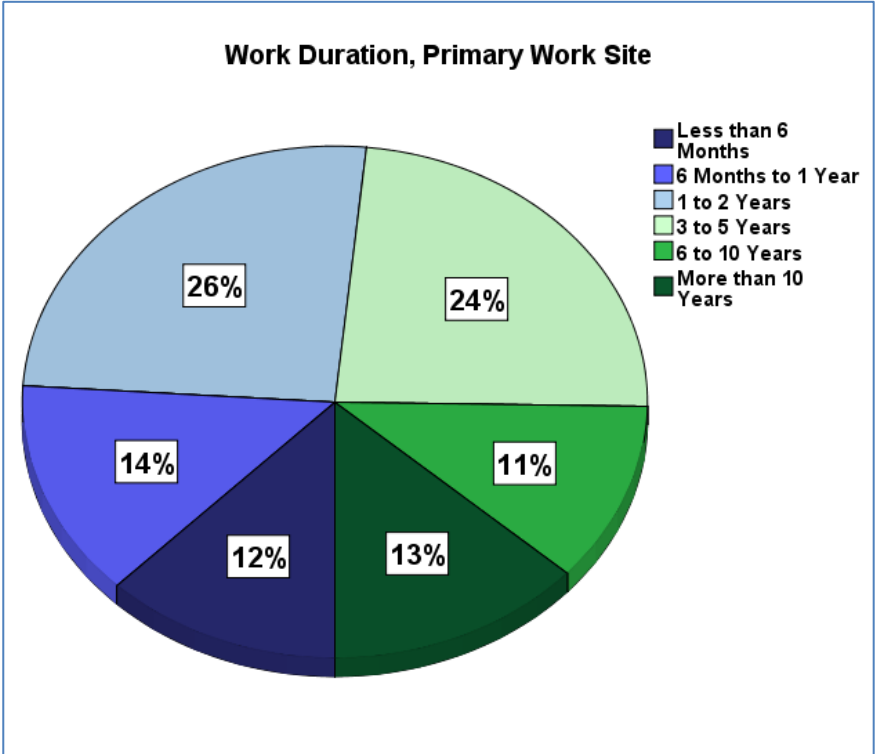
New Location: 37%

Over 2 Years: 48%

Over 2 Yrs., 2nd Location: 36%

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

At a Glance:

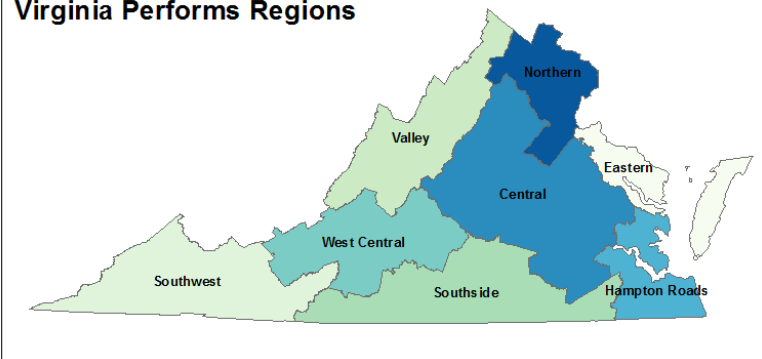
Concentration

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

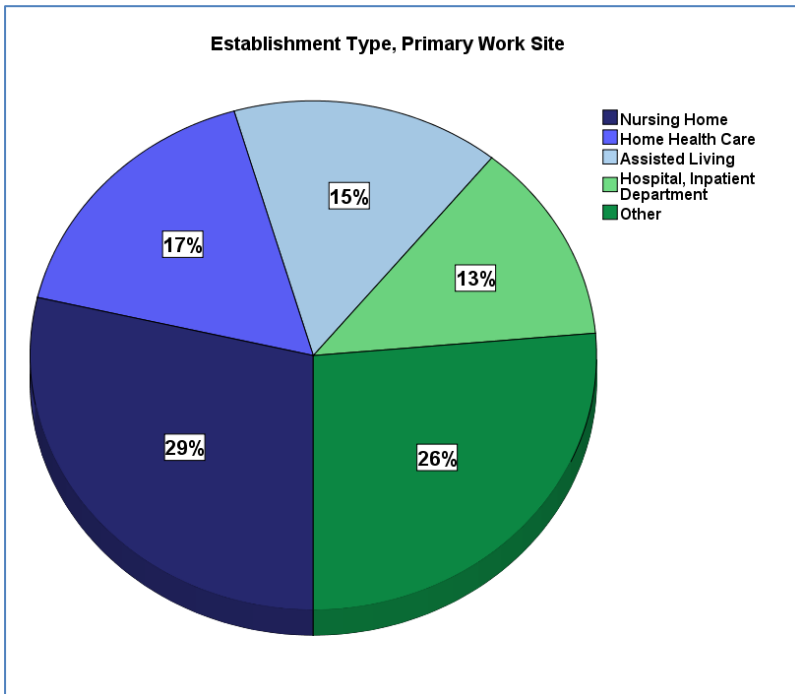
Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	9,750	23%	3,027	23%
Northern	8,449	20%	3,124	24%
Hampton Roads	7,804	18%	2,522	19%
West Central	5,917	14%	1,586	12%
Valley	3,435	8%	785	6%
Southside	3,088	7%	864	7%
Southwest	2,461	6%	461	4%
Eastern	1,246	3%	437	3%
Virginia Border State/D.C.	92	0%	81	1%
Other U.S. State	125	0%	127	1%
Outside of the U.S.	11	0%	9	0%
Total	42,378	100%	13,023	100%
Item Missing	7,677		2,065	

Source: Va. Healthcare Workforce Data Center

More than 60% of all CNAs work in Central Virginia, Northern Virginia, or Hampton Roads.

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: 29%

Home Health Care: 17%

Assisted Living: 15%

Source: Va. Healthcare Workforce Data Center

More than 60% of all CNAs work in nursing homes, home health care establishments, or assisted living facilities.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	13,150	29%	2,689	19%
Home Health Care	7,716	17%	3,227	23%
Assisted Living	7,050	15%	1,970	14%
Hospital, Inpatient Department	5,846	13%	685	5%
Personal Care: Companion/Sitter/Private Duty	1,793	4%	878	6%
Physician's Office	1,173	3%	119	1%
Hospice	1,132	2%	183	1%
Hospital, Ambulatory Care	976	2%	143	1%
Group Home	883	2%	310	2%
Mental Health Facility	856	2%	107	1%
Other Practice Setting	5,300	12%	3,563	26%
Total	45,875	100%	13,874	100%
Did Not Have a Location	3,948		38,914	

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 46,641
 FTEs/1,000 Residents¹: 5.46
 Average: 0.93

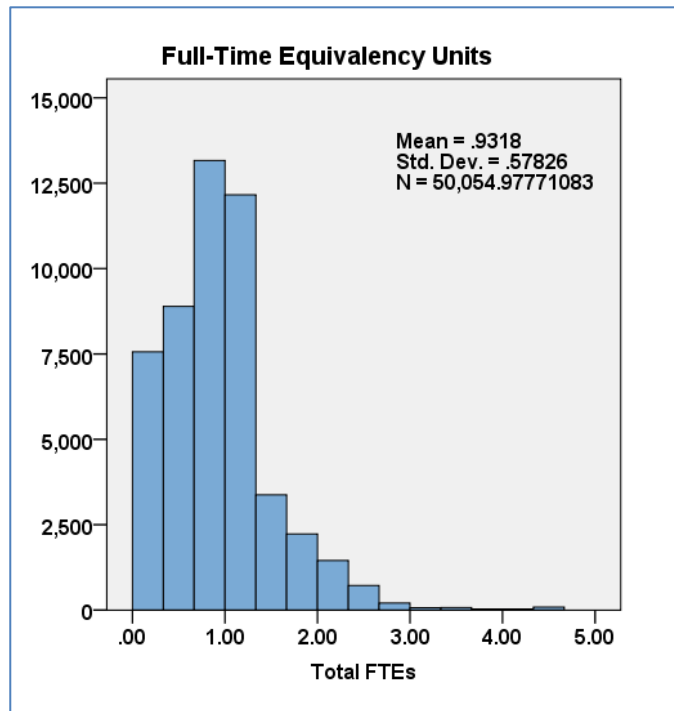
Age & Gender Effect

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:

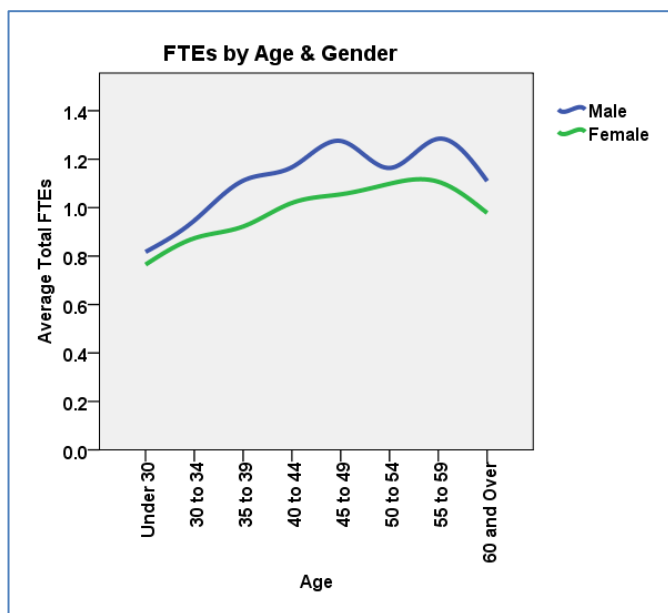


Source: Va. Healthcare Workforce Data Center

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	Median
Age		
Under 30	0.77	0.70
30 to 34	0.87	0.86
35 to 39	0.92	0.90
40 to 44	1.01	0.91
45 to 49	1.06	0.99
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	0.98
Female	0.93	0.91

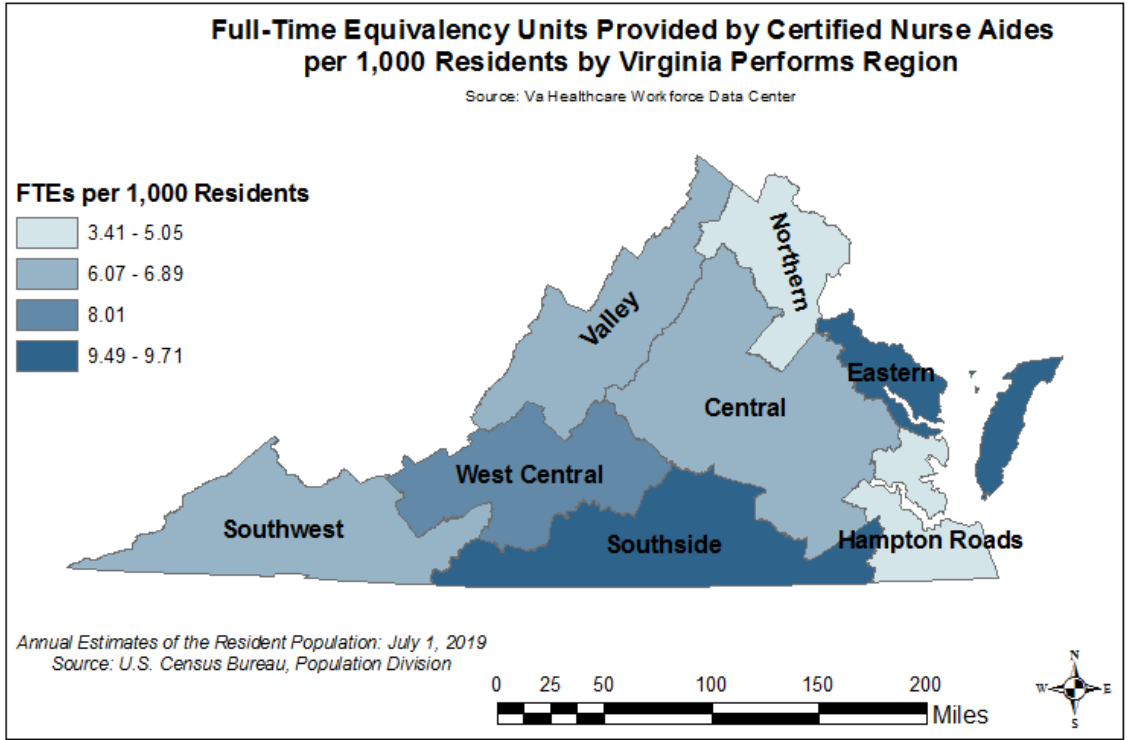
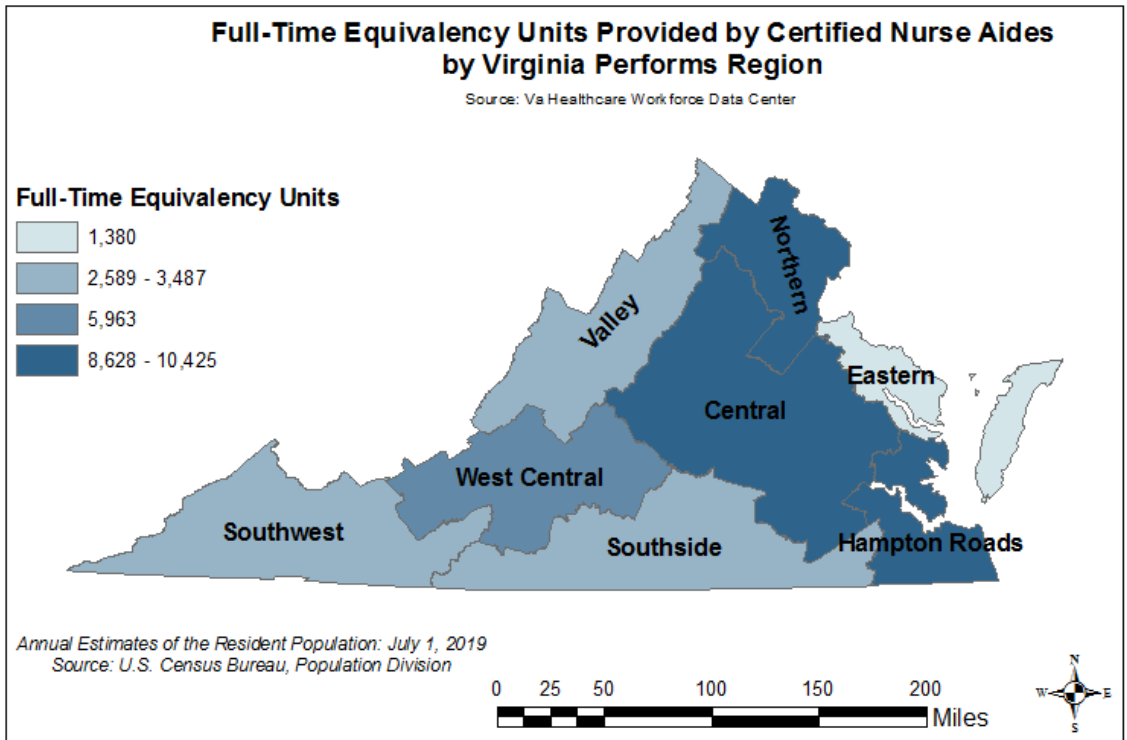
Source: Va. Healthcare Workforce Data Center

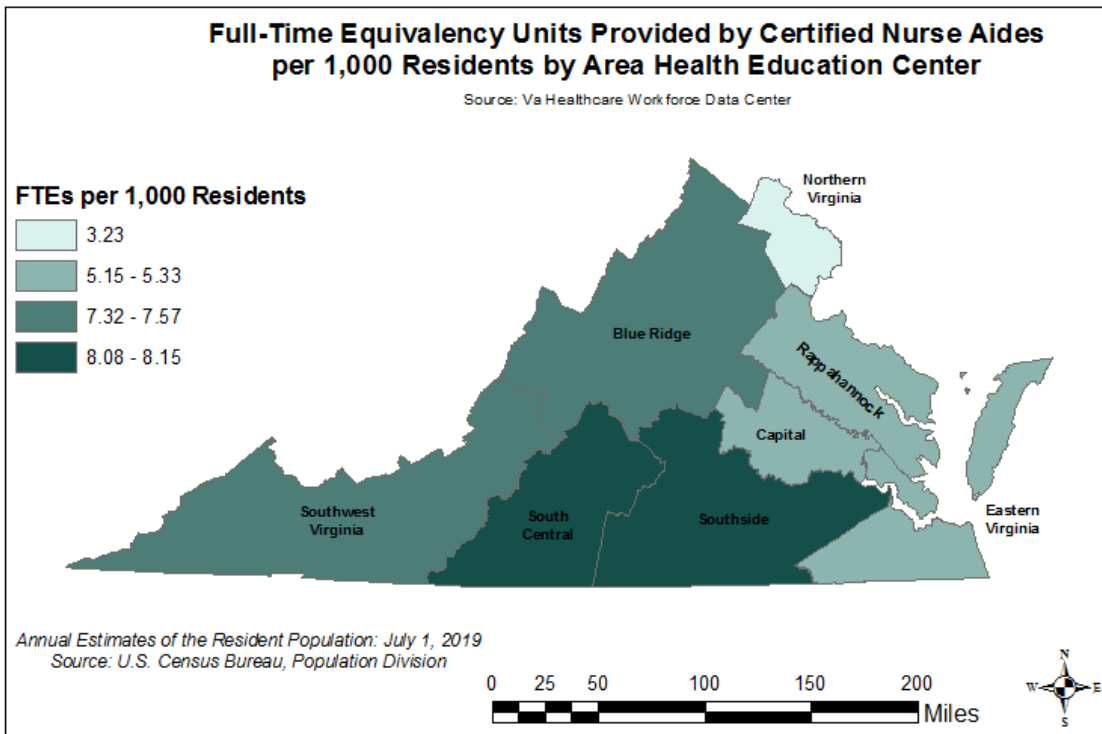
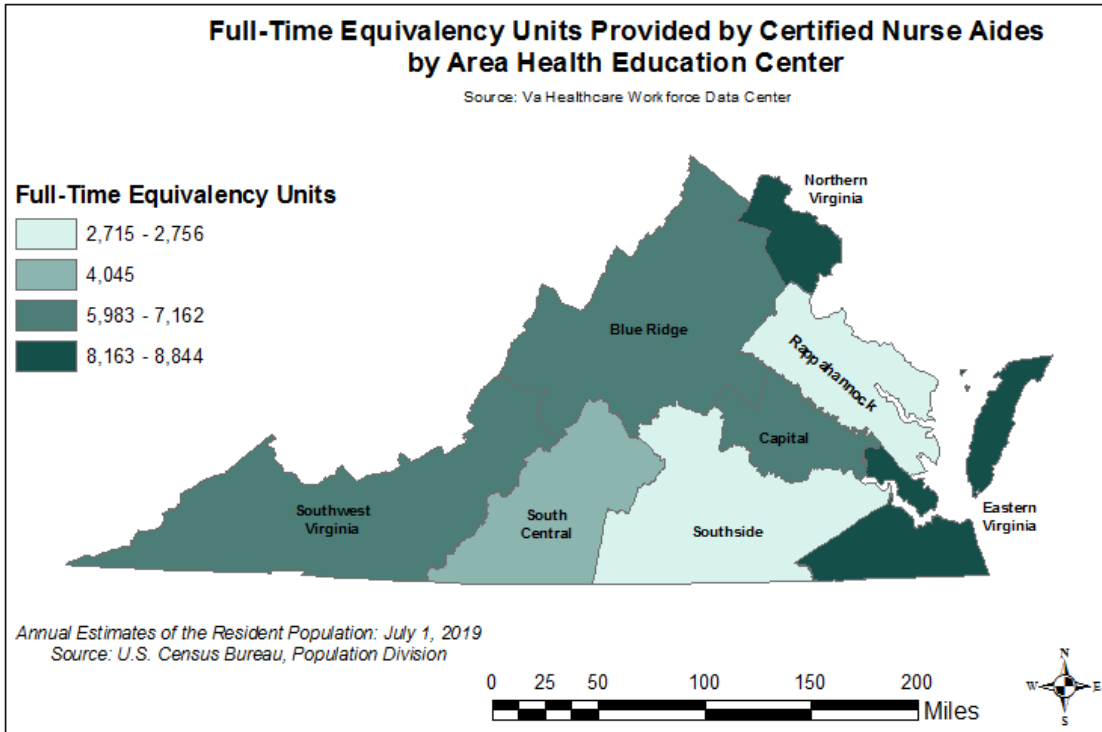


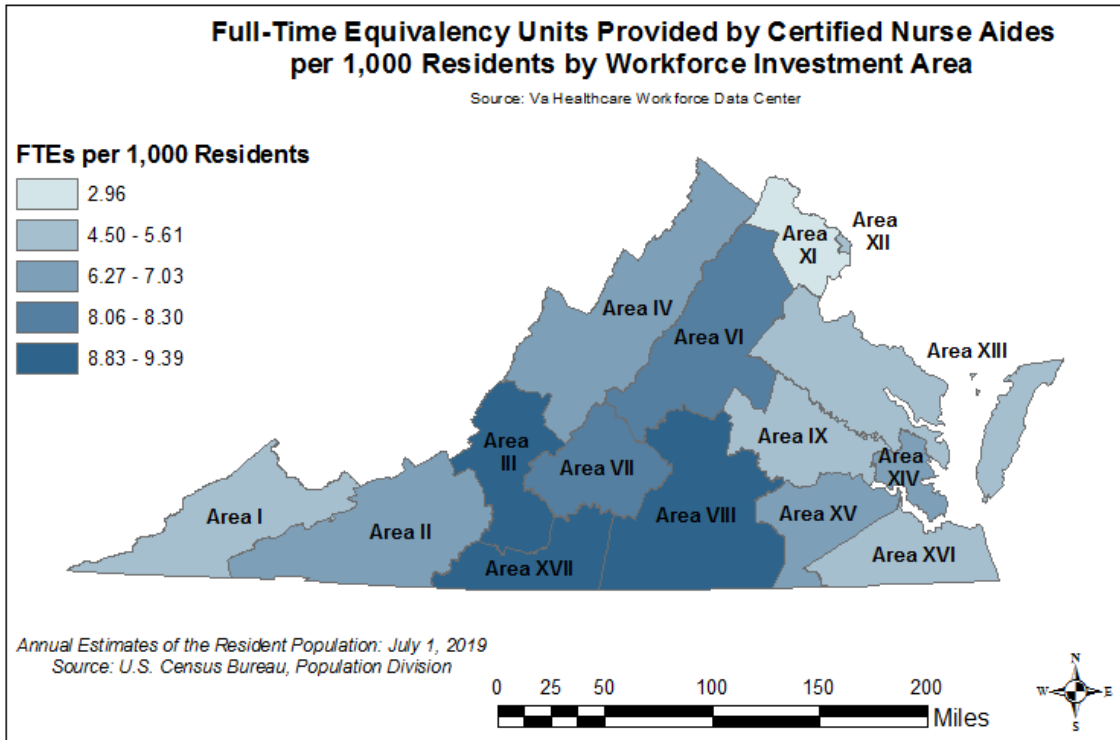
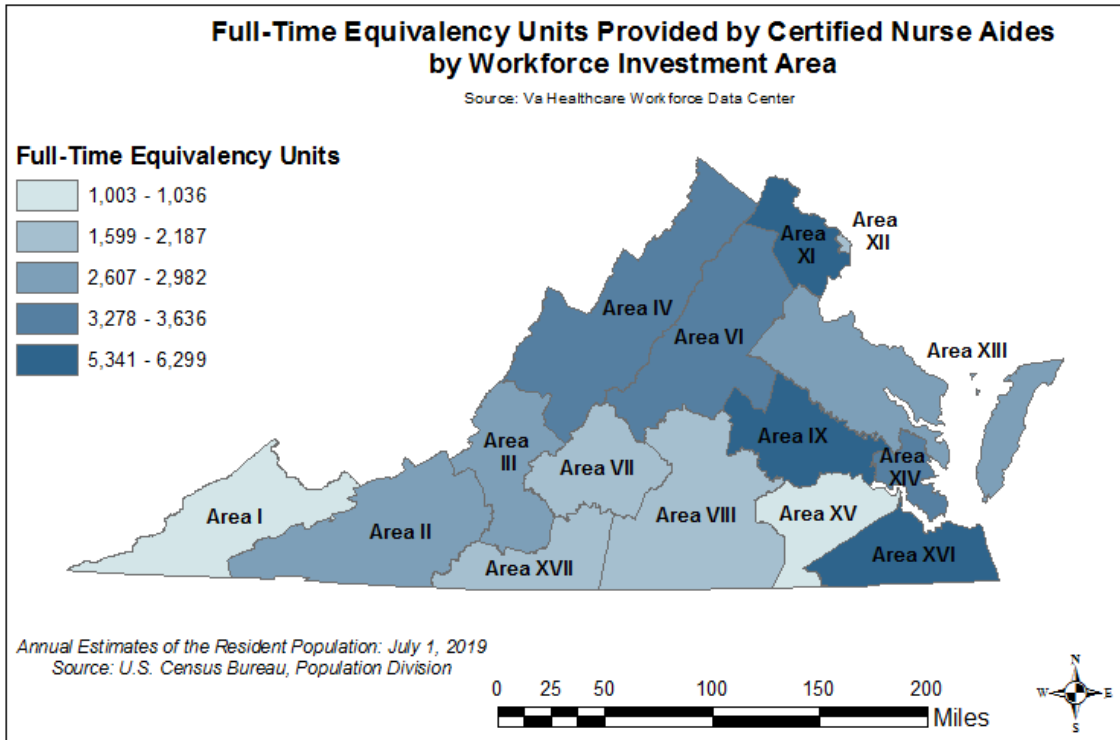
Source: Va. Healthcare Workforce Data Center

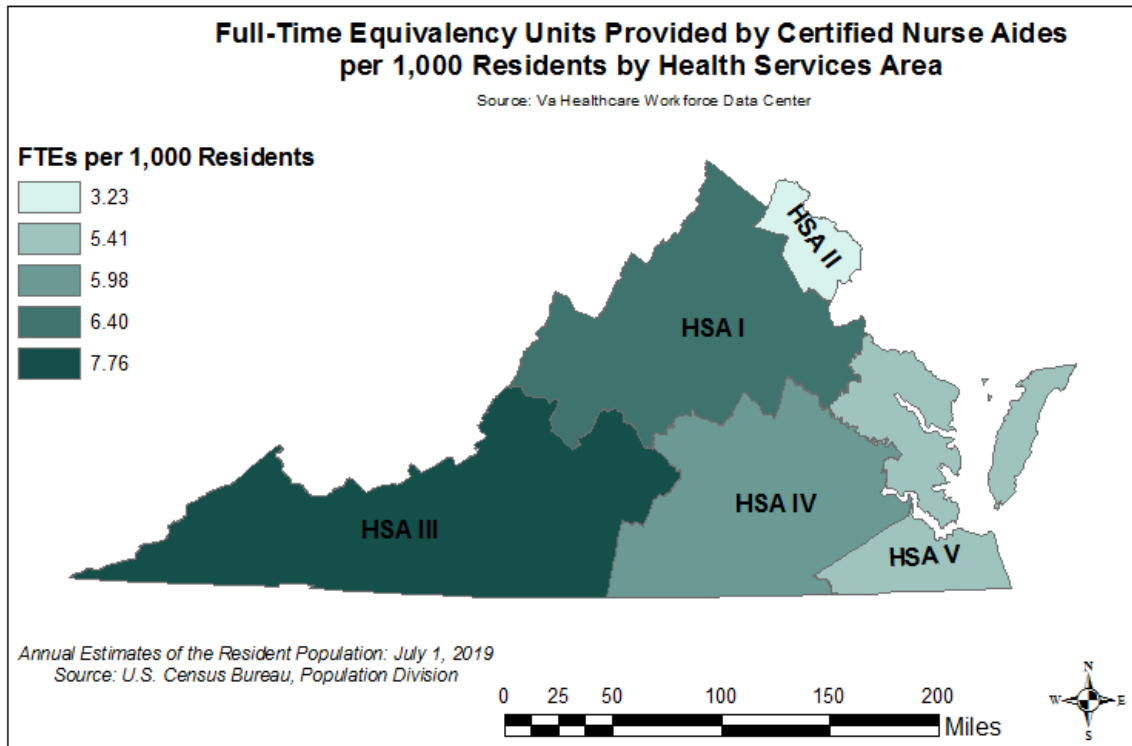
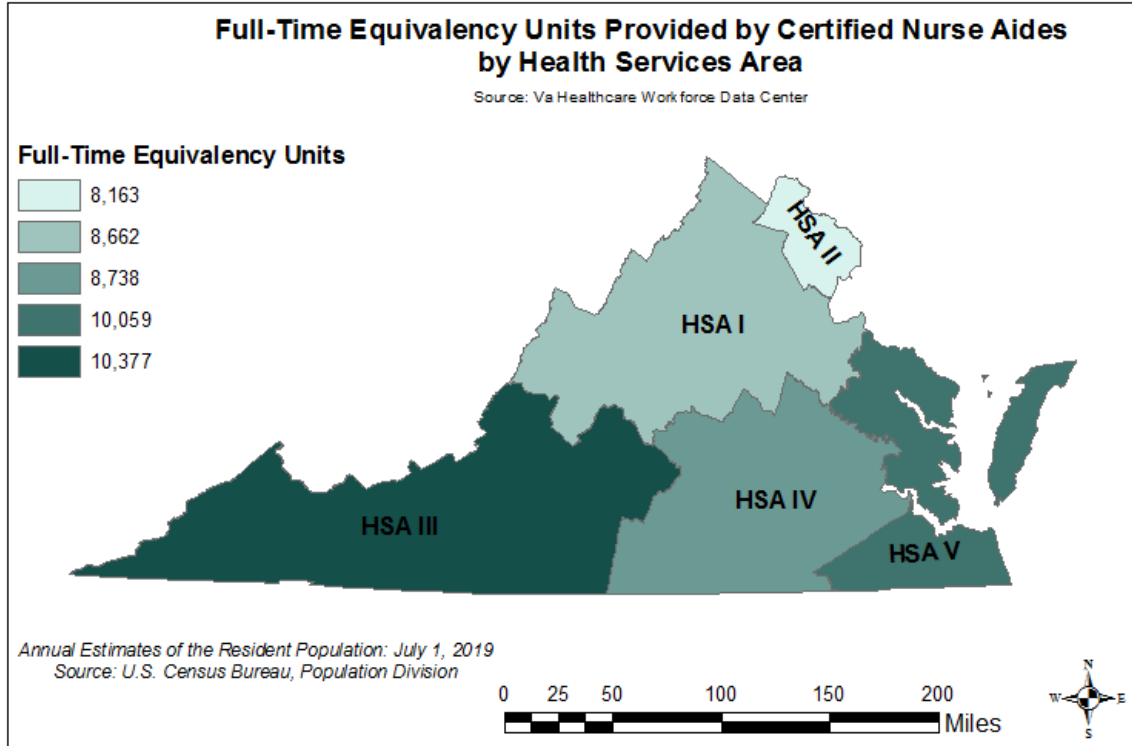
¹ Number of residents in 2019 was used as the denominator.

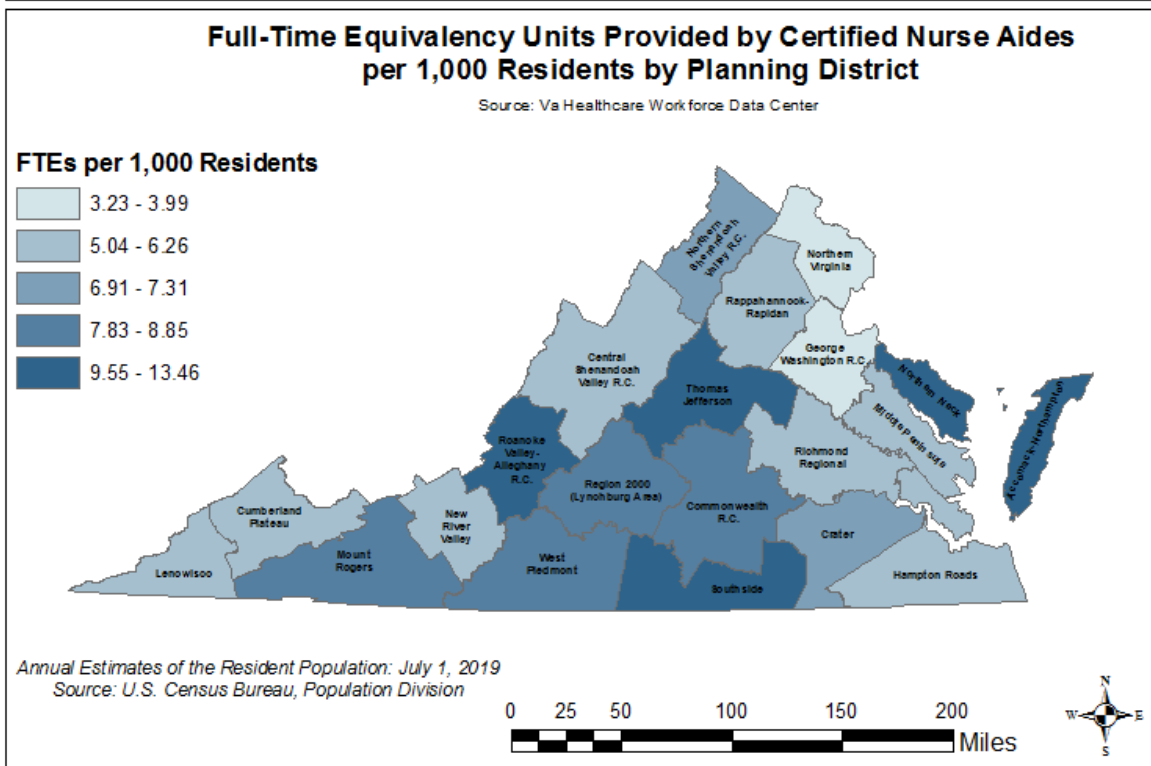
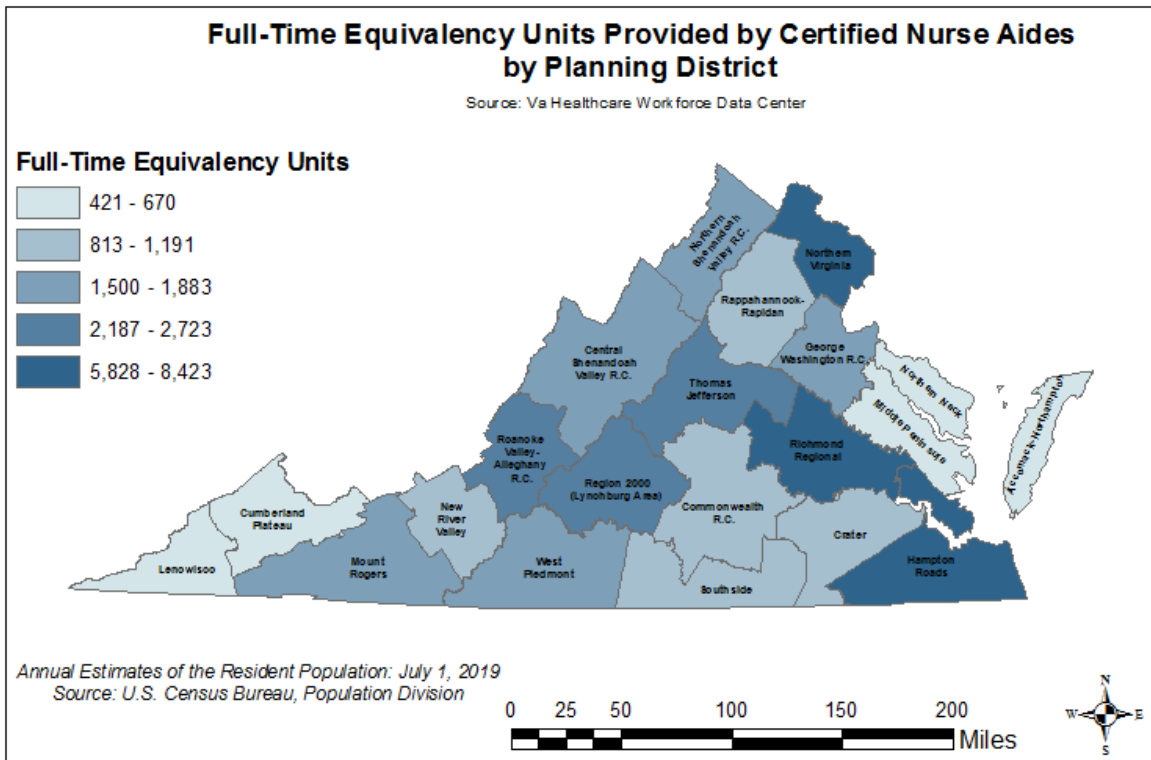
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	27,644	61.47%	1.627	1.272	2.375
Metro, 250,000 to 1 Million	5,854	59.00%	1.695	1.325	2.475
Metro, 250,000 or Less	5,663	60.13%	1.663	1.300	2.428
Urban, Pop. 20,000+, Metro Adj.	1,779	62.62%	1.597	1.249	2.332
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	4,128	62.79%	1.593	1.245	2.325
Urban, Pop. 2,500-19,999, Non-Adj.	1,902	56.99%	1.755	1.372	2.562
Rural, Metro Adj.	2,210	59.68%	1.676	1.310	2.446
Rural, Non-Adj.	1,021	57.39%	1.742	1.362	2.544
Virginia Border State/D.C.	3,693	34.50%	2.899	2.267	4.232
Other U.S. State	3,894	15.72%	6.363	4.975	9.290

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	15,166	38.44%	2.601	2.325	9.290
30 to 34	7,894	49.90%	2.004	1.791	7.157
35 to 39	6,497	57.46%	1.740	1.556	6.215
40 to 44	5,566	61.64%	1.622	1.450	5.793
45 to 49	5,019	65.13%	1.535	1.372	5.483
50 to 54	4,979	69.93%	1.430	1.278	5.106
55 to 59	4,840	71.78%	1.393	1.245	4.975
60 and Over	7,827	67.41%	1.484	1.326	5.298

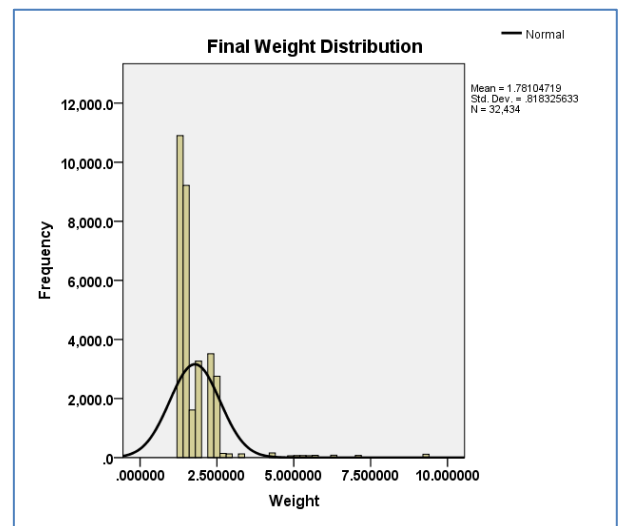
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.561258



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Practical Nurse Workforce: 2021

Healthcare Workforce Data Center

October 2021

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

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

More than 9,800 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!

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The Licensed Practical Nurse Workforce At a Glance:

The Workforce

Licensees:	29,114
Virginia's Workforce:	26,281
FTEs:	23,110

Background

Rural Childhood:	49%
HS Degree in VA:	72%
Prof. Degree in VA:	87%

Current Employment

Employed in Prof.:	87%
Hold 1 Full-Time Job:	69%
Satisfied?:	94%

Survey Response Rate

All Licensees:	34%
Renewing Practitioners:	80%

Education

LPN Diploma/Cert.:	95%
Associate:	4%

Job Turnover

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

Demographics

Female:	95%
Diversity Index:	56%
Median Age:	46

Finances

Median Income:	\$40k-\$50k
Health Insurance:	59%
Under 40 w/ Ed. Debt:	59%

Time Allocation

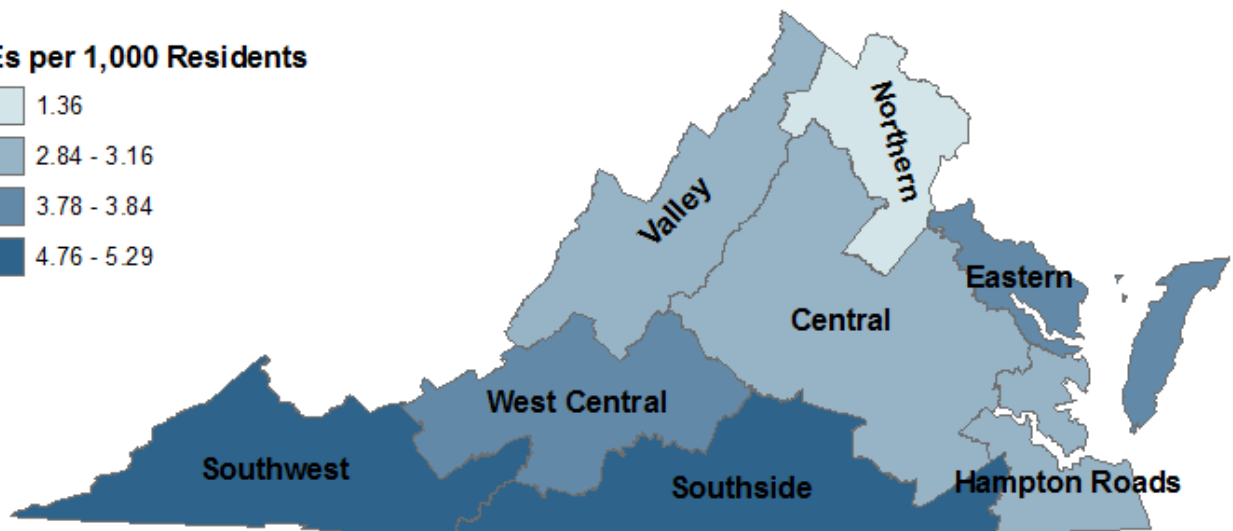
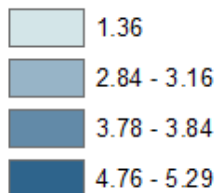
Patient Care:	80%-89%
Patient Care Role:	66%
Admin. Role:	8%

Source: Va. Healthcare Workforce Data Center

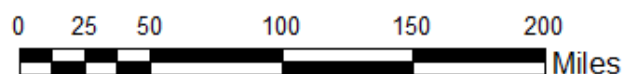
Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



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



This report contains the results of the 2021 Licensed Practical Nurse (LPN) Survey. More than 9,800 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 34% of the 29,114 LPNs who are licensed in the state and 80% of renewing practitioners.

The HWDC estimates that 26,281 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 a LPN at some point in the future. Virginia's LPN workforce provided 23,110 "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).

The vast majority of LPNs are female, including 96% of LPNs who are under the age of 40. In a random encounter between two LPNs, there is a 56% chance that they would be of different races or ethnicities, a measure known as the diversity index. For LPNs who are under the age of 40, this diversity index increases to 59%. These values are virtually equivalent to the comparable diversity index of 57% for Virginia's population as a whole. Nearly half of all LPNs grew up in rural areas, and 32% of LPNs who grew up in rural areas currently work in non-metro areas of Virginia. Overall, 19% of Virginia's LPNs work in non-metro areas of the state.

Nearly nine out of every ten LPNs are currently employed in the profession, 69% hold one full-time job, and 53% work between 40 and 49 hours per week. Meanwhile, 4% of LPNs have experienced involuntary unemployment at some point over the past year, and 4% have experienced underemployment during the same period. More than one-quarter of all LPNs work in long-term care facilities or nursing homes, while another 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, more than three-fourths of all LPNs receive at least one employer-sponsored benefit, including 59% who have access to health insurance. Nearly 95% of all LPNs indicated that they are satisfied with their current employment situation, including 62% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 LPN workforce. The number of licensed LPNs in Virginia has decreased by 6% (29,114 vs. 31,102). In addition, the size of Virginia's LPN workforce has decreased by 7% (26,281 vs. 28,315), and the number of FTEs provided by this workforce has fallen by 8% (23,110 vs. 25,219). Virginia's renewing LPNs are more likely to respond to this survey (80% vs. 74%).

There has been no change in the percentage of LPNs who are female (95%), and the median age of this workforce has remained the same (46). The state's LPN workforce has become more diverse (56% vs. 52%), a trend that also holds among LPNs who are under the age of 40 (59% vs. 57%). LPNs are slightly more likely to have grown up in rural areas (49% vs. 48%), although this group of LPNs is no more likely to currently work in a non-metro area of the state (32%).

Virginia's LPNs are slightly less likely to be employed in the profession (87% vs. 88%). On the other hand, the state's LPNs are slightly more likely to hold one full-time job (69% vs. 68%). The rate of involuntary unemployment has increased (4% vs. 2%). However, the rate of underemployment has declined (4% vs. 7%). LPNs are more likely to be employed in long-term care facilities/nursing homes (28% vs. 27%) and primary care/non-specialty clinics (13% vs. 10%) instead of physician offices (10% vs. 14%) and home health care establishments (11% vs. 12%).

LPNs are more likely to carry education debt (43% vs. 41%), although the opposite is true among LPNs who are under the age of 40 (59% vs. 61%). The median debt amount among LPNs with education debt has not changed (\$20k-\$30k). At the same time, the median annual income of Virginia's LPN workforce has increased (\$40k-\$50k vs. \$30k-\$40k). The percentage of LPNs who indicated that they are satisfied with their current work situation has not changed (94%). However, the percentage of LPNs who indicated that they are "very satisfied" has fallen slightly (62% vs. 63%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	12,540	43%
New Licensees	1,028	4%
Non-Renewals	2,027	7%
Renewal Date Not in Survey Period	13,519	46%
All Licensees	29,114	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Four out of every five renewing LPNs submitted a survey. This represents 34% 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	2,167	716	25%
30 to 34	2,075	1,194	37%
35 to 39	2,517	1,005	29%
40 to 44	2,133	1,458	41%
45 to 49	2,317	971	30%
50 to 54	1,840	1,453	44%
55 to 59	2,163	963	31%
60 and Over	4,060	2,082	34%
Total	19,272	9,842	34%
New Licenses			
Issued in Past Year	1,028	0	0%
Metro Status			
Non-Metro	4,150	2,142	34%
Metro	13,981	7,300	34%
Not in Virginia	1,140	400	26%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2020 and September 2021 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	9,842
Response Rate, All Licensees	34%
Response Rate, Renewals	80%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses Practical Nurses

Number: 29,114
 New: 4%
 Not Renewed: 7%

Response Rates

All Licensees: 34%
 Renewing Practitioners: 80%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPN Workforce: 26,281
 FTEs: 23,110

Utilization Ratios

Licensees in VA Workforce: 90%
 Licensees per FTE: 1.26
 Workers per FTE: 1.14

Source: Va. Healthcare Workforce Data Center

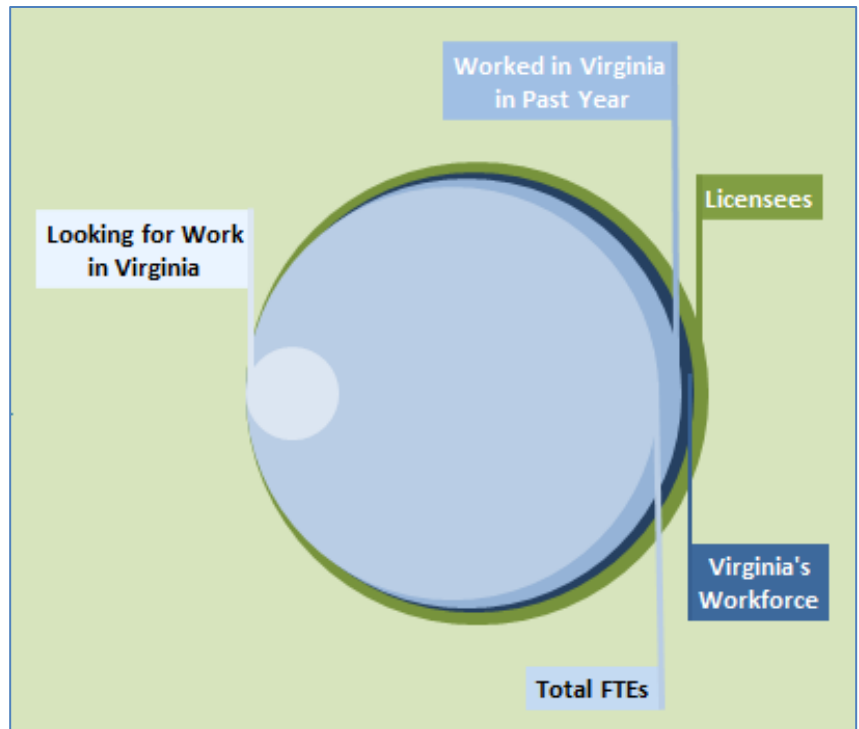
Definitions

- 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	25,110	96%
Looking for Work in Virginia	1,172	4%
Virginia's Workforce	26,281	100%
Total FTEs	23,110	
Licensees	29,114	

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	112	5%	2,392	96%	2,504	11%
30 to 34	130	5%	2,644	95%	2,774	12%
35 to 39	125	4%	2,773	96%	2,898	13%
40 to 44	143	5%	2,812	95%	2,954	13%
45 to 49	108	4%	2,591	96%	2,699	12%
50 to 54	150	6%	2,355	94%	2,506	11%
55 to 59	113	5%	2,195	95%	2,308	10%
60 and Over	266	7%	3,837	94%	4,103	18%
Total	1,146	5%	21,600	95%	22,746	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	61%	13,233	57%	4,539	55%
Black	19%	7,644	33%	2,629	32%
Hispanic	10%	996	4%	613	7%
Asian	7%	514	2%	203	2%
Two or More Races	3%	494	2%	260	3%
Other Race	0%	241	1%	63	1%
Total	100%	23,122	100%	8,307	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

More than one out of every three LPNs are under the age of 40. Among LPNs who are under the age of 40, 96% are female. In addition, the diversity index among LPNs who are under the age of 40 is 59%.

At a Glance:

Gender

% Female: 95%
% Under 40 Female: 96%

Age

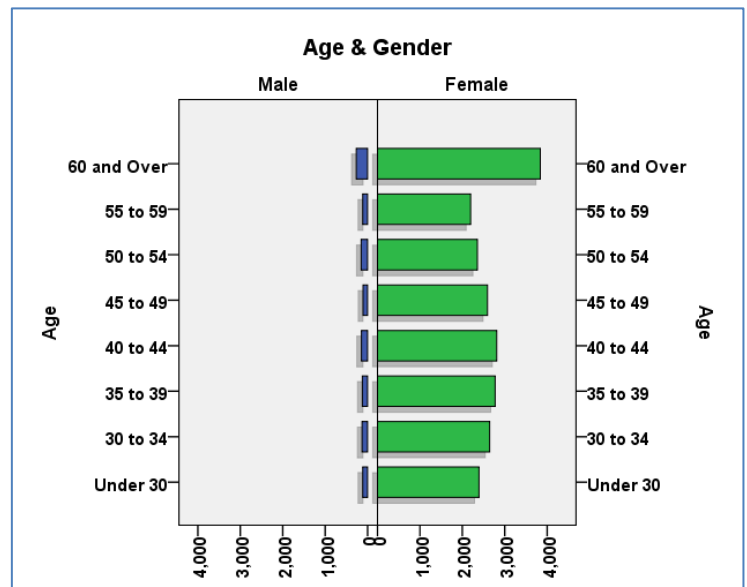
Median Age: 46
% Under 40: 36%
% 55 and Over: 28%

Diversity

Diversity Index: 56%
Under 40 Div. Index: 59%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 56% 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.



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: 87%
 HS or Prof. Edu. in VA: 88%

Location Choice

% Rural to Non-Metro: 32%
 % Urban/Suburban to Non-Metro: 7%

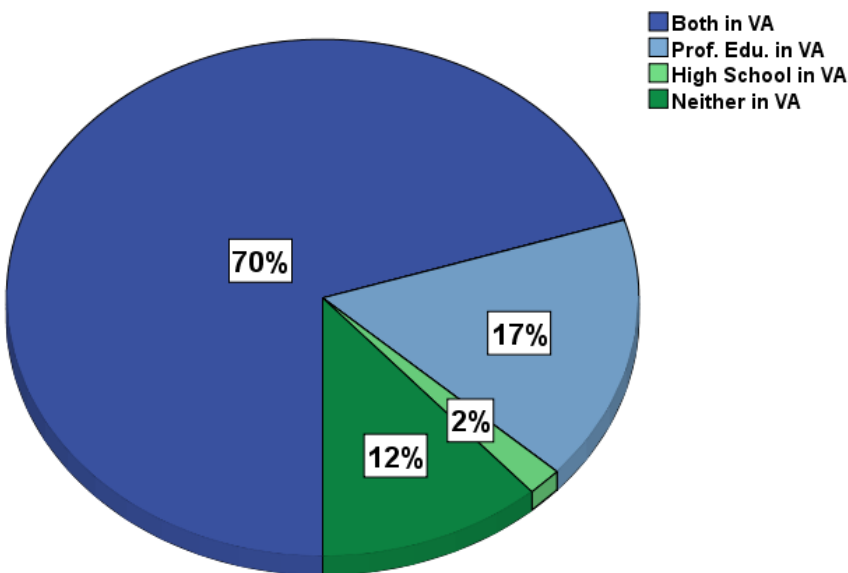
Source: Va. Healthcare Workforce Data Center

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%	28%
2	Metro, 250,000 to 1 Million	66%	22%	13%
3	Metro, 250,000 or Less	72%	20%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	69%	18%	14%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	12%	8%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	92%	6%	2%
8	Rural, Metro Adjacent	87%	8%	5%
9	Rural, Non-Adjacent	77%	10%	13%
Overall		49%	31%	20%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all LPNs grew up in self-described rural areas, and 32% of LPNs who grew up in rural areas 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 Licensed Practical Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,464	Virginia	19,864
2	Outside U.S./Canada	1,517	New York	416
3	New York	788	Pennsylvania	268
4	Pennsylvania	430	West Virginia	228
5	North Carolina	320	Florida	204
6	West Virginia	316	Texas	200
7	New Jersey	315	New Jersey	184
8	Florida	264	Washington, D.C.	156
9	California	247	North Carolina	146
10	Maryland	243	California	130

Source: Va. Healthcare Workforce Data Center

More than 70% of LPNs received their high school degree in Virginia, and 87% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,759	Virginia	3,451
2	Outside U.S./Canada	369	New York	104
3	New York	163	Pennsylvania	88
4	Pennsylvania	96	Texas	59
5	California	81	California	51
6	North Carolina	79	North Carolina	46
7	New Jersey	61	New Jersey	36
8	Florida	46	Florida	35
9	Ohio	45	Ohio	32
10	Connecticut	42	West Virginia	30

Source: Va. Healthcare Workforce Data Center

Among LPNs who have obtained their license in the past five years, 66% received their high school degree in Virginia, while 83% received their initial professional degree in the state.

Among all licensees, 10% 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 53% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,819
% of Licensees:	10%
Federal/Military:	6%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	21,740	95%
Hospital RN Diploma	32	0%
Associate Degree	941	4%
Baccalaureate Degree	100	0%
Master's Degree	13	0%
Doctorate Degree	0	0%
Total	22,826	100%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 95% hold a LPN/LVN diploma or certificate as their highest professional degree. More than 40% of LPNs carry education debt, including 59% of those LPNs who are under the age of 40. The median debt burden among those LPNs with education debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	3,133	14%
No	19,565	86%
Total	22,697	100%
Degree Pursued	#	%
Associate	2,102	70%
Baccalaureate	783	26%
Masters	114	4%
Doctorate	11	0%
Total	3,010	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 LPN Diploma/Cert.: 95%
 Associate: 4%

Education Debt
 Carry Debt: 43%
 Under Age 40 w/ Debt: 59%
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Amount Carried	All LPNs		LPNs Under 40	
	#	%	#	%
None	10,853	57%	2,887	41%
Less than \$10,000	1,734	9%	855	12%
\$10,000-\$19,999	1,482	8%	796	11%
\$20,000-\$29,999	1,563	8%	867	12%
\$30,000-\$39,999	1,035	5%	514	7%
\$40,000-\$49,999	690	4%	376	5%
\$50,000-\$59,999	572	3%	257	4%
\$60,000-\$69,999	401	2%	172	2%
\$70,000-\$79,999	275	1%	136	2%
\$80,000-\$89,999	178	1%	92	1%
\$90,000-\$99,999	100	1%	46	1%
\$100,000-\$109,999	76	0%	23	0%
\$110,000-\$119,999	58	0%	16	0%
\$120,000 or More	93	0%	21	0%
Total	19,110	100%	7,058	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

LTC/Assisted Living:	14%
Geriatrics/Gerontology:	12%
Pediatrics:	7%

Secondary Specialty

LTC/Assisted Living:	14%
Geriatrics/Gerontology:	10%
Pediatrics:	5%

Licenses

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

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,159	14%	2,376	14%
Geriatrics/Gerontology	2,714	12%	1,817	10%
Pediatrics	1,622	7%	826	5%
Family Health	1,305	6%	705	4%
Psychiatric/Mental Health	628	3%	490	3%
Acute/Critical Care/Emergency/Trauma	490	2%	469	3%
Adult Health	489	2%	565	3%
Surgery/OR/Pre-, Peri-, or Post-Operative	322	1%	217	1%
Community Health/Public Health	317	1%	293	2%
Cardiology	304	1%	201	1%
Women's Health/Gynecology	288	1%	276	2%
Rehabilitation	258	1%	512	3%
Student Health	206	1%	57	0%
Orthopedics	205	1%	141	1%
General Nursing/No Specialty	6,308	29%	5,523	32%
Medical Specialties (Not Listed)	240	1%	132	1%
Other Specialty Area	3,123	14%	2,924	17%
Total	21,980	100%	17,526	100%

Source: Va. Healthcare Workforce Data Center

Other Licenses

License	#	% of Workforce
Registered Nurse	355	1%
Certified Massage Therapist	37	0%
Licensed Nurse Practitioner	27	0%
Respiratory Therapist	18	0%
Certified Nurse Midwife	3	0%
Clinical Nurse Specialist	3	0%

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Military Service		
Service?	#	%
Yes	1,170	5%
No	20,533	95%
Total	21,703	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	619	56%
Navy/Marine	373	34%
Air Force	97	9%
Other	17	2%
Total	1,105	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 5%

Branch of Service

Army: 56%
 Navy/Marines: 34%
 Air Force: 9%

Occupation

Army Health Care Spec.: 17%
 Navy Basic Med. Tech.: 7%
 Air Force Basic Med. Tech.: 2%

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 17% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	174	17%
Navy Basic Medical Technician (Navy HM0000)	77	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	21	2%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	3	0%
Other	779	74%
Total	1,054	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 87%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 69%
 2 or More Positions: 10%

Weekly Hours

40 to 49: 53%
 60 or More: 6%
 Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	23	< 1%
Employed in a Nursing-Related Capacity	19,680	87%
Employed, NOT in a Nursing-Related Capacity	907	4%
Not Working, Reason Unknown	9	< 1%
Involuntarily Unemployed	297	1%
Voluntarily Unemployed	1,141	5%
Retired	468	2%
Total	22,526	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	1,915	9%
1 to 9 Hours	269	1%
10 to 19 Hours	675	3%
20 to 29 Hours	1,174	5%
30 to 39 Hours	3,789	17%
40 to 49 Hours	11,479	53%
50 to 59 Hours	1,275	6%
60 to 69 Hours	585	3%
70 to 79 Hours	198	1%
80 or More Hours	453	2%
Total	21,812	100%

Source: Va. Healthcare Workforce Data Center

More than 85% of all LPNs are currently employed in the profession, 69% hold one full-time job, and 53% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	1,915	9%
One Part-Time Position	2,579	12%
Two Part-Time Positions	317	1%
One Full-Time Position	15,329	69%
One Full-Time Position & One Part-Time Position	1,710	8%
Two Full-Time Positions	93	0%
More than Two Positions	122	1%
Total	22,065	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	248	2%
Less than \$20,000	864	5%
\$20,000-\$29,999	1,093	7%
\$30,000-\$39,999	3,155	19%
\$40,000-\$49,999	4,714	28%
\$50,000-\$59,999	3,567	21%
\$60,000-\$69,999	1,774	11%
\$70,000-\$79,999	707	4%
\$80,000-\$89,999	321	2%
\$90,000-\$99,999	150	1%
\$100,000 or More	140	1%
Total	16,731	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 59%
Retirement: 54%

Satisfaction
Satisfied: 94%
Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	13,371	62%
Somewhat Satisfied	6,703	31%
Somewhat Dissatisfied	946	4%
Very Dissatisfied	427	2%
Total	21,446	100%

Source: Va. Healthcare Workforce Data Center

The typical LPN earns between \$40,000 and \$50,000 per year. In addition, 77% of all LPNs receive at least one employer-sponsored benefit, including 59% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	12,157	62%	61%
Health Insurance	11,635	59%	58%
Dental Insurance	11,399	58%	57%
Retirement	10,678	54%	52%
Group Life Insurance	7,919	40%	40%
Signing/Retention Bonus	1,212	6%	6%
At Least One Benefit	15,152	77%	75%

*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?	3,477	13%
Switch Employers or Practices?	1,976	8%
Experience Voluntary Unemployment?	1,836	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	1,103	4%
Experience Involuntary Unemployment?	1,047	3%
Experience at Least One	7,881	30%

Source: Va. Healthcare Workforce Data Center

Only 4% of Virginia’s LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 4.7% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	889	4%	486	11%
Less than 6 Months	1,771	9%	668	15%
6 Months to 1 Year	2,031	10%	594	13%
1 to 2 Years	4,346	21%	906	20%
3 to 5 Years	4,741	23%	925	20%
6 to 10 Years	2,786	13%	435	9%
More than 10 Years	4,139	20%	579	13%
Subtotal	20,704	100%	4,592	100%
Did Not Have Location	1,368		21,385	
Item Missing	4,210		305	
Total	26,281		26,281	

Source: Va. Healthcare Workforce Data Center

More than 80% of LPNs receive an hourly wage at their primary work location, while 15% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 4%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 8%
New Location: 24%
Over 2 Years: 56%
Over 2 Yrs., 2nd Location: 42%

Employment Type

Hourly Wage: 82%
Salary: 15%

Source: Va. Healthcare Workforce Data Center

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

Employment Type

Primary Work Site	#	%
Hourly Wage	12,424	82%
Salary	2,228	15%
By Contract/Per Diem	388	3%
Unpaid	92	1%
Business/Contractor Income	63	0%
Subtotal	15,195	100%
Did Not Have Location	1,368	
Item Missing	9,719	

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 3.2% and a high of 5.7%. At the time of publication, the unemployment rate for September 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	61%
Lowest Region:	3%

Locations

2 or More (Past Year):	22%
2 or More (Now*):	19%

Source: Va. Healthcare Workforce Data Center

More than three out of every five 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	4,897	24%	1,060	23%
Central	4,295	21%	1,048	22%
Northern	3,353	16%	862	18%
West Central	2,648	13%	608	13%
Southwest	1,765	9%	358	8%
Southside	1,459	7%	318	7%
Valley	1,438	7%	208	4%
Eastern	513	3%	106	2%
Virginia Border State/D.C.	42	0%	29	1%
Other U.S. State	50	0%	79	2%
Outside of the U.S.	0	0%	16	0%
Total	20,460	100%	4,692	100%
Item Missing	4,454		205	

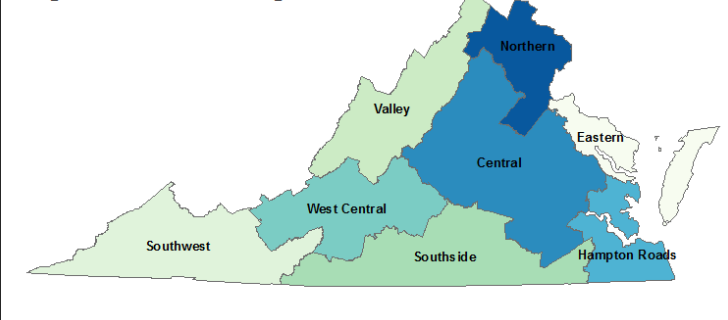
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	1,161	5%	1,901	9%
1	15,823	73%	15,746	72%
2	2,844	13%	2,669	12%
3	1,667	8%	1,362	6%
4	109	1%	32	0%
5	55	0%	23	0%
6 or More	152	1%	78	0%
Total	21,810	100%	21,810	100%

*At the time of survey completion (Oct. 2020-Sept. 2021, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

While nearly 20% of LPNs currently have multiple work locations, 22% have had multiple work locations over the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	11,731	61%	2,791	66%
Non-Profit	4,075	21%	749	18%
State/Local Government	2,464	13%	538	13%
Veteran's Administration	435	2%	66	2%
U.S. Military	350	2%	31	1%
Other Federal Government	272	1%	71	2%
Total	19,327	100%	4,246	100%
Did Not Have Location	1,368		21,385	
Item Missing	5,587		651	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

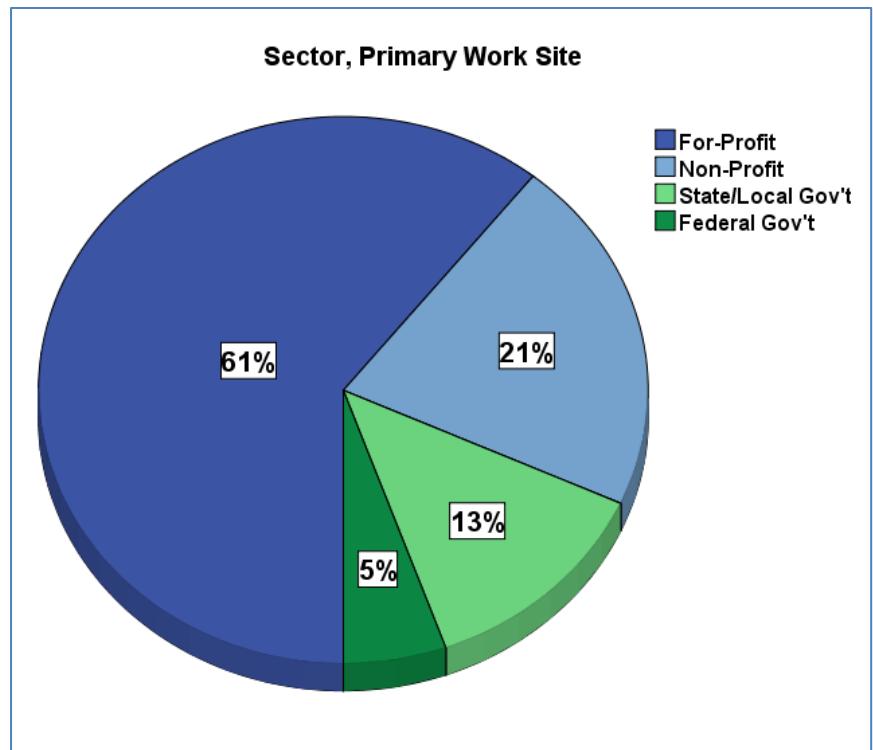
For-Profit:	61%
Federal:	5%

Top Establishments

LTC/Nursing Home:	28%
Clinic, Primary Care:	13%
Home Health Care:	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.



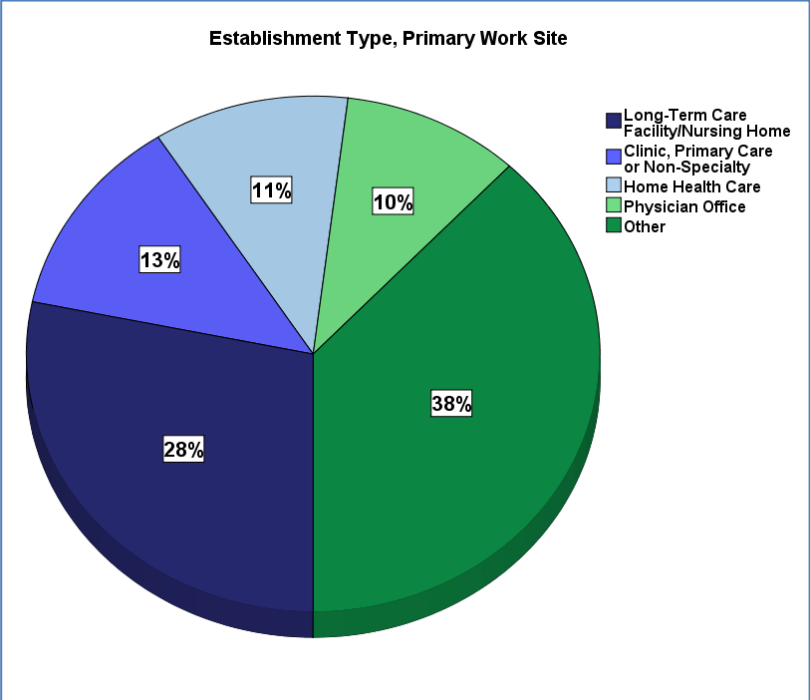
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Long-Term Care Facility/Nursing Home	5,215	28%	1,288	32%
Clinic, Primary Care or Non-Specialty	2,334	13%	317	8%
Home Health Care	2,039	11%	717	18%
Physician Office	1,856	10%	224	6%
Hospital, Inpatient Department	877	5%	143	4%
Corrections/Jail	722	4%	176	4%
Clinic, Non-Surgical Specialty	644	3%	145	4%
Rehabilitation Facility	551	3%	118	3%
Hospital, Outpatient Department	500	3%	73	2%
School (Providing Care to Students)	441	2%	56	1%
Mental Health, Development or Substance Abuse, Residential/Group Home	413	2%	137	3%
Insurance Company, Health Plan	384	2%	42	1%
Ambulatory/Outpatient Surgical Unit	302	2%	54	1%
Other Practice Setting	2,181	12%	576	14%
Total	18,459	100%	4,066	100%
Did Not Have a Location	1,368		21,385	

More than half of all LPNs in Virginia work in long-term care facilities/nursing homes, primary care/non-specialty clinics, or home health care establishments.

Source: Va. Healthcare Workforce Data Center

Among those LPNs who also have a secondary work location, 50% work in either long-term care facilities/nursing homes or 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: 66%

Administrative: 8%

Supervisory: 4%

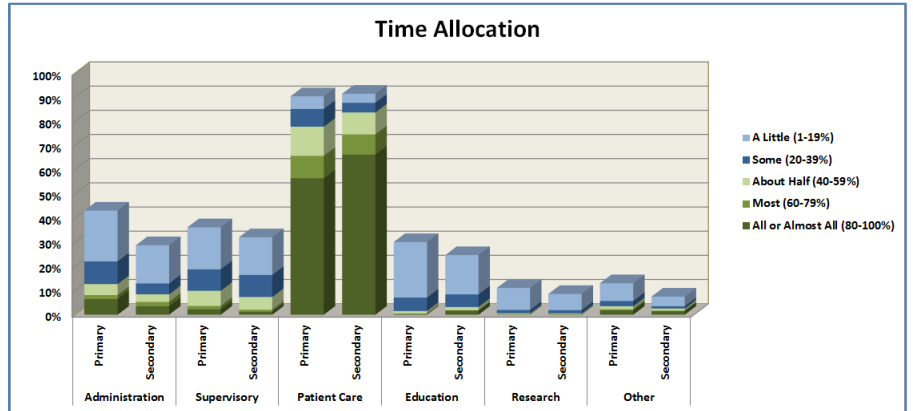
Patient Care LPNs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



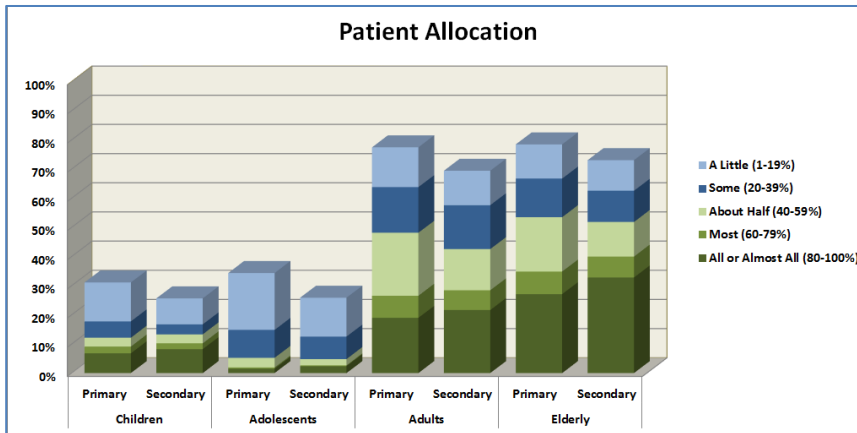
Source: Va. Healthcare Workforce Data Center

LPNs typically spend most of their time on patient care activities. 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%)	6%	3%	2%	1%	56%	66%	0%	2%	0%	0%	2%	1%
Most (60-79%)	2%	2%	1%	1%	9%	8%	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%	4%	9%	9%	7%	4%	6%	5%	1%	1%	2%	1%
A Little (1-19%)	21%	16%	17%	16%	5%	4%	23%	16%	9%	7%	7%	4%
None (0%)	57%	71%	64%	68%	10%	9%	70%	75%	89%	91%	87%	92%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LPNs typically devote most of their 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: 9%
 Adolescents: 2%
 Adults: 27%
 Elderly: 35%

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%	8%	1%	2%	19%	22%	27%	33%
Most (60-79%)	2%	2%	0%	0%	8%	7%	8%	7%
About Half (40-59%)	3%	3%	3%	2%	22%	14%	19%	12%
Some (20-39%)	6%	3%	10%	8%	16%	15%	13%	11%
A Little (1-19%)	13%	9%	19%	13%	14%	12%	12%	10%
None (0%)	69%	74%	66%	74%	23%	31%	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	494	3%	-	-
50 to 54	513	3%	33	0%
55 to 59	1,117	6%	246	4%
60 to 64	4,229	23%	1,456	21%
65 to 69	7,273	40%	3,192	46%
70 to 74	2,429	13%	1,064	15%
75 to 79	590	3%	302	4%
80 or Over	275	2%	126	2%
I Do Not Intend to Retire	1,384	8%	545	8%
Total	18,304	100%	6,964	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65: 35%
Under 60: 12%

LPNs 50 and Over

Under 65: 25%
Under 60: 4%

Time Until Retirement

Within 2 Years: 6%
Within 10 Years: 20%
Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

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

Within the next two years, 28% of LPNs expect to pursue additional educational opportunities, and 10% expect to increase their patient care hours.

Future Plans

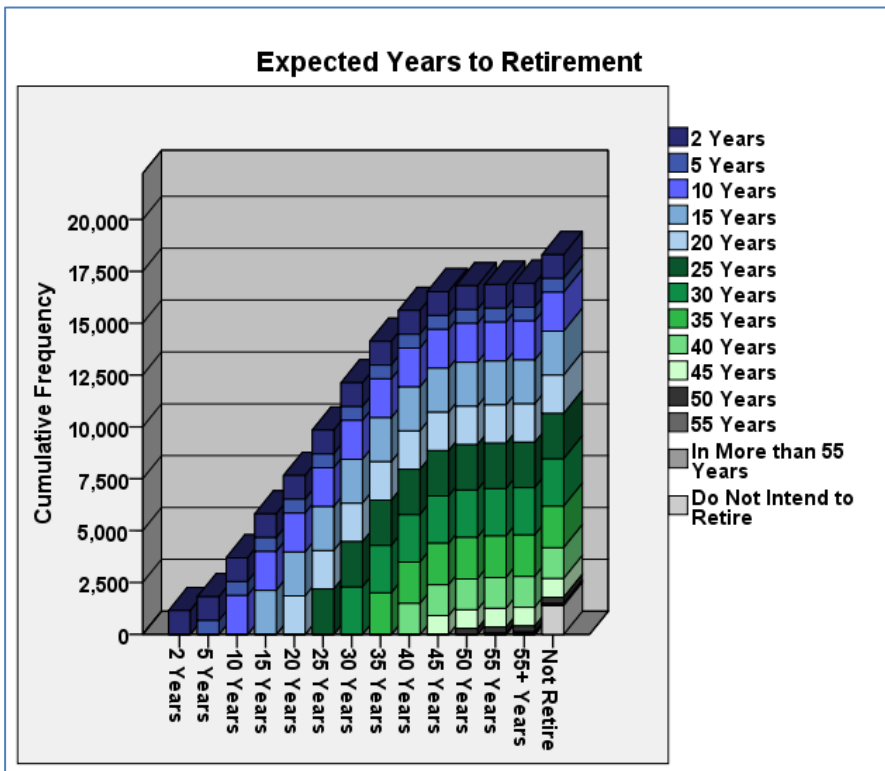
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	1,450	6%
Leave Virginia	854	3%
Leave Profession	467	2%
Decrease Teaching Hours	42	0%
Increase Participation		
Pursue Additional Education	7,356	28%
Increase Patient Care Hours	2,564	10%
Return to the Workforce	627	2%
Increase Teaching Hours	467	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, 20% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2046.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	1,148	6%	6%
5 Years	667	4%	10%
10 Years	1,876	10%	20%
15 Years	2,119	12%	32%
20 Years	1,851	10%	42%
25 Years	2,185	12%	54%
30 Years	2,282	12%	66%
35 Years	2,001	11%	77%
40 Years	1,486	8%	85%
45 Years	903	5%	90%
50 Years	284	2%	92%
55 Years	66	0%	92%
In More than 55 Years	51	0%	92%
Do Not Intend to Retire	1,384	8%	100%
Total	18,303	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 2031. Retirement will peak at 12% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.

At a Glance:

FTEs

Total: 23,110
 FTEs/1,000 Residents²: 2.71
 Average: 0.93

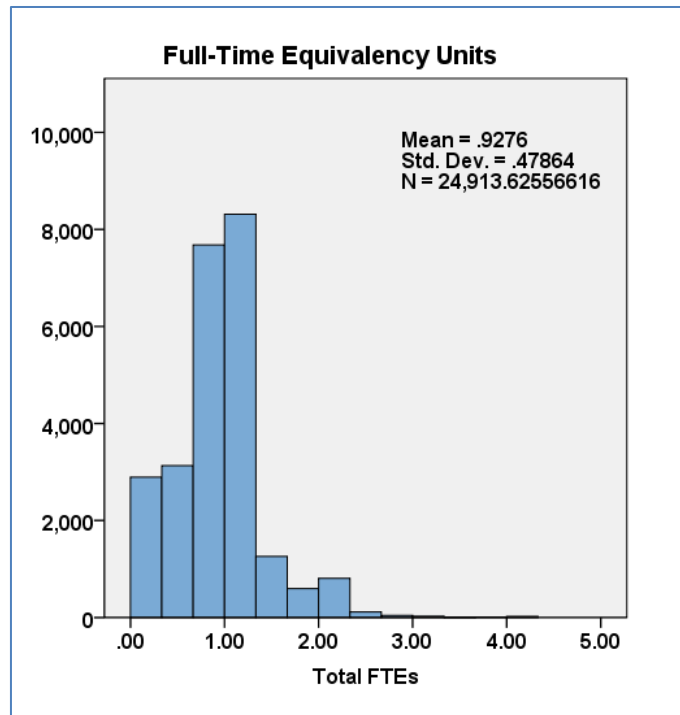
Age & Gender Effect

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:

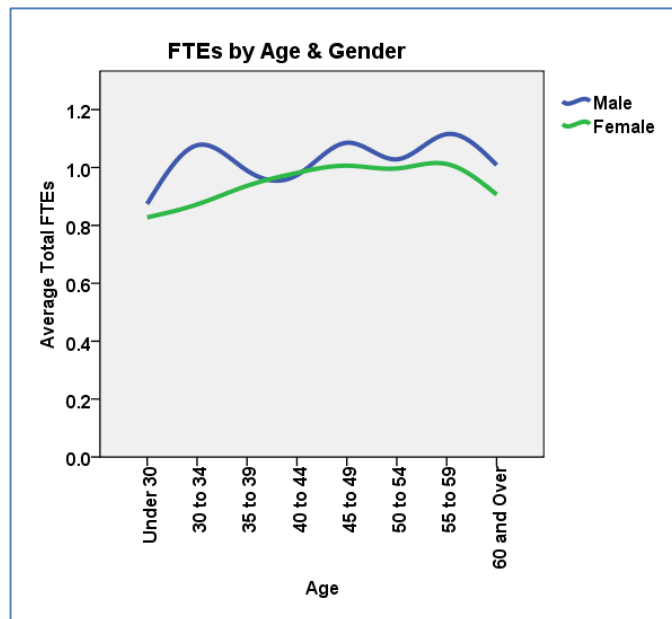


Source: Va. Healthcare Workforce Data Center

The typical (median) 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	Median
Age		
Under 30	0.82	0.89
30 to 34	0.86	0.91
35 to 39	0.91	0.96
40 to 44	0.97	0.96
45 to 49	1.01	1.05
50 to 54	0.97	0.96
55 to 59	1.00	0.96
60 and Over	0.89	0.78
Gender		
Male	1.02	1.03
Female	0.94	0.99

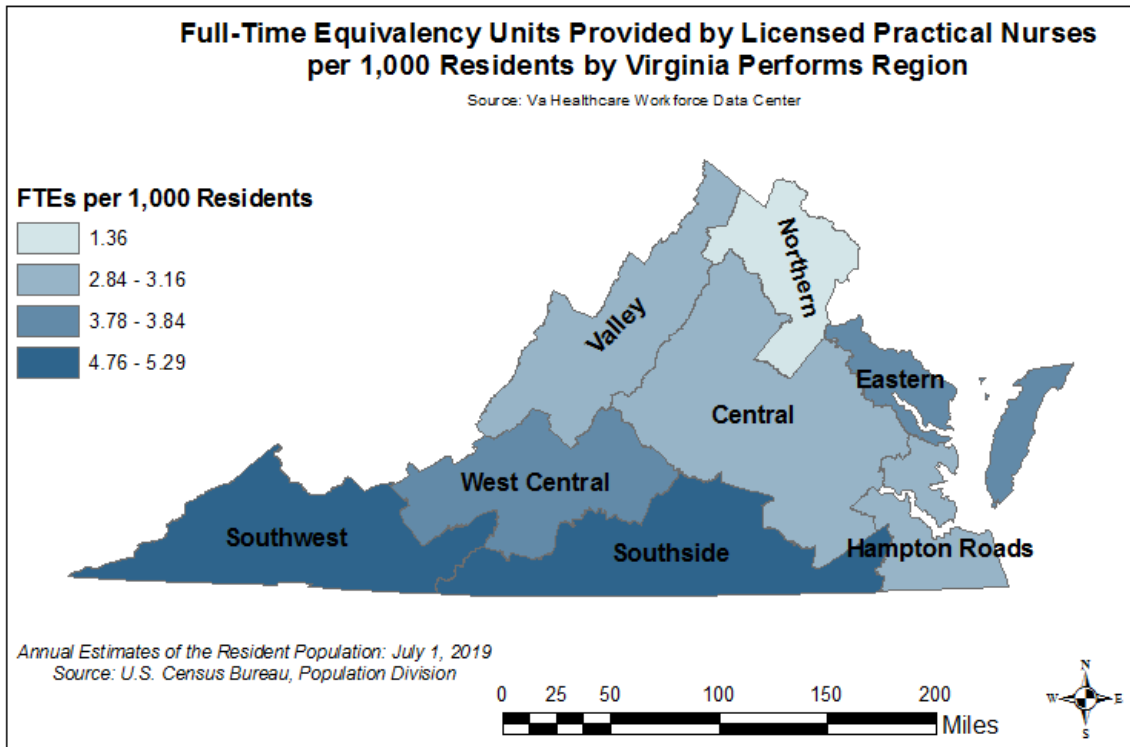
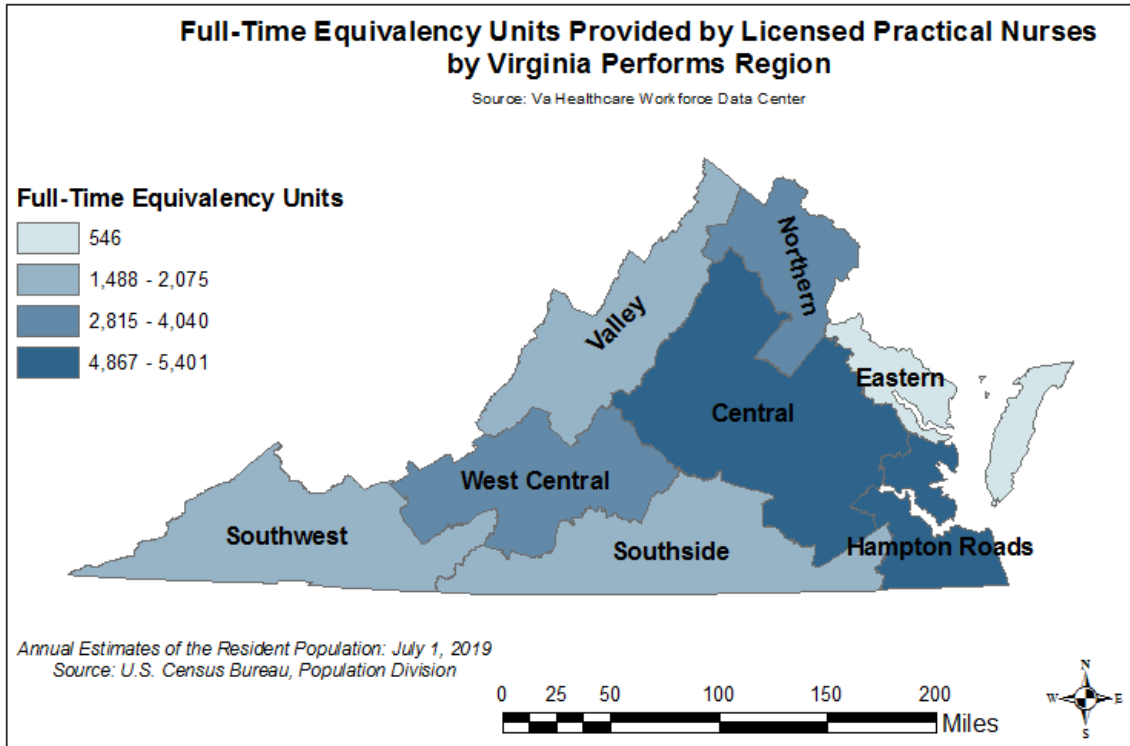
Source: Va. Healthcare Workforce Data Center

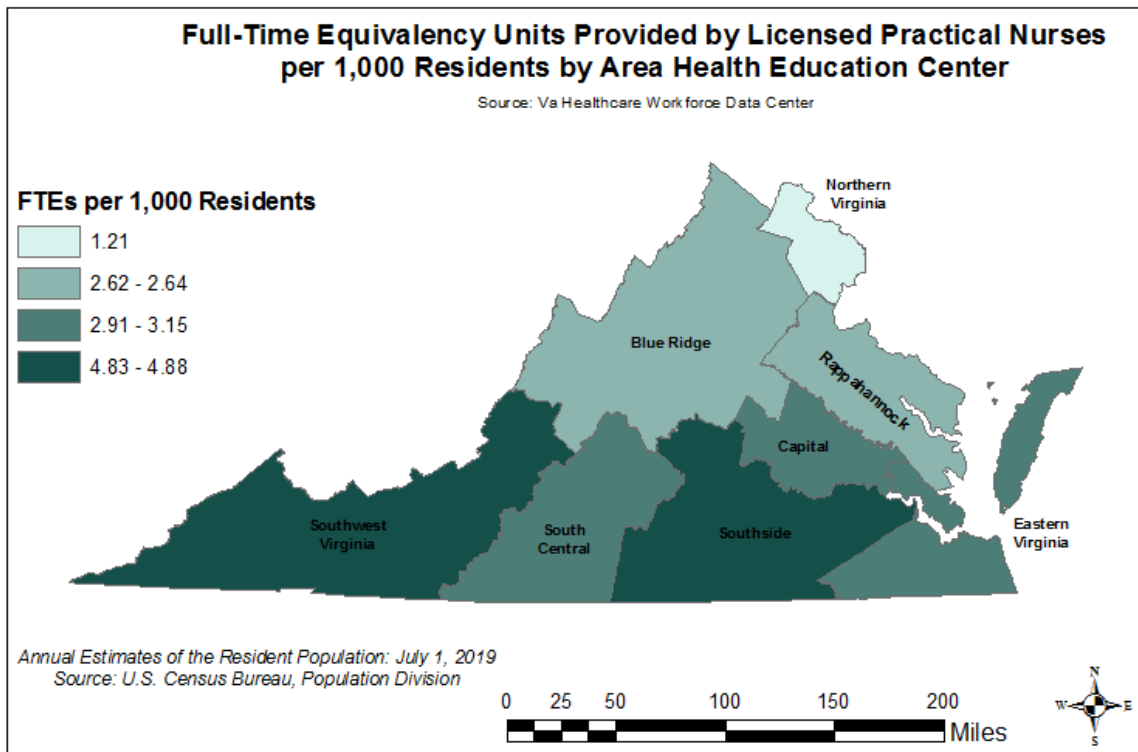
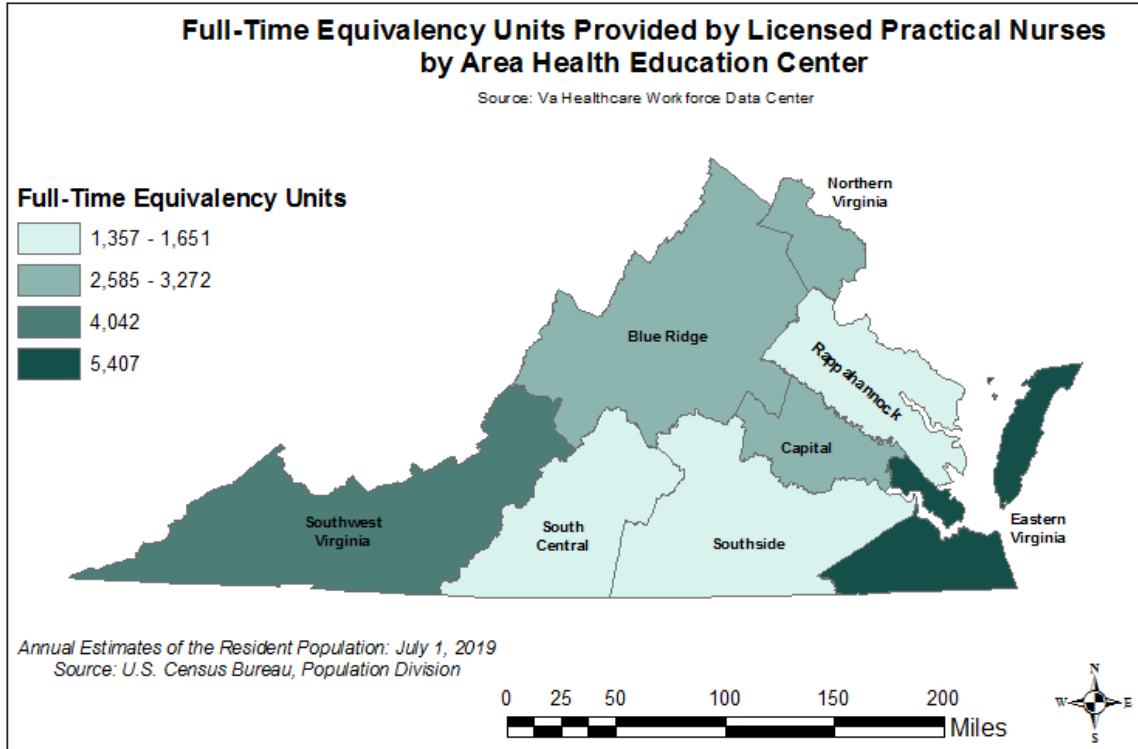


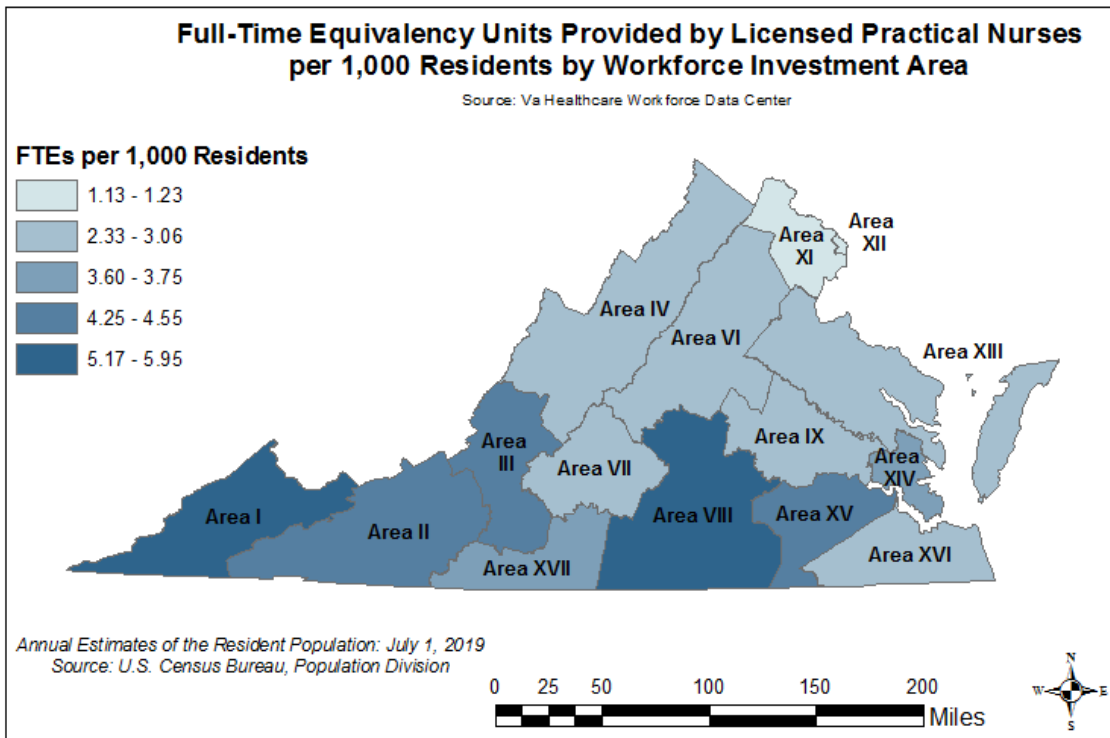
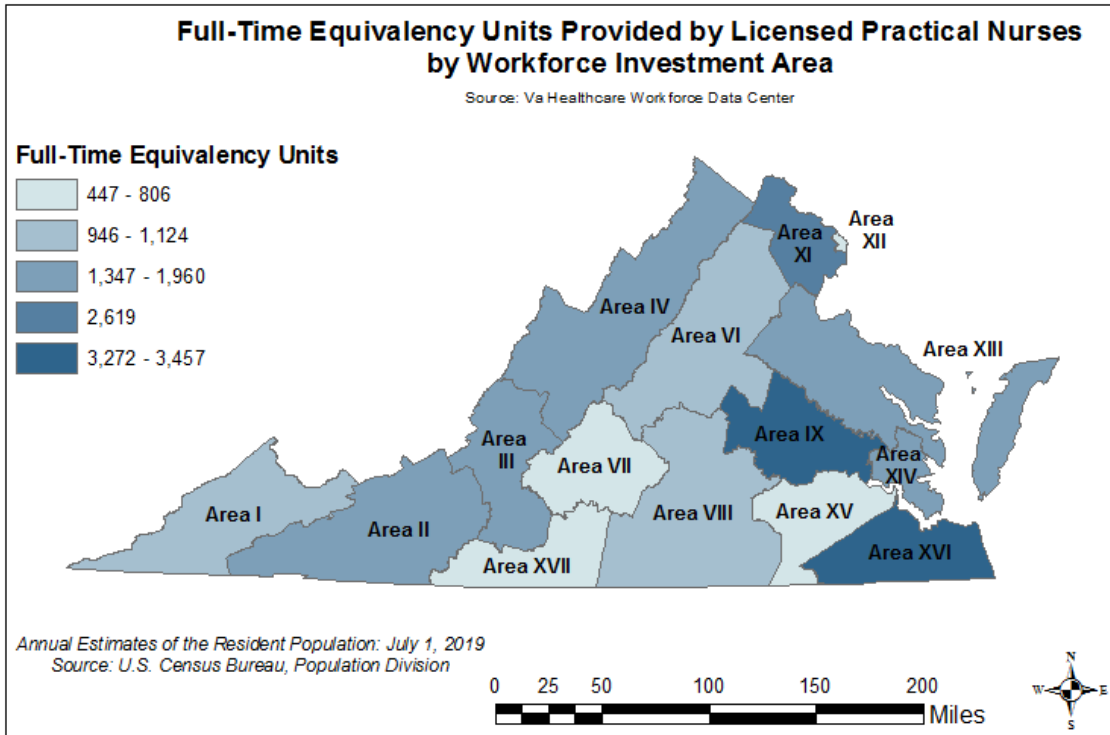
Source: Va. Healthcare Workforce Data Center

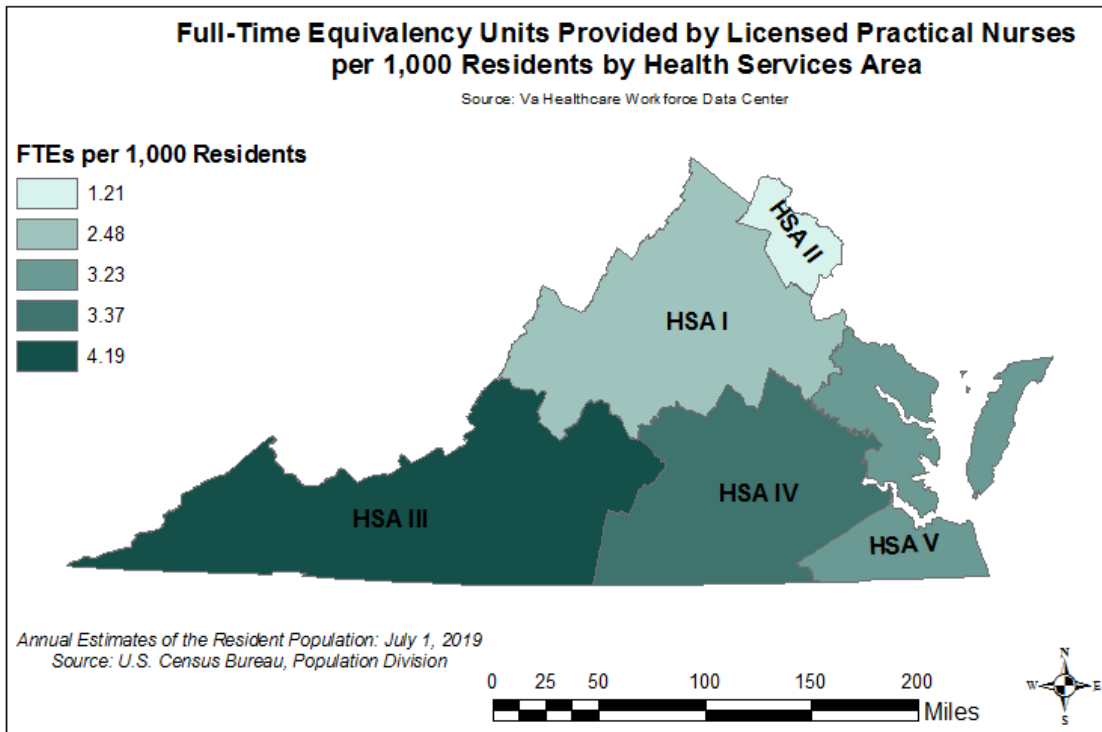
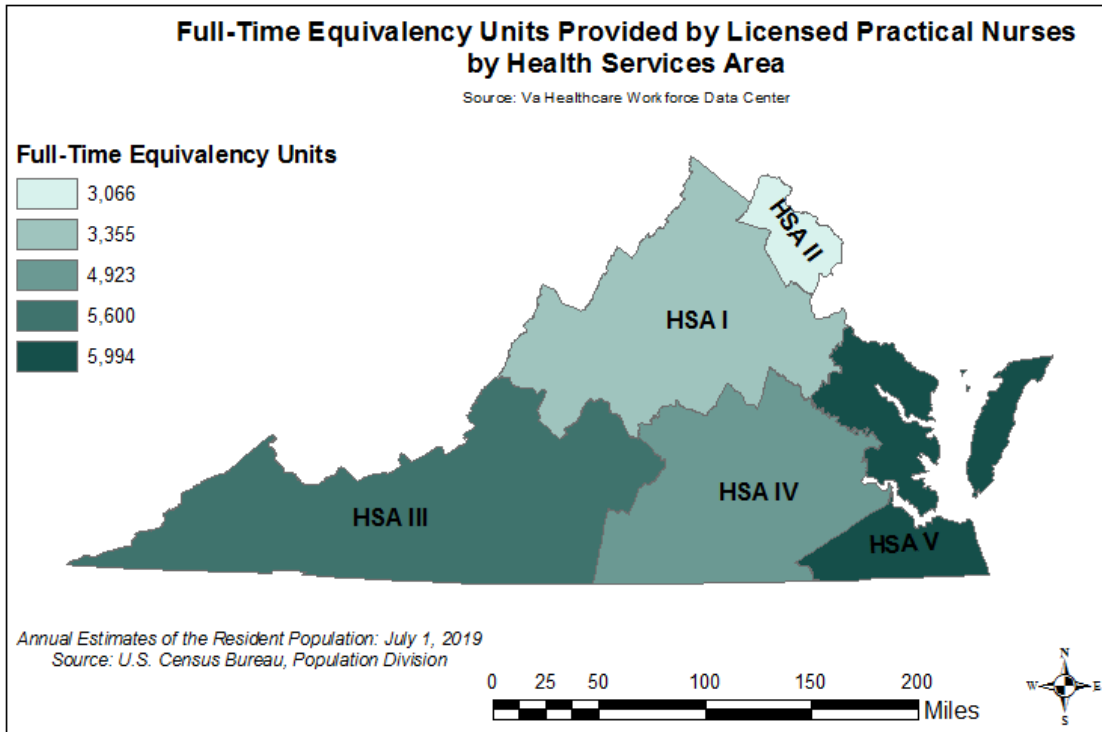
² Number of residents in 2019 was used as the denominator.

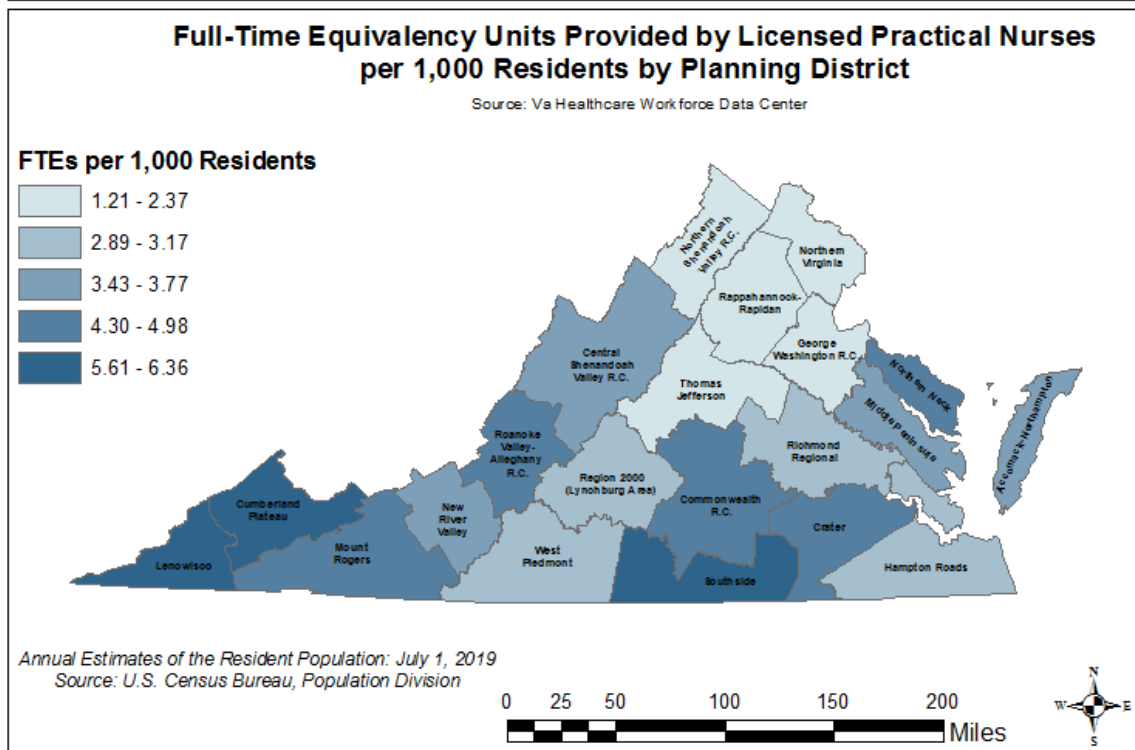
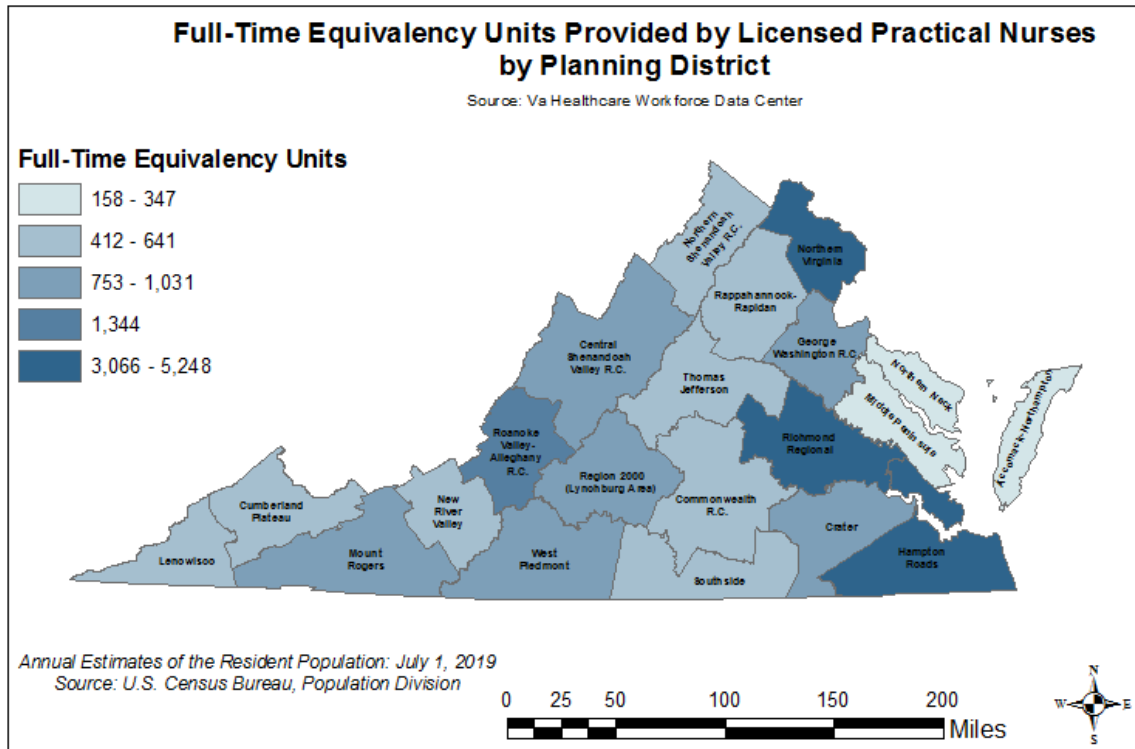
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	16,056	33.73%	2.965	2.271	4.035
Metro, 250,000 to 1 Million	2,782	35.77%	2.796	2.142	3.806
Metro, 250,000 or Less	2,443	36.39%	2.748	2.105	3.741
Urban, Pop. 20,000+, Metro Adj.	838	34.25%	2.920	2.237	3.974
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	2,047	33.90%	2.950	2.260	4.015
Urban, Pop. 2,500-19,999, Non-Adj.	1,583	34.05%	2.937	2.250	3.998
Rural, Metro Adj.	1,153	35.65%	2.805	2.149	3.819
Rural, Non-Adj.	671	31.45%	3.180	2.436	4.329
Virginia Border State/D.C.	533	30.96%	3.230	2.475	4.397
Other U.S. State	1,007	23.34%	4.285	3.283	5.833

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	2,883	24.84%	4.027	3.741	5.833
30 to 34	3,269	36.52%	2.738	2.543	3.966
35 to 39	3,522	28.53%	3.504	3.256	5.077
40 to 44	3,591	40.60%	2.463	2.288	3.568
45 to 49	3,288	29.53%	3.386	3.146	4.905
50 to 54	3,293	44.12%	2.266	2.105	3.283
55 to 59	3,126	30.81%	3.246	3.016	4.702
60 and Over	6,142	33.90%	2.950	2.741	4.273

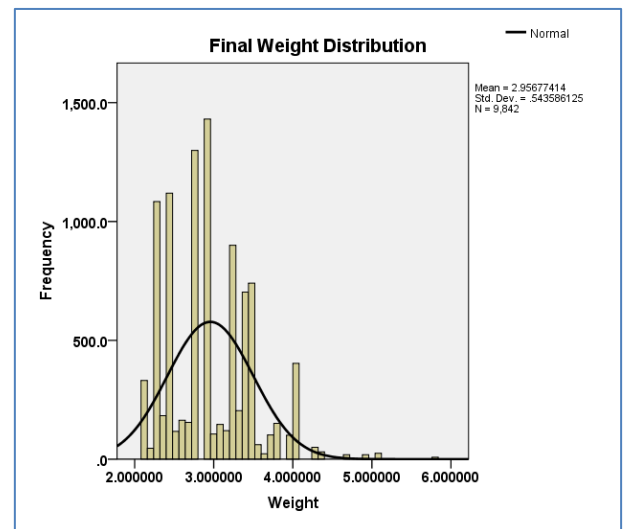
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.338050



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Registered Nurse Workforce: 2021

Healthcare Workforce Data Center

October 2021

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

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

More than 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!

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The Registered Nurse Workforce At a Glance:

The Workforce

Licensees:	116,649
Virginia's Workforce:	98,218
FTEs:	83,548

Background

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

Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	68%
Satisfied?:	92%

Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	83%

Education

Baccalaureate:	50%
Associate:	26%

Job Turnover

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

Demographics

Female:	92%
Diversity Index:	42%
Median Age:	46

Finances

Median Income: \$70k-\$80k	
Health Insurance:	66%
Under 40 w/ Ed. Debt:	58%

Time Allocation

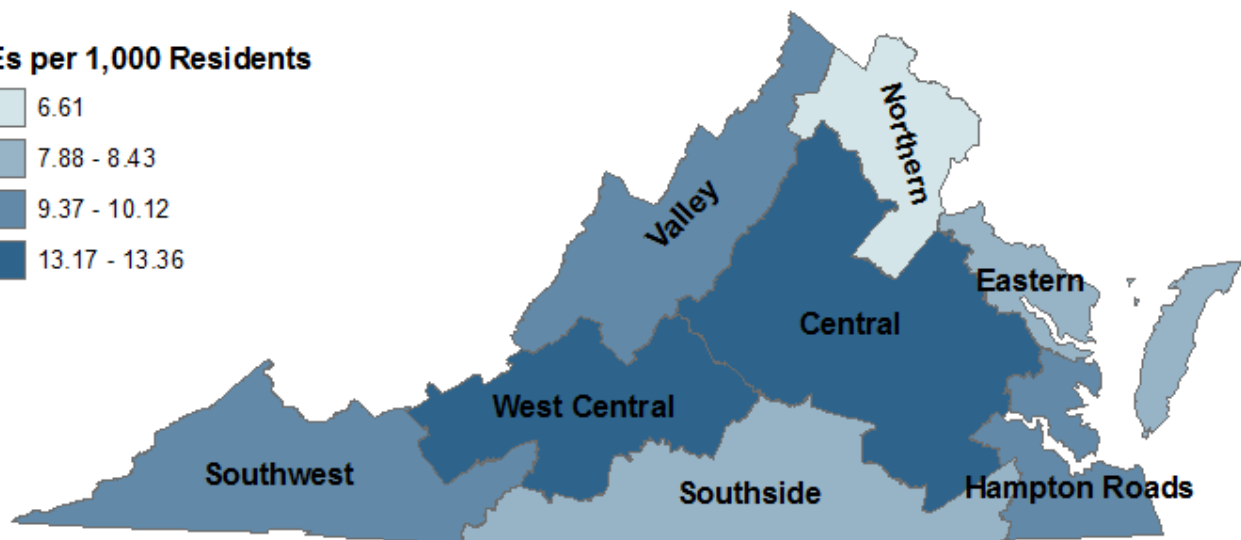
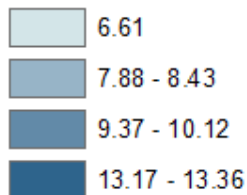
Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

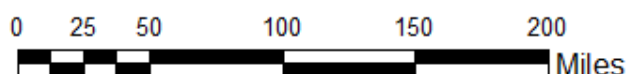
Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



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



This report contains the results of the 2021 Registered Nurse (RN) survey. More than 40,000 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 116,649 RNs who are licensed in the state and 83% of renewing practitioners.

The HWDC estimates that 98,218 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 83,548 "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 nine out of every ten RNs are female, and the median age of this workforce is 46. In a random encounter between two RNs, there is a 42% chance that they would be of different races or ethnicities, a measure known as the diversity index. For RNs who are under the age of 40, this diversity index increases to 44%. Both of these values are below the comparable diversity index of 57% for Virginia's population as a whole. More than one-third of all RNs grew up in a rural area, and 19% of RNs who grew up in a rural area currently work in a non-metro area of Virginia. Overall, 9% of Virginia's RNs work in a non-metro area of the state.

Nearly 90% of all RNs are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week. Meanwhile, 3% of RNs have experienced involuntary unemployment at some point over the past year, and 2% have experienced underemployment during the same period. More than four out of every five RNs work in the private sector, including 43% who work in the non-profit sector. The median annual income for Virginia's RN workforce is between \$70,000 and \$80,000. In addition, more than 80% of all RNs receive at least one employer-sponsored benefit, including 66% who have access to health insurance. More than 90% of all RNs indicated that they are satisfied with their current employment situation, including 55% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 RN workforce. The number of licensed RNs in Virginia has increased by 8% (116,649 vs. 108,135). In addition, the size of Virginia's RN workforce has also increased by 8% (98,218 vs. 90,581), and the number of FTEs provided by this workforce has grown by 7% (83,548 vs. 77,890). Virginia's renewing RNs are more likely to respond to this survey (83% vs. 79%).

RNs are slightly less likely to be female (92% vs. 93%), and the median age of this workforce has declined slightly as well (46 vs. 47). The state's RN workforce has become more diverse (42% vs. 36%), and this is also the case among RNs who are under the age of 40 (44% vs. 41%). There has been no change in either the percentage of RNs who grew up in a rural area (37%) or the percentage of all RNs who currently work in a non-metro area of Virginia (9%).

Virginia's RNs are slightly less likely to be employed in the profession (89% vs. 90%). In addition, the rate of involuntary unemployment has increased (3% vs. 1%), a likely consequence of the coronavirus pandemic. On the other hand, the rate of underemployment has fallen (2% vs. 6%). RNs have become slightly more likely to be employed in the non-profit sector (43% vs. 42%) instead of the for-profit sector (41% vs. 42%).

RNs are considerably more likely to hold a baccalaureate degree as their highest professional degree (50% vs. 43%) instead of an associate degree (26% vs. 32%). At the same time, RNs are more likely to carry education debt (42% vs. 38%), although the opposite is true for RNs who are under the age of 40 (58% vs. 62%). For those RNs with education debt, the median debt amount has increased (\$30k-\$40k vs. \$20k-\$30k). The median annual income of Virginia's RN workforce has increased (\$70k-\$80k vs. \$60k-\$70k). The percentage of RNs who indicated that they are satisfied with their current work situation has declined (92% vs. 93%). In addition, the percentage of RNs who indicated that they are "very satisfied" has fallen by an even larger margin (55% vs. 59%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	50,443	43%
New Licensees	6,155	5%
Non-Renewals	6,546	6%
Renewal Date Not in Survey Period	53,505	46%
All Licensees	116,649	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than 80% of all 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	10,269	3,471	25%
30 to 34	8,751	5,476	39%
35 to 39	10,151	4,195	29%
40 to 44	6,795	5,220	43%
45 to 49	8,058	3,637	31%
50 to 54	6,454	5,149	44%
55 to 59	7,932	3,615	31%
60 and Over	17,726	9,750	36%
Total	76,136	40,513	35%
New Licenses			
Issued in Past Year	6,154	1	0%
Metro Status			
Non-Metro	8,663	4,932	36%
Metro	57,018	32,343	36%
Not in Virginia	10,454	3,234	24%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2020 and September 2021 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	40,513
Response Rate, All Licensees	35%
Response Rate, Renewals	83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Nurses
 Number: 116,649
 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: 98,218
 FTEs: 83,548

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.40
 Workers per FTE: 1.18

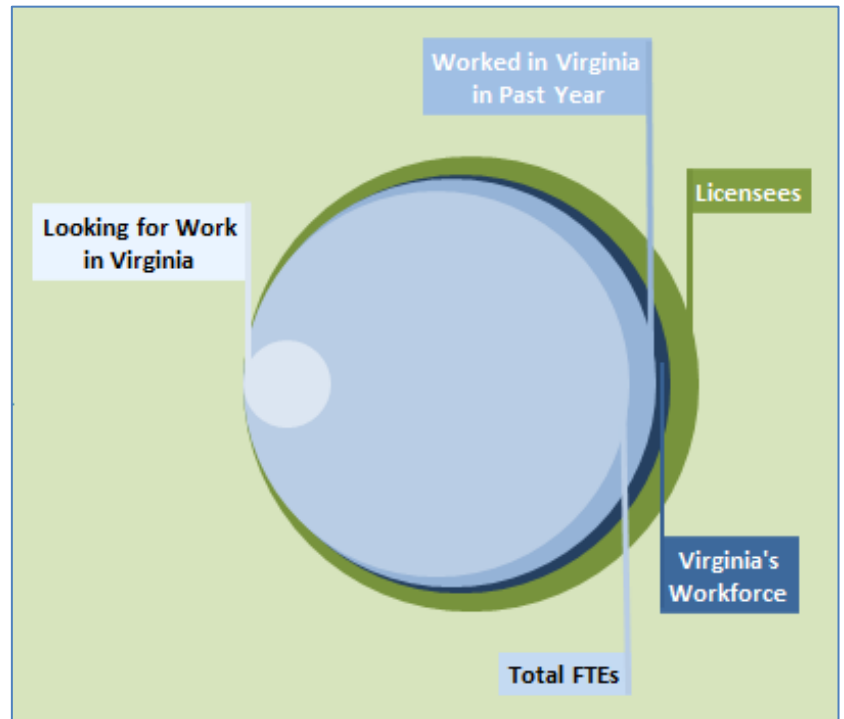
Source: Va. Healthcare Workforce Data Center

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	93,874	96%
Looking for Work in Virginia	4,344	4%
Virginia's Workforce	98,218	100%
Total FTEs	83,548	
Licensees	116,649	

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	829	7%	10,847	93%	11,677	13%
30 to 34	995	9%	10,489	91%	11,484	13%
35 to 39	1,013	9%	10,201	91%	11,214	13%
40 to 44	733	8%	8,693	92%	9,426	11%
45 to 49	728	8%	8,317	92%	9,046	10%
50 to 54	702	8%	8,098	92%	8,800	10%
55 to 59	594	7%	7,945	93%	8,539	10%
60 and Over	1,015	6%	16,231	94%	17,246	20%
Total	6,610	8%	80,822	92%	87,432	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	61%	65,904	75%	25,389	73%
Black	19%	10,888	12%	3,789	11%
Hispanic	10%	3,053	3%	1,677	5%
Asian	7%	5,493	6%	2,371	7%
Two or More Races	3%	2,061	2%	1,145	3%
Other Race	0%	882	1%	288	1%
Total	100%	88,281	100%	34,659	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

At a Glance:

Gender

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

Age

Median Age: 46
 % Under 40: 39%
 % 55 and Over: 29%

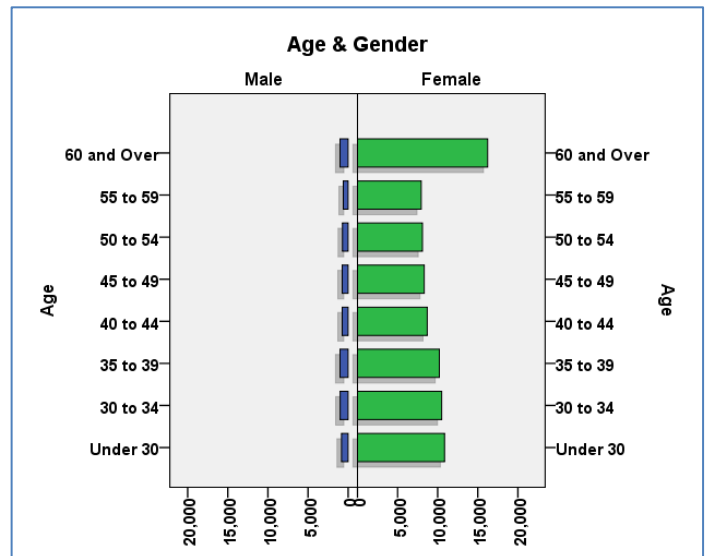
Diversity

Diversity Index: 42%
 Under 40 Div. Index: 44%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RNs, there is a 42% 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. Among RNs who are under the age of 40, 92% are female. In addition, the diversity index among RNs who are under the age of 40 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. Edu. in VA: 68%
 HS or Prof. Edu. in VA: 71%

Location Choice

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

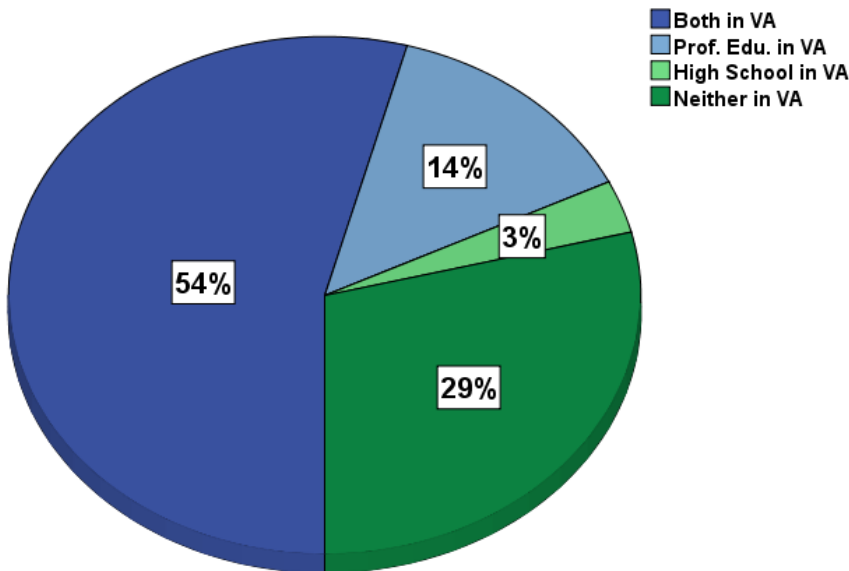
Source: Va. Healthcare Workforce Data Center

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+	25%	59%	16%
2	Metro, 250,000 to 1 Million	54%	37%	9%
3	Metro, 250,000 or Less	52%	40%	8%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	71%	19%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	76%	19%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	90%	7%	3%
8	Rural, Metro Adjacent	75%	20%	5%
9	Rural, Non-Adjacent	61%	31%	8%
Overall		37%	50%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-third of all RNs grew up in a self-described rural area, and 19% of RNs who grew up in a rural area currently work in a non-metro county. Overall, 9% of RNs currently work in a non-metro county.

Top Ten States for Registered Nurse Recruitment

Rank	All Registered Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	50,576	Virginia	59,293
2	Outside U.S./Canada	6,703	Outside U.S./Canada	3,208
3	New York	3,858	Pennsylvania	2,958
4	Pennsylvania	3,604	New York	2,871
5	Maryland	2,172	Maryland	1,629
6	New Jersey	1,971	North Carolina	1,567
7	North Carolina	1,644	Ohio	1,256
8	Ohio	1,525	Florida	1,234
9	Florida	1,427	West Virginia	1,226
10	West Virginia	1,340	Washington, D.C.	917

Source: Va. Healthcare Workforce Data Center

Among all RNs, 58% received their high school degree in Virginia, and 68% received their initial professional degree in the state.

Among RNs who have obtained their license in the past five years, 55% received their high school degree in Virginia, and 65% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	11,453	Virginia	13,408
2	Outside U.S./Canada	1,962	Outside U.S./Canada	1,060
3	New York	803	Pennsylvania	753
4	Pennsylvania	794	New York	547
5	Maryland	520	Florida	409
6	New Jersey	419	Maryland	401
7	Florida	418	North Carolina	387
8	California	411	Ohio	357
9	North Carolina	400	California	272
10	Ohio	398	Washington, D.C.	225

Source: Va. Healthcare Workforce Data Center

Among all licensees, 16% did not participate in Virginia's RN workforce during the past year. More than two-thirds 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:	18,439
% of Licensees:	16%
Federal/Military:	9%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	124	0%
Hospital RN Diploma	5,105	6%
Associate Degree	22,812	26%
Baccalaureate Degree	43,544	50%
Master's Degree	14,122	16%
Doctorate Degree	1,784	2%
Total	87,491	100%

Source: Va. Healthcare Workforce Data Center

One-half of all RNs hold a baccalaureate degree as their highest professional degree. More than 40% of RNs carry education debt, including 58% of those RNs who are under the age of 40. The median debt amount among those RNs with education debt is between \$30,000 and \$40,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	10,985	13%
No	76,210	87%
Total	87,196	100%
Degree Pursued	#	%
Associate	37	0%
Baccalaureate	3,979	37%
Masters	5,409	51%
Doctorate	1,277	12%
Total	10,703	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Baccalaureate: 50%
Associate: 26%

Education Debt

Carry Debt: 42%
Under Age 40 w/ Debt: 58%
Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All RNs		RN's Under 40	
	#	%	#	%
None	43,792	58%	12,514	42%
Less than \$10,000	5,262	7%	2,748	9%
\$10,000-\$19,999	4,732	6%	2,727	9%
\$20,000-\$29,999	4,604	6%	2,785	9%
\$30,000-\$39,999	3,381	4%	1,958	7%
\$40,000-\$49,999	2,728	4%	1,587	5%
\$50,000-\$59,999	2,253	3%	1,319	4%
\$60,000-\$69,999	1,962	3%	1,163	4%
\$70,000-\$79,999	1,410	2%	808	3%
\$80,000-\$89,999	1,245	2%	663	2%
\$90,000-\$99,999	755	1%	407	1%
\$100,000-\$109,999	968	1%	433	1%
\$110,000-\$119,999	397	1%	172	1%
\$120,000 or More	1,659	2%	605	2%
Total	75,148	100%	29,889	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Acute/Critical Care:	20%
Surgery/OR:	8%
Pediatrics:	4%

Secondary Specialty

Acute/Critical Care:	17%
Surgery/OR:	5%
Cardiology:	5%

Licenses

Licensed NP:	8%
Licensed Practical Nurse:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	17,393	20%	10,610	17%
Surgery/OR/Pre-, Peri-, or Post-Operative	6,604	8%	3,126	5%
Pediatrics	3,733	4%	2,138	3%
Cardiology	3,644	4%	2,836	5%
Obstetrics/Nurse Midwifery	3,628	4%	1,566	3%
Psychiatric/Mental Health	3,365	4%	1,473	2%
Case Management	2,781	3%	1,904	3%
Family Health	2,657	3%	1,246	2%
Neonatal Care	2,629	3%	1,573	3%
Oncology	2,510	3%	1,292	2%
Administration/Management	2,495	3%	2,542	4%
General Nursing/No Specialty	8,066	9%	9,067	15%
Other Specialty Area	25,033	29%	21,561	35%
Medical Specialties (Not Listed)	1,174	1%	1,009	2%
Total	85,714	100%	61,944	100%

Source: Va. Healthcare Workforce Data Center

Other Licenses

License	#	% of Workforce
Licensed Nurse Practitioner	7,595	8%
Licensed Practical Nurse	821	1%
Clinical Nurse Specialist	414	0%
Certified Nurse Midwife	217	0%
Certified Massage Therapist	135	0%
Respiratory Therapist	23	0%

Source: Va. Healthcare Workforce Data Center

One out of every five RNs have a primary specialty in acute/critical care/emergency/trauma. Another 8% of RNs have a primary specialty in surgery/OR/pre-, peri-, or post-operative care.

A Closer Look:

Military Service		
Service?	#	%
Yes	6,054	7%
No	78,134	93%
Total	84,188	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	2,201	38%
Navy/Marine	2,189	37%
Air Force	1,352	23%
Other	114	2%
Total	5,857	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 7%

Branch of Service

Army: 38%
 Navy/Marines: 37%
 Air Force: 23%

Occupation

Army Health Care Spec.: 8%
 Navy Basic Med. Tech.: 7%
 Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

In total, 7% of Virginia's RN workforce has served in the military. Nearly two out of every five of these RNs have served in the Army, including 8% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	441	8%
Navy Basic Medical Technician (Navy HM0000)	382	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	171	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	25	0%
Other	4,611	82%
Total	5,630	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 89%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 68%
 2 or More Positions: 10%

Weekly Hours

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	96	< 1%
Employed in a Nursing-Related Capacity	77,514	89%
Employed, NOT in a Nursing-Related Capacity	2,207	3%
Not Working, Reason Unknown	31	< 1%
Involuntarily Unemployed	467	1%
Voluntarily Unemployed	3,884	5%
Retired	2,464	3%
Total	86,663	100%

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all RNs are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	6,846	8%
1 to 9 Hours	1,358	2%
10 to 19 Hours	2,981	4%
20 to 29 Hours	6,590	8%
30 to 39 Hours	24,743	29%
40 to 49 Hours	33,430	40%
50 to 59 Hours	5,423	6%
60 to 69 Hours	1,854	2%
70 to 79 Hours	666	1%
80 or More Hours	606	1%
Total	84,497	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	6,846	8%
One Part-Time Position	12,351	15%
Two Part-Time Positions	1,633	2%
One Full-Time Position	57,543	68%
One Full-Time Position & One Part-Time Position	5,736	7%
Two Full-Time Positions	267	0%
More than Two Positions	612	1%
Total	84,988	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	1,068	2%
Less than \$20,000	2,170	3%
\$20,000-\$29,999	1,513	2%
\$30,000-\$39,999	2,462	4%
\$40,000-\$49,999	4,968	8%
\$50,000-\$59,999	9,168	14%
\$60,000-\$69,999	10,485	16%
\$70,000-\$79,999	10,508	16%
\$80,000-\$89,999	7,558	12%
\$90,000-\$99,999	4,945	8%
\$100,000 or More	11,053	17%
Total	65,899	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$70k-\$80k

Benefits
Health Insurance: 66%
Retirement: 73%

Satisfaction
Satisfied: 92%
Very Satisfied: 55%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	45,395	55%
Somewhat Satisfied	30,524	37%
Somewhat Dissatisfied	5,309	6%
Very Dissatisfied	1,590	2%
Total	82,818	100%

Source: Va. Healthcare Workforce Data Center

The typical RN earns between \$70,000 and \$80,000 per year. In addition, 84% of all RNs receive at least one employer-sponsored benefit, including 66% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	56,419	73%	74%
Paid Leave	53,563	69%	71%
Health Insurance	50,914	66%	66%
Dental Insurance	50,212	65%	66%
Group Life Insurance	35,997	46%	48%
Signing/Retention Bonus	8,319	11%	11%
At Least One Benefit	65,084	84%	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?	11,299	12%
Switch Employers or Practices?	6,727	7%
Experience Voluntary Unemployment?	6,148	6%
Experience Involuntary Unemployment?	2,882	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2,345	2%
Experience at Least One	24,924	25%

Source: Va. Healthcare Workforce Data Center

Only 3% of Virginia’s RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 4.7% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	2,815	4%	1,315	9%
Less than 6 Months	4,977	6%	2,156	15%
6 Months to 1 Year	6,280	8%	1,685	12%
1 to 2 Years	16,715	21%	2,809	19%
3 to 5 Years	18,702	23%	2,851	20%
6 to 10 Years	11,642	15%	1,471	10%
More than 10 Years	18,969	24%	2,173	15%
Subtotal	80,101	100%	14,460	100%
Did Not Have Location	4,932		83,027	
Item Missing	13,186		731	
Total	98,218		98,218	

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 19%
Over 2 Years: 62%
Over 2 Yrs., 2nd Location: 45%

Employment Type

Hourly Wage: 65%
Salary: 30%

Source: Va. Healthcare Workforce Data Center

More than three out of every five RNs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	39,390	65%
Salary	18,542	30%
By Contract/Per Diem	2,039	3%
Business/Contractor Income	521	1%
Unpaid	496	1%
Subtotal	60,988	100%
Did Not Have Location	4,932	
Item Missing	32,299	

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 3.2% and a high of 5.7%. At the time of publication, the unemployment rate for September 2021 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*):	16%

Source: Va. Healthcare Workforce Data Center

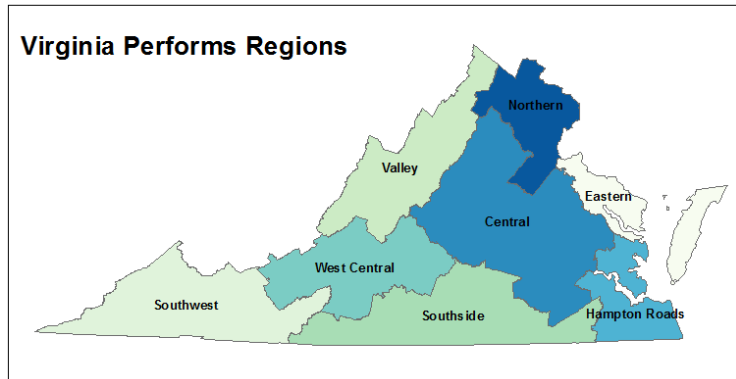
Nearly three-quarters of all RNs work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	21,812	28%	3,459	24%
Northern	19,046	24%	3,530	24%
Hampton Roads	16,368	21%	2,846	19%
West Central	9,658	12%	1,577	11%
Valley	4,737	6%	742	5%
Southwest	3,139	4%	683	5%
Southside	2,599	3%	495	3%
Eastern	1,152	1%	204	1%
Virginia Border State/D.C.	348	0%	325	2%
Other U.S. State	421	1%	817	6%
Outside of the U.S.	25	0%	33	0%
Total	79,305	100%	14,711	100%
Item Missing	13,980		481	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all RNs, 16% currently have multiple work locations, while 18% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	4,313	5%	6,571	8%
1	64,731	77%	64,402	77%
2	9,692	12%	9,048	11%
3	4,337	5%	3,548	4%
4	399	1%	192	0%
5	204	0%	109	0%
6 or More	442	1%	249	0%
Total	84,118	100%	84,118	100%

*At the time of survey completion (Oct. 2020-Sept. 2021, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
Non-Profit	32,323	43%	4,754	35%
For-Profit	30,520	41%	6,947	51%
State/Local Government	7,828	10%	1,316	10%
Veteran's Administration	1,843	2%	126	1%
U.S. Military	1,295	2%	250	2%
Other Federal Government	768	1%	120	1%
Total	74,577	100%	13,513	100%
Did Not Have Location	4,932		83,027	
Item Missing	18,709		1,678	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

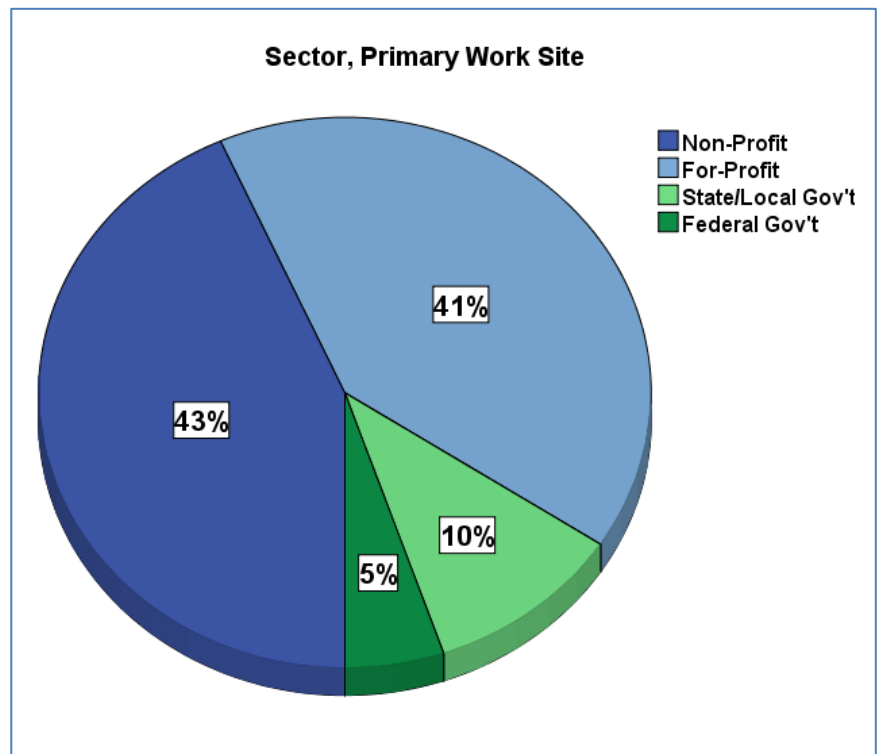
For-Profit:	41%
Federal:	5%

Top Establishments

Hospital, Inpatient:	37%
Academic Institution:	6%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

More than four out of every five RNs work in the private sector, including 43% who work in the non-profit sector.



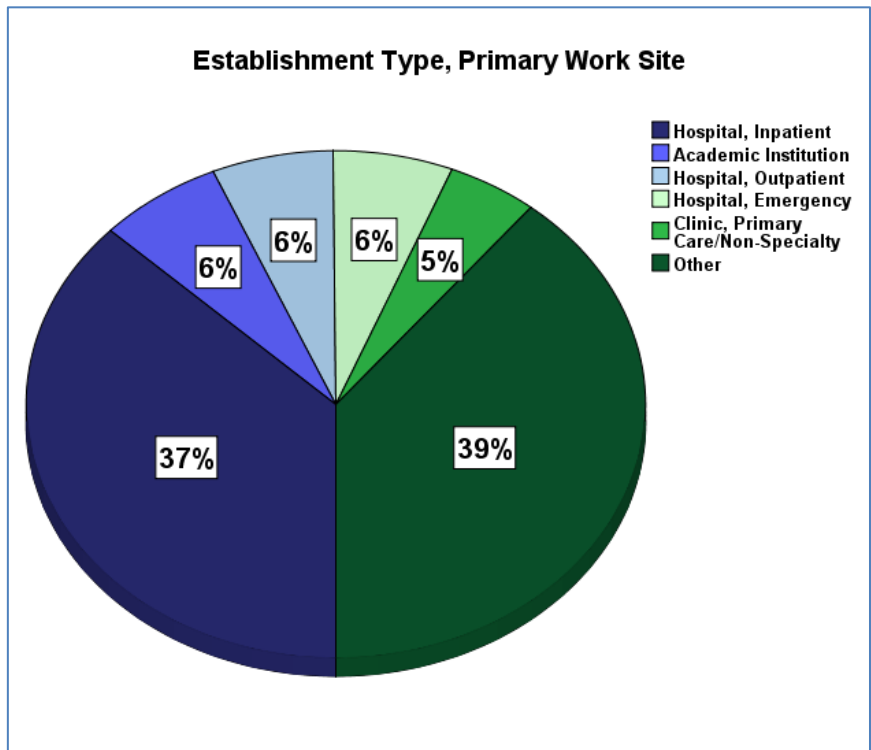
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	26,352	37%	3,961	31%
Academic Institution (Teaching or Research)	4,618	6%	809	6%
Hospital, Outpatient Department	4,519	6%	584	5%
Hospital, Emergency Department	4,460	6%	853	7%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	3,361	5%	603	5%
Ambulatory/Outpatient Surgical Unit	3,055	4%	526	4%
Long-Term Care Facility, Nursing Home	2,737	4%	744	6%
Home Health Care	2,623	4%	916	7%
Physician Office	2,226	3%	291	2%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	2,216	3%	420	3%
Other Practice Setting	15,011	21%	3,172	25%
Total	71,178	100%	12,879	100%
Did Not Have a Location	4,932		83,027	

More than one-third of all RNs in Virginia work in the inpatient department of hospitals. This makes the inpatient department of hospitals the most common establishment type among Virginia's RNs.

Source: Va. Healthcare Workforce Data Center

Among those RNs who also have a secondary work location, nearly one-third work in the inpatient department of hospitals.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

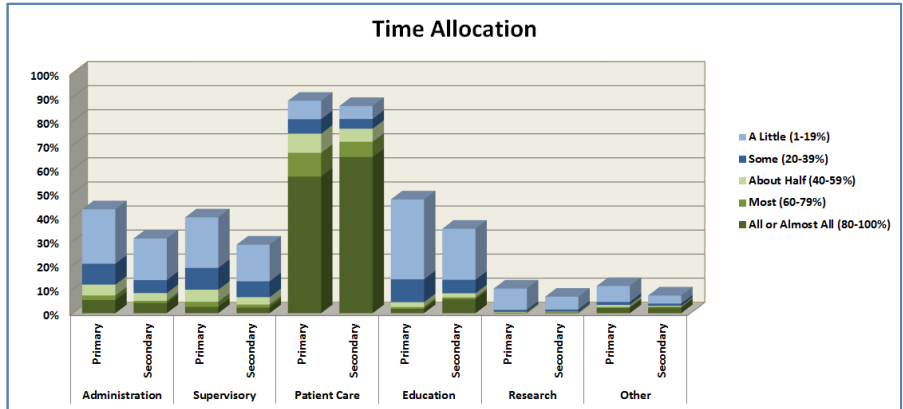
Patient Care: 67%
 Administrative: 7%
 Supervisory: 5%
 Education: 3%

Patient Care RNs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



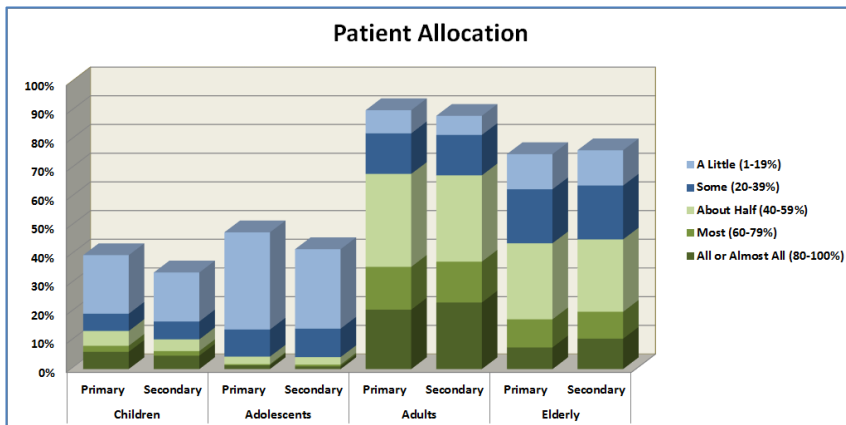
Source: Va. Healthcare Workforce Data Center

RNs typically spend most of their 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%	4%	3%	2%	57%	65%	2%	6%	0%	0%	2%	2%
Most (60-79%)	2%	1%	2%	1%	10%	6%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	4%	3%	5%	3%	8%	5%	2%	2%	0%	0%	1%	0%
Some (20-39%)	9%	5%	9%	7%	6%	4%	9%	6%	1%	1%	1%	1%
A Little (1-19%)	23%	17%	21%	15%	8%	5%	33%	21%	9%	5%	7%	3%
None (0%)	57%	69%	60%	72%	12%	14%	53%	65%	90%	93%	89%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

RNs typically devote most of their 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%	23%	8%	11%
Most (60-79%)	2%	2%	0%	1%	15%	14%	10%	9%
About Half (40-59%)	5%	4%	3%	3%	32%	30%	27%	25%
Some (20-39%)	6%	6%	9%	10%	14%	14%	19%	19%
A Little (1-19%)	20%	17%	34%	28%	8%	7%	12%	12%
None (0%)	60%	66%	52%	58%	10%	12%	25%	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
Under Age 50	2,004	3%	-	-
50 to 54	2,699	4%	147	1%
55 to 59	6,298	9%	1,277	5%
60 to 64	19,750	27%	6,862	25%
65 to 69	27,680	38%	12,460	45%
70 to 74	7,795	11%	4,195	15%
75 to 79	1,978	3%	1,144	4%
80 or Over	802	1%	411	1%
I Do Not Intend to Retire	2,976	4%	1,367	5%
Total	71,982	100%	27,863	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65: 43%
Under 60: 15%

RNs 50 and Over

Under 65: 30%
Under 60: 5%

Time Until Retirement

Within 2 Years: 8%
Within 10 Years: 23%
Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

More than two out of every five RNs expect to retire by the age of 65. Among RNs who are age 50 and over, 30% expect to retire by the age of 65.

Within the next two years, 24% of RNs expect to pursue additional educational opportunities, and 7% expect to increase their patient care hours.

Future Plans

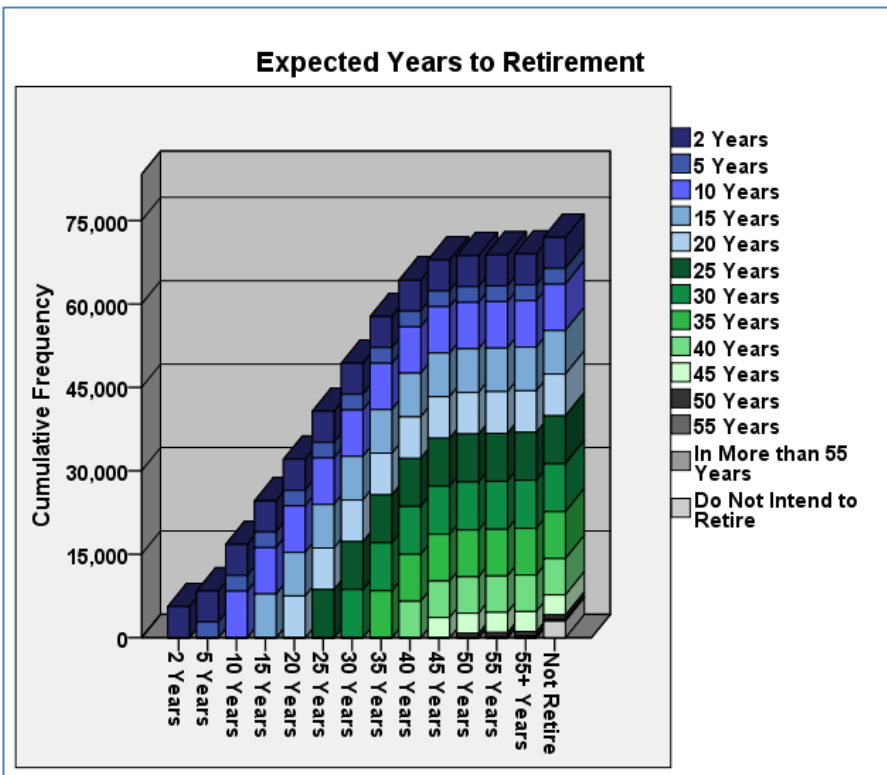
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	8,309	8%
Leave Virginia	3,343	3%
Leave Profession	1,833	2%
Decrease Teaching Hours	443	0%
Increase Participation		
Pursue Additional Education	23,969	24%
Increase Patient Care Hours	7,296	7%
Increase Teaching Hours	5,082	5%
Return to the Workforce	1,649	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 2046.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	5,582	8%	8%
5 Years	2,820	4%	12%
10 Years	8,352	12%	23%
15 Years	7,842	11%	34%
20 Years	7,487	10%	45%
25 Years	8,626	12%	57%
30 Years	8,635	12%	69%
35 Years	8,412	12%	80%
40 Years	6,552	9%	89%
45 Years	3,629	5%	94%
50 Years	760	1%	95%
55 Years	138	0%	96%
In More than 55 Years	171	0%	96%
Do Not Intend to Retire	2,976	4%	100%
Total	71,981	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 2031. Retirement will peak at 12% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.

At a Glance:

FTEs

Total: 83,548
 FTEs/1,000 Residents²: 9.79
 Average: 0.90

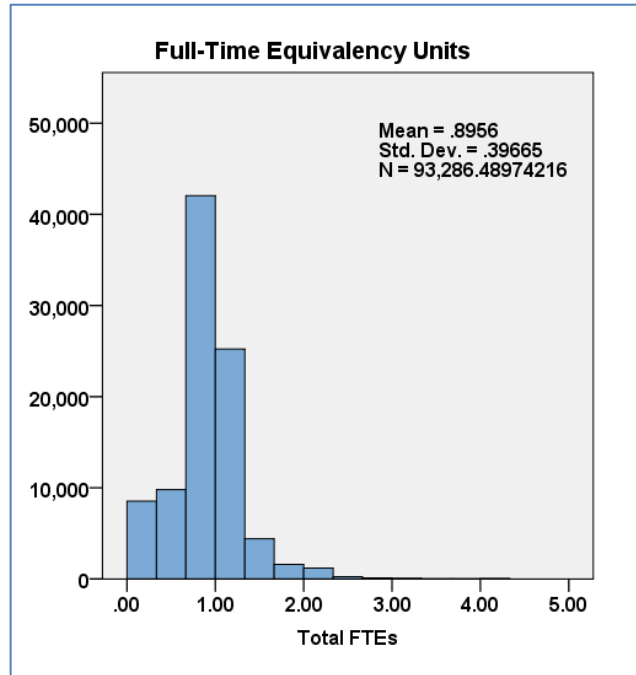
Age & Gender Effect

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:

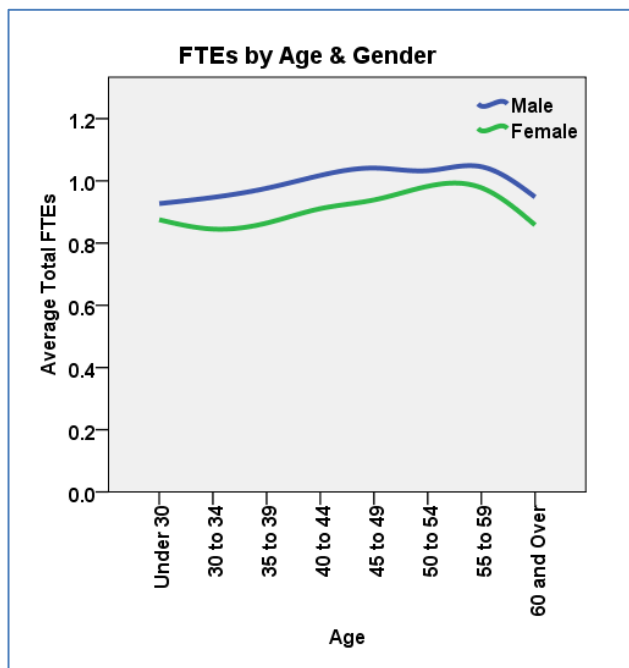


Source: Va. Healthcare Workforce Data Center

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.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.88	0.93
30 to 34	0.85	0.89
35 to 39	0.87	0.91
40 to 44	0.91	0.93
45 to 49	0.92	0.94
50 to 54	0.97	0.96
55 to 59	0.98	0.96
60 and Over	0.85	0.78
Gender		
Male	0.99	0.96
Female	0.90	0.94

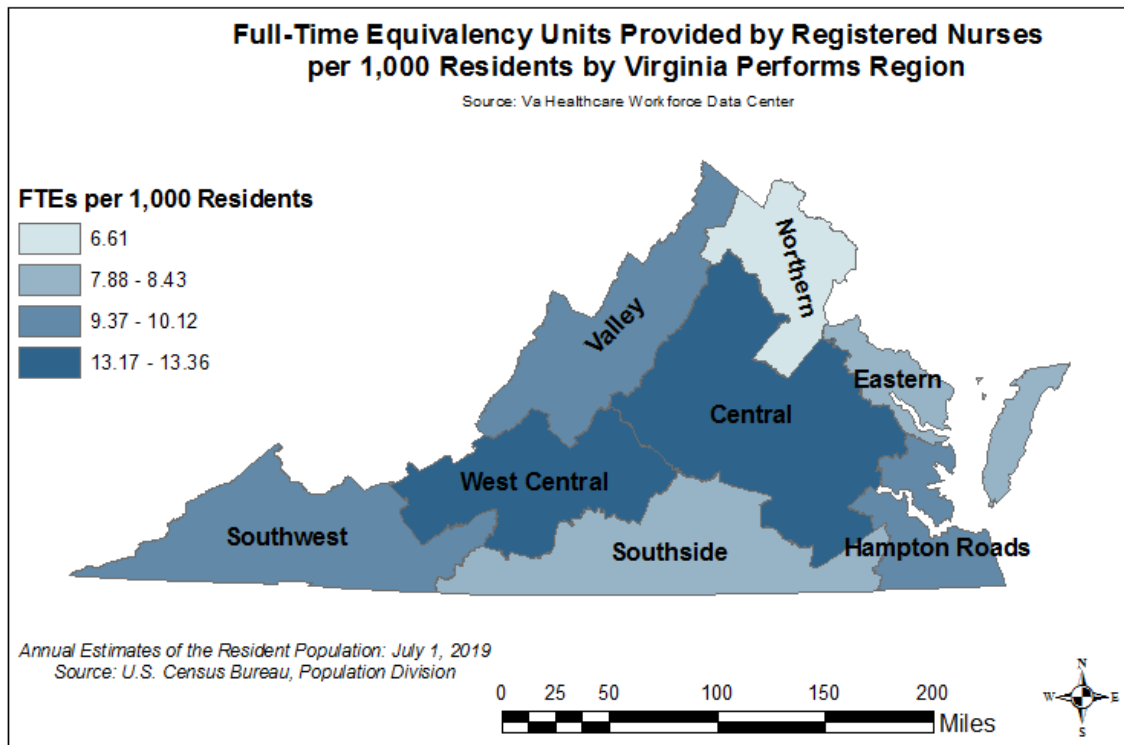
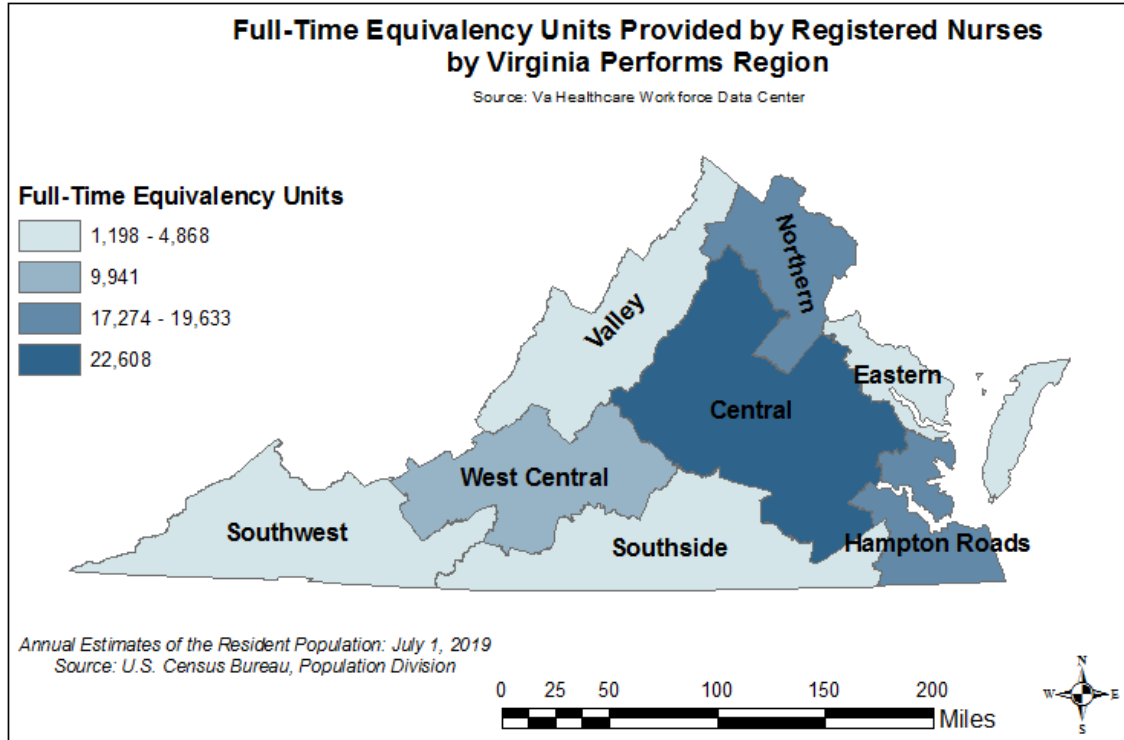
Source: Va. Healthcare Workforce Data Center

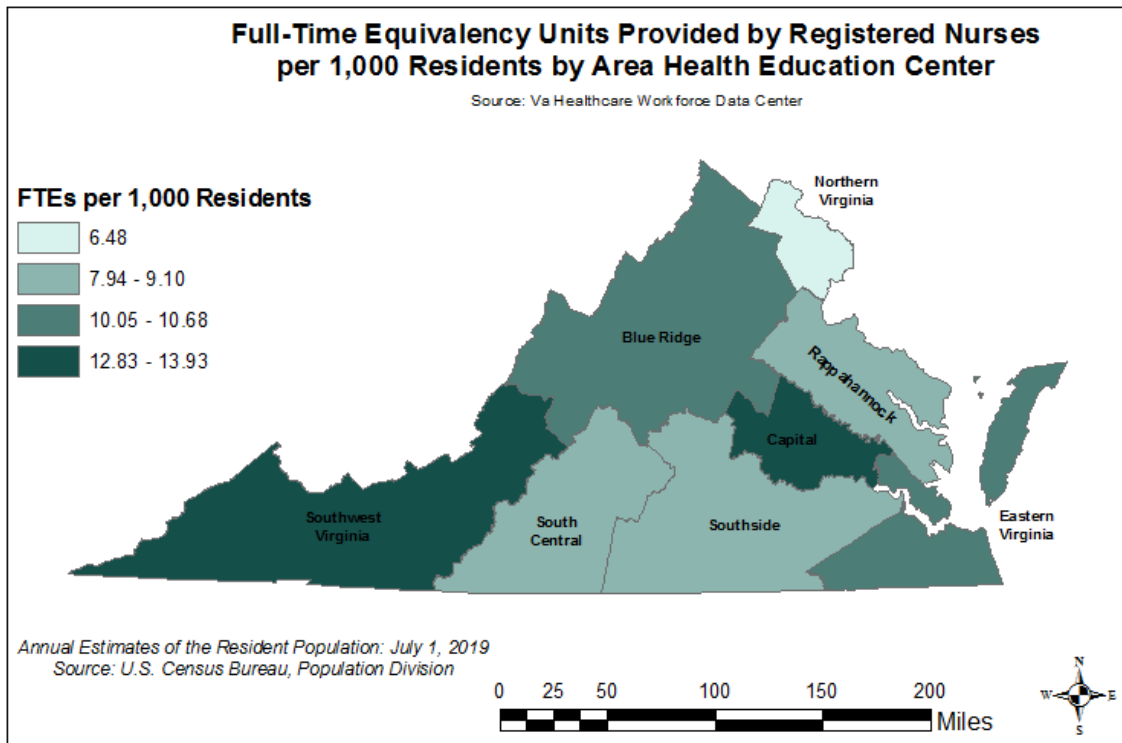
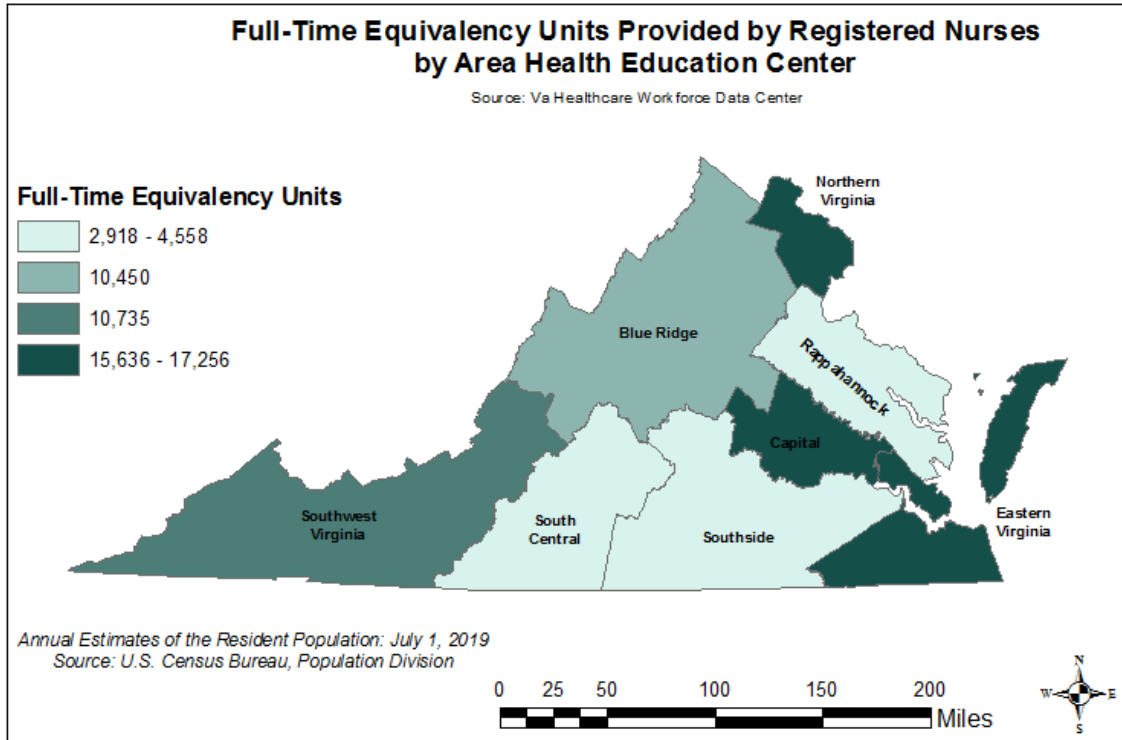


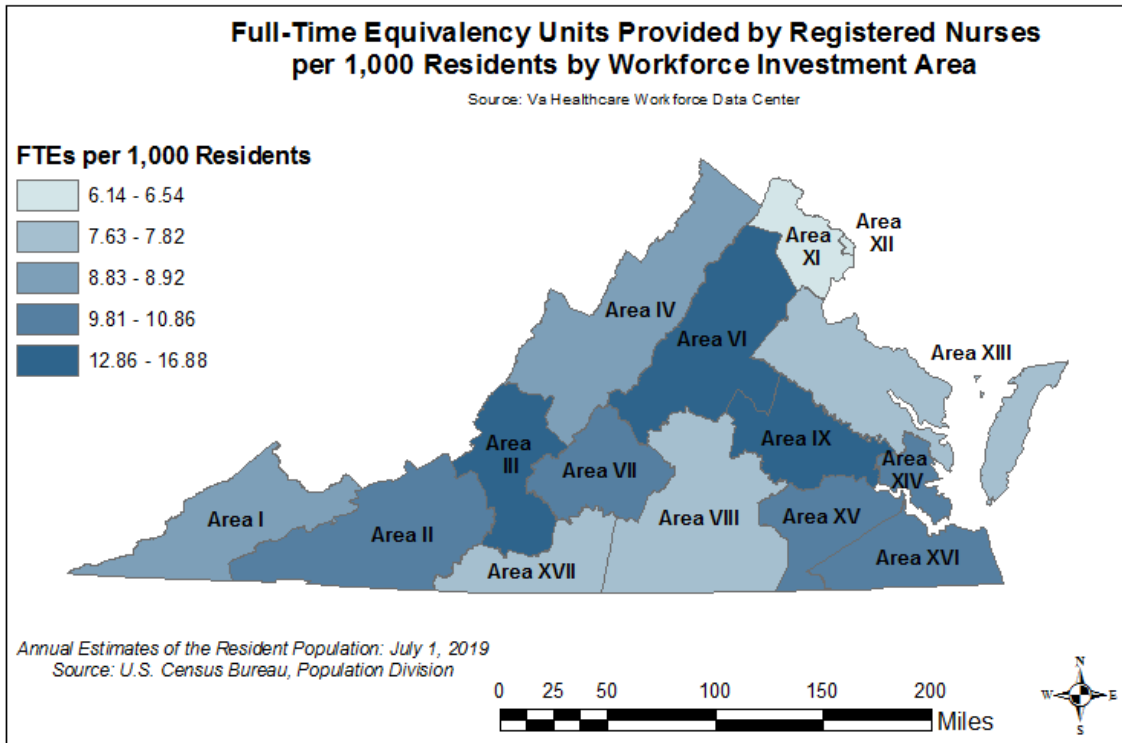
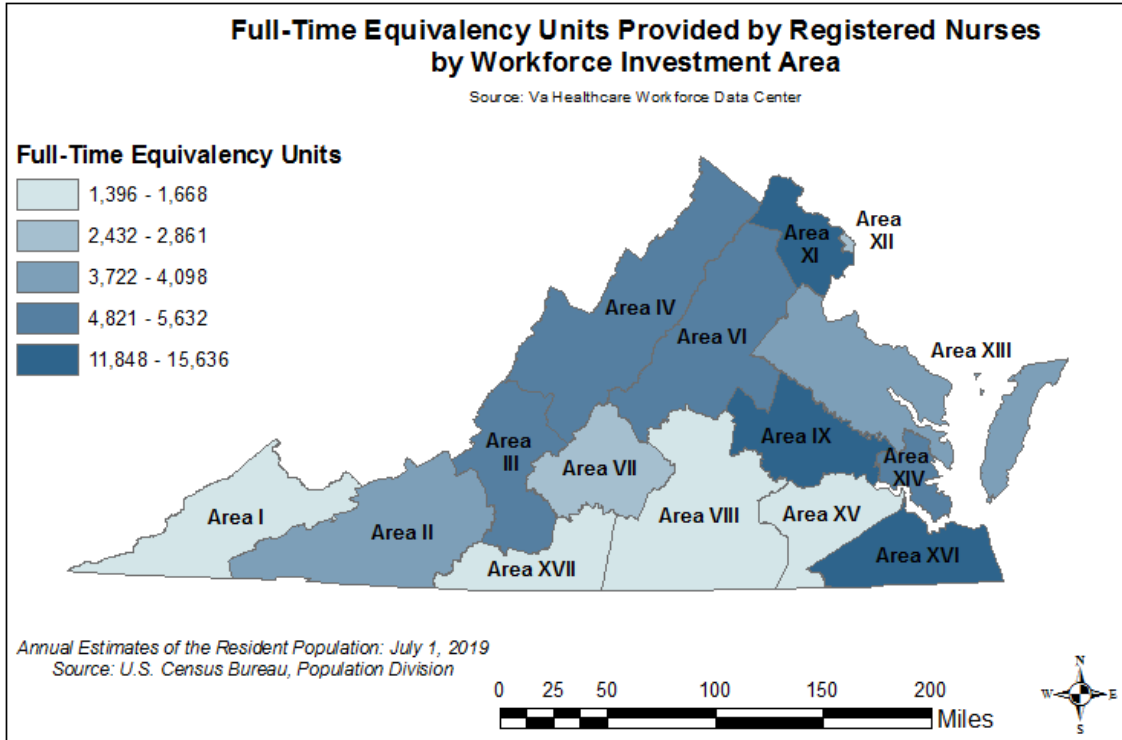
Source: Va. Healthcare Workforce Data Center

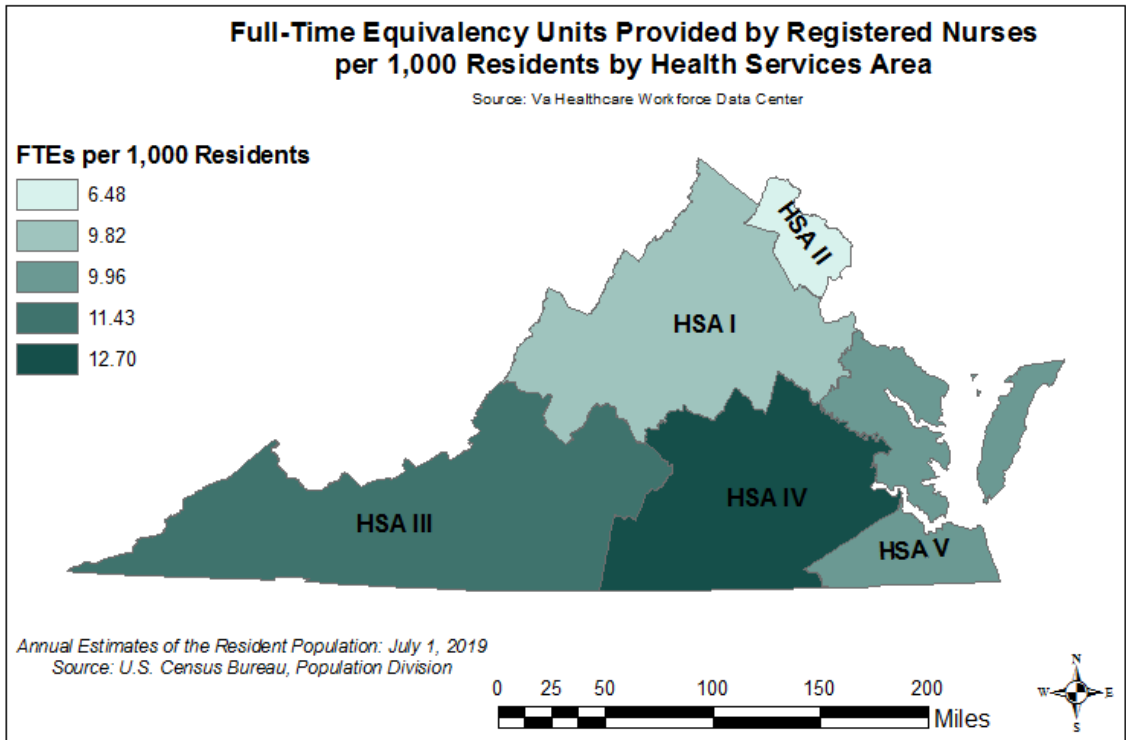
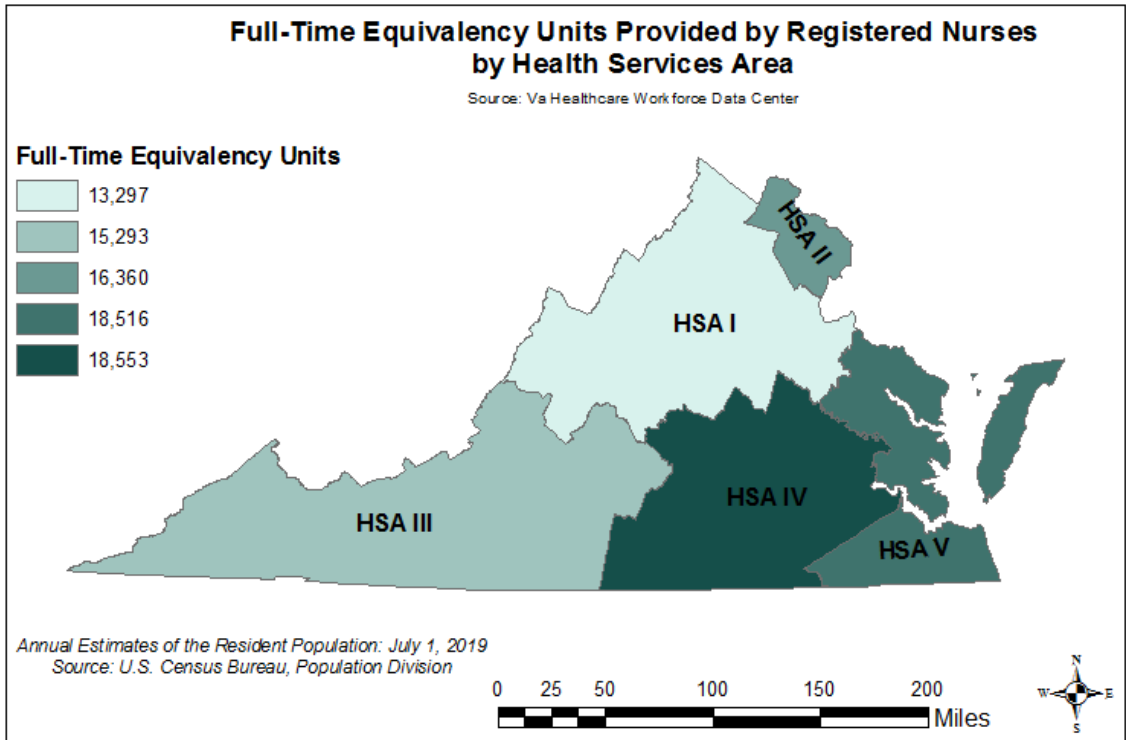
² Number of residents in 2019 was used as the denominator.

³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	67,707	36.06%	2.773	2.170	3.813
Metro, 250,000 to 1 Million	10,536	36.35%	2.751	2.153	3.782
Metro, 250,000 or Less	11,118	36.86%	2.713	2.123	3.730
Urban, Pop. 20,000+, Metro Adj.	1,967	37.37%	2.676	2.094	3.679
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	4,595	37.11%	2.695	2.109	3.705
Urban, Pop. 2,500-19,999, Non-Adj.	3,048	36.52%	2.739	2.143	3.765
Rural, Metro Adj.	2,726	34.67%	2.885	2.258	3.966
Rural, Non-Adj.	1,259	34.47%	2.901	2.270	3.988
Virginia Border State/D.C.	2,918	23.82%	4.199	3.286	5.772
Other U.S. State	10,770	23.57%	4.242	3.320	5.832

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	13,740	25.26%	3.959	3.679	5.832
30 to 34	14,227	38.49%	2.598	2.415	3.828
35 to 39	14,346	29.24%	3.420	3.179	5.038
40 to 44	12,015	43.45%	2.302	2.139	3.391
45 to 49	11,695	31.10%	3.216	2.989	4.737
50 to 54	11,603	44.38%	2.253	2.094	3.320
55 to 59	11,547	31.31%	3.194	2.969	4.706
60 and Over	27,476	35.49%	2.818	2.619	4.152

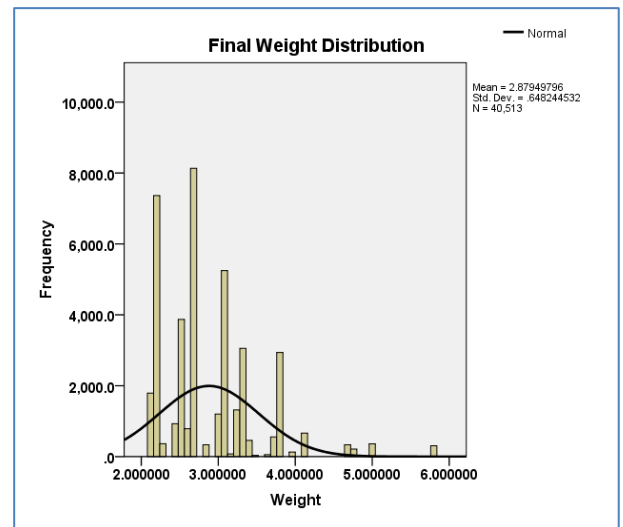
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.347307



Source: Va. Healthcare Workforce Data Center

Virginia's Proprietary Registered Nursing Education Programs: 2019-2020 Academic Year

Healthcare Workforce Data Center

December 2021

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/NursingReports/>

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Introduction and Summary

This report focuses on proprietary registered nurse (RN) programs in Virginia and examines key indicators requested by the Virginia Board of Nursing. The table below compares the findings in this report to a previous report which examined all RN programs to see how indicators for proprietary programs compare to all RN programs. Overall, the indicators examined were comparable apart from mean student-to-faculty ratio, and turnover and appointment rates which were higher for proprietary programs.

Virginia's Nursing Education Programs		
	Proprietary Programs	RN Programs
Mean Program Length	23 Months	24 Months
% Associate Program	41%	50%
% Baccalaureate Program	49%	39%
Students		
Total Enrollment	6,270	12,514
Attrition Rate	12%	12%
Total Graduates	2,272	4,614
% Male Graduates	9%	10%
Faculty		
Total Faculty	877	2,224
% Full-Time Employees	42%	43%
Mean Student-to-Faculty Ratio	7.2	6.5
Most Common Degree	MSN	MSN
Full-Time Turnover Rate	17%	13%
Full-Time Newly Appointed Rate	14%	13%

Source: VA. Healthcare Workforce Data Center

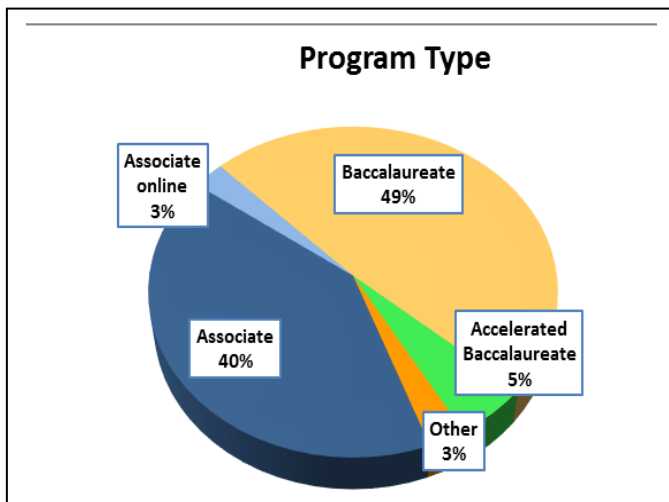
Proprietary Registered Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	#	%
Associate	15	41%
Associate Online	1	3%
Baccalaureate	18	49%
Accelerated Baccalaureate	2	5%
Accelerated Masters	1	3%
Total	37	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Baccalaureate: 49%
 Associate: 41%
 Accelerated Baccalaureate: 5%

Delivery Method

Semester: 79%
 Quarters: 18%

Mean Program Length

Accel. Baccalaureate: 18 Mos.
 Associate: 20 Mos.
 Accel Master's: 22 Mos.

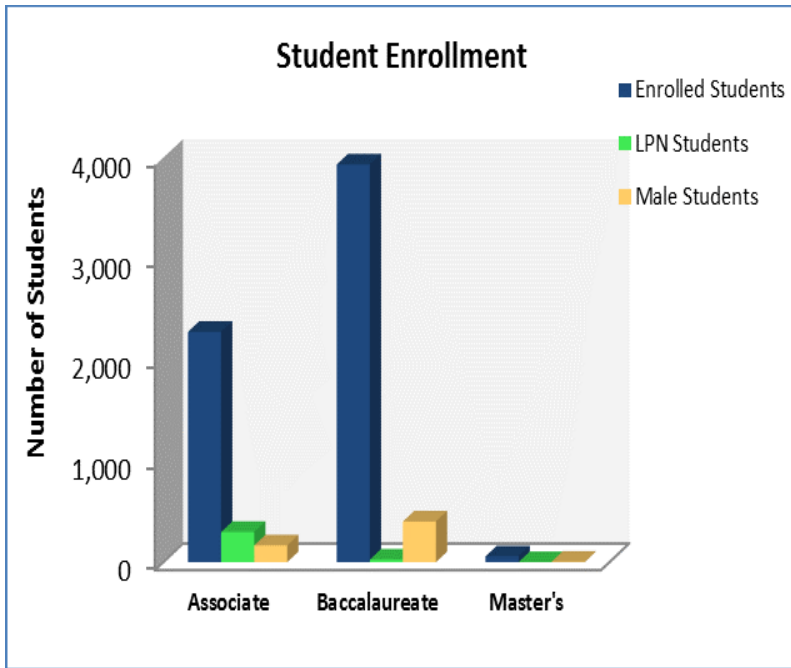
Source: VA. Healthcare Workforce Data Center

There were 38 proprietary Registered Nursing (RN) Education Programs approved in Virginia in the 2019-20 school year; 37 responded to this survey. Nineteen of the programs offer a RN-to-BSN option to their students in addition to their pre-licensure program.

Program Length, Months					
Program Type	Mean	Min	25 th %	75 th %	Max
Associate	20	15	18	24	24
Associate Online	24	24	24	24	24
Baccalaureate	27	15	20	36	36
Accelerated Baccalaureate	18	16	16	.	20
Accelerated Masters	22	22	22	22	22
All Programs	23	15	18	28	36

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total: 6,270
 LPN: 323
 Male: 579

Enrollment by Program Type

Baccalaureate: 63%
 Associate: 35%

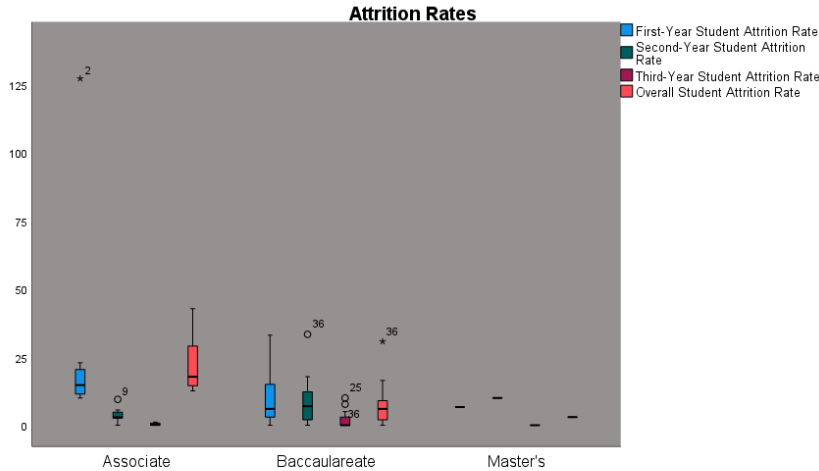
Source: VA. Healthcare Workforce Data Center

Over 6,270 students were enrolled in Virginia’s proprietary RN programs during the current academic year. Of these students, 5% were LPNs while 9% were male.

Program Type	Total Enrollment		LPN Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
Associate	2,169	35%	298	92%	165	28%
Associate Online	110	2%	0	0%	8	1%
Baccalaureate	3,928	63%	25	8%	402	69%
Accelerated Baccalaureate	7	0%	0	0%	0	0%
Accelerated Masters	56	1%	0	0%	4	1%
All Programs	6,270	100%	323	100%	579	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

At a Glance:

Attrition Rate

- 1st Year Avg.: 14%
- 2nd Year Avg.: 7%
- 3rd Year Avg.: 1%
- Overall Avg.: 12%

Attrition by Program Type

- Associate: 18%
- Baccalaureate: 8%
- Accel. Baccalaureate: 15%

Source: VA. Healthcare Workforce Data Center

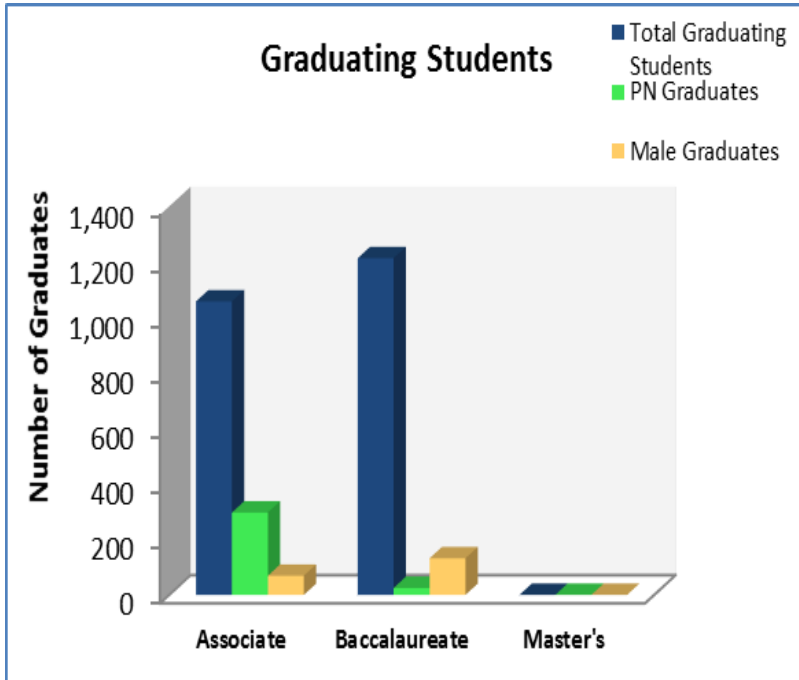
Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	21%	1%	127% ¹	1
	2nd Year Attrition	6%	%	17%	2
	3rd Year Attrition	%	%	1%	8
	Overall Attrition	18%	1%	43%	2
Associate Online	1st Year Attrition	10%	10%	10%	0
	2nd Year Attrition	4%	4%	4%	0
	3rd Year Attrition	%	%	%	1
	Overall Attrition	14%	14%	14%	0
Baccalaureate	1st Year Attrition	9%	%	33%	3
	2nd Year Attrition	7%	%	18%	3
	Third Year Attrition	2%	%	10%	7
	Overall Attrition	8%	%	16%	1
Accelerated Baccalaureate	1st Year Attrition	8%	%	17%	0
	2nd Year Attrition	17%	%	33%	0
	3rd Year Attrition	4%	%	8%	0
	Overall Attrition	15%	%	31%	0
Accelerated Masters	1st Year Attrition	7%	7%	7%	0
	2nd Year Attrition	10%	10%	10%	0
	3rd Year Attrition	%	%	%	0
	Overall Attrition	3%	3%	3%	0
Total	1st Year Attrition	14%	%	127%	5
	2nd Year Attrition	7%	%	33%	6
	3rd Year Attrition	1%	%	10%	17
	Overall Attrition	12%	%	43%	4

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all proprietary RN program types was 12%. Associate and Accelerated Baccalaureate programs had the highest overall average attrition rate, with 18% and 15% of all students, respectively, leaving the programs. Baccalaureate programs had an attrition rate of 8%, while Accelerated Masters programs had the lowest attrition rate at 3%.

¹ This was the maximum provided by the programs. Each program reports their attrition rates.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total: 2,272
 % PN: 14%
 % Male: 9%

Grad. by Program Type

Associate: 46%
 Baccalaureate: 53%
 Associate Online: 1%

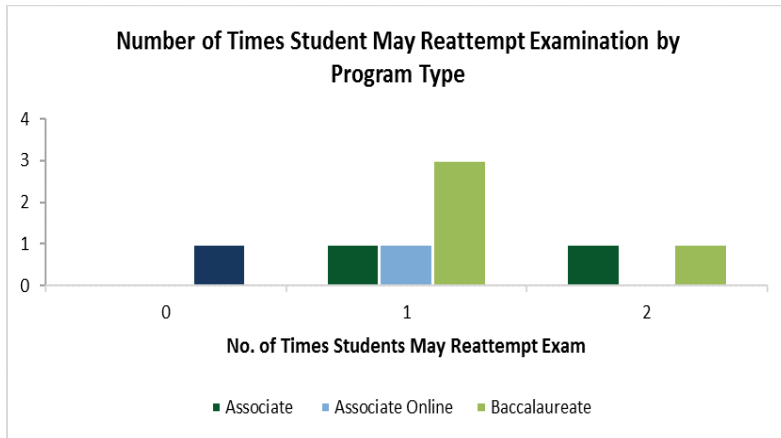
Source: VA. Healthcare Workforce Data Center

A total of 2,272 students graduated from Virginia's proprietary RN programs during the current academic year. 14% of these graduates had previously graduated a PN program and 9% were male. Slightly more than half of all graduating students completed Baccalaureate programs.

Program Type	Total Graduates		PN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
Associate	1,040	46%	297	92%	67	33%
Associate Online	18	1%	0	0%	2	1%
Baccalaureate	1,209	53%	25	8%	132	66%
Accelerated Baccalaureate	5	0%	0	0%	0	0%
Accelerated Masters	0	0%	0	0%	0	0%
All Programs	2,272	100%	322	100%	201	100%

Source: VA. Healthcare Workforce Data Center

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam

Baccalaureate: 3
Associate: 2

No. Who Did Not Graduate.

Baccalaureate: 0
Associate: 0

Source: VA. Healthcare Workforce Data Center

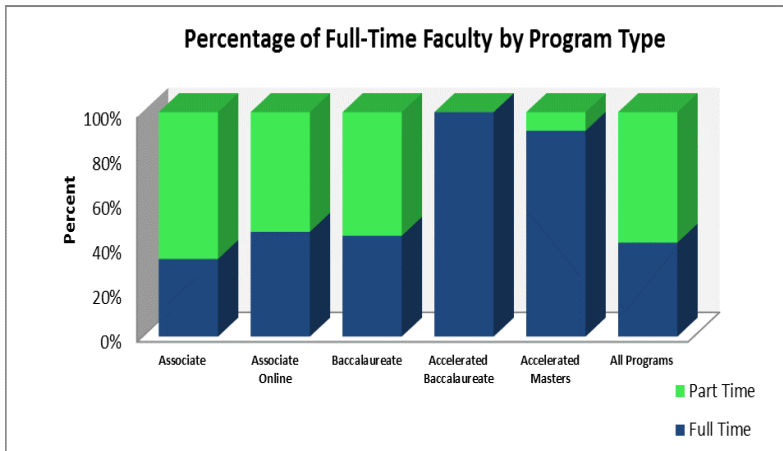
Six programs require students to pass a comprehensive examination before graduating. In the 2019-20 year, no student in proprietary programs failed to graduate as a result of this requirement.

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Rettempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
Associate	2	13%	2	100%	2	0
Baccalaureate	3	17%	3	100%	1	0
Accel. Baccalaureate	1	100%	1	100%	1	0
Baccalaureate Online	0	0%	0	N/A	N/A	N/A
Accel. Masters	0	0%	0	N/A	N/A	N/A
All Programs	6	16%	6	100%	1	0

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Baccalaureate: 59%
 Associate: 38%
 Associate Online: 2%

% Full-Time

Overall: 42%
 Accel. Master's: 92%
 Accel. Baccalaureate: 100%

Mean Student-Faculty Ratio

Overall: 7.2
 Baccalaureate: 8.1
 Associate Online: 7.3

Source: VA. Healthcare Workforce Data Center

Over half of all proprietary RN program faculty work at Baccalaureate programs, while nearly 40% work for Associate programs. In total, Virginia's proprietary RN programs employed 877 faculty members, 42% of whom are full-time workers.

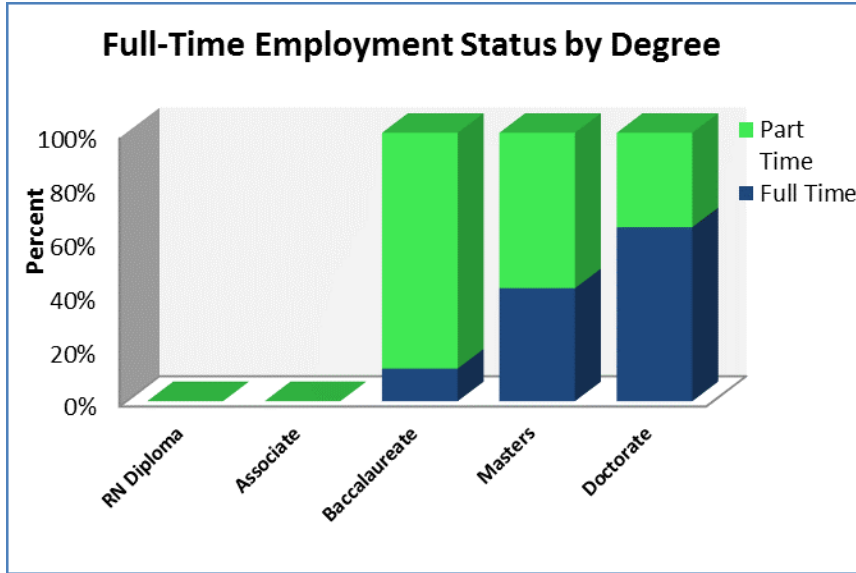
Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
Associate	114	31%	216	42%	330	38%	35%	5.8	7.1	8.9
Associate Online	7	2%	8	2%	15	2%	47%	7.3	7.3	7.3
Baccalaureate	232	63%	285	56%	517	59%	45%	4.9	8.1	11.0
Accelerated Baccalaureate	3	1%	0	0%	3	0%	100%	0.0	1.8	.
Accelerated Masters	11	3%	1	0%	12	1%	92%	4.7	4.7	4.7
All Programs	367	97%	510	100%	877	99%	42%	4.7	7.2	9.4

Source: VA. Healthcare Workforce Data Center

On average, the typical proprietary RN program had a student-to-faculty ratio of 7.2. Baccalaureate programs had the highest ratio at 8.1, whereas Accelerated Baccalaureate programs had the lowest ratio at 1.8.

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN: 60%
 Nursing Doctorate: 21%
 BSN: 17%

Full-Time Employment

Overall: 42%
 Nursing Doctorate: 65%
 Non-Nursing Doctorate: 60%
 Masters in Nursing: 42%

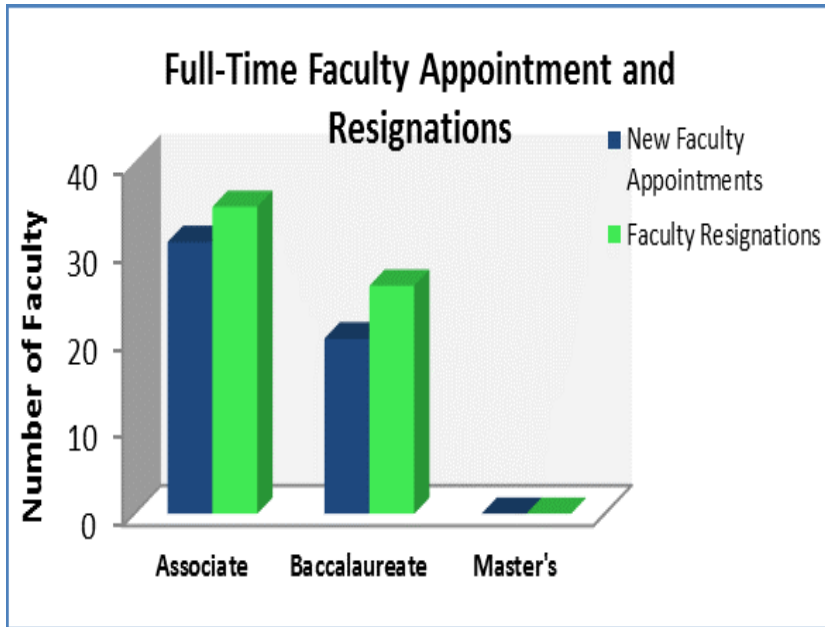
Source: VA. Healthcare Workforce Data Center

60% of all faculty members at proprietary programs held a MSN as their highest professional degree, while 21% held a doctorate in nursing. Among all faculty with a reported degree, 42% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	0	0%	0	0%	0	N/A	N/A
ASN	0	0%	0	0%	0	N/A	N/A
Non-Nursing Bachelors	0	0%	0	0%	0	N/A	N/A
BSN	14	5%	101	26%	115	17%	12%
Non-Nursing Masters	1	0%	3	1%	4	1%	25%
Masters in Nursing	167	61%	228	60%	395	60%	42%
Non-Nursing Doctorate	3	1%	2	1%	5	1%	60%
Nursing Doctorate	91	33%	49	13%	140	21%	65%
Total	276	100%	383	100%	659	100%	42%

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty
 Turnover Rate: 17%
 Newly Appointed Rate: 14%

Turnover Rate
 Associate: 29%
 Assoc Online: 29%
 Baccalaureate: 11%

Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's RN proprietary programs experienced a 17% turnover rate and a newly appointed faculty rate of 14% over the past year.

Full-Time Faculty	Program Type					
	ASN	ASN Online	BSN	Accel. BSN	Accel. Masters	All Programs
Total	114	7	232	3	11	367
Newly Appointed	29	2	20	0	0	51
Resignations	33	2	26	0	0	61
Turnover Rate	29%	29%	11%	0%	0%	17%
Proportion Newly Appointed	25%	29%	9%	0%	0%	14%

Source: VA. Healthcare Workforce Data Center

Virginia Board of Nursing -- Informal Conference Schedule

Jan – Jun 2022

*Chairperson

D1

Special Conference Committee A Cynthia Swineford, RN, MSN, CNE * James Hermansen-Parker, MSN, RN, PCCN-K			Special Conference Committee B Brandon Jones, MSN, RN, CEN, NEA-BC*			Special Conference Committee C Marie Gerardo, MS, RN, ANP-BC * Margaret Friedenberg, Citizen Member			
Special Conference Committee D Tucker Gleason, PhD, Citizen Member* Laurie Buchwald, MSN, WHNP, FNP			Special Conference Committee E Felisa Smith, RN, MSA, MSN / Ed, CNE, PhD * Dixie McElfresh, LPN			Special Conference Committee F Mark Monson, Citizen Member * Yvette Dorsey, DNP, RN			
Special Conference Committee G Meenakshi Shah, BA, RN* Teri Crawford Brown RNC, MSN, CPPS									
DATE			SCC / AG SUB	STAFF	CASES	MEETING ROOM	WAITING ROOM	BON STAFF	LMT ABM
Tuesday	Jan 11	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FS	
Wednesday	Jan 12	2022	Educ IFC	JW		BR3	HR5	BY	
Thursday	Jan 13	2022	AgSub-PS	RH	LNP/NSG	TR1	HR2	LG	
Thursday	Feb 3	2022	SCC-A	CB	LMT	BR1	HR1	CH	DH
Monday	Feb 7	2022	SCC-G	CM	APPLICANT	TR1	HR5	FS	
Tuesday	Feb 8	2022	AgSub-TM	PD	NSG/RMA/CNA	TR1	HR5	LG/CS	
Tuesday	Feb 8	2022	SCC-E	CR	NSG/RMA/CNA	BR4	HR4	CH	
Wednesday	Feb 9	2022	SCC-C	CM	APPLICANT	BR1	HR1	CH	
Thursday	Feb 10	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	FS/LG	
Tuesday	Feb 15	2022	SCC-B	CR	NSG/RMA/CNA	TR1	HR5	FS	
Wednesday	Feb 16	2022	JB MTG	RH		BR2		HV/CH	
Tuesday	Feb 22	2022	AgSub-LH	RH	NSG/RMA/CNA	TR1	HR5	LG/CS	
Monday	Feb 28	2022	AgSub-KM	FI	NSG/RMA/CNA	TR1	HR5	CH/TBD	
Tuesday	Mar 8	2022	AgSub-LH	CM	NSG/RMA/CNA	TR1	HR5	CS/LG	
Wednesday	Mar 9	2022	Educ IFC	JW		BR3	HR5	BY	
Thursday	Mar 10	2022	AgSub-PS	RH	LNP/NSG	BR1	HR1	LG	
Tuesday	Mar 15	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FS	
Monday	Mar 28	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	CH/TBD	
Tuesday	April 5	2022	SCC-F	CB	LMT	TR1	HR5	CH	MO
Thursday	April 7	2022	SCC-A	CM	APPLICANT	TR1	HR5	CS/LG	
Monday	April 11	2022	SCC-G	CR	NSG/RMA/CNA	TR1	HR5	CH	
Tuesday	April 12	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	CH/TBD	
Tuesday	April 12	2022	SCC-E	CR	NSG/RMA/CNA	TR2	HR3	LG	
Thursday	April 14	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	FS	
Monday	April 18	2022	AgSub-LH	RH	NSG/RMA/CNA	TR1	HR5	CH/TBD	
Tuesday	April 19	2022	SCC-C	CB	NSG/RMA/CNA	TR1	HR3	LG	
Wednesday	April 20	2022	JB MTG	RH		BR2		HV/CH	
Thursday	April 21	2022	SCC-D	CM	APPLICANT	TR1	HR5	FS	
Monday	April 25	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	LG	
Tuesday	May 3	2022	Educ IFC	JW		BR3	HR5	BY	
Friday	May 6	2022	AgSub-LH	CM	NSG/RMA/CNA	TR1	HR1	CH/TBD	
Thursday	May 12	2022	AgSub-PS	RH	LNP/NSG	HR5	HR3	LG	
Tuesday	May 24	2022	AgSub-TM	FI	NSG/RMA/CNA	TR1	HR5	FS	
Tuesday	May 31	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	CH/TBD	
Thursday	June 2	2022	AgSub-PS	RH	LNP/NSG	TR1	HR5	FS	
Monday	June 6	2022	SCC-E	CR	APPLICANT	TR1	HR5	CH	
Tuesday	June 7	2022	SCC-B	CB	LMT	TR1	HR5	CH	DH
Wednesday	June 8	2022	AgSub-LH	RH	NSG/RMA/CNA	TR1	HR5	CS	
Thursday	June 9	2022	SCC-A	CM	NSG/RMA/CNA	TR2	HR5	LG	
Monday	June 13	2022	SCC-G	CM	NSG/RMA/CNA	TR1	HR5	FS	
Tuesday	June 14	2022	AgSub-TM	CR	NSG/RMA/CNA	TR1	HR5	TBD/CH	
Wednesday	June 15	2022	JB MTG	RH		BR 4		HV/CH	
Tuesday	June 21	2022	SCC-F	CB	NSG/RMA/CNA	TR1	HR5	LG	
Monday	June 27	2022	AgSub-KM	PD	NSG/RMA/CNA	TR1	HR5	FS	
Wednesday	June 29	2022	SCC-C	CM	APPLICANT	TR1	HR5	CS	
BON AGENCY SUBS TM – Trula Minton KM - Kelly McDonough PS-Pat Selig LH-Louise Hershkowitz									
BON STAFF JD – Jay Douglas RH – Robin Hills CM – Claire Morris CB-Christina Bargdill PD – Pat Dewey JW – Jacquelyn Wilmoth FI – Francesca Iyengar									
BON SUPPORT STAFF LG – Lakisha Goode STS – Sylvia Tamayo-Suijk FS – Florence Smith HV – Huong Vu BY – Beth Yates CH – Cathy Hanchey CS-Candis Stoll									
APD STAFF JB-Julia Bennett CG – Cynthia Gaines DK – David Kazzie MW- Mandy Wilson GS – Grace Stewart AJ-Anne Joseph TJ – Tammie Jones DR-David Robinson MP – Michael Parsons MP-Melanie Pagano CF-Claire Foley									
OTHERS – MT Adv Bd DH – Dawn Hogue EO- Erin Osiol SP- Shawnte Peterson MO-Maria Olivieri									

**VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Wednesday, January 12, 2022**

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Boardroom 3**
Henrico, Virginia 23233

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9:07 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Boardroom 3, Henrico, Virginia.

MEMBERS PRESENT: Brandon A. Jones, MSN, RN, CEN, NEA-BC, Chair
Yvette Dorsey, DNP, RN

STAFF PRESENT: Jay Douglas, MSM, RN, CSAC, FRE, Executive Director
Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director
Randall Mangrum, DNP, RN, Nursing Education Program Manager
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager
Erin Barrett, JD, Senior Policy Analyst
Beth Yates, Education Program Specialist

PUBLIC COMMENT: There was no public comment.

DISCUSSION: **Revisions to Nurse Aide Regulations**

Ms. Wilmoth provided background information regarding a Board education staff proposal to review and revise Regulations for Nurse Aide Education Programs.

Mr. Jones requested to review the suggested regulatory revisions sequentially.

Ms. Wilmoth led a discussion of proposed revisions to Regulations for Nurse Aide Education Programs.

Ms. Barrett advised the committee that wordsmithing was not necessary today, as it would be the committee’s responsibility to first determine if regulatory revisions were necessary and make a recommendation to move forward with a Notice of Intended Regulatory Action (NOIRA), if desired.

Discussion ensued regarding proposed regulatory changes to include rationale for suggested revisions.

Ms. Smith brought attention to 18VAC90-26-50 (D) as the description of classroom facilities and statements regarding equipment/supplies are difficult for the inspectors to verify during a visit.

Discussion occurred regarding the implementation of a Guidance Document to provide the board’s interpretation of the regulation, which would increase objectivity during survey visits.

ACTION:

Dr. Dorsey moved to recommend to issue a Notice of Intended Regulatory Action to review and potentially amend the Regulations for Nurse Aide Education programs.

The motion passed unanimously.

Dr. Dorsey moved to recommend the creation of a workgroup to develop a guidance document to provide the board's interpretation of 18VAC90-26-50 (D).

The motion passed unanimously.

These recommendations will be presented to the full Board on Tuesday, January 25, 2022

Ms. Barrett left the meeting at 10:38 a.m.

**EDUCATION PROGRAM
UPDATES:**

The committee held a brief discussion of nursing, nurse aide and medication aide education program updates.

Dr. Mangrum reported that programs are experiencing challenges with clinical faculty recruitment; however, programs are able to utilize the faculty exception request process to meet their needs. He reported that programs are reaching out to him related to clinical site availability due to the recent increases in COVID infections.

Ms. Smith reported that nurse aide education programs are experiencing challenges regarding obtaining and retaining instructors. There has also been an increase in programs reaching out to her related to clinical site availability due to the recent increases in COVID infections.

Ms. Wilmoth reported that board staff continue to contact registered medication aide programs to determine program status.

Mr. Jones suggested a full verbal education update be provided to the full board on Tuesday, January 25, 2022.

Meeting adjourned at 11:16 a.m.

Chart of Regulatory Actions January 6, 2022

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<p><u>Unprofessional conduct - conversion therapy</u> [Action 5430]</p> <p>Final - Register Date: 1/3/22 Effective: 2/2/22</p>
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<p><u>Use of simulation</u> [Action 5402]</p> <p>Final - Register Date: 1/3/22 Effective: 2/2/22</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Changes relating to clinical nurse specialists as nurse practitioners</u> [Action 5800]</p> <p>Fast-Track - Register Date: 1/17/22 Effective: 4/1/22</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Unprofessional conduct/conversion therapy</u> [Action 5441]</p> <p>Final - Register Date: 1/3/22 Effective: 2/2/22</p>
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Waiver for electronic prescribing</u> [Action 5413]</p> <p>Final - Register Date: 1/3/22 Effective: 2/2/22</p>
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	<p><u>New regulations for licensed certified midwives</u> [Action 5801]</p> <p>NOIRA - Register Date: 1/17/22 Comment period: 1/17/22 to 2/16/22 Proposed regs to: Comm. of Jt. Boards – 4/20/22 Nursing – 5/17/22 Medicine – 6/16/22</p>

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

Wednesday, December 1, 2021

- TIME AND PLACE:** The meeting of the of the Massage Therapy Advisory Board convened at 2:00 p.m. in Training Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia..
- PRESIDING:** Jermaine Mincey, Citizen Member, Chair
- MEMBERS PRESENT:** Dawn Hogue, L.M.T.
Erin Claire Osborn Osiol, M.S.W., L.M.T.
María Mercedes Olivieri, L.M.T.
- MEMBERS ABSENT:** Shawnté Peterson, L.M.T., Vice Chair – **joined at 2:10 P.M.**
- STAFF PARTICIPATING:** Jay P. Douglas, R.N., M.S.M., C.S.A.C., F.R.E., Executive Director **left at 3:50 pm**
Christina Bargdill, B.S.N., R.N., M.H.S., Deputy Executive Director
Cathy Hanchey, Senior Licensing/Discipline Specialist
- OTHERS PARTICIPATING:** Kim Small, Visual Research – **joined at 2:30 p.m.**
- PUBLIC PARTICIPATING:** Becky Bowers-Lanier, American Massage Therapy Association-VA Chapter
- ESTABLISHMENT OF A QUORUM:** Mr. Mincey 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:** Mr. Mincey welcomed Christina Bargdill to her position as Deputy Executive Director for the Medication Aide, Nurse Aide and Massage Therapy program position.
- OLD BUSINESS:** An overview was done of the minutes from the last Massage Therapy Advisory Board meeting held on November 2, 2020. Ms. Hogue moved that the minutes from the November 2, 2020, meeting be approved. The motion was seconded by Ms. Olivieri and carried unanimously.
- PUBLIC COMMENT:** Mr. Mincey opened the meeting for public comment. No one appeared for public comment.

NEW BUSINESS:

Ms. Bargdill reviewed the Formal Hearing schedule for January – December 2022, and covered dates for January 2022 Formal Hearings, and Informal Conferences for December 2021, as well as January – June 2022. Ms. Bargdill advised an email would be forthcoming for an additional Formal Hearing date.

Ms. Douglas initiated discussion concerning the emergence of online programs during COVID-19. Concerns during the discussion were standards for online programs including: adequate training for faculty; content area and amount of time spent in online learning vs. in-person learning; mode of delivery (live virtual); and, apprenticeship as a pathway to licensure.

Mr. Mincey announced that according to the By-laws, elections for both Chair and Vice-Chair must be held. Mr. Mincey is currently serving as Chair, and Ms. Peterson is serving as Vice-Chair.

Mr. Mincey moved to nominate Ms. Peterson as Chair, and the motion was seconded by Ms. Hogue. With no other nominees for Chair, Ms. Peterson was elected Chair by acclamation.

Mr. Mincey moved to nominate Ms. Hogue for Vice-Chair, and the motion was seconded by Ms. Osiol. With no other nominees for Vice-Chair, Ms. Hogue was elected Vice-Chair by acclamation.

Kim Small, Visual Research, presented information regarding the Sanction Reference Point (SRP) worksheet development specifically for Licensed Massage Therapists (LMTs) for use under Guidance Document 90-7. After discussion, it was the Advisory Board's recommendation that the Board of Nursing add a Case Type for "Standard of Care." The Advisory Board recommended that the category of Stand of Care should be ranked above that of Unlicensed Activity and that the scoring of points should be determined by Visual Research staff in consideration of the existing offense scores. Additionally, the Advisory Board recommended that a category for "Patient Physical Injury" for 10 points be included under Offense and Respondent Score. These recommendations should be incorporated into the SRP worksheet for LMTs and presented to the full Board of Nursing for approval.

Comments related to current trends and issues in the massage therapy education and practice environments included discussions surrounding online education delivery, human trafficking and education, COVID-19 vaccination status of educators/students, increased number of available positions, and a request for an update on recommendations of COVID-19 practices for LMTs as health care practitioners, including a determination of where LMTs fit into the recommendations.

REPORTS:

Ms. Hogue provided an update on the Massage Therapy Compact Development as a member of the Technical Assistance Group. There are issues related to navigating between the ease for legitimate LMTs and provide protection from human trafficking. Ms. Hogue outlined the steps in development of the Compact, with a goal of providing recommendations to the drafting team by the summer of 2022 and seven states participating in the Compact to make it active.

Ms. Hanchey noted that case types are comparable to those from 2020, noting that the drop in Fraud, Non-Patient Care cases are related to fewer MBLEx invalidations by the Federation of State Massage Therapy Boards. Statistical reports provided are incorporated and attached to these minutes.

Ms. Hanchey presented information concerning LMTs. There is a significant decrease in new licenses issued, and this decrease is attributed to the impact of COVID-19 restrictions. The decrease in active LMTs may also be attributed to the impact of COVID-19. Statistical reports provided are incorporated and attached to these minutes.

INFORMATION ONLY: Ms. Hanchey provided information concerning the outcome of the virtual elections for the 2021 FSMTB Annual Meeting, as well as additional information provided by FSMTB in the areas of massage therapy programs, fraud in education, and the Compact.

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 2022.

ADJOURNMENT: The meeting was adjourned at 4:28 p.m.

Christina Bargdill, B.S.N., M.H.S., R.N.
Deputy Executive Director