

Virginia Board of Nursing

Instructions for Accessing March 23, 2021 at 9:00 A.M.

Virtual Business Meeting and Providing Public Comment

- ❖ **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- ❖ **Public comment:** Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to huong.vu@dhp.virginia.gov no later than 8 am on March 23, 2021 indicating that they wish to offer comment. Be sure to specify if the comment is associated with the public hearing or the board meeting. Comment may be offered by these individuals when their names are announced by the chairman.
- ❖ Public participation connections will be muted following the public comment periods.
- ❖ Should the Board enter into a closed session, public participants will be blocked from seeing or hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the discussions will be restored.
- ❖ Please call from a location without background noise.
- ❖ Dial (804) 786-7060 to report an interruption during the broadcast.
- ❖ FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>.

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JOIN THE INTERACTIVE MEETING

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Meeting number (access code): 178 551 8698

Meeting password: UsP3YyUEW37

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VIRGINIA BOARD OF NURSING

VIRTUAL BUSINESS MEETING

Final Agenda

Department of Health Professions, Henrico, Virginia 23233

Tuesday, March 23, 2021 at 9:00 A.M. – Quorum of the Board

JOIN BY AUDIO ONLY

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JOIN THE INTERACTIVE MEETING

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Meeting number (access code): 178 551 8698

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CALL TO ORDER: Marie Gerardo, MS, RN, ANP-BC; President

ESTABLISHMENT OF A QUORUM.

ANNOUNCEMENT

Staff Update:

- Christine Smith, RN, MSN accepted the Nurse Aide/RMA Program Manager position and started on February 25, 2021
- Randall Mangrum, RN, DNP, accepted the Nursing Education Program Manager position and started on March 10, 2021
- Florence Smith, accepted the Nursing Discipline Specialist position and started on March 10, 2021
- Darlene Graham, Senior Discipline Specialist, retired effective March 2, 2021
- Charlette Ridout, RN, MS, CNE, Deputy for Nurse Aide/Medication Aide and Massage Therapy Program, resigned effective March 5, 2021

A. UPCOMING MEETINGS:

- The *VIRTUAL* NCSBN APRN Roundtable is scheduled for April 6, 2021– Ms. Douglas will attend as president of NCSBN Board of Directors and Dr. Hills, Deputy Executive Director for Advanced Practice will attend.
- The Committee of the Joint Boards of Nursing and Medicine *VIRTUAL* meeting is scheduled for Wednesday, April 21, 2021 at 9:00 am.

- The NCSBN Board of Directors **VIRTUAL** meeting is scheduled for May 11-13, 2021 – Ms. Douglas will attend as the President of NCSBN Board of Directors.

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

B1	December 2, 2020	Board of Nursing VIRTUAL Business Meeting*
B2	January 20, 2021	Telephone Conference Call*
B3	January 26, 2021	Panel A – Formal Hearings*
B4	January 26, 2021	Panel B – Formal Hearings*
B5	January 27, 2021	Formal Hearings*
B6	January 28, 2021	Formal Hearings*
B7	March 17, 2021	Telephone Conference Call***

C1 Financial Report as of January 31, 2021*

C2 Board of Nursing Monthly Tracking Log**

C3 HPMP Report as of December 31, 2020*

C4 Board of Nursing Criminal Background Check Report for CY2020*

C5 Board of Nursing Licensure, Autonomous, and Discipline Statistics for CY2020*

C6 The Committee of the Joint Boards of Nursing and Medicine December 9, 2020 Business Meeting DRAFT minutes*

C7 The Committee of the Joint Boards of Nursing and Medicine February 8, 2021 Formal Hearing DRAFT minutes*

C8 The Committee of the Joint Boards of Nursing and Medicine February 17, 2021 Formal Hearing DRAFT minutes*

C9 Executive Director Report**

- ❖ February 19, 2021 Letter from the NCSBN President, Jay Douglas – Post-Board Meeting Update*

E2 January 12, 2021 Education Informal Conference Committee minutes & recommendations*

E3 March 10, 2021 Education Informal Conference Committee minutes***

- ❖ 2020 NNAAP Pass Rates February 24, 2021 Memorandum***

- ❖ 2020 NCLEX Pass Rates February 8, 2021 Memorandum***

Healthcare Workforce Data Center (HWDC) Report:

- Virginia’s Nursing Education Programs: 2018-2019 Academic Year*

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

B. DISPOSITION OF MINUTES – None

C. REPORTS

- **C10** Board of Health Professions Draft January 21, 2021 Minutes** – **Ms. Hershkowitz**
- Mary Marshall Scholarship Update – **Ms. Douglas (verbal report)**

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- Federation of State Massage Therapy Boards (FSMTB) Massage Therapy License Database update – **Ms. Douglas (verbal report)**
- Informal Conferences for the second half of 2021 – **Ms. Gerardo/Ms. Douglas (verbal report)**

E. EDUCATION:

- The Impact of COVID -19 on Nurse Aide Education Programs Report** – **Ms. Douglas**
- Education Update – **Ms. Wilmoth (verbal report)**

F. REGULATIONS – Ms. Yeatts

F1 Status of Regulatory Actions*

F2 Report of the 2021 General Assembly*

10:00 A.M. – PUBLIC COMMENT

10:30 A.M. – PUBLIC HEARING

PH1 - Unprofessional Conduct – Conversion Therapy (18VAC90-19 and 30) – Proposed Text*

PH2 - Use of Simulation in Nursing Education Programs (18VAC90-27) Proposed Text*

1:00 P.M. – GERMANNA COMMUNITY COLLEGE AND MARY WASHINGTON HOSPITAL ACADEMIC PRACTICE/PARTNERSHIP PRESENTATION – Eileen L. Dohmann, MBA, BSN, RN, NEA-BC, Senior Vice President, Chief Nursing Officer, Mary Washington Healthcare, and Patti Lisk, DACCE, MS, BSN, RN, Dean of Nursing and Health Technologies, Germanna Community College

2:00 P.M. – AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

- #1** – Jessica Daniel Martin, RN*
- #2** – Jessica Nicole Eastburn, RMA*
- #3** – Vanessa Yvette Jonhson, RMA*
- #4** – Rukya A Said, LPN*
- #5** – Lyrae S. Tinsley, CNA*
- #6** – Tseng Ling Chang, CNA*
- #7** – Marla Renee Depriest-Hubbard, LPN*
- #8** – Joshua Edward Frye Worley, RN*
- #9** – Christopher John Chimera, LPN**
- #10** – Edythe Sawyer, RN**
- #11** – Melissa renee Everett, RN**
- #12** – Elaine A. Redcay, RN**
- #13** – Kristen Ann Fatigate, RN**
- #14** – Georgienne Castle Neale, RN**
- #15** – Shyena Wesson, LPN**
- #16** – Karen Roberts Turpin, RN**

March 10, 2021 Recommendation of the Education Informal Conference Committee regarding Petersburg Public School Practical Nursing Education Program (US28109400)***

March 10, 2021 Recommendation of the Education Informal Conference Committee regarding Piedmont Virginia Community College (PVCC) Practical Nursing Education Program (US28203800)***

G. CONSENT ORDERS: (Closed Session)

G1 – Carmen Cassandra Gomez Gorges, RN Reinstatement*

G2 – Vicky Lu Mitchell, RN**

Martha Blair Hatfield, RN

3:30 P.M. - POSSIBLE SUMMARY SUSPENSION CONSIDERATION

Case # 206499***

Case # 208270***

MEETING DEBRIEF

ADJOURNMENT

(* mailed 3/3) (** mailed 3/11) (***) mailed 3/18)

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

VIRGINIA BOARD OF NURSING
VIRTUAL BUSINESS MEETING MINUTES
December 2, 2020

TIME AND PLACE: The virtual meeting via Webex of the Board of Nursing was called to order at 9:00 A.M. on December 2, 2020.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Board to discharge its lawful purposes, duties, and responsibilities.

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

MEMBERS PARTICIPATING

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

MEMBERS ABSENT: Yvette L. Dorsey, DNP, RN

STAFF PARTICIPATING

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

OTHERS PARTICIPATING

VIRTUALLY: Charis Mitchell, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
David Brown, DO, Department of Health Professions Director

Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy
Matt Treacy, Media Production Specialist, Department of Health Professions
Ann Hayes, Board of Nursing Staff
Cathy Hanchey, Board of Nursing Staff
Myra Barnes, Board of Nursing Staff

**PUBLIC PARTICIPATING
VIRTUALLY:**

Scott Johnson, Hancock, Daniel & Johnson, PC
Andrew Lamar, Lamar Consulting LLC
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Jill Ramsey
Kassie Schroth, Virginia Association of Nurse Anesthetists
Kim Small, VisualResearch
Diane Smith-Levine, Arizona College of Nursing
Heidi L. Boothe, RN

ESTABLISHMENT OF A QUORUM:

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

Staff and public attendees were identified.

ANNOUNCEMENTS:

Ms. Phelps noted the announcements on the agenda.

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

Staff Update

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

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

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

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

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

CONSENT AGENDA:

The following item was removed from the consent agenda:

- Ms. Douglas removed **E3** Mary Marshall Scholarship Report for discussion

Ms. Hershkowitz moved to accept the consent agenda as presented. The motion was properly seconded by Mr. Monson.

The poll for motion was conducted with 12 Board Members voted in favor. Ms. Shah voted by roll call in favor of the motion. The motion was carried unanimously.

Consent Agenda

B1 October 14, 2020 Board of Nursing VIRTUAL Business Meeting

B2 October 27, 2020 Telephone Conference Call

B3 November 17, 2020 Panel A – Formal Hearings

B4 November 17, 2020 Panel B – Formal Hearings

B5 November 18, 2020 Panel A - Formal Hearings

B6 November 18, 2020 Panel B – Formal Hearings

C2 Financial Report as of October 31, 2020

C3 Board of Nursing Monthly Tracking Log

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

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

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

- **C6a** LMT Licensure Stats as of 09 30 2020

- **C6b** LMT Case Decision as of 09 30 2020

- **C6c** LMT Case Category Report as of 09 30 2020

C7 Informal Conference Schedule from January through June 2021

C8 Executive Director Report

E1 Education Staff Report – Nursing and Nurse Aide Education Programs Update

F1 Status of Regulatory Actions

Healthcare Workforce Data Center (HWDC) Reports:

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

Discussion of item removed from the Consent Agenda:

E3 Mary Marshall Scholarship Report – Ms. Douglas stated that Ms. Wilmoth has provided a memo with the history of the Mary Marshall Scholarship, which is administered by VDH and has been providing scholarships to RN and LPN students since 1991. The dispersed payments for the last three years was \$44,300.00 in 2018, \$51,595.00 in 2019, and \$50,000.00 in 2020.

Ms. Douglas wanted the Board to be aware the following:

- With the long term care focus area of the Workforce group's on-going discussion attended by Ms. Ridout in mind, the Board may want to consider making nurse aide students eligible for the scholarship in the future
- It appears that not many nursing students are aware of the scholarship. The Board may want to consider increasing awareness of the scholarship through advertising through nursing associations.
- Nursing students are facing financial hardship currently due to COVID-19
- Because a special dispensation from the General Assembly (GA) would be required to increase the cap of \$65,000.00 per fiscal year, the upcoming 2021 GA session may be the optimal time to move forward with a recommendation to increase the scholarship amount above \$65,000.00.

Mr. Monson stated that, when he was initially employed at DHP in 2002 the \$65,000 cap was in place and has not changed since 1991. He is unaware how the \$65,000.00 cap was established but noted that education programs are much more expensive now than when the scholarship was initiated. Mr. Monson endorsed Ms. Douglas' suggestion to increase the amount and asked the Board to review the following regarding the scholarship:

- How it operates
- Who it involves
- Affect of raising the collected amount from licensees
- The degree in which VDH promotes this scholarship

Ms. Hershkowitz stated that she is in support of taskforce or dialogue within DHP to increase the amount and CNAs should be included.

Dr. McQueen-Gibson, as RN Board Member and as a nurse in academia, stated that she firmly supports looking at the scholarship in two aspects:

- Many students have withdrawn from education programs this academic year due to dire financial need
- The workgroup should be composed of diverse stakeholders, including RN/LPN/CNA programs and consumers

Dr. Brown said it is a great idea for the Board to move forward as follows:

- Initiate the process by raising the amount now (appropriations will not be an issue)
- Convene a workgroup to address broader issues as suggested

Ms. Douglas noted that this process will be done in partnership with VDH since DHP is not the sole agency for this scholarship.

Ms. Hershkowitz motioned for the Board to move forward with requesting the upcoming GA to increase the amount above \$65,000.00 and to convene a workgroup in conjunction with VDH to address distribution of funds, diversification of stakeholders, and consideration of including CNAs in the scholarship. The motion was properly seconded by Ms. Smith.

Mr. Monson suggested that a Board Member should be part of the workgroup for continuing Board involvement and he will be happy to volunteer.

Ms. Douglas said that the Board can make those recommendations to VDH since historically DHP has not been the lead.

A roll call was taken and the motion was carried unanimously.

DIALOGUE WITH DHP DIRECTOR:

Dr. Brown reported the following:

- Legalization of recreational use of cannabis for adults – this year workgroups were convened by the Secretary of Health to discuss the future of medical marijuana and by the Secretary of Agriculture to discuss the recreational use of marijuana for adults. Also there was a study by the Joint Legislative Audit & Review Commission (JLARC) on marijuana in Virginia. As a result, the Governor has announced his support and there legislation will be introduced during the upcoming GA session moving Virginia toward adult use of recreational marijuana. It will take 2-3 years to become fully implemented if the legislation is passed by the 2021 GA.
- The 2021 GA - normally Virginia alternates between two sessions; short session runs 45 days; and long session runs 60 days. The 2021 GA will be conducted virtually over a 30-day period with limited bills being considered. However, the nurse practitioner bill that was pre-filed to reduce the collaborative agreement from five years to 2 years will be introduced.

Dr. Allison-Bryan reported on the COVID-19 vaccines as follows:

- Pfizer and Moderna, the manufacturers of the vaccines, have moved from Phase Three to Active Phase for emergency use authorization for the vaccines
- Vaccines will be available within the next two weeks
- Safety and efficacy have not been compromised in the vaccine development process
- The two-dose vaccine regimen will occur either three weeks or four weeks apart
- Virginia has submitted its plan for distribution to the federal government which is posted on VDH website.
- First-line healthcare professionals and those who work in long term care facilities will be given the vaccines first. This is called the closed point of distribution. Walgreen and CVS pharmacists have teamed up with VDH to go into hospital and long term care facilities to administer the vaccines
- Nurses and physicians, who are licensed by DHP and authorized to administer medications, will be asked to volunteer in the Medical Reserve Corp for the distribution of the vaccines in the hospitals and in long term care facilities.

Mr. Monson asked the impact of recreational use of marijuana when a licensee tests positive and is in front of the Board for disciplinary action.

Ms. Douglas said that the Board has received an increase in the numbers of calls regarding this matter. Ms. Douglas added that NCSBN has marijuana guidelines available on its website. Ms. Douglas noted that the statute is still the same regarding impairment and the disciplinary process does not change.

Ms. Phelps thanked Drs. Brown and Allison-Bryan for their reports.

DISPOSITION OF
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell reported that the Board currently has a pending appeal:

- **The Court of Appeal** – CNA Fashakin filed an appeal after the Board denied her reinstatement application. The Richmond Circuit Court considered the appeal untimely. The case has now been appealed to the Court of Appeals.

Presentation of Slate of Candidates and Election of Officers:

Ms. Phelps thanked Ms. Hershkowitz and Ms. Friedenber, for serving on the Nominating Committee.

Consideration of the Slate of Candidates for Officers who will begin their terms on January 1, 2021. Ms. Phelps added that staff has provided the following documents electronically:

- **D1a** November 18, 2020 Nominating Committee Meeting DRAFT Minutes
- **D1b** Duties and Functions of Board of Nursing Officers
- **D1c** November 24, 2020 Slate of Candidates for 2021 Officers Memo

Pursuant to the Bylaws (Guidance Documents 90-57), the Nominating Committee presents the following Slate of Candidates:

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

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

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

Ms. Phelps asked if there are additional nominations from the floor for the Office of President to be added to the Slate. None was received.

Dr. McQueen-Gibson noted that her 1st term will expire in 2021, not 2023 as stated in **D1c** November 24, 2020 Slate of Candidates for 2021 Officers Memo. Ms. Vu confirmed that Dr. McQueen-Gibson's 1st term will expire in 2021.

Ms. Phelps said that, for the Office of President, the nomination is Ms. Gerardo. A roll call was taken and 13 voted in favor of Ms. Gerardo.

Ms. Gerardo is elected as President.

Ms. Phelps said that, for the Office of First Vice-President, the nominations are:

Mr. Monson → a roll call was taken and 8 votes in favor of Mr. Monson
Dr. Gleason → a roll call was taken and 5 votes in favor of Dr. Gleason

Mr. Monson is elected as First Vice-President

Ms. Phelps said that, for the Office of Second Vice-President, the nominations are:

Mr. Hermansen-Parker → a roll call was taken and 1 vote in favor of Mr. Hermansen-Parker

Mr. Jones → a roll call was taken and 5 votes in favor of Mr. Jones

Dr. McQueen-Gibson → a roll call was taken and 8 votes in favor of Dr. McQueen-Gibson

Dr. McQueen-Gibson is elected as Second Vice-President

PUBLIC COMMENT:

Ms. Phelps indicated that, per the meeting notice on the Regulatory Townhall and the agenda package, comments will be received during the public comment period from those persons who submitted an email to Huong Vu no later than 8 a.m. on December 2, 2020 indicating that they wish to offer comment.

Ms. Phelps asked if anyone has signed up to comment. Ms. Vu reported that there were no requests to offer public comment as of 8 a.m. today and no one was present on the call to make comment.

RECESS:

The Board recessed at 10:14 A.M.

RECONVENTION:

The Board reconvened at 10:30 A.M.

PRESENTATION:

Changes to Certified Nurse Aide (CNA) Sanction Reference Point (SRP) Worksheet by Kim Small, VisualResearch, Inc.

Ms. Phelps welcomed Ms. Small and invited her to proceed with the presentation.

Ms. Small stated that the Board was provided the following documents electronically:

- Revised CNA SRP Presentation
- CNA SRP Worksheet Instructions
- SRP Worksheet for CNAs only

Ms. Small thanked Board members and staff for their input during the interview process regarding revising the SRP for CNAs. Ms. Small provided the following information in the presentation:

- Current CNA SRP worksheet was adopted for use in March 2006
- The worksheet currently being used relies on data from 2002-2004 and 304 cases
- The database from the proposed worksheet is derived from data for fiscal year 2019 consisting of 78 cases.

- Observations and worksheet development methodology
- The proposed worksheet correctly predicts 80% of cases
- Case type scoring
- Case types within groups
- Offense and respondent factor scoring
- Defining the factors
- Recommended sanctions
- Removed offense and respondent factors

Ms. Small stated that she will answer any questions Board Members and staff have regarding the proposed CNA SRP worksheet.

Clarification for how offense and respondent factors were discussed and the Board suggested that real cases should be used in the training of the worksheet.

The Board also discussed that *failure to participate with DHP* score is not necessary since the respondent is not obligated to appear at an informal conference nor to speak to the DHP investigator; therefore, the Board should consider excluding these factors from the SRP.

Ms. Hershkowitz requested to delete “*For instance a patient injury resulting from a fall would not be scored*” in Step 2b of the Offense and Respondent factors. All agreed.

Mr. Monson moved to remove item f (*Failure to participate with DHP*) from the Offense and Respondent Score and the percentage to be recalculated. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion was carried with 11 votes in favor of the motion. Dr. Gleason and Ms. Smith opposed the motion.

Ms. Douglas asked Ms. Small to inform staff when the worksheet is recalculated and it will be placed on the agenda of a future meeting.

Ms. Small thanked the Board for their suggestions.

Heidi L. Boothe, RN joined the meeting at 11:33 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION:

#6 Heidi L. Boothe, RN

0001-240412

Ms. Phelps instructed Ms. Boothe that she has five minutes to address the Board regarding her Agency Subordinate Recommendation and no new information can be provided.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:44 A.M. for the purpose of considering the Agency Subordinate Recommendation regarding Heidi L. Boothe, RN. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Wilmoth, Ms. Ridout, Ms. Willinger, Ms. Morris, Ms. Iyengar, Ms. Dewey, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Gerardo. A roll call was taken and the motion was carried unanimously.

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

Ms. Hershkowitz 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 Ms. Smith. A roll call was taken and the motion was carried unanimously.

Ms. Gerardo moved to accept the recommended decision of the agency subordinate to indefinitely suspend the license of Heidi L. Boothe to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Boothe's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was properly seconded by Ms. Shah. A roll call was taken and the motion was carried unanimously.

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

Ms. Vu reported that there are no additional Respondents who would like to address the Board regarding their Agency Subordinate Recommendation.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 12:02 P.M. for the purpose of considering the remaining Agency Subordinate Recommendation. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Wilmoth, Ms. Ridout, Ms. Willinger, Ms. Morris, Ms. Iyengar, Ms. Dewey, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Smith. A roll call was taken and the motion was carried unanimously.

RECONVENTION:

The Board reconvened in open session at 12:19 P.M.

Ms. Hershkowitz 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 Ms. Smith. A roll call was taken and the motion was carried unanimously.

#1 Dawn Marie Bernard Pereira, RN 0001-187724

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to take no action at this time against Dawn Marie Bernard Pereira, contingent upon Ms. Pereira's compliance with terms and conditions. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#2 – Ashley Elizabeth Bond Stratton, LPN 0001-084160

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to indefinitely suspend the license of Ashley Elizabeth Bond Stratton to practice practical nursing in the Commonwealth of Virginia. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#3 – Christopher Michael Mitchell, CNA 1401-153200

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Christopher Michael Mitchell to practice as a nurse aide in the Commonwealth of Virginia. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#4 – Christine Marie Jordan, LPN 0002-097124

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to reprimand Christine Marie Jordan and within 90 days from entry of the Order, Ms. Jordan to provide written proof satisfactory to the Board of successful completion of the following NCSBN courses:

- *Professional Accountability & Legal Liability for Nurses;*
- *Right a Wrong: Ethics and Professionalism in Nursing; and*
- *Ethics of Nursing Practice*

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

#5 – Scott Kenneth Benson, RN

0001-222294

Mr. Monson moved to accept the recommended decision of the agency subordinate to reprimand Scott Kenneth Benson. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion was carried unanimously.

#7 – Ryan Keri Patterson, RN

0001-231454

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to suspend the license of Ryan Keri Patterson to practice professional nursing in the Commonwealth of Virginia. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#8 – Randy Lee Reedy, RN

0001-241141

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to indefinitely suspend the license of Randy Lee Reedy to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#9 – Clarissa Bascon Smith, LPN

0002-077154

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to suspend the license of Clarissa Bascon Smith to practice practical nursing in the Commonwealth of Virginia. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

**#10 – Martha Atwell, RN SC License No. 65157 with
Multistate Privileges**

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to reprimand Martha Atwell. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#11 – Sharon Lynn Jenkins, RN

0001-146193

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to impose no sanction against Sharon Lynn Jenkins. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#12 – Lydia Chakeela Bernadette Wells, RMA

0031-006209

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to revoke the registration of Lydia Chakeela Bernadette Wells to practice as a medication aide in the Commonwealth of Virginia. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#13 – Lyndia Chakeela Bernadette Wells, CNA

1401-100379

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to revoke the certificate of Lydia Chakeela Bernadette Wells to practice as nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse and Neglect against Ms. Wells in the Virginia Nurse Aide Registry. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

#14 – Stephanie Lynn Abel Mitchell, LPN

0002-047304

Ms. Hershkowitz moved to modify the recommended decision of the agency subordinate to indefinitely suspend the license of Stephanie Lynn Abel Mitchell to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Mitchell's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date the Order is entered and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was properly seconded by Ms. Gerardo. A roll call was taken and the motion was carried with 10 votes in favor of the motion. Dr. McQueen-Gibson, Mr. Monson and Ms. Phelps opposed the motion.

#15 – Elizabeth Egan, LPN

0002-082252

Ms. Hershkowitz moved to modify the recommended decision of the agency subordinate to indefinitely suspend the license of Elizabeth Egan to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Egan's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date the Order is entered and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was properly seconded by Ms. Shah. A roll call was taken and the motion was carried with 11 votes in favor of the motion. Mr. Monson and Ms. Phelps opposed the motion.

#16 – Katherine Rose Newsham, RN

0001-280330

Mr. Hermansen-Parker moved to accept the recommended decision of the agency subordinate to indefinitely suspend the license of Katherine Rose

Newsham to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Newsham's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date the Order is entered and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

RECESS:

The Board recessed at 12:25 A.M.

RECONVENTION:

The Board reconvened at 12:35 A.M.

REGULATIONS/
GUIDANCE
DOCUMENTS:

F2 Adoption – Final Regulations for Nurse Aide Education Programs:

Ms. Phelps stated that staff has provided the following document electronically:

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

Ms. Phelps asked Ms. Yeatts to proceed.

Ms. Yeatts stated that this action began as a periodic review of regulations by a task force consisting of multiple nurse aide stakeholders resulting in proposed regulations which were available for public comment for 60 days ending November 13, 2020. One comment was received. Ms. Yeatts added that the major changes to the proposed regulations are:

- The change in number of hours required for nurse aide education program from 120 to 140 clock hours with at least 20 hours devoted to additional hours in clinical education.
- Increasing the instructor training course to a minimum of 12 hours to be completed by all prospective nurse aide education program instructors.

Ms. Yeatts noted that the one comment received was from Botetourt County Public Schools with a budgetary concern should a restriction be placed on the nurse aide instructor assuming other duties while instructing or supervising students. The commenter indicated that many school divisions do not have the budget to hire both a CNA instructor and school nurse.

Ms. Yeatts opined that, in response to the comment received, the Board has the following options:

- To leave the proposed language as is; or
- To include a request-for-exception by a nurse aide program

Ms. Yeatts provided draft language for the Board's consideration if the Board chooses this option.

Mr. Monson said that he was involved in re-drafting the regulations and added that the concern raised in the comment received is valid.

Ms. Yeatts shared the draft language that staff had prepared in 18VAC90-26-30(B)(2) which is as follows: "A program may request an exception to the restriction on assumption of other duties. The executive director shall be authorized to make the decision on requests for exception or may refer to an informal fact-finding committee for consideration as needed."

Ms. Mitchell suggested adding "of the Board" right after "The executive director." All agreed.

Mr. Monson moved to approved the draft language prepared by staff and amended by Ms. Mitchell as follows:
"A program may request an exception to the restriction on assumption of other duties. The executive director of the Board shall be authorized to make the decision on requests for exception or may refer to an informal fact-finding committee for consideration as needed."

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

Ms. Swineford noted that the requirement of "direct client geriatric long-term care experience" as proposed in 18VAC90-26-30.C(1)(a)(2) would preclude a nurse who has had experience with geriatric patients but not in long-term care from working in that environment.

Ms. Wilmoth noted that Federal law 42 CFR § 483-152(a)(5)(i) states that requirement for approval of a nurse aide training.

§ 483.152 Requirements for approval of a nurse aide training and competency evaluation program.

(a) For a nurse aide training and competency evaluation program to be approved by the State, it must, at a minimum -

(5) Meet the following requirements for instructors who train nurse aides;
(i) The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long term care facility services;

Ms. Yeatts stated that this Federal Law applies to the primary instructor in 18VAC90-26-30(1)(b) but does not apply to other instructional personnel.

Ms. Ridout confirmed that this Federal Law does not apply to other instructional personnel. Ms. Mitchell concurred.

Ms. Hershkowitz stated that from the proposed language, it appears that the Board is unnecessarily restricting the availability of faculty by imposing the same requirement on non-primary instructors.

Ms. Willinger suggested that “*long-term*” be deleted from the proposed language.

Ms. Hershkowitz moved to delete the term “*long-term*” from 18VAC90-26-30.C(1)(a)(2) and C(1)(b)(2). The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

Mr. Monson inquired as to whether the regulatory waivers issued in response to COVID should be incorporated into the revised regulations. Ms. Yeatts replied that they would be new issues that cannot be addressed in the adoption of the Notice of Intended Regulatory Action (NOIRA) or in the proposed regulations. Ms. Douglas added that if the issues are non-controversial, then they can be considered as a fast-track action.

Mr. Monson moved to adopt the final regulations for nurse aide education programs as amended today. The motion was properly seconded by Ms. Smith. A roll call was taken and the motion was carried unanimously.

Revisions to Guidance Documents (GDs)

Ms. Phelps stated that staff provided the following documents electronically:

F3 Revisions to Guidance Documents (GDs)

- ***GD 90-16 Evaluation Form and Protocols for Adult Immunizations***
- ***GD 90-19 Epidural Anesthesia by RN's and LPN's***
- ***GD 90-55 Joint Statement of the Department of Health and the Department of Health Professions on Impact of Criminal Convictions on Nursing Licensure or Certification and Employment in Virginia***
- ***GD 90-59 Impact of Criminal Convictions on Registration of Medication Aides and Licensure of Massage Therapist in Virginia (recommendation from Massage Therapy Advisory Board)***

Ms. Phelps asked Ms. Yeatts to proceed. Ms. Yeatts noted that GDs have to be reviewed every four years and the GDs listed on the agenda are up for revision.

Ms. Yeatts suggested that she review each GD and then the Board can vote on all of them at the same time. All agreed.

GD 90-16 Evaluation Form and Protocols for Adult Immunizations – Ms. Yeatts said that this GD has been revised to eliminate specific detailed

information about each individual type of immunization and include references that are continually being updated. Ms. Yeatts added that on the first page the correct regulations is 18VAC90-21-50 not 18VAC90-21-10.

GD 90-19 Epidural Anesthesia by RN's and LPN's – Ms. Yeatts said that this GD has been reviewed and staff recommends that it be reaffirmed without amendments.

GD 90-55 Joint Statement of the Department of Health and the Department of Health Professions on Impact of Criminal Convictions on Nursing Licensure or Certification and Employment in Virginia – Ms. Yeatts has reviewed this GD and changes are in red. Ms. Yeatts added that Ms. Mitchell further suggested additional changes:

- Item 3 on page 4 → deleting “*disorder*” and “*could*”
- NOTE on page 5 → deleting “*disorder*”

GD 90-59 Impact of Criminal Convictions on Registration of Medication Aides and Licensure of Massage Therapist in Virginia (recommendation from Massage Therapy Advisory Board) – Ms. Yeatts stated that changes are in red and additional changes suggested by Ms. Mitchell are:

- Item 3 on page 3 → replacing “*chemical dependency condition*” with “*substance use*” and deleting “*could*”
- NOTE on page 4 → replacing “*chemical dependency condition*” with “*substance use*”

Ms. Willinger suggested editorial clean up by inserting hyperlinks as in GD 90-55 to provide more updated information. All agreed.

Ms. Hershkowitz moved to revise GD 90-16, to re-affirm GD 90-19, to revise GD 90-55 and to revise GD 90-59 as presented and further amended. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion was carried unanimously.

EDUCATION:

E2 - 2021 Dates for Education Informal Conference Committee Meetings:

Ms. Wilmoth stated that she has sent to Board Members who have served on the Committee in the past but as of today she only has January 12, 2021 covered. She asked for additional volunteers to serve before assigning the meeting dates.

Ms. Hershkowitz stated that she can participate if it is scheduled for the first six month. Ms. Phelps volunteered as well. Mr. Monson said he can participate in the May and July meetings if needed.

Ms. Wilmoth asked that interested Board Members please let her know if they can volunteer.

Updates on additional Guidance Documents (GDs)

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

Ms. Douglas reported that she is still waiting to receive comments/changes from expertise groups regarding these two GDs.

Dr. McQueen-Gibson said that she would like to participate in the discussion regarding GD 90-4. Ms. Douglas asked Dr. McQueen-Gibson to review it and share the feedback with Ms. Douglas prior to presenting it to the Board for consideration.

MEETING DEBRIEF:

Discussion regarding the business meeting process:

The following were well received by Board Members:

- Virtual meeting is preferred
- Fewer technical difficulties than the last meeting
- Good discussion
- Fresh Slate of Candidates
- Appreciate staff for all that they do to carry out the virtual meeting

The following needs improvement per Board Members:

- Utilizing polling next time instead of roll call
- Bring back Board Member training
- Make sure students are aware when virtual meetings are scheduled so that they can participate

Ms. Yeatts stated that Freedom of Information Act (FOIA) requires roll call during virtual meeting. Ms. Douglas stated that staff will review the requirements to ensure proper procedures are in place for virtual meetings.

Ms. Douglas asked Board Members to hold dates in January 2021 and staff are planning to conduct formal hearings virtually.

ADJOURNMENT:

The Board adjourned at 1:52 P.M.

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
January 20, 2021**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 20, 2021 at 2:01 P.M.

The Board of Nursing members participating in the meeting were:

Marie Gerardo, MS, RN, ANP-BC; Chair	Dixie L. McElfresh, LPN
Yvette L. Dorsey, DNP, RN	
Margaret Friedenber, Citizen Member	Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
A Tucker Gleason, PhD, Citizen Member	Mark Monson, Citizen Member
Louise Hershkowitz, CRNA, MSHA	Meenakshi Shah, BA, RN
Brandon Jones, MSN, RN, CEN, NEA-BC	Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
 Sean Murphy, Assistant Attorney General
 Erin Weaver, Assistant Attorney General
 Anne Joseph, Adjudication Consultant, Administrative Proceedings Division
 Julia Bennett, Deputy Director, Administrative Proceedings Division
 Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
 Mandy Wilson, Adjudication Specialist, Administrative Proceedings Division
 David Wilson, Adjudication Specialist, Administrative Proceedings Division
 Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
 Charlette Ridout, RN, MS, CNE; Deputy Executive Director
 Robin Hills, DNP, RN, WHNP; Deputy Executive Director
 Claire Morris, RN, LNHA; Deputy Executive Director
 Patricia L. Dewey, RN, BSN; Discipline Case Manager
 Francesca Iyengar, MSN, RN; Discipline Case Manager
 Huong Vu, Executive Assistant

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

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Andrew Preston Rainey, LMT (0019-015296)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the massage therapy license of **Andrew Preston Rainey** pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of formal hearing. The motion was seconded and carried unanimously.

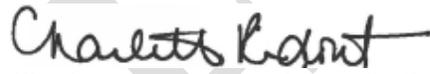
Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
January 20, 2021

Mr. Murphy left the meeting at 2:10 P.M.

Erin Weaver, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Martha Blair Hatfield, RN (0001- 165714)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the registered license of **Martha Blair Hatfield** 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 and carried unanimously.

The meeting was adjourned at 2:18 P.M.


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

VIRGINIA BOARD OF NURSING
VIRTUAL FORMAL HEARINGS
January 26, 2021
Panel - A

TIME AND PLACE: The virtual Webex meeting of the Virginia Board of Nursing was called to order at 9:08 A.M. on January 26, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Board to discharge its lawful purposes, duties, and responsibilities.

**BOARD MEMBERS
PARTICIPATING
VIRTUALLY:**

Marie Gerardo, MS, RN, ANP-BC, President
Margaret J. Friedenber, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

**STAFF PRESENT
AT DHP:**

Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Sally Ragsdale, Discipline Specialist

**STAFF PARTICIPATING
VIRTUALLY:**

Claire Morris, RN, LNHA, Deputy Executive Director
Patricia Dewey, RN, BSN, Discipline Case Manager
Sylvia Tamayo-Suijk, Discipline Team Coordinator

**OTHERS PARTICIPATING
VIRTUALLY:**

Charis Mitchell, Assistant Attorney General, Board Counsel
David Kazzie, Adjudication Consultant, Administrative Proceedings
Division (APD)
Rebecca Ribley, Adjudication Specialist, APD
David Robinson, Adjudication Specialist, APD
Julia Bennett, Deputy Executive Director, APD
Stephanie Willinger, Deputy Executive Director, Board of Nursing
Etta Brutton

**ESTABLISHMENT OF A
PANEL:**

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

FORMAL HEARING: **Tamara Kaaba Gorham, CNA Reinstatement Applicant
1401-182347**

Ms. Gorham participated.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Gayle Miller, Senior Investigator, Department of Health Professions, participated and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:00 A.M., for the purpose of deliberation to reach a decision in the matter of Tamara Kaaba Gorham. Additionally, Dr. Gleason moved that Ms. Ridout, Ms. Morris, Ms. Tamayo-Suijk, Ms. Dewey, Ms. Ragsdale, 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 properly seconded by Ms. Phelps. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:20 A.M.

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

ACTION: Ms. Phelps moved that the Board of Nursing reinstate the CNA certificate of Tamara Kaaba Gorham and issue an Order of reprimand. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Gorham at her address of record. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 10:22 A.M.

RECONVENTION: The Board reconvened in open session at 1:03 P.M.

FORMAL HEARING: **Toshimeenn I. Thornton, CNA**

1401-111819

Ms. Thornton participated.

Rebecca Ribley, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Jesslyn Watkins, Senior Investigator, Department of Health Professions, was participated and testified. Crystal Reynolds (Gary), LPN, Nurse Supervisor, Beth Sholom Home of Virginia, and Leslie Glass, CNA, Beth Sholom Home of Virginia participated and testified.

CLOSED MEETING:

Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 2:16 P.M., for the purpose of consideration and discussion of medical records of Toshimeenn I. Thornton. Additionally, Dr. Gleason moved that Ms. Thornton, Ms. Ridout, Ms. Morris, Ms. Tamayo-Suijk, Ms. Dewey, Ms. Ragsdale, 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 properly seconded by Ms. Friedenber. A roll call was taken and the motion carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:36 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 properly seconded by Mr. Hermansen-Parker. A roll call was taken and the motion carried unanimously.

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 2:47 P.M., for the purpose of deliberation to reach a decision in the matter of Toshimeenn I. Thornton. Additionally, Dr. Gleason moved that Ms. Ridout, Ms. Morris, Ms. Tamayo-Suijk, Ms. Dewey, Ms. Ragsdale, 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 properly seconded by Ms. Phelps. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:28 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 properly seconded by Ms. Friedenber. A roll call was taken and the motion carried unanimously.

ACTION: Ms. Phelps moved that the Board of Nursing dismiss the case. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion carried unanimously.

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

FORMAL HEARING: **John Alexander Bain, LPN Reinstatement Applicant 0002-084524**

Mr. Bain participated.

Rebecca Ribley, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Renee White, Senior Investigator, Department of Health Professions, participated 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 4:29 P.M., for the purpose of deliberation to reach a decision in the matter of John Alexander Bain. Additionally, Dr. Gleason moved that Ms. Ridout, Ms. Morris, Ms. Tamayo-Suijk, Ms. Dewey, Ms. Ragsdale, 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 properly seconded by Ms. Friedenber. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:54 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 properly seconded by Ms. Friedenber. A roll call was taken and the motion carried unanimously.

ACTION:

Mr. Hermansen-Parker moved that the Board of Nursing approve the reinstatement application of John Alexander Bain to practice practical nursing in the Commonwealth of Virginia, indefinitely suspend his license and stay the suspension contingent upon entry into an alternative program in another state deemed by the Board to be substantially equivalent to the Virginia Health Practitioners' Monitoring Program. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Bain at his address of record. The motion was properly seconded by Ms. Friedenber. A roll call was taken and the motion carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 4:58 P.M.

Charlette Ridout, RN, MS, CNE
Deputy Executive Director

VIRGINIA BOARD OF NURSING
VIRTUAL FORMAL HEARINGS
January 26, 2021
Panel - B

TIME AND PLACE: The virtual Webex meeting of the Virginia Board of Nursing was called to order at 9:06 A.M. on January 26, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Board to discharge its lawful purposes, duties, and responsibilities.

**BOARD MEMBERS
PARTICIPATING
VIRTUALLY:**

Mark Monson, Citizen Member; First Vice-President
Louise Hershkowitz, CRNA, MSHA
Brandon Jones, MSN, RN, CEN, NEA-BC
Dixie McElfresh, LPN
Meenakshi Shah, BA, RN
Felisa Smith, RN, MSA, MSN/Rd, CNE

**STAFF PRESENT
AT DHP:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Darlene Graham, Senior Discipline Specialist
Huong Vu, Executive Assistant

**STAFF PARTICIPATING
VIRTUALLY:**

Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for
Advance Practice
Francesca Iyengar, MSN, RN; Discipline Case Manager
Huong Vu, Executive Assistant

**OTHERS PARTICIPATING
VIRTUALLY:**

James Rutkowski, Assistant Attorney General, Board Counsel
Lauren Hayward, Virginia Western University
Amy Ressler, Health Practitioners' Monitoring Program (HPMP) Director
Etta Bruton
Jennifer Deschenes, Deputy Executive Director, Board of Medicine
Ann Tiller, Compliance Manager, Board of Nursing
Renee White, Senior Investigator, DHP Enforcement
Madeline Holder, Senior Investigator, DHP Enforcement
Gayle Miller, Senior Investigator, DHP Enforcement
Marcella Luna, Investigator Supervisor, DHP Enforcement

Cynthia Gaines, Adjudicative Specialist, Administrative Proceedings Division (APD)
Lori Pound, Adjudicative Specialist, APD
Grace Stewart, Adjudicative Specialist, APD
Mandy Wilson, Adjudicative Specialist, APD
David Robinson, Adjudicative Specialist, APD
Tammie Jones, Adjudicative Consultant, APD
Julia Bennett, Deputy Executive Director, APD

ESTABLISHMENT OF A
PANEL:

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

FORMAL HEARINGS:

**Julia Wilcher Hoffman Jackson, RN Reinstatement Applicant
0001-166728**

Ms. Jackson did not participate.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mercedes Kiddick-Williams, court reporter, Veteran Reporters, recorded the proceeding.

Renee White, Senior Investigator, Department of Health Professions, and Amy Ressler, Health Practitioners' Monitoring Program (HPMP) Director participated 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 9:38 A.M., for the purpose of deliberation to reach a decision in the matter of Julia Wilcher Hoffman Jackson. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Graham, Ms. Vu 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 properly seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:42 A.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 properly seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

ACTION: Mr. Jones moved that the Board of Nursing deny the application of Julia Wilcher Hoffman Jackson for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia and continue her indefinite suspension. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Jackson at her address of record. The motion was properly seconded by Ms. Hershkowitz. A roll called was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 9:50 A.M.

RECONVENTION: The Board reconvened in open session at 11:00 A.M.

FORMAL HEARINGS: **April Jean Holford, RMA Reinstatement Applicant 0031-010372**

Ms. Lawson participated.

Grace Stewart and Mandy Wilson, Adjudication Specialists for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mercedes Kiddick-Williams, court reporter, Veteran Reporters, recorded the proceeding.

Shawn Ledger and Matthew Halphen, Senior Investigators, Department of Health Professions, Jill Stech, and Delphine Cooper, LPN, Resident Care Director at Spring Arbor, participated and testified.

Due to technical issues of connecting, the Board decided to end the meeting at 11:40 A.M. and re-starting the meeting at 12:25 P.M.

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 1:43 P.M., for the purpose of deliberation to reach a decision in the matter of April Jean Holford. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Graham, Ms. Vu 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 properly seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:58 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 properly seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing deny the application of April Jean Holford for reinstatement of her registration to practice as a medication aide in the Commonwealth of Virginia and continue her indefinite suspension. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Holford at her address of record. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 2:01 P.M.

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

FORMAL HEARINGS: **Alex S. Caulker, CNA Reinstatement Applicant** **0014-031980**

Due to the technical issues of connecting to the hearings for Alex S. Caulker. The Chair granted the continuance of the hearing to a later date.

ADJOURNMENT: The Board adjourned at 2:59 P.M.

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

VIRGINIA BOARD OF NURSING
VIRTUAL FORMAL HEARINGS
January 27, 2021

TIME AND PLACE: The virtual Webex meeting of the Virginia Board of Nursing was called to order at 9:06 A.M. on January 27, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Board to discharge its lawful purposes, duties, and responsibilities.

**BOARD MEMBERS
PARTICIPATING
VIRTUALLY:**

Marie Gerardo, MS, RN, ANP-BC; President
Mark Monson, Citizen Member; First Vice-President
Yvette Dorsey, DNP, RN
Louise Hershkowitz, CRNA, MSHA
Dixie McElfresh, LPN
Felisa Smith, RN, MSA, MSN/Rd, CNE
Cynthia Swineford, RN, MSN, CNE
Dawn Hogue, MA, LMT – **LMT cases only**

**STAFF PRESENT
AT DHP:**

Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for
Advance Practice
Sally Ragsdale, Discipline Specialist

**STAFF PARTICIPATING
VIRTUALLY:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Francesca Iyengar, MSN, RN; Discipline Case Manager
Sylvia Tamayo-Suijk, Discipline Team Coordinator
Huong Vu, Executive Assistant

**OTHERS PARTICIPATING
VIRTUALLY:**

Charis Mitchell, Assistant Attorney General, Board Counsel
Etta Bruton
Jessie, Nursing Student
Donna Wilson, Nursing Student
Client C in the case of Shawn Lamont Robinson, LMT
Client B in the case of Shawn Lamont Robinson, LMT
Cindy Shortlidge, Court Reporter contracted by Client A, B & C
Courtney Leigh Winston, Esq., Legal Counsel for Client A, B & C
Client A in the case of Bradley Scott Robel, LMT
Jennifer Louise Williams, RN
Tammy Howard Stowers, LPN, Autumn Care Mechanicsville

Alicia Maass, RN, Director of Critical Care Unit, Southside Regional Medical Center
Diana Willman, Pharmacist, Director of Pharmacy, Southside Regional Medical Center
Chris Bowers, Intake Admission Coordinator/Case Manager, Health Practitioners' Monitoring Program (HPMP)
Jesslyn Watkins, Senior Investigator, DHP Enforcement
Meghan Wingate, Senior Investigator, DHP Enforcement
Madeline Holder, Senior Investigator, DHP Enforcement
Pamela Twombly, Deputy Executive Director, DHP Enforcement
Kimberly Martin, Senior Investigator, DHP Enforcement
David Kazzie, Adjudication Consultant, Administrative Proceedings Division (APD)
Grace Stewart, Adjudication Specialist, APD
Mandy Wilson, Adjudication Specialist, APD
David Robinson, Adjudication Specialist, APD
Tammie Jones, Adjudication Consultant, APD
Julia Bennett, Deputy Executive Director, APD
Ann Tiller, Compliance Manager, Board of Nursing
Claire Morris, Deputy Executive Director, Board of Nursing
Charlette Ridout, Deputy Executive Director, Board of Nursing
Stephanie Willinger, Deputy Executive Director, Board of Nursing

ESTABLISHMENT OF A
PANEL:

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

FORMAL HEARINGS:

Shawn Lamont Robinson, LMT

0019-015864

Mr. Robinson did not participate.

Grace Stewart, Adjudication Specialist, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Jesslyn Watkins, Senior Investigator, Department of Health Professions Enforcement, Client C, and Client B, participated and testified.

CLOSED MEETING:

Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:59 A.M., for the purpose of deliberation to reach a decision in the matter of Shawn Lamont Robinson. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Tamayo-Suijk, Ms. Ragsdale, Ms. Vu, 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 properly

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

RECONVENTION: The Board reconvened in open session at 10:15 A.M.

Ms. Hershkowitz 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. A roll call was taken and the motion carried unanimously.

ACTION: Ms. Hogue moved that the Board of Nursing revoke the license of Shawn Lamont Robinson to practice message therapy in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Robinson at his address of record. The motion was properly seconded by Ms. Smith. A roll called was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 10:16 A.M.

RECONVENTION: The Board reconvened in open session at 10:28 A.M.

FORMAL HEARINGS: **HaiHong Li, LMT** **0019-011801**

Ms. Li did not participate.

Tammie Jones, Adjudication Consultant, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Meghan Wingate, Senior Investigators, Department of Health Professions Enforcement, participated and testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:40 A.M., for the purpose of deliberation to reach a decision in the matter of HaiHong

Li. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Tamayo-Suijk, Ms. Ragsdale, Ms. Vu, 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 properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:49 A.M.

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

ACTION: Ms. Hogue moved that the Board of Nursing revoke the license of HaiHong Li to practice message therapy in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Li at her address of record. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 10:53 A.M.

RECONVENTION: The Board reconvened in open session at 11:00 A.M.

FORMAL HEARINGS: **Bradley Scott Robel, LMT** **0019-017495**

Mr. Robel participated.

Tammie Jones, Adjudication Consultant, Department of Health Professions Administrative Proceedings Division, and Mandy Wilson, Adjudication Specialist, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Client A participated and testified.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:22 P.M., for the purpose of deliberation to reach a decision in the matter of Bradley Scott Robel. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Tamayo-Suijk, Ms. Ragsdale, Ms. Vu, 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 properly seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

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

Ms. Hershkowitz 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 Ms. Smith. A roll call was taken and the motion carried unanimously.

ACTION: Ms. Hogue moved that the Board of Nursing reprimand Bradley Scott Robel and require completion of a minimum of 12 hours of Board approved NCBTMB courses in the subject of professional ethics to include the topics of boundaries, prevention of sexual misconduct, and protecting the therapeutic relationship, within 90 days of entry of the Order. These hours cannot be used to satisfy requirements for licensure renewal. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Robel at his address of record. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 1:25 P.M.

RECONVENTION: The Board reconvened in open session at 2:05 P.M.

FORMAL HEARINGS: **Mary Katherine Franchok Haulton, RN** **0001-137917**

Ms. Haulton participated.

David Kazzie, Adjudication Consultant, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Pamela Twombly, Deputy Executive Director, Department of Health Professions Enforcement; Alicia Maass, RN, Director of Critical Care Unit, Southside Regional Medical Center; Diana Willman, Director of Pharmacy, Southside Regional Medical Center; Jennifer Louise Williams, RN; and Tammy Howard Stowers, LPN, Autumn Care Mechanicsville, participated and testified.

RECESS: The Board recessed at 4:03 P.M.

RECONVENTION: The Board reconvened in open session at 4:13 P.M.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:40 P.M., for the purpose of deliberation to reach a decision in the matter of Mary Katherine Franchok Haulton. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Tamayo-Suijk, Ms. Ragsdale, Ms. Vu, 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 properly seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:13 P.M.

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing indefinitely suspend the license of Mary Katherine Franchok Haulton to practice professional nursing in the Commonwealth of Virginia with suspension stayed

contingent upon Ms. Haulton's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with the terms and condition of the HPMP for the time specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Haulton at her address of record. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

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

RECESS: The Board recessed at 6:15 P.M.

RECONVENTION: The Board reconvened in open session at 6:30 P.M.

FORMAL HEARINGS: **Amber Michelle Burgess, RN** **0001-258263**

Ms. Burgess participated.

Grace Stuart, Adjudication Specialist, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Kimberly Martin, Senior Investigator, Department of Health Professions Enforcement, and Chris Bowers, Intake Admission Coordinator/Case Manager, Health Practitioners' Monitoring Program (HPMP), participated and testified.

RECESS: The Board recessed at 7:54 P.M.

RECONVENTION: The Board reconvened in open session at 8:01 P.M.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 8:08 P.M., for the purpose of deliberation to reach a decision in the matter of Amber Michelle Burgess. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Tamayo-Suijk, Ms. Ragsdale, Ms. Vu, 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 properly

seconded by Ms. Smith. A roll call was taken and the motion carried unanimously.

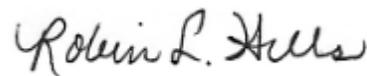
RECONVENTION: The Board reconvened in open session at 8:33 P.M.

Ms. Hershkowitz 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 Ms. Smith. A roll call was taken and the motion carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing indefinitely suspend the license of Amber Michelle Burgess to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Burgess' re-entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and continue in compliance with the terms and condition of the HPMP for the time specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Burgess at her address of record. The motion was properly seconded by Mr. Monson. A roll call was taken and the motion carried unanimously.

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

ADJOURNMENT: The Board adjourned at 8:34 P.M.



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

VIRGINIA BOARD OF NURSING
VIRTUAL FORMAL HEARINGS
January 28, 2021

TIME AND PLACE: The virtual Webex meeting of the Virginia Board of Nursing was called to order at 9:06 A.M. on January 28, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Board to discharge its lawful purposes, duties, and responsibilities.

**BOARD MEMBERS
PARTICIPATING
VIRTUALLY:**

Mark Monson, Citizen Member; First Vice-President
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC; Second Vice-President
Yvette Dorsey, DNP, RN
Margaret Freidenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hersmansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN

**STAFF PRESENT
AT DHP:**

Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Sally Ragsdale, Discipline Specialist

**STAFF PARTICIPATING
VIRTUALLY:**

Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Patricia Dewey, RN, BSN; Discipline Case Manager
Darlene Graham, Senior Discipline Specialist
Huong Vu, Executive Assistant

**OTHERS PARTICIPATING
VIRTUALLY:**

Charis Mitchell, Assistant Attorney General, Board Counsel
Rumki Bannerjee, MD, Medical Director, Apex MD
David Brown, RN
Tina Quallis, Pharmacist
Sherry Foster, Regional Manager, DHP Enforcement
Debra Hay-Pierce, Senior Investigator, DHP Enforcement
Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division (APD)
Cynthia Gaines, Adjudication Specialist, APD
Mandy Wilson, Adjudication Specialist, APD
David Robinson, Adjudication Specialist, APD
Julia Bennett, Deputy Executive Director, APD
Jay P. Douglas, Executive Director, Board of Nursing
Ann Tiller, Compliance Manager, Board of Nursing
Jacquelyn Wilmoth, Deputy Executive Director, Board of Nursing

ESTABLISHMENT OF A
PANEL:

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

CONSIDERATION OF CONSENT ORDERS:

**G1 - Amanda Jolene Spencer, LPN
South Carolina Multi-State Privilege – PN46721**

Mr. Hermansen-Parker moved to accept the consent order to accept the voluntary surrender for indefinite suspension of Amanda Jolene Spencer's privilege to practice practical nursing in the Commonwealth of Virginia. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion was carried unanimously.

**G2 - Sophie Echo Anderson, RN Reinstatement Applicant
0001-260091**

Mr. Hermansen-Parker moved to accept the consent order to indefinitely suspend the license of Sophie Echo Anderson to practice professional nursing in the Commonwealth with suspension stayed upon proof of Ms. Anderson's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion was carried unanimously.

G3 - Michelle Louise Stevans, LPN **0002-036767**

Mr. Hermansen-Parker moved to accept the consent order to reprimand Michelle Lousie Stevans and continue her license on indefinite suspension to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Stevans' entry into and continued compliance all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion was carried unanimously.

Anthony Jerlando Contino, LMT **0019-15557**

Mr. Hermansen-Parker moved to accept the consent order to revoke the license of Anthony Jerlando Contino to practice massage therapy in the Commonwealth of Virginia. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion was carried unanimously.

RECESS: The Board recessed at 9:16 A.M.

RECONVENTION: The Board reconvened in open session at 10:02 A.M.

FORMAL HEARINGS: **Ashley N. Webb, RN** **0001-251467**

Ms. Webb participated.

Rebecca Ribley, Adjudication Specialist, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Sherry Foster, Regional Manager, Department of Health Professions Enforcement, Debra Hay-Pierce, Senior Investigator, Department of Health Professions Enforcement, Rumki Bannerjee, MD, Medical Director at Apex MD, Tina Quallis, Pharmacist, and David Brown, RN participated and testified.

RECESS: The Board recessed at 10:25 A.M.

RECONVENTION: The Board reconvened in open session at 10:35 A.M.

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

RECONVENTION: The Board reconvened in open session at 12:46 P.M.

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 1:43 P.M., for the purpose of deliberation to reach a decision in the matter of Ashley N. Webb. Additionally, Ms. Shah moved that Ms. Morris, Ms. Ridout, Ms. Dewey, Ms. Graham, Ms. Ragsdale Ms. Vu 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 properly seconded by Dr. Gleason. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:47 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 properly seconded by Ms. Friedenberg. A roll call was taken and the motion carried unanimously.

ACTION:

Mr. Hermansen-Parker moved that the Board of Nursing suspend the license of Ashley N. Webb to practice professional nursing in the Commonwealth of Virginia for the period of not less than one year from entry of the Order. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Webb at her address of record. The motion was properly seconded by Dr. McQueen-Gibson. A roll called was taken and the motion carried with five votes in favor of the motion. Drs. Dorsey and Gleason opposed the motion.

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

RECESS:

The Board recessed at 2:51 P.M.

RECONVENTION:

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

FORMAL HEARINGS:

Stephanie C. Vance, LPN Reinstatement Applicant 0002-052427

Ms. Vance participated.

Cynthia Gaines, Adjudication Consultant, Department of Health Professions Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. M. Pamela Lima Vasquez, court reporter, Veteran Reporters, recorded the proceeding.

Due to lack of notice to Ms. Vance, the Board granted continuance for later date.

ADJOURNMENT:

The Board adjourned at 3:45 P.M.

Lelia Claire Morris, RN, LNHA
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
CONSIDERATION OF A CONSENT ORDER
March 17, 2021**

The Virginia Board of Nursing met to consider a proposed settlement offer via telephone conference call pursuant to 54.1-2400(13) of the Code on March 17, 2021 at 4:32 P.M.

The Board of Nursing members participating in the meeting were:

Mark Monson, Citizen Member; Chair	Dixie L. McElfresh, LPN
Louise Hershkowitz, CRNA, MSHA	Meenakshi Shah, BA, RN
Brandon Jones, MSN, RN, CEN, NEA-BC	Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Erin Weaver, Assistant Attorney General
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LHHA; Deputy Executive Director
Robin Hills, DNP, RN, WHNP-BC; Executive Director
Patricia Dewey, RN, BSN; Discipline Case Manager
Francesca Iyengar, MSN, RN; Discipline Case Manager
Sylvia Tamayo-Suijk, Discipline Specialist Team Coordinator
Huong Vu, Executive Assistant

The meeting was called to order by Mr. Monson. With six (6) members of the Board of Nursing participating, a panel was established.

The proposed settlement offer regarding **Tina Godsey Haggerty Richardson, RN (0001-120056)** is presented for the Board consideration in lieu of proceeding to a formal administrative proceeding.

Ms. Dewey, Dr. Hills, Ms. Iyengar, Ms. Weaver and Ms. Joseph left the meeting at 4:36 P.M.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:36 P.M., for the purpose of deliberation to reach a decision in the matter of **Tina Godsey Haggerty Richardson**. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:31P.M.

Ms. Hershkowitz 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 and carried unanimously.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
March 17, 2021

Mr. Jones moved to accept the Proposed Consent Order of Tina Godsey Haggerty Richardson, RN as presented. The motion was seconded by Ms. Hershkowitz and carried unanimously.

The meeting was adjourned at 5:34 P.M.

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

Virginia Department of Health Professions
Cash Balance
As of January 31, 2021

	Nursing	
Board Cash Balance as June 30, 2020	9,306,557	
YTD FY21 Revenue	7,787,801	
Less: YTD FY21 Direct and Allocated Expenditures	<u>8,283,847</u>	*
Board Cash Balance as January 31, 2021	<u><u>8,810,511</u></u>	

* Includes \$37,404 deduction for Nurse Scholarship Fund

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2020 and Ending January 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,313,005.00	2,488,425.00	1,175,420.00	52.76%
4002406	License & Renewal Fee	5,577,327.50	9,192,645.00	3,615,317.50	60.67%
4002407	Dup. License Certificate Fee	15,090.00	23,750.00	8,660.00	63.54%
4002408	Board Endorsement - In	34,850.00	64,790.00	29,940.00	53.79%
4002409	Board Endorsement - Out	415.00	18,270.00	17,855.00	2.27%
4002421	Monetary Penalty & Late Fees	100,180.00	231,415.00	131,235.00	43.29%
4002432	Misc. Fee (Bad Check Fee)	520.00	1,750.00	1,230.00	29.71%
	Total Fee Revenue	<u>7,041,387.50</u>	<u>12,021,045.00</u>	<u>4,979,657.50</u>	<u>58.58%</u>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	2,210.00	-	(2,210.00)	0.00%
	Total Sales of Prop. & Commodities	<u>2,210.00</u>	<u>-</u>	<u>(2,210.00)</u>	<u>0.00%</u>
4009000	Other Revenue				
4009060	Miscellaneous Revenue	19,100.00	26,500.00	7,400.00	72.08%
	Total Other Revenue	<u>19,100.00</u>	<u>26,500.00</u>	<u>7,400.00</u>	<u>72.08%</u>
	Total Revenue	<u>7,062,697.50</u>	<u>12,047,545.00</u>	<u>4,984,847.50</u>	<u>58.62%</u>
5011110	Employer Retirement Contrib.	150,013.83	323,005.00	172,991.17	46.44%
5011120	Fed Old-Age Ins- Sal St Emp	102,453.91	167,833.00	65,379.09	61.05%
5011140	Group Insurance	14,951.35	29,933.00	14,981.65	49.95%
5011150	Medical/Hospitalization Ins.	192,653.25	476,466.00	283,812.75	40.43%
5011160	Retiree Medical/Hospitalizatn	12,541.57	25,018.00	12,476.43	50.13%
5011170	Long term Disability Ins	6,802.39	13,626.00	6,823.61	49.92%
	Total Employee Benefits	<u>479,416.30</u>	<u>1,035,881.00</u>	<u>556,464.70</u>	<u>46.28%</u>
5011200	Salaries				
5011230	Salaries, Classified	1,135,003.98	2,233,782.00	1,098,778.02	50.81%
5011250	Salaries, Overtime	16,535.63	-	(16,535.63)	0.00%
	Total Salaries	<u>1,151,539.61</u>	<u>2,233,782.00</u>	<u>1,082,242.39</u>	<u>51.55%</u>
5011300	Special Payments				
5011310	Bonuses and Incentives	198.00	-	(198.00)	0.00%
5011380	Deferred Compnstn Match Pmts	4,232.00	17,640.00	13,408.00	23.99%
	Total Special Payments	<u>4,430.00</u>	<u>17,640.00</u>	<u>13,210.00</u>	<u>25.11%</u>
5011400	Wages				
5011410	Wages, General	226,740.48	290,916.00	64,175.52	77.94%
5011430	Wages, Overtime	157.50	-	(157.50)	0.00%
	Total Wages	<u>226,897.98</u>	<u>290,916.00</u>	<u>64,018.02</u>	<u>77.99%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	10,813.40	-	(10,813.40)	0.00%
	Total Terminatn Personal Svce Costs	<u>10,813.40</u>	<u>-</u>	<u>(10,813.40)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	<u>1,873,097.29</u>	<u>3,578,219.00</u>	<u>1,705,121.71</u>	<u>52.35%</u>
5012000	Contractual Svs				
5012100	Communication Services				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
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Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
5012110	Express Services	-	4,395.00	4,395.00	0.00%
5012120	Outbound Freight Services	3,166.43	10.00	(3,156.43)	31664.30%
5012140	Postal Services	85,372.93	85,633.00	260.07	99.70%
5012150	Printing Services	90.27	1,322.00	1,231.73	6.83%
5012160	Telecommunications Svcs (VITA)	9,822.59	21,910.00	12,087.41	44.83%
5012170	Telecomm. Svcs (Non-State)	337.50	-	(337.50)	0.00%
5012190	Inbound Freight Services	29.68	17.00	(12.68)	174.59%
	Total Communication Services	98,819.40	113,287.00	14,467.60	87.23%
5012200	Employee Development Services				
5012210	Organization Memberships	6,000.00	8,764.00	2,764.00	68.46%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Trainng/Workshop/Conf	812.00	482.00	(330.00)	168.46%
	Total Employee Development Services	6,812.00	9,366.00	2,554.00	72.73%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
	Total Health Services	-	4,232.00	4,232.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	101,879.75	197,340.00	95,460.25	51.63%
5012440	Management Services	1,348.68	370.00	(978.68)	364.51%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	3,492.75	5,616.00	2,123.25	62.19%
	Total Mgmnt and Informational Svcs	106,721.18	203,375.00	96,653.82	52.48%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	2,766.94	-	(2,766.94)	0.00%
5012530	Equipment Repair & Maint Srvc	15,673.47	3,001.00	(12,672.47)	522.27%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	18,440.41	3,370.00	(15,070.41)	547.19%
5012600	Support Services				
5012630	Clerical Services	126,585.44	317,088.00	190,502.56	39.92%
5012640	Food & Dietary Services	4,654.85	-	(4,654.85)	0.00%
5012660	Manual Labor Services	20,281.71	38,508.00	18,226.29	52.67%
5012670	Production Services	113,788.48	158,515.00	44,726.52	71.78%
5012680	Skilled Services	472,680.27	1,164,774.00	692,093.73	40.58%
	Total Support Services	737,990.75	1,678,885.00	940,894.25	43.96%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	463.45	5,260.00	4,796.55	8.81%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	117.82	6,635.00	6,517.18	1.78%
5012880	Trvl, Meal Reimb- Not Rprtble	72.75	3,597.00	3,524.25	2.02%
	Total Transportation Services	654.02	17,947.00	17,292.98	3.64%
	Total Contractual Svs	969,437.76	2,030,462.00	1,061,024.24	47.74%
5013000	Supplies And Materials				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
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Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013100	Administrative Supplies				
5013110	Apparel Supplies	159.98	-	(159.98)	0.00%
5013120	Office Supplies	12,956.44	11,696.00	(1,260.44)	110.78%
5013130	Stationery and Forms	65.02	3,790.00	3,724.98	1.72%
	Total Administrative Supplies	13,181.44	15,486.00	2,304.56	85.12%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	23.49	-	(23.49)	0.00%
	Total Medical and Laboratory Supp.	23.49	-	(23.49)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	61.92	-	(61.92)	0.00%
5013520	Custodial Repair & Maint Matr	8.54	29.00	20.46	29.45%
	Total Repair and Maint. Supplies	70.46	29.00	(41.46)	242.97%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	145.75	408.00	262.25	35.72%
5013630	Food Service Supplies	-	1,108.00	1,108.00	0.00%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	Total Residential Supplies	145.75	1,538.00	1,392.25	9.48%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	825.00	182.00	(643.00)	453.30%
	Total Specific Use Supplies	825.00	182.00	(643.00)	453.30%
	Total Supplies And Materials	14,246.14	17,334.00	3,087.86	82.19%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	-	504.00	504.00	0.00%
	Total Insurance-Fixed Assets	-	667.00	667.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	8,032.44	9,014.00	981.56	89.11%
5015350	Building Rentals	350.80	-	(350.80)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	115,848.82	195,501.00	79,652.18	59.26%
	Total Operating Lease Payments	124,232.06	204,790.00	80,557.94	60.66%
5015400	Service Charges				
5015450	DGS Parking Charges	-	5.00	5.00	0.00%
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
5015470	Private Vendor Service Charges:	13.11	-	(13.11)	0.00%
	Total Service Charges	13.11	10.00	(3.11)	131.10%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,897.00	1,897.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
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Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5015540	Surety Bonds	-	112.00	112.00	0.00%
	Total Insurance-Operations	-	2,009.00	2,009.00	0.00%
	Total Continuous Charges	124,245.17	207,476.00	83,230.83	59.88%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	791.36	-	(791.36)	0.00%
	Total Computer Hrdware & Sftware	791.36	-	(791.36)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	1,123.00	1,123.00	0.00%
	Total Educational & Cultural Equip	-	1,123.00	1,123.00	0.00%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	979.42	-	(979.42)	0.00%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	979.42	277.00	(702.42)	353.58%
5022700	Specific Use Equipment				
5022710	Household Equipment	-	133.00	133.00	0.00%
5022740	Non Power Rep & Maint- Equip	13.90	-	(13.90)	0.00%
	Total Specific Use Equipment	13.90	133.00	119.10	10.45%
	Total Equipment	1,784.68	3,199.00	1,414.32	55.79%
	Total Expenditures	2,982,811.04	5,836,690.00	2,853,878.96	51.10%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	24,669.18	107,104.00	82,434.82	23.03%
30100	Data Center	897,304.67	2,003,610.03	1,106,305.36	44.78%
30200	Human Resources	132,144.72	163,887.68	31,742.96	80.63%
30300	Finance	500,730.31	920,415.00	419,684.69	54.40%
30400	Director's Office	174,768.04	330,712.88	155,944.83	52.85%
30500	Enforcement	1,488,509.85	2,594,922.12	1,106,412.28	57.36%
30600	Administrative Proceedings	397,321.06	694,701.51	297,380.44	57.19%
30700	Impaired Practitioners	63,329.38	117,466.76	54,137.38	53.91%
30800	Attorney General	160,588.10	173,388.26	12,800.15	92.62%
30900	Board of Health Professions	144,482.22	248,934.15	104,451.94	58.04%
31100	Maintenance and Repairs	2,360.94	14,748.58	12,387.63	16.01%
31300	Emp. Recognition Program	70.76	11,013.89	10,943.13	0.64%
31400	Conference Center	(697.55)	2,136.89	2,834.45	32.64%
31500	Pgm Devlpmnt & Implmntn	70,580.40	148,273.05	77,692.65	47.60%
31800	CBC (Criminal Background Checks)	142,582.09	254,145.24	111,563.15	56.10%
	Total Allocated Expenditures	4,198,744.17	7,785,460.02	3,586,715.86	53.93%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (118,857.71)	\$ (1,574,605.02)	\$ (1,455,747.32)	7.55%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2020 and Ending January 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	3,000.00	300.00	(2,700.00)	1000.00%
4002406	License & Renewal Fee	636,400.00	1,200,800.00	564,400.00	53.00%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	170.00	700.00	530.00	24.29%
	Total Fee Revenue	639,570.00	1,202,130.00	562,560.00	53.20%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	85,413.65	536,395.00	450,981.35	15.92%
4003020	Misc. Sales-Dishonored Payments	120.00	-	(120.00)	0.00%
	Total Sales of Prop. & Commodities	85,533.65	536,395.00	450,861.35	15.95%
4009000	Other Revenue				
	Total Revenue	725,103.65	1,738,525.00	1,013,421.35	41.71%
5011110	Employer Retirement Contrib.	6,596.99	10,664.97	4,067.98	61.86%
5011120	Fed Old-Age Ins- Sal St Emp	10,222.68	14,938.92	4,716.24	68.43%
5011140	Group Insurance	754.53	988.32	233.79	76.34%
5011150	Medical/Hospitalization Ins.	10,188.00	16,488.00	6,300.00	61.79%
5011160	Retiree Medical/Hospitalizatn	632.95	826.06	193.11	76.62%
5011170	Long term Disability Ins	344.25	449.91	105.66	76.52%
	Total Employee Benefits	28,739.40	44,356.17	15,616.77	64.79%
5011200	Salaries				
5011230	Salaries, Classified	56,567.50	73,755.00	17,187.50	76.70%
5011250	Salaries, Overtime	567.25	-	(567.25)	0.00%
	Total Salaries	57,134.75	73,755.00	16,620.25	77.47%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	-	960.00	960.00	0.00%
	Total Special Payments	-	960.00	960.00	0.00%
5011400	Wages				
5011410	Wages, General	77,864.24	121,525.00	43,660.76	64.07%
5011430	Wages, Overtime	295.92	-	(295.92)	0.00%
	Total Wages	78,160.16	121,525.00	43,364.84	64.32%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,526.19	-	(1,526.19)	0.00%
	Total Terminatn Personal Svce Costs	1,526.19	-	(1,526.19)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	165,560.50	240,596.17	75,035.67	68.81%
5012000	Contractual Svcs				
5012100	Communication Services				
5012140	Postal Services	21,919.73	32,117.00	10,197.27	68.25%
5012150	Printing Services	5.86	276.00	270.14	2.12%
5012160	Telecommunications Svcs (VITA)	699.18	2,500.00	1,800.82	27.97%
5012190	Inbound Freight Services	2.08	-	(2.08)	0.00%
	Total Communication Services	22,626.85	34,893.00	12,266.15	64.85%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2020 and Ending January 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	11,830.86	24,920.00	13,089.14	47.48%
5012440	Management Services	231.56	530.00	298.44	43.69%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	12,062.42	25,460.00	13,397.58	47.38%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	431.20	-	(431.20)	0.00%
5012530	Equipment Repair & Maint Srvc	2,126.36	-	(2,126.36)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	2,557.56	72.00	(2,485.56)	3552.17%
5012600	Support Services				
5012660	Manual Labor Services	1,155.27	2,454.00	1,298.73	47.08%
5012670	Production Services	5,518.16	10,300.00	4,781.84	53.57%
5012680	Skilled Services	6,105.10	48,303.00	42,197.90	12.64%
	Total Support Services	12,778.53	61,057.00	48,278.47	20.93%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	73.03	6,893.00	6,819.97	1.06%
5012840	Travel, State Vehicles	-	310.00	310.00	0.00%
5012850	Travel, Subsistence & Lodging	-	912.00	912.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtbl	-	528.00	528.00	0.00%
	Total Transportation Services	73.03	8,643.00	8,569.97	0.84%
	Total Contractual Svcs	50,098.39	130,250.00	80,151.61	38.46%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	25.62	-	(25.62)	0.00%
5013120	Office Supplies	1,451.72	1,092.00	(359.72)	132.94%
5013130	Stationery and Forms	-	1,203.00	1,203.00	0.00%
	Total Administrative Supplies	1,477.34	2,295.00	817.66	64.37%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	3.66	-	(3.66)	0.00%
	Total Medical and Laboratory Supp.	3.66	-	(3.66)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	9.65	-	(9.65)	0.00%
5013520	Custodial Repair & Maint Matr	1.33	-	(1.33)	0.00%
	Total Repair and Maint. Supplies	10.98	-	(10.98)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2020 and Ending January 31, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	1,491.98	2,621.00	1,129.02	56.92%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	106.00	106.00	0.00%
	Total Insurance-Fixed Assets	-	106.00	106.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	15.76	-	(15.76)	0.00%
5015350	Building Rentals	31.20	-	(31.20)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	18,414.93	30,203.00	11,788.07	60.97%
	Total Operating Lease Payments	18,461.89	30,253.00	11,791.11	61.02%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	129.85	-	(129.85)	0.00%
	Total Service Charges	129.85	-	(129.85)	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	399.00	399.00	0.00%
5015540	Surety Bonds	-	24.00	24.00	0.00%
	Total Insurance-Operations	-	423.00	423.00	0.00%
	Total Continuous Charges	18,591.74	30,782.00	12,190.26	60.40%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	123.33	-	(123.33)	0.00%
	Total Computer Hrdware & Sftware	123.33	-	(123.33)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
5022700	Specific Use Equipment				
5022740	Non Power Rep & Maint- Equip	2.17	-	(2.17)	0.00%
	Total Specific Use Equipment	2.17	-	(2.17)	0.00%
	Total Equipment	125.50	166.00	40.50	75.60%
	Total Expenditures	235,868.11	404,415.17	168,547.06	58.32%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	3,844.08	34,904.36	31,060.28	11.01%
30100	Data Center	74,610.49	165,265.70	90,655.21	45.15%
30200	Human Resources	11,505.14	12,801.61	1,296.48	89.87%
30300	Finance	114,246.67	202,579.54	88,332.86	56.40%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11200 - Certified Nurse Aides
 For the Period Beginning July 1, 2020 and Ending January 31, 2021

Account				Amount	
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
30400	Director's Office	40,049.93	72,788.54	32,738.61	55.02%
30500	Enforcement	469,245.43	870,305.25	401,059.81	53.92%
30600	Administrative Proceedings	62,712.34	176,122.15	113,409.81	35.61%
30700	Impaired Practitioners	639.25	2,498.17	1,858.92	25.59%
30800	Attorney General	2,720.00	55,054.77	52,334.77	4.94%
30900	Board of Health Professions	32,945.61	54,789.38	21,843.77	60.13%
31100	Maintenance and Repairs	364.74	2,278.49	1,913.75	16.01%
31300	Emp. Recognition Program	6.20	860.32	854.12	0.72%
31400	Conference Center	(107.76)	330.13	437.89	32.64%
31500	Pgm Devlpmnt & Implmentn	16,237.86	32,634.29	16,396.42	49.76%
Total Allocated Expenditures		<u>829,019.97</u>	<u>1,683,212.68</u>	<u>854,192.70</u>	<u>49.25%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (339,784.43)</u>	<u>\$ (349,102.85)</u>	<u>\$ (9,318.41)</u>	<u>97.33%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2020 and Ending January 31, 2021

Account				Amount	
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	653.64	5,693.36	5,039.72	11.48%
	Total Employee Benefits	653.64	5,693.36	5,039.72	11.48%
5011300	Special Payments				
5011340	Specified Per Diem Payment	4,350.00	-	(4,350.00)	0.00%
	Total Special Payments	4,350.00	-	(4,350.00)	0.00%
5011400	Wages				
5011410	Wages, General	8,544.01	74,423.00	65,878.99	11.48%
	Total Wages	8,544.01	74,423.00	65,878.99	11.48%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	13,547.65	80,116.36	66,568.71	16.91%
5012000	Contractual Svcs				
5012400	Mgmt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	6,113.27	16,757.00	10,643.73	36.48%
5012830	Travel, Public Carriers	508.37	39.00	(469.37)	1303.51%
5012850	Travel, Subsistence & Lodging	5,821.97	13,828.00	8,006.03	42.10%
5012880	Trvl, Meal Reimb- Not Rprtbl	2,522.00	6,546.00	4,024.00	38.53%
	Total Transportation Services	14,965.61	37,170.00	22,204.39	40.26%
	Total Contractual Svcs	14,965.61	61,878.00	46,912.39	24.19%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022800	Stationary Equipment				
	Total Expenditures	28,513.26	142,008.36	113,495.10	20.08%

2020 Monthly Tracking Log

License 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												
Massage Therapy	8,407	8,426										
Medication Aide	6,667	6,669										
Clinical Nurse Spec	405	406										
Nurse Practitioner	13,817	13,913										
Autonomous Practice	1,134	1,164										
Practical Nurse	28,259	28,291										
Registered Nurse	113,895	113,170										
Total for Nursing	172,584	172,039	0									

Nurse Aide	50,894	50,929										
Advanced Nurse Aide	26	26										
Total for Nurse Aide	50,920	50,955	0									
License Count Grand Total	223,504	222,994	0									

Open Cases Count												
Nursing	1569	1599										
Nurse Aide	449	466										
Open Cases Total	2,018	2,065	0									

Case Count by Occupation													Total
Rec'd RN	82	70											152
Rec'd PN	20	29											49
Rec'd NP, AP, CNS	21	20											41
Rec'd LMT	6	1											7
Rec'd RMA	8	6											14
Rec'd Edu Program		3											3
Total Received Nursing	137	129	0	266									
Closed RN	43	38											81
Closed PN	31	21											52
Closed NP, AP, CNS	12	8											20
Closed LMT	3	7											10
Closed RMA	10	5											15
Closed Edu Program	2	3											5
Total Closed Nursing	101	82	0	183									

Case Count - Nurse Aides													Total
Received	44	41											85
Rec'd Edu Program	0	1											1
Total Received CNA	44	42	0	86									
Closed	69	12											81
Closed Edu Program	2	0											2
Total Closed CNA	71	12	0	83									

All Cases Closed	172	94	0	266									
All Cases Received	181	171	0	352									

HPMP Quarterly Report (October 1, 2020 - December 31, 2020)

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			1								
	` LPN	5		3	1			2		1		
	` RN	14	1	8	8	1		7		1	1	
	` Massage Ther	1										
	` CNS											
Nursing Total		20	1	12	9	1		9		2	1	
	` CNA											
	` RMA	1										
CNA Total		1										
	` DC											
	` DO											
	` DPM											
	` Intern/Resident											
	` LAT											
	` LBA											
	` Lic Rad Tech											
	` MD	3	2		3							
	` OT											
	` PA											
	` RT											
	` LM											
	` OTA											
	` SA											
Medicine Total		3	2		3							
	` Pharmacist	1										
	` Pharm Tech											
	` Intern											
Pharmacy Total		1										
	` DDS	1										
	` DMD											
	` RDH											
Dentistry Total		1										
	` DVM			1								
	` Vet Tech											
Veterinary Medicine Total				1								
TOTALS		26	3	13	12	1	0	9	0	2	1	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

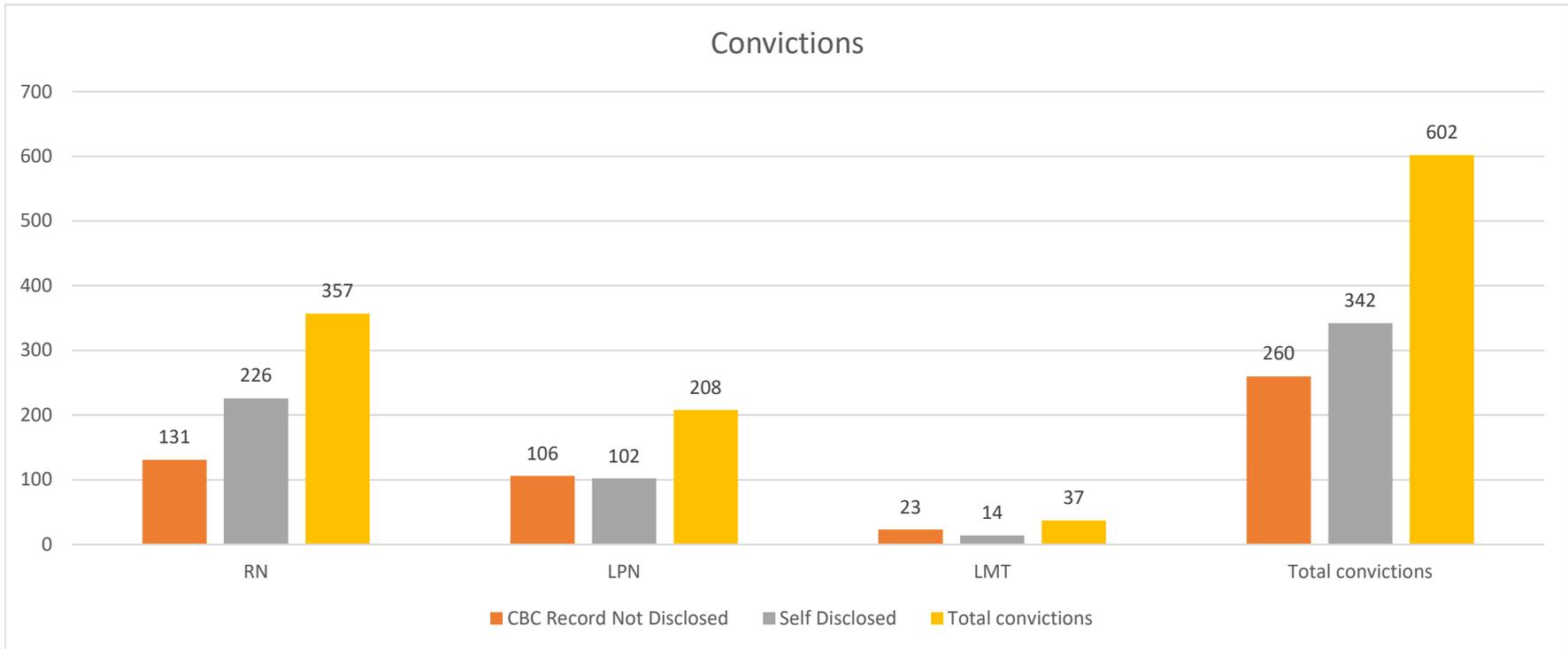
2020 RN Applicants					
Row Labels	RN-ENDORSEMENT	RN-EXAM	RN-REINSTATEMENT	Grand Total	
CBC Record Not Disclosed	26	84	21	131	
Disposition Unknown	4	6		10	
No CBC Conviction Record	95	239	22	356	
Self-Disclosed	62	149	15	226	
(blank)	3027	4583	407	8017	
Grand Total	3214	5061	465	8740	

2020 LPN Applicants					
Row Labels	LPN-ENDORSEMENT	LPN-EXAM	LPN-REINSTATEMENT	Grand Total	
CBC Record Not Disclosed	18	72	16	106	
Disposition Unknown		1	1	2	
No CBC Conviction Record	22	141	14	177	
Self-Disclosed	8	79	15	102	
(blank)	253	1331	68	1652	
Grand Total	301	1624	114	2039	

2020 LMT Applicants					
Row Labels	LMT-APP	LMT-ENDORSEMENT	LMT-REINSTATEMENT	Grand Total	
CBC Record Not Disclosed	14	4	5	23	
Disposition Unknown	2	1		3	
No CBC Conviction Record	28	9	3	40	
Self-Disclosed	12	1	1	14	
(blank)	329	113	26	468	
Grand Total	385	128	35	548	

Board of Nursing Criminal Background Checks Annual Report - CY2020
 Submitted by Stephanie Willinger, Deputy Executive Director for Licensure

	RN		LPN		LMT		Total convictions	
Total Applicants	8740		2039		548		11327	
CBC Record Not Disclosed	131	1.50%	106	5.20%	23	4.20%	260	2.30%
Self Disclosed	226	2.59%	102	5.00%	14	2.55%	342	3.02%
Total convictions	357	4.08%	208	10.20%	37	6.75%	602	5.31%



VA Board of Nursing

Licensure Statistics

January 1 - December 31, 2020

<i>License/Certification/Registration</i>	<i>Application Count ¹ :</i>				<i>Issued Count :</i>				<i>Is/Ap</i>
OCCUPATION	INITIAL / EXAM	ENDORSED	REINSTATED²	COMBINED	INITIAL / EXAM	ENDORSED	REINSTATED²	COMBINED	%
Authorization to Prescribe	168		4	172			2	2	1.2%
Clinical Nurse Spec	35		1	36	14		1	15	41.7%
Massage Therapy	403	135	36	574	356	138	39	533	92.9%
Medication Aide	1,019	100	37	1,156	516	7	16	539	46.6%
Nurse Practitioner	1,107	908	73	2,088	1,161	914	65	2,140	102.5%
Practical Nurse	1,686	353	120	2,159	1,167	251	97	1,515	70.2%
Registered Nurse	5,219	3,519	510	9,248	4,270	3,348	453	8,071	87.3%
Total	9,637	5,015	781	15,433	7,484	4,658	673	12,815	83.0%
Nurse Aide	1,921	3,411	1560	6,892	1,912	2,544	1,239	5,695	82.6%
Advanced Certified Nurse Aide	197		3	200			1		0.0%
Total	2,118	3,411	1,563	7,092	1,912	2,544	1,240	5,695	80.3%
Grand Total	11,755	8,426	2,344	22,525	9,396	7,202	1,913	18,510	82.2%

¹ : Includes all applications received, but not necessarily completed or withdrawn in CY2020

² : Includes reinstatement after discipline

LNP Autonomous Practice - Issued CY2020	
Autonomous - Adult/Geriatric Acute	33
Autonomous - Adult/Geriatric Primary	61
Autonomous - Family	278
Autonomous - Neonatal	5
Autonomous - Pediatric Acute	0
Autonomous - Pediatric Primary	23
Autonomous - Psychiatric/Mental	47
Autonomous - Women's Health	17
Total	464

Cases	Case Counts:		PHCOs Proffered	Cases Resolved by:	
	RECEIVED	CLOSED		IFC	FH
OCCUPATION			"Mail PHCO to Resp/Atty"		
Authorization to Prescribe	49	147	6		
Clinical Nurse Spec	2	4	1		
Massage Therapy	54	56			
Medication Aide	105	90			
Nurse Education Program	12	16			
Nurse Practitioner	267	290	8		
Practical Nurse	427	412	54		
Registered Nurse	698	761	60		
Total	1,614	1,776	129	255	100
Nurse Aide	647	582	1		
Nurse Aide Education Program	8	5			
Total	655	587	1	55	9
Grand Total	2,269	2,363	130	310	109
<i>Closure rate:</i>	<i>104%</i>		<i>6%</i>	<i>13%</i>	<i>5%</i>
<i>...of case closures</i>					

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
VIRTUAL BUSINESS MEETING
MINUTES
December 9, 2020**

TIME AND PLACE: The virtual meeting of the Committee of the Joint Boards of Nursing and Medicine via Webex was called to order at 9:00 A.M., December 9, 2020.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Committee convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Committee to discharge its lawful purposes, duties, and responsibilities.

**COMMITTEE MEMBERS
PARTICIPATED**

VIRTUALLY: Louise Hershkowitz, CRNA, MSHA; Chair
Ann Tucker Gleason, PhD
Karen Ransone, MD
Lori Conklin, MD
David Archer, MD

MEMBERS ABSENT: Marie Gerardo, MS, RN, ANP-BC

**ADVISORY COMMITTEE
MEMBERS**

**PARTICIPATEDG
VIRTUALLY:** Kathleen Bailey, RN, CNM, MA, MS
Kevin E. Brigle, RN, NP
David Alan Ellington, MD
Thokozeni Lipato, MD
Stuart Mackler, MD
Janet L. Setnor, CRNA

STAFF PARTICIPATED

VIRTUALLY: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing
Sally Ragsdale, Discipline Specialist

OTHERS PARTICIPATED

VIRTUALLY: Erin Barrett, Assistant Attorney General; Board Counsel
David Brown, DO, Director; Department of Health Professions

Barbara Allison-Bryan, MD; Chief Deputy, Department of Health Professions
Elaine Yeatts, Policy Analyst; Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine
Yetty Shobo, PhD, Deputy Executive Director; Board of Health Professions

**PUBLIC PARTICIPATED
VIRTUALLY:**

Jerry J. Gentile, Department of Planning Budget
Gerald C. (Jerry) Canaan, II, Esq. Byrne Legal Group
Ben Traynham, Hancock, Daniel & Johnson, PC
Valentina Vega, Health Policy Analyst, Medical Society of Virginia
Kassie Schroth, Virginia Association of Nurse Anesthetists
Juliane Condrey, Lobbyist, Virginia Public Access Project (VPAP)
JoAnne Collins
Scott Castro, Director of Health Policy, Medical Society of Virginia

**ESTABLISHMENT OF
A QUORUM:**

Ms. Hershkowitz called the meeting to order and established that a quorum consisting of 5 members was present.

ANNOUNCEMENT:

Ms. Hershkowitz noted the announcement as stated in the Agenda that was provided electronically:

- Lori Conklin, MD replaced Nathaniel Ray Tuck, Jr., DC
- David Archer, MD replaced Kenneth Walker, MD

Ms. Hershkowitz welcomed Drs. Conklin and Archer to the Committee of the Joint Boards. Both Drs. Conklin and Archer provided their brief background information.

There were no additional announcements.

REVIEW OF MINUTES:

Ms. Hershkowitz stated that staff provided the following document electronically:

- **A1** October 21, 2020 Business Meeting
- **A2** October 21, 2020 Formal Hearing

Ms. Hershkowitz asked if the Committee has any questions regarding the minutes. Dr. Ransone indicated that first name of Dr. Tuck was spelled incorrectly on the October 21, 2020 Business Meeting minutes. Staff will make the correction.

Dr. Ransone moved to accept the minutes as presented and amended. The motion was properly seconded. A roll call was taken and the motion carried unanimously.

PUBLIC COMMENT: Ms. Hershkowitz said that as indicated in the meeting notice on Regulatory Townhall and in the agenda package, comments will be received during this public comment period from those persons who submitted an email to Huong Vu no later than 8 am on December 9, 2020 indicating that they wish to offer comment.

Ms. Hershkowitz asked if any email requests had been received. Ms. Vu reported that no email requests for public comment were received as of 8 am today and no one is present on the call to make comment.

**DIALOGUE WITH
AGENCY DIRECTOR:**

Dr. Brown reported the following:

Staffing issues – VDH and Virginia Hospital Healthcare Association initiated a recent discussion about staffing issues that are emerging due to the surge in COVID-19 at various facilities and other states.

Emerging issues are:

- Facilities have to quarantine clinical staff
- Staff COVID-19 exposure
- Staff burn out
- Increase in retiring clinical staff during COVID-19
- Nurses are termination full-time employment in order to be hired by Staffing Agencies that offer significantly higher compensation

DHP encourages retired practitioners to join the Medical Reserved Corps (MRC). VDH will send a communication to selected licensees to recruit to the MRC soon. Also nursing and medical students are being looked at to help with the surge.

Marijuana – Virginia has an active medical marijuana program. Four pharmaceutical processors have been permitted, two of which are making the products available to patients who receive certifications from providers who are registered with the Board of Pharmacy. The big change in the last year was that the General Assembly (GA) removed the low THC potency cap on medical marijuana products in 2019.

Legislation was introduced in the upcoming GA allowing marijuana flowers to be distributed in Virginia. In addition, the Governor has endorsed Virginia moving forward with adult use of recreational marijuana.

The Secretary of Health workgroup, the Secretary of Agriculture workgroup, and the Joint Legislative Audit & Review Commission (JLARC) all agreed that medical marijuana and recreational marijuana should be regulated by the same state agency.

Dr. Allison-Bryan reported on the COVID-19 vaccines as follows:

- Two vaccines have moved from Phase Three to Active Phase for emergency use authorization and will be available within next week
- Detailed information regarding distribution of the vaccines is available in a 50-page report on the VDH website
- Healthcare workers who have immediate contact (within 6 feet) with COVID patients, workers and clients in long-term care facilities will be given the vaccines first
- CVS and Walgreen pharmacists have signed up to go into long-term care facilities to administer the vaccines (referred to as closed point distribution)

Dr. Allison-Bryan encouraged practitioners to sign up with Medical Reserved Corp to distribute the vaccines. She has done so.

Dr. Conklin expressed concern regarding absence of THC potency cap in patients undergoing anesthesiology as psychotropic drugs interact with anesthesia medications.

Dr. Brown said that he has not heard of discussion regarding a cap and added that he is aware that the Medical Advisory Committee is reviewing the science on the health effects of marijuana.

Dr. Conklin asked who do people notify about the adverse effects of the vaccine?

Dr. Allison-Bryan noted that in the trial, adverse effects were very rare. She suspected that this information will be distributed at the time of vaccine administration.

LEGISLATION/
REGULATIONS:

Ms. Hershkowitz stated that staff have provided the following documents electronically:

- **B1** Regulatory Update
- **B2** Report of the 2021 General Assembly

Ms. Hershkowitz invited Ms. Yeatts to proceed.

Ms. Yeatts reviewed the chart of Regulatory Actions as provided in the agenda. She reported that the conversion therapy legislation continues to move through the process.

Ms. Hershkowitz inquired as to how many waivers for electronic prescribing have been approved. Ms. Willinger reported that, at the last meeting, 233 waivers had been approved.

Ms. Yeatts reviewed the report of 2021 General Assembly that was provided in the agenda noting that two bills were introduced that DHP is aware of and both bills have direct impact on nurse practitioners (NP).

HB1737 (Nurse practitioners; practice without a practice agreement)

Ms. Yeatts stated that the bill reduces the requirement in the number of years of full-time clinical experience from five years to two that NPs must have to be eligible to practice without a practice agreement. Ms. Yeatts noted that the 2-year clinical practice requirement is currently in effect as an Executive Order provision due to COVID-19. Ms. Yeatts added that the impact of this bill would be an increase in the number NPs eligible to apply for the autonomous practice designation on their NP licenses.

HB1747 (Clinical nurse specialist; licensure of nurse practitioners as specialists, etc.)

Ms. Yeatts explained that this bill will allow an advance practice registered nurse who is registered by the Board of Nursing as a clinical nurse specialist (CNS) to be licensed as a NP in the category of a clinical nurse specialist with prescriptive authority and will be regulated by the Committee of the Joint Boards of Nursing and Medicine.

Dr. Conklin inquired as to the title of the CNS, is it required of CNS to take specialized testing in order to obtain the distinction or years of experience in this specialty.

Ms. Douglas replied that currently as part of eligibility for registration as a CNS, an individual has to take a national clinical nurse specialist certification examination. The educational preparation does include a pharmacology component. Ms. Douglas added that, at the national level, CNSs are not licensed as NPs and in many states CNSs have prescriptive authority and they are regulated under the sole regulation of the Boards of Nursing. She also reported that there are about 400 CNSs in Virginia and the number has been steady for many years.

Mr. Brigle asked if there has been any complaint about the reduction from five years to two years since the emergency waiver was issued. Ms. Douglas stated that she was not aware of any. Dr. Hills added that there have only been a handful of inquiries regarding the waiver.

POLICY FORUM:

Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

Ms. Hershkowitz said that Drs. Carter and Shobo have provided the following reports electronically:

- Virginia's Licensed Nurse Practitioner Workforce: 2020

- Virginia’s Licensed Nurse Practitioner Workforce: Comparison by Specialty

Ms. Hershkowitz stated that staff requested Committee and Advisory Members to submit questions in advance regarding the reports but none were received. Ms. Hershkowitz asked if Committee members have any questions for Dr. Shobo about the reports. None was received.

Ms. Hershkowitz said that the reports will be presented to the full Board of Nursing at its next business meeting. Ms. Hershkowitz thanked Drs. Carter and Shobo for their work.

NEW BUSINESS:

Board of Nursing Executive Director Report:

- ❖ Ms. Gerardo, the Chair of the Committee of the Joint Boards of Nursing and Medicine, was elected as Board of Nursing President at the December 2, 2020 meeting. The President’s term will begin on January 1, 2021.
- ❖ 1,070 autonomous practice designations were issued so far. The Board received some inquiries regarding workforce issues such as facilities wanting to recruit retired NPs back into the workforce with the current COVID-19 situation. There are about 2,150 NPs whose licenses have been expired within the last four years and remain expired compared to about 20,000 registered nurses whose licenses have expired. There are about five NPs in the voluntary restricted licensure category.
- ❖ Ms. Willinger has been working with NCSBN regarding uploading advanced practice registered nurse licensure and discipline data into the national database called NURSUS. The target date is planned for the end of this year to have a test file ready for uploading. This will allow states to verify NP licensure in Virginia for applicants and discipline information.
- ❖ Legislation passed last year that Ms. Douglas and Dr. Harp were involved in surveying contiguous states with the idea of pursuing reciprocity agreements. Ms. Douglas surveyed states in which Boards of Nursing regulate NPs and the report has been compiled and submitted to the General Assembly. Responses received indicate interest in participation in the NCSBN APRN compact as the avenue for ease of mobility state to state and permanent practice across state lines.
- ❖ The Board has been receiving written and phone inquiries regarding DEA number, telehealth, family NPs serving as hospitalists, and autonomous practice requirements. NPs continue to have difficulty in obtaining verification from physicians for their five years of practice under a collaborative agreement because physicians either move or retire. The Board is looking at documentation alternatives that NPs can provide.

Ms. Hershkowitz asked if any Committee or Advisory Members have any questions for Ms. Douglas.

Dr. Conklin asked how the Board can make sure that no sub-standard care will be provided by NPs who only have two years of supervision before autonomous practice can occur.

Ms. Douglas stated that, as with all professions, the quality of the program does vary but the required clinical components for advanced practice education programs do remain the same. Ms. Douglas added that the national certifying bodies assess the NP's competency through the certification examination process.

Ms. Hershkowitz was in agreement with Ms. Douglas and noted that the requirements for NP competency are being revised.

Dr. Hills reiterated that the determination of competency is through the certifying body.

Ms. Bailey said that although education changes but the requirements for certification remain the same.

Ms. Setnor noted that the requirement for certification is more rigorous. She also reminded that safety is not a concern in other states in which NPs have two or less years of experience.

C1 Revision of Guidance Document (GD) 90-11

Continued Competency Violations for Nurse Practitioners:

Ms. Hershkowitz stated that staff has provided the electronic copy of GD 90-11 and asked Dr. Hills to proceed.

Dr. Hills noted that staff are recommending editorial changes that assist with implementation.

Dr. Gleason asked if the statement about missing continuing education (CE) hours is not counted toward the current year required CE hours for renewal. Ms. Douglas replied that the standard language of the Confidential Consent Agreement (CCA) will include that statement.

Dr. Ransone moved to accept the revision of GD 90-11 as presented. The motion was properly seconded by Dr. Gleason. A roll call was taken and the motion carried unanimously.

Re-appointment of Advisory Committee Members:

Ms. Hershkowitz stated the following Advisory Committee Members are eligible for re-appointment with their first term ending in 2020:

- Mr. Kevin Brigle, RN, NP
- Mr. Mark Coles, RN, BA, MSN, NP-C
- Dr. David Ellington, MD
- Dr. Stuart Mackler, MD

Ms. Hershkowitz said that pursuant to 18VAC90-30-30(B), appointment to the advisory committee shall be for four years; members may be appointed for one additional four-year period. Ms. Hershkowitz noted that all four Advisory Members have expressed interest in re-appointment to the Advisory Committee.

Dr. Ransone moved to re-appointed all four Advisory Members as presented to the Advisory Committee. The motion was properly seconded by Dr. Conklin. A roll call was taken and the motion carried unanimously.

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

Mr. Brigle shared that the full practice authority via the autonomous practice designation has expedited the credentialing process at VCU.

Ms. Bailey shared that the Virginia Affiliate of the American College of Nurse Midwives (ACNM) has two policy issues that will be introduced to the 2021 General Assembly in an effort to improve access to healthcare, they are:

- 1 Independent practice for Certified Nurse-Midwives (CNMs) – currently in Virginia, CNMs must practice in consultation with a physician through a practice agreement. 28 states do not require this agreement. The independent practice will expand the ability of CNMs to practice in rural and underserved areas without this restrictive requirement
- 2 Licensure for Certified Midwives (CMs) – in the US, CMs have the same education as CNMs and sit for the same certification examination.

Ms. Setnor shared that several hundred CRNAs volunteered to be in the Medical Reserved Corps doing COVID testing and will stand by to help with vaccination process. Ms. Hershkowitz noted that she herself has volunteered with the Medical Reserved Corps to help out.

The Advisory Committee Members, Dr. Harp and Ms. Yeatts, left the meeting at 10:07 A.M.

RECESS: The Committee recessed at 10:07 A.M.

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

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Renee Marie Messina Essary, LNP 0024-168282

Ms. Essary did not appear but written response was submitted.

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 10:17 A.M., for the purpose to reach a decision in the matter of Renee Marie Messina Essary. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Willinger, Ms. Vu, Ms. Ragsdale and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Ransone. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:31 A.M.

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

Dr. Conklin moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Renee Marie Messina Essary. The motion was properly seconded by Dr. Ransone. A roll call was taken and the motion carried unanimously.

CONSENT ORDER CONSIDERATION

**Jennifer Renae Perry Battani, LNP Reinstatement Applicant
0024-164919**

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 10:34 A.M., for the purpose to reach a decision in the matter of Jennifer Renae Perry Battani. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Willinger, Ms. Vu, Ms. Ragsdale and Ms.

Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Ransone. A roll call was taken and the motion carried unanimously.

RECONVENTION:

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

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

Dr. Conklin moved that Committee of the Joint Boards of Nursing and Medicine to reject the consent order of Jennifer Renae Perry Battani. The motion was properly seconded by Dr. Ransone. A roll call was taken and the motion carried with four votes in favor of the motion. Dr. Gleason opposed the motion.

POSSIBLE SUMMARY SUSPENSION CONSIDERATION

James Schliessmann, Senior Assistant Attorney General, joined the meeting to present the case regarding Charmayne Lanier-Eason, LNP (cases # 194486 and 200282).

Ms. Hershkowitz asked Mr. Schliessmann to proceed with the presentation of the case.

Dr. Ransone moved to summarily suspend the license of Charmayne L. Lanier-Eason to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was properly seconded by Dr. Conklin. A roll call was taken and the motion carried unanimously.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 11:02 A.M.

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

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
VIRTUAL FORMAL HEARING
MINUTES
February 8, 2021

TIME AND PLACE: The virtual Webex hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 10:00 A.M., on February 8, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Committee convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Committee to discharge its lawful purposes, duties, and responsibilities.

**COMMITTEE MEMBERS
PARTICIPATED
VIRTUALLY:**

Marie Gerardo, MS, RN, ANP-BC, Chair
Louise Hershkowitz, CRNA, MSHA;
Ann Tucker Gleason, PhD
Lori Conklin, MD
David Archer, MD

MEMBERS ABSENT: Karen Ransone, MD

**STAFF PARTICIPATED
VIRTUALLY:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Sylvia Tamayo-Suijk, Discipline Specialist Team Coordinator
Huong Vu, Executive Assistant; Board of Nursing
Sally Ragsdale, Discipline Specialist

**OTHERS PARTICIPATED
VIRTUALLY:**

Charis Mitchell, Assistant Attorney General; Board Counsel
Andrea Pegram, Court Reporter
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division (APD)
Julia Bennett, Deputy Executive Director, APD
David Robinson, Adjudication Specialist, APD
Rai K. Minor, Senior Investigator, Department of Health Professions Enforcement

**PUBLIC PARTICIPATED
VIRTUALLY:**

Etta Bruton

ESTABLISHMENT OF

A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum consisting of 5 members was present.

CONSENT ORDER CONSIDERATION

CLOSED MEETING:

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 10:04 A.M., for the purpose to reach a decision regarding Consent Orders. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Vu, Ms. Tamayo-Suijk 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 Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:24 A.M.

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

Heather M. Poe, LNP

0024-173082

Ms. Hershowitz moved that the Committee of the Joint Boards of Nursing and Medicine defer the consideration of the consent order of Heather M. Poe to February 17, 2021. The motion was properly seconded by Dr. Conklin. A roll call was taken and the motion carried unanimously.

Jessica Anne Landrum Webb, LNP

0024-170802

Ms. Hershowitz moved that the Committee of the Joint Boards of Nursing and Medicine to accept the consent order of Jessica Anne Landrum Webb to reprimand Ms. Webb and to indefinitely suspend the right of Ms. Webb to renew her nurse practitioner license. The motion was properly seconded by Dr. Conklin. A roll call was taken and the motion carried unanimously.

FORMAL HEARING:

Jennifer Ranae Perry Battani, LNP Reinstatement Applicant
0024-171773

Ms. Battani participated.

Anne Joseph, Adjudication Consultant for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal

counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Reporting Service, recorded the proceeding.

Rai K. Minor, Senior Investigator, Department of Health Professions, participated and testified.

CLOSED MEETING:

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 11:04 A.M. for the purpose of deliberation to reach a decision in the matter of Jennifer Ranae Perry Battani. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk, Ms. Vu and Ms. Mitchell, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 11:32 A.M.

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

ACTION:

Ms. Hershkowitz moved to approve the application of Jennifer Ranae Perry Battani for reinstatement of her license to practice as a nurse practitioner in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Battani at her address of record. The motion was properly seconded by Dr. Conklin. A roll call was taken and the motion carried unanimously.

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

ADJOURNMENT:

The meeting was adjourned at 11:35 P.M.

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

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
VIRTUAL FORMAL HEARING
MINUTES
February 17, 2021

TIME AND PLACE: The virtual Webex hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 9:00 A.M., on February 17, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Committee convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Committee to discharge its lawful purposes, duties, and responsibilities.

**COMMITTEE MEMBERS
PARTICIPATED
VIRTUALLY:**

Marie Gerardo, MS, RN, ANP-BC, Chair
Louise Hershkowitz, CRNA, MSHA;
Ann Tucker Gleason, PhD
Lori Conklin, MD
David Archer, MD

MEMBERS ABSENT: Karen Ransone, MD

**STAFF PARTICIPATED
VIRTUALLY:**

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Lelia Claire Morris, RN, LNHA; Deputy Executive Director; Board of Nursing
Darlene Graham, Senior Discipline Specialist
Huong Vu, Executive Assistant; Board of Nursing
Sally Ragsdale, Discipline Specialist

**OTHERS PARTICIPATED
VIRTUALLY:**

Erin Barrett, Assistant Attorney General; Board Counsel
Camron Jordan, Court Reporter, Veteran Reporters
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division (APD)
Sarah Rogers, Senior Investigator, Department of Health Professions Enforcement

**ESTABLISHMENT OF
A QUORUM:**

Ms. Gerardo called the meeting to order and established that a quorum consisting of 5 members was present.

CONSENT ORDER CONSIDERATION

Heather M. Poe, LNP

0024-173082

Ms. Hershowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order to continue the license of Heather M. Poe to practice as a nurse practitioner in the Commonwealth of Virginia on indefinite suspension with suspension stayed upon proof of Ms. Poe's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was properly seconded by Dr. Conklin. A roll call was taken and the motion carried unanimously.

FORMAL HEARING:

Thomas James Fernandez, LNP Reinstatement Applicant
0024- 161198

Mr. Fernandez participated.

Anne Joseph, Adjudication Consultant for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Camron Jordan, court reporter with Veteran Reporters, recorded the proceeding.

CLOSED MEETING:

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 10:05 A.M. for the purpose of deliberation to reach a decision in the matter of Thomas James Fernandez. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Morris, Ms. Graham, Ms. Vu and Ms. Barrett, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 10:14 A.M.

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

ACTION:

Ms. Hershkowitz moved to approve the application of Thomas James Fernandez for reinstatement of his license to practice as a nurse

practitioner in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Fernandez at his address of record. The motion was properly seconded by Dr. Archer. A roll call was taken and the motion carried unanimously.

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

ADJOURNMENT:

The meeting was adjourned at 10:17 A.M.

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

Virginia Board of Nursing
Executive Director Report

March 23, 2021

Meetings/Speaking Engagements

- On December 3, 2020, Jay Douglas, Executive Director, participated in the Tri Council virtual Summit on COVID-19 and the Future of Nursing & Healthcare. Representatives from State Boards of Nursing(NCSBN) , the American Association of the Colleges of Nursing(AACN), American Nurses Association(ANA) and the American Organization of Nurse Executive Leaders (AONEL) participated in small group discussions . Themes were identified from a national perspective that need attention and have been highlighted due to COVID:
 - Equity and Health Equity
 - Ethics
 - Innovations
 - Inter-Professional Emergency Planning & Response
 - Mental Health and Well Being
 - Workforce

As a result of an extensive survey that was conducted and the feedback during this meeting a plan for joint work has been developed and a full report will be published in 2021.

- On December 7, 2020, Jacquelyn Wilmoth, Deputy Executive Director for Education, met the NCSBN Education team to discuss process of the NCSBN annual survey that will be sent in early January to all programs.
- On December 8, 2020, Jay Douglas, Executive Director, Charlette Ridout, Deputy Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a meeting with DMAS and discussed the role of CNA. DMAS is examining the role and reimbursement for unlicensed position roles that can support nursing through the waiver process. DMAS was seeking information regarding the scope of nurse aides and the process for delegation by RN's to unlicensed persons. Following the discussion curriculum information and delegation regulations were shared.
- On December 10, 2020, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the VHHA CNO COVID-19 Operational Issues Forum. VHHA had requested BON participation to discuss workforce issues and to hear the results of a clinical placement survey that the BON had conducted.
- On December 17, 2020, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the clinical workgroup meeting led by Fran Bradford and Megan Healy. Board of Nursing staff provided information on the vaccine administration policy brief from NCSBN and update to state that BON regulation waivers were being looked at as some are set to expire December 31, 2020.

Representatives of VHHA, practice and academic settings were on the call. Continued discussion ensued regarding barriers to full utilization of students in the clinical arena. There are limitations to work through in the academic and practice settings. The most success is currently being realized when a local/regional approach is taken with clinical settings and programs working closely within previously established clinical agreements. Important to consider however is that the number of COVID positive patients, staff and/ or faculty requires modifications of these plans on an almost daily basis. Ms. Douglas and Ms. Wilmoth attend this meeting on a bi-weekly basis.

- On December 18, 2020, as a follow up to a meeting with the Secretary and Ballard Health, Jay Douglas met with Lisa Smithgall CNE for Ballard who has oversight of nursing in five Ballard Health facilities in SW Virginia as well as several in Tennessee. Initially it was thought that there may be some barriers to nursing and/or unlicensed persons practice created by Virginia law and regulations. Dr Smithgall indicated however that the majority of their issues were related to TN who are more restrictive in regards to practice issues. Ballard corporate policies that affect nursing may be more restrictive than Virginia allows as for consistency the policies have to also cover facilities located in TN. Ballard in Virginia has moved forward with reassignment of non-clinical staff into new roles to provide more support to clinical roles and moving back to a team nursing model. The new unlicensed roles include: “Helping Hands” and Safety companions. Ballard seems to be proactive in regards to the use of students and “front loaded” clinical experiences so that they were completed prior to Thanksgiving and before the second wave of COVID hit. It appears that a very successful model exists in SW in terms of collaboration between practice and education. The “VA and TN Appalachian Consortium for Practice and Education” has existed for 15 years, this group meets regularly and discusses matters of mutual concern. They also coordinate clinical experiences between programs and facilities. Although there are some positive things occurring Dr Smithgall indicated that facilities and staff are under enormous stress due to the high rate of COVID cases currently and she reinforced concern about adequate workforce now and in the future. She expressed her appreciation for the opportunity to discuss these matters, for the authorization in Va’s current regulations for graduate nurses to work prior to licensure and for the efficient Va BON licensing processes. Ballard Health is working with TN to effect change in some of their law and regulations.
- On December 15 and 16, 2020, Jay Douglas, Executive Director, chaired the NCSBN Board of Directors meeting held virtually. The most significant agenda items included:
 - A Joint discussion with the Nurse Licensure Compact Commission regarding sharing of investigative information with party and nonparty states,
 - Review of the NCSBN research agenda which will address COVID regulatory impact
 - Review and approval of a 2020 Regulatory environmental scan, national workforce report, a new dashboard for states to monitor NCLEX results

A confidential session was held related to current testing trends and the needs to be addressed in testing for the future.

- On January 5, 2021, Jay Douglas, Executive Director for the Board of Nursing, attended the Nurse Licensure Compact (NLC) meeting as Commissioner for Virginia. Routine compact operations were

discussed. Legal FAQ's are being developed that will be reviewed by Boards and Board Counsel prior to a vote by the Commission.

- On January 7, 2021, Jay Douglas, Executive Director for the Board of Nursing, met with a Subcommittee of the statewide Clinicals Workgroup to discuss innovative approaches for nursing student clinical experiences during COVID and for the future. This Subcommittee is comprised of representatives of practice, education, and regulation. Immediate action steps were identified to include providing innovative examples that meet current regulations via email and webinar. The Virginia Nurses Association and George Washington University will provide resources for webinar development. It was determined that in light of changes proposed to the accreditation bodies essentials of nursing education and the change in patient population and care delivery that a deliberate study of innovative models is needed to carry nursing education into the future. The Subcommittee will explore grant funding and research assistance and will discuss at the next meeting.
- On January 11, 2021, Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the Digital Device Workgroup meeting with VDOE to assist in development of best practice and safety guidelines for use of digital devices in schools for the 2021-2022 school years.
- On January 13, 2021, Jay Douglas, Executive Director, facilitated the International Nurse Regulator Collaborative (INRC) meeting in her role as President of NCSBN. INCR attendees included representatives of nursing regulatory bodies from Australia, New Zealand, Canada, Ireland, United Kingdom, Singapore and Spain. The meeting agenda focused on the interim results of a study that has been undertaken to perform a comparative analysis of the scope of practice of registered nurses from INRC countries. Additional areas of work were identified in the hopes that the result of future collaborative work is increased mobility of nurses between INCR countries.
- On January 14, 2021, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the Clinical Workgroup meeting. Updated waiver information was provided to the group. VDH attended the call on testing for COVID-19 that may be available to nursing programs.
- On January 19, 2021, Charlette Ridout, Deputy Director, met with Kyu Kang, Health Policy Analyst, the Joint Commission on Health Care (JCHC), Jeff Lanardi, Executive Director (JCHC), and Estella Obi-Talbott (JCHC), via telephone conference call in regards to the JCHC Nursing Facility Workforce Study. JCHC members passed a resolution in December 2020 directing the JCHC staff to study the long-term care workforce needs in Virginia's nursing facilities.
- On January 28, 2021, Jay Douglas, Executive Director, and Robin Hills, Deputy Executive Director for Advanced Practice, for Board of Nursing attended the Virginia Association of Nurse Anesthetists (VANA) Legislative Summit. This virtual summit was attended by approximately 100 CRNA's and CRNA students. Ms. Douglas provided a presentation regarding Joint Boards Update, the current status of the National Consensus model and the APRN Compact model adopted by the NCSBN August 2020.
- On January 29, 2021, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, for Board of Nursing attended the Clinical Innovation Workgroup. The meeting focused on the need for further clinical experience innovation by RN and LPN Education

Programs. This workgroup of six people representing Practice, Education and Regulation are focusing on action items and recommendations regarding innovation within the current regulatory structures well as possible permanent regulatory modifications. The focus is both during times of pandemic as well as long-term changes needed as a result of changes in healthcare and the delivery of nursing practice. Short term actions items: publication of innovation examples, webinar development and identification of a work study model.

- On February 9, 2021, Claire Morris, Deputy Executive Director, Patricia Dewey, Discipline Case Manager, and Cathy Hanchey, Senior Licensing/Discipline Specialist attended a virtual filenet training in preparation for the testing phase of the product which will result in DHP moving to an electronic/cloud based case management system. Just in these early stages of testing the team has already discovered areas of opportunity for improvement in the system while acknowledging the system's strengths at the same time.
- On February 10, 2021, Jay Douglas, Executive Director, attended the NCSBN Board of Directors meeting virtually. Key items for discussion included: discussion about effectiveness of COVID Waivers and Executive Actions in various states, need for examination of permanency of certain temporary regulatory adjustments, LTC workforce issued and current legislative initiatives related to Advanced Practice Registered Nurses.
- On February 10, 2021, Jacquelyn Wilmoth, Deputy Executive Director for Education, provided an education seminar to established nursing programs regarding regulations and survey visit preparation.
- On February 11, 2021, Jay Douglas, Executive Director, attended the LTC Wellness Advisory Committee meeting. Discussion centered around review of draft Committee report that was just distributed.
- On February 23, 2021, Jay Douglas, Executive Director for the Board of Nursing, presented at the Clinical Education Innovation Webinar with representatives of Education and Practice. Examples of innovations during the pandemic and regulatory implications were discussed. The webinar was attended by approximately 180 individuals
- Expiration dates for the Temporary Reinstatement/Reactivation nursing licenses issued under EO 51 have been extended until 7/31/2021. Information is now posted on DHP website for Boards of Nursing/Medicine.
- March 2, 2021, Jay Douglas attended a meeting of the Tri-Council which includes the national membership bodies that represent nursing practice, education and regulation. The work of this group continues to identify mutual goals and activities to be undertaken as a result of the TriCouncil Summit that was held in 2020. Guest speakers that attended the meeting were the Acting Surgeon General Susan Orsega and Rear Admiral Nix from the United States Public Health Service.
- March 2, 2021, **Bonnie Price, DNP, RN, SANE-A, SANE-P, AFN-BC**, and the Richmond Regional Human Trafficking Collaborative requested a meeting with BON staff to better understand Board processes related to licensure, fraud, grounds for denial of licensure and conduct uncovered during the

course of investigation. Eight representatives from the collaborative attended along with key leadership staff of the Board. The Richmond Regional Human Trafficking Collaborative is made up of 100 members with representatives from national, state and local law enforcement, attorneys, victims services, shelters and medical providers. During discussions, the topic of certification for massage therapists in the Commonwealth has come up repeatedly. While most massage therapy locations are indeed legitimate businesses, there are some throughout the state that participate and harbor victims of human trafficking.

Outcomes of the meeting include:

- The collaborative was connected with the Virginia Chapter of the American Massage Therapy association.
- a subsequent meeting to include DHP Enforcement representatives will be included.
- The Collaborative will provide a presentative to the full board and has also offered training that might assist board members when questioning sexual abuse victims during disciplinary proceedings.

Letter from the President

Letter from the President



POST-BOARD MEETING UPDATE

Feb. 19, 2021

Dear Colleagues,

As the Board of Directors (BOD) convened on Feb. 9th for the first meeting of 2021, we were very aware that the challenges of 2020 and the pandemic are far from over. During the environmental scan, the BOD shared and discussed common and wide-ranging themes related to COVID-19 vaccine administration, the pandemic's impact on mental health to board staff and the nursing workforce, remote work, staff turnover, legislative efforts to expand scope of practice for APRNs, disciplinary cases, board budgetary issues, regulatory waivers, English proficiency testing and international candidates.

We heard in the government affairs report of the impact of the change in the presidential administration and the many ways that NCSBN is offering information and perspective to ensure that the voice of nursing regulation is heard. The BOD discussed ways in which NCSBN leadership might interface with new administration officials and members of Congress shedding light on policy issues that have the potential to affect boards of nursing (BONs).

The first quarter finance reports (Oct. 1 - Dec. 31, 2020) reflected that the markets were kind to us during this period, revenues were at an expected level and that NCSBN remains in a stable financial position. We also heard a progress report on the strategic objectives work and information regarding a new project management tool that will be demonstrated at the May BOD meeting. We are grateful for NCSBN members that have continued to stay engaged in this work despite the intense level of work at each BON.

The education content for the virtual 2021 Annual Meeting was finalized in keeping with the theme of "Braving New Pathways: Leading the Way for Regulatory Transformation."

Looking to the future, to the year of the 45th Anniversary of NCSBN the BOD enjoyed a discussion related to options presented for celebrating as an organization. I believe it was a welcome change to discuss something positive as the pandemic seems to have infused all that we do. The BOD voted to begin planning a celebration and associated festivities in conjunction with the 2023 Annual Meeting in Chicago. The BOD agreed that due to the impact on the membership of being physically separated for so long and the many accomplishments in nursing regulation since the 40th Anniversary, that we should celebrate in style at this next milestone anniversary. We look forward to sharing more with you as plans unfold.

Our meeting ended with a robust discussion concerning the Tri-Council for Nursing Virtual Summit report. The summit, "Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice and Regulation," was held on Dec. 3, 2020. This report will be featured during a presentation at our Midyear Meeting and will inform our work regarding strategic objectives and serve as the basis for focused collaborative work with Tri-Council members.

I look forward to us coming together at Midyear Meeting in just a few weeks, although certainly not in the way that we are used to doing. I remain impressed by the steadfastness, tenacity and innovation of nursing regulators in these difficult times, which is not unlike the founders of this organization who were instrumental in establishing NCSBN in 1978.

Please contact me if you have any questions or concerns.

Warm Regards,

Jay Douglas, MSM, RN, CSAC, FRE

President

804.516.9028

jay.douglas@dhp.virginia.gov

**VIRGINIA BOARD OF NURSING
EDUCATION INFORMAL CONFERENCE COMMITTEE MINUTES
January 12, 2021**

TIME AND PLACE: The meeting of the Education Informal Conference Committee was convened at 9:14 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Training Room 1, Henrico, Virginia.

MEMBERS PRESENT: Cynthia M. Swineford, RN, MSN, CNE, Chair
Dixie L. McElfresh, LPN

STAFF PRESENT: Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director
Beth Yates, Nursing and Nurse Aide Education Coordinator

OTHERS PRESENT: None.

PUBLIC COMMENT: There was no public comment.

CONTINUED FACULTY EXCEPTIONS: **University of Virginia, BSN Program, Charlottesville, US28505700**
No representative for the program was present.

Ms. McElfresh moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 9:15 a.m. for the purpose of deliberation to reach a decision in the matter of University of Virginia BSN program. Additionally, Ms. McElfresh moved that, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 9:22 a.m.

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

ACTION: Ms. McElfresh moved to recommend to approve the continued faculty exception request for K. Suphal.

Stratford University, BSN Program, Woodbridge, US28502000

No representative for the program was present.

ACTION: Ms. McElfresh moved to recommend to approve the continued faculty exception request for A. Moore.

VERBAL UPDATES Jacquelyn Wilmoth updated the committee on the following items:

- Regulatory waivers for nursing and nurse aide education programs.
- Board staff are participating in clinical work groups discussing the status of clinical education across the Commonwealth.
- The NCLEX has returned to 165 questions regardless of RN or PN and the testing sites are at 75% capacity and that PearsonVue intends to move to 100% in the near future.
- Education staff update
- Survey visits for Nursing and Nurse Aide programs are being conducted virtually as possible.
- Status of nursing education program applications.

Meeting adjourned at 9:49: a.m.

Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
VIRTUAL FORMAL HEARINGS
March 10, 2021**

TIME AND PLACE: The virtual Webex meeting of the Virginia Board of Nursing was called to order at 8:45 A.M. on March 10, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Board to discharge its lawful purposes, duties, and responsibilities.

MEMBERS VIRTUALLY PARTICIPATED: Cynthia M. Swineford, RN, MSN, CNE, Chair
Louise Hershkowitz, CRNA, MSHA

STAFF VIRTUALLY PARTICIPATED: Jay Douglas, MSM, RN, CSAC, FRE, Executive Director
Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director
Beth Yates, Nursing and Nurse Aide Education Coordinator
Huong Vu, Executive Assistant for the Board

OTHERS PARTICIPATED: VIRTUALLY Grace Stewart, Adjudication Specialist
Louise Schwabenbauer, MSN, M.Ed., RN, Program Director,
Nicole Winkler, M.Ed, RT, Dean, Health and Life Sciences,
John Donnelly, Ph.D., Vice President, Instruction and Student Services,
Kelly H. Farnsworth, MSN, RN, Faculty, Charemon Brooks, MSN, RN Faculty,
Brittany Pokrifka, MSN; RN; C.P.N.
Noelle Shaw-Bell, Esq., System Counsel and Senior Assistant Attorney General.
Phyllis Wyche, Program Coordinator,
Cynthia Williamson, Faculty
Terrie Allsbrooks, Director of Career, Adult and Technical Education for Petersburg Public Schools

PUBLIC COMMENT: There was no public comment.

INFORMAL CONFERENCE **Piedmont Virginia Community College, Practical Nursing Program, Charlottesville, US28203800**

Ms. Hershkowitz moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 12:35 p.m. for the purpose of deliberation to reach a decision in the matter of Piedmont Virginia Community College, Practical Nursing Program. Additionally, Ms. Hershkowitz moved that, Ms. Douglas, Ms. Stewart, Ms. Vu and Ms. Yates attend the closed meeting because their presence in the closed

meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 2:32 p.m.

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

ACTION:

Ms. Hershkowitz moved to recommend that Piedmont Virginia Community College continue on conditional approval pursuant to the October 2019 Order and additional terms ordered by the Board.

The Committee recessed at 2:36 p.m.
The Committee reconvened at 3:10 p.m.

Ms. Wilmoth joined the meeting at 3:10 p.m.

**Petersburg Public Schools, Practical Nursing Program,
Petersburg, US28109400**

Ms. Hershkowitz moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 4:51 p.m. for the purpose of deliberation to reach a decision in the matter of Petersburg Public Schools, Practical Nursing Program. Additionally, Ms. Hershkowitz moved that, Ms. Wilmoth, Ms. Stewart, Ms. Vu and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 5:48 p.m.

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

ACTION:

Ms. Hershkowitz moved to recommend to withdraw approval of the Practical Nursing Education Program at Petersburg Public School and STAY the withdrawal, the program will halt admissions until Fall of 2022, submit to the board a comprehensive plan for regulatory compliance by

December 31, 2021 and achieve an 80% or greater NCLEX pass rate for the year 2021.

DISCUSSION
ITEMS

Jacquelyn Wilmoth updated the committee on the following items:

- 2020 NCLEX Pass Rates and NNAAP Pass Rates.
- Education Staff Updates: Effective February 25, 2020, Christine Smith RN,MSN is the Nurse Aide/Medication Aide Program Manager. Effective March 10, 2020, Randall Smith RN, DNP is the Nursing Education Program Manager.

Meeting adjourned at 5:58 p.m.

Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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MEMORANDUM

To: Education Informal Conference Committee

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: February 24, 2021

Subject: 2020 NNAAP Pass Rates

2020 NNAAP Results			
	No testers in 2020	Skills <80%	Written <80%
High School Programs	43.9% (40/91)	28.5% (26/91)	5% (5/91)
Nursing Home Programs	19.5% (8/41)	53.6% (22/41)	5% (3/41)
Hospital Programs	20% (1/5)	40% (2/5)	N/A
Community College Programs	36.1% (17/47)	36.1% (17/47)	4% (2/47)
Other Programs	16.4% (13/79)	59.4% (47/79)	20.2% (16/79)
ALL Programs	22.4% (59/263)	43.3% (114/263)	9.8% (26/263)



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MEMORANDUM

To: Education Informal Conference Committee

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: February 8, 2021

Subject: 2020 NCLEX Pass Rates

Practical Nursing Summary:

- There are fourteen (14) active practical nursing programs with NCLEX-PN pass rates less than 80% for one year.
- There is four (4) active practical nursing program with NCLEX-PN pass rates less than 80% for two years.
- There is one (1) active practical nursing program with NCLEX-PN pass rates less than 80% for three years.
- Virginia's NCLEX-PN pass rates continue to trend lower than the national average.

Registered Nursing Summary:

- There are nine (9) active registered nursing programs with NCLEX-RN pass rates less than 80% for one year.
- There is three (3) active registered nursing program with NCLEX-RN pass rates less than 80% for two years.

- There is one (1) active practical registered nursing program with NCLEX-RN pass rates less than 80% for four years.
- Virginia's NCLEX-RN pass rates continue to trend higher than the national average.

Nursing Programs one year of NCLEX
First-time test taker pass rates below 80% (2020)

Practical Nursing Programs:

Program Name	Program code	NCLEX Pass rate %
High School or Technical Center		
Chesterfield County Public Schools	US28104300	46.15% (6/13)
Fairfax County Public Schools	US28108600	75% (3/4)
Giles County Technical Center	US28100500	75% (6/8)
Page County Technical Center	US28102000	72.73% (8/11)
Prince William Public Schools	US28105900	78.57% (11/14)
Russell County Career and Technology Center	US28101600	69.23% (9/13)
Private/Proprietary Program		
Centra College	US28101100	76.92% (30/39)
Eastern Virginia Career College	US28102700	78.95% (15/19)
Fortis College-Norfolk	US28200500	54.55% (18/33)
Medical Solutions	US28110700	40% (2/5)
Community College		
Germanna	US28104000	78.57% (11/14)
New River	US28108000	68.42% (13/19)
Piedmont Virginia	US28203800	66.67% (12/18)
Virginia Highlands	US28110800	65% (13/20)

Registered Nursing Programs:

Program Name	Program Code	NCLEX Pass rate %	
Associate Degree			
Private/Proprietary Program			
Averett-Danville	US28501100	77.78% (7/9)	
Bryant & Stratton College – Hampton	US28409900	77% (21/27)	
Fortis College- Norfolk	US28409500	71.43% (21/28)	
Stratford – Falls Church	US28502100	51.92% (27/52)	
Community College			
J Sargent Reynolds	US28406300	67% (89/128)	
New River	US28406100	77.55% (38/49)	
Northern Virginia	US28407400	76.6% (72/94)	
Rappahannock	US28408800	76.3% (74/97)	
Virginia Western	US2846400	79.66% (47/59)	
Closed Programs			
Virginia Appalachian Tricollege	Closed May 31, 2020	US28406600	72.54% (140/93)
Norfolk State	Closed May 31, 2020	US28500100	0% (0/1)

Letters were sent to the program directors requesting the submission of a plan of correction as required in 18VAC90-27-210(B).

Nursing Programs with two years of NCLEX
First-time test taker pass rates below 80% (2019 and 2020)

Practical Nursing Programs:

Program Name	Program Code	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020
High School or Technical Center			
Loudon County	US28104600	70% (7/10)	75% (3/4)
Private/Proprietary			
Fortis Richmond	US28202700	66.67 (6/9)	72.73 (8/11)
Community College			
Patrick Henry CC	US28200000	71.43 (15/21)	56.25% (9/16)
Dabney S Lancaster – Buena Vista	US28107600	78.95 (15/19)	78.57% (11/14)
Closed			
Chester Career College	Closed 8-31-2020	US28103000	75 (15/20)
Star College	Approval Withdrawn 09-2015	US28205500	0 (0/3)
National SON & Allied Health	Closed 06-30-2013	US28206500	12.2 (5/41)

Registered Nursing Programs:

Program Name	Program Code	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020
Private/Proprietary			
Bryant & Stratton College – VA Beach	US28409700	68.2 (15/22)	71.42% (35/49)
Community College			
Patrick Henry CC	US28406900	71.11 (32/45)	76.09% (35/46)
Baccalaureate			
Stratford University-Woodbridge	US28502000	78.05 (32/41)	69.7% (46/66)
Closed			
Global Health	Closed 12-31-2018	US28102900	73.9 (17/23)

Pursuant to 18 VAC 90-27-210(B), the above programs will be:

1. Placed on conditional approval with terms and conditions;
2. Requested to submit an updated NCLEX plan of correction;
3. Scheduled for an NCLEX Focused Site Visit to include required documents; and
4. Required to submit the fees for a NCLEX site visit.

Nursing Programs with three or more years of NCLEX
First-time test taker pass rates below 80% (2018, 2019, and 2020)

Practical Nursing Program:

Program Name	Program Code	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020
High School				
Petersburg Public Schools	US28109400	75% (3/4)	50% (3/6)	33.33% (1/3)

Registered Nursing Program:

Program Name	Program Code	NCLEX Pass Rate 2017	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020
Proprietary					
Fortis College – Richmond (ADN)	US28408900	50% (1/2)	68.42% (13/19)	72.22% (13/18)	52.17% (12/23)

Pursuant to 18VAC90-27-210 (B), the board may withdraw program approval.

**Five year NCLEX Pass Rates
2016-2020**

NCLEX-PN Pass Rates for 2016-2020		
Year	Virginia	National
2020	79.66%	82.74%
2019	84.28%	85.63%
2018	84.15%	85.93%
2017	80.50%	83.84%
2016	78.76%	83.73%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2016-2020 (All Types of RN Programs Combined)		
Year	Virginia	National
2020	87.01%	83.73%
2019	89.47%	83.51%
2018	91.37%	88.30%
2017	89.16%	87.11%
2016	86.87%	84.57%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2016-2020 (by program type)									
Year	Diploma		National	Associates		National	Bachelors		National
2020	N/A		N/A	Tested	Passed	82.82%	Tested	Passed	90.28%
				2429	2025		2274	2069	
				83.37%			90.99%		
2019	N/A		N/A	Tested	Passed	85.17%	Tested	Passed	92.22%
				2358	2031		2295	2132	
				86.13%			92.9%		
2018	N/A		N/A	Tested	Passed	86.14%	Tested	Passed	91.58%
				2130	1911		2065	1923	
				89.72%			93.12%		
2017	Tested	Passed	90.23%	Tested	Passed	84.24%	Tested	Passed	90.04%
	21	18		1818	1575		2055	1879	
	85.71%			86.6%			91.4		
2016	Tested	Passed	85.39%	Tested	Passed	81.68%	Tested	Passed	87.8%
	51	45		1864	1592		1963	1732	
	88.24%			85.41%			88.23%		
Source: NCSBN NCLEX Year End Report									

DRAFT

Virginia's Nursing Education Programs: 2018-2019 Academic Year

Healthcare Workforce Data Center

February 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Virginia's Nursing Education Programs		
	PN Programs	RN Programs
Mean Program Length	16 Months	24 Months
% with SACS Accreditation	41%	70%
% with CCNE Accreditation	NA	45%
% with ACEN Accreditation	9%	39%
% offering Evening Courses	28%	60%
% offering Weekend Courses	21%	33%
% offering Online Courses	9%	29%
Median Clinical Experience Hours	426-450	551-575
Median Direct Client Care Hours	400+	500+
Students		
Total Applicants	5,617	17,595
% Qualified Applicants	79%	64%
Total 1st Year Students Enrolled	2,935	6,640
Mean GPA of Admitted Students	2.8	3.3
Mean Age of Admitted Students	27	26
1st Year Student Capacity	3,397	7,421
% Unfilled Capacity	20%	11%
Total Enrollment	3,259	11,869
Attrition Rate	29%	17%
Total Graduates	1,327	4,295
% Male Graduates	6%	11%
Diversity Index*	65%	54%
Faculty		
Total Faculty	520	2,364
% Full-Time Employees	41%	46%
Mean Student-to-Faculty Ratio	7.7	6.1
% Female	92%	93%
Diversity Index	47%	41%
Most Common Degree	BSN	MSN
Full-Time Turnover Rate	18%	13%
Full-Time Newly Appointed Rate	27%	13%
% with Adequate Budget for Full-Time Hiring	92%	85%
% of Full-Time Vacancies in Active Recruitment	69%	66%
% Expecting More Future Employment Disruption	4%	7%

*Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of a different race or ethnicity (using the categories listed in the Demographics section of the report).

Source: VA. Healthcare Workforce Data Center

Summary of Trends

In the 2018-19 academic year, 55 of 56 PN programs and all RN programs responded to the survey. There are some changes over the years in the statistics relating to Virginia's Nurse Education programs that are worth noting. Total enrollment increased in 2018-19 and is at an all-time high for both PN and RN programs. The total enrollment increased from 3,026 last year to 3,259 in the current report for PN programs and from 11,350 in 2017-18 to 11,869 in 2018-19 for RN programs. The number of graduates increased from the previous year for both programs; RN programs have the highest number of graduates ever. For RN programs, the number of graduates increased by 4% and admission also increased by 5%. The number admitted into RN programs is at an all-time high at 8,107. For PN programs, the number of admission and graduates increased from the previous school year and both are at a 6-year high. For admission and graduation, PN programs increased by 13% and 19%, respectively. The diversity index of PN graduates also increased from 64% in the previous report to 65% in the current report; for the first time ever, non-White graduates were the majority in PN programs. Diversity index remained at 54% for RN programs and graduates are still predominantly White.

The percent of both PN and RN programs offering online courses declined in the past year. In the 2018-19 academic year, only 29% of RN programs offered online classes compared to 41% in the 2017-18 year. The percent of PN programs offering online classes also declined slightly from 14% to 9% in the same period. A lower percentage of PN programs reported education accreditation by the Southern Association of Colleges and Schools (SACS); 41% of PN programs were SACS-accredited. By contrast, RN programs reporting SACS accreditation increased from 67% to 70%. Accreditation by the Accreditation Commission for Education in Nursing (ACEN) increased from 7% to 9% for PN programs and from 35% to 39% for RN programs; Commission on Collegiate Nursing Education (CCNE) accreditation also increased from 39% to 45% for RN programs.

Mean program length declined from 25 months in 2017-18 year to 24 months for RN programs. However, mean program length stayed at the same 16 months for PN programs. Some changes were also recorded with regards to students and applicants. The number of total PN program applicants has been erratic over the years. It was 5,617 in this current report compared to 5,504, 4,114, 5,072, 5,667, 4,391, and 5,013 in 2017-18, 2016-17, 2015-16, 2014-15, 2013-14, and 2012-13, respectively. The number of total first year PN students enrolled increased to a 7-year high of 2,935; enrollment increased in every type of PN program apart from High School Extended which has the second-ever lowest enrollment of 735. Similarly, the number of first year RN students enrolled hit a 7-year high at 6,640. Unfilled first year student capacity increased slightly from 19% in the 2017-18 year to 20% in the 2018-19 year for PN programs. However, unfilled first year student capacity remained at 11% in the 2018-19 year for RN programs.

Some significant changes were also noted in faculty statistics. The total number of faculty reported in PN and RN programs are at a 7-year high of 520 and 2,364. The percent of faculty that were full time increased for RN programs; 46% of RN faculty were full time in 2018-19 compared to 44% in 2017-18. For PN programs, the percent full time declined to 41% from 42% in 2017-18. Full time faculty turnover rates declined slightly for PN programs; it went from 27% in 2017-18 to 18% in the current report. However, faculty turnover rate stayed at 13% for RN programs. The full time faculty newly appointed rate declined for both programs. For PN programs, the rate declined from 35% in 2017-18 to 27% in 2018-19 whereas for RN programs, the rate decreased from 16% to 13% in the same period.

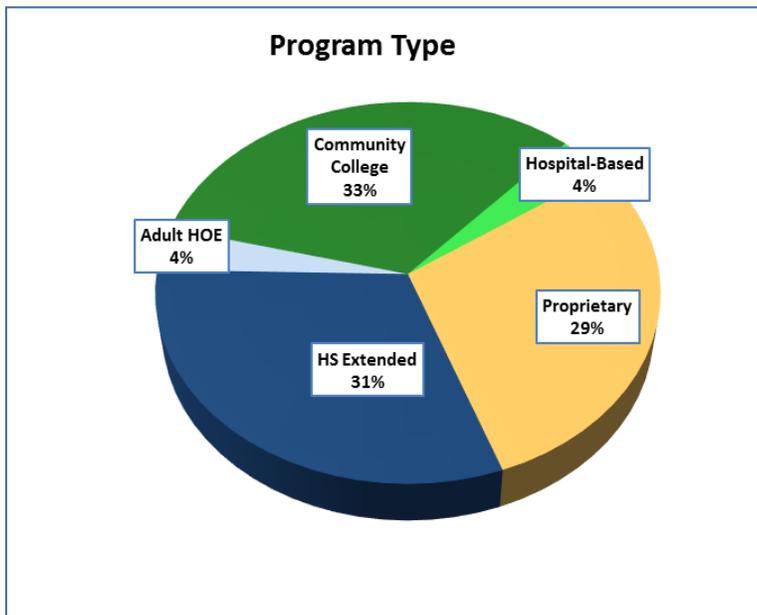
Practical Nursing Education Program

Program Structure

A Closer Look:

Program Type		
Type	#	%
High School Extended	17	31
Post-Secondary Adult HOE	2	4
Community College	18	33
Hospital-Based	2	4
Proprietary	16	29
Total	55	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Community College:	33%
HS Extended:	31%
Proprietary:	29%

Delivery Method

Semester:	82%
Trimester:	11%
Quarter:	7%

Mean Program Length

HS Extended:	18 Mos.
Adult HOE:	18 Mos.
Community College:	16 Mos.
Proprietary:	14 Mos.

Source: VA. Healthcare Workforce Data Center

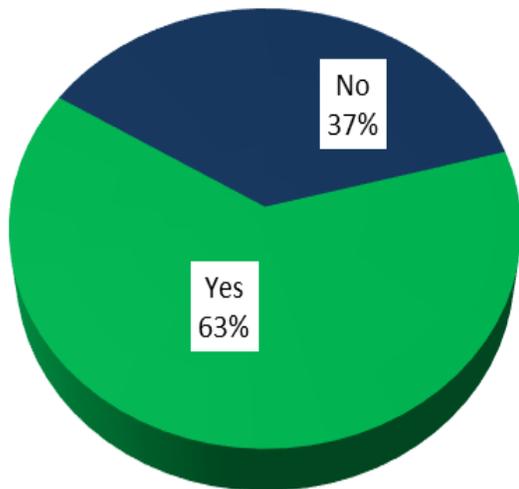
There were 56 Practical Nursing (PN) Education Programs approved in Virginia during the 2018-2019 academic year. 55 of these programs responded to this year's survey.

Program Type	Program Length (Months)				
	Mean	Min	25 th %	75 th %	Max
HS Extended	18	18	18	18	21
Adult HOE	18	18	18	18	18
Community College	16	12	12	18	24
Hospital-Based	12	12	12	12	12
Proprietary	14	12	12	15	16
All Programs	16	12	12	18	24

Source: VA. Healthcare Workforce Data Center

Program Details

Program Changes in Past Year



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	95%
Evening Courses:	28%
Weekend Courses:	21%
Online Courses:	9%

Admissions Frequency (Annual)

One:	67%
Two:	7%
Three:	7%
Four or More:	18%

Source: VA. Healthcare Workforce Data Center

Close to half of Virginia's PN programs initiated a change to their program within the past year. Twenty-five programs had faculty changes, ten reported curriculum changes, three reported schedule changes, and two reported changes in course content.

Scheduling Option	#	%
Daytime Courses	53	95%
Evening AND Weekend Courses	12	21%
Online Courses	5	9%
Evening Courses	4	7%
Accelerated Courses	1	2%
Weekend Courses	0	0%

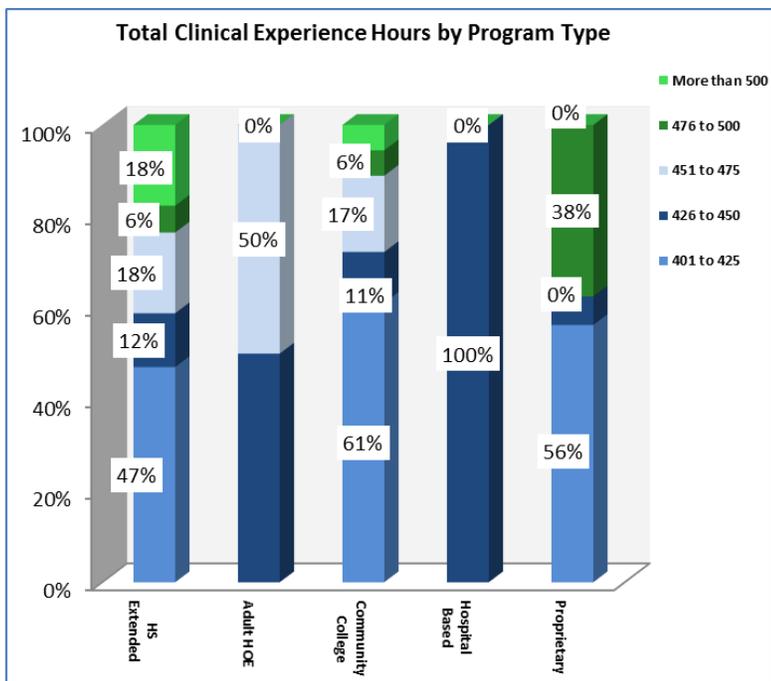
Source: VA. Healthcare Workforce Data Center

Accreditation

Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	23	41%
Accreditation Commission for Education in Nursing	ACEN	5	9%
Accrediting Bureau of Health Education Schools	ABHES	3	5%
Council on Occupational Education	COE	2	4%
Council for Higher Education	CHE	2	4%
Accrediting Council for Independent Colleges and Schools	ACICS	1	2%
Accrediting Commission of Career Schools and Colleges	ACCSC	1	2%
Commission for Nursing Education Accreditation	CNEA	1	2%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

- Clinical Experience: 426-450
- Direct Client Care: 400+
- Direct Client Care in Va.: 429
- Clinical Simulation: 1-25
- Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

Nearly 80% of all PN programs in Virginia required between 400 and 475 hours of clinical experience from their students; the rest required more than 476 hours. Pursuant to 18VAC 90-27-100.D, Virginia's PN programs are required to provide 400 hours of direct client care, of which 25% may be simulated.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	2	4%
North Carolina	0	0%
Maryland	0	0%
West Virginia	0	0%
Tennessee	3	5%
At least One	5	9%

Source: VA. Healthcare Workforce Data Center

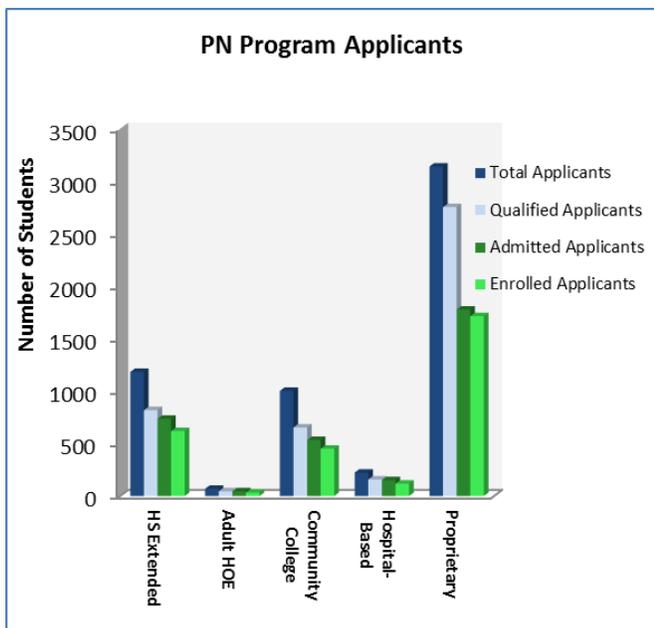
Only 5 programs offered clinical experience hours outside of Virginia. Washington, D.C. and Tennessee were the only places where clinical experience was offered.

Breakdown of Clinical Hours by Program Type

Clinical Hours		Program Type						
Type	Amount	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs	% of Total
Clinical Experience Hours	400 or less	0	0	0	0	0	0	0%
	401 to 425	8	0	11	0	9	28	51%
	426 to 450	2	1	2	2	1	8	15%
	451 to 475	3	1	3	0	0	7	13%
	476 to 500	1	0	1	0	6	8	15%
	More than 500	3	0	1	0	0	4	7%
	Total	17	2	18	2	16	55	100%
Direct Client Care Hours	300 or less	0	0	0	0	0	0	0%
	301 to 325	0	0	0	0	0	0	0%
	326 to 350	2	0	1	0	0	3	5%
	351 to 375	15	0	2	0	0	17	31%
	376 to 400	0	0	1	1	4	6	11%
	More than 400	0	2	14	1	12	29	53%
	Total	17	2	18	2	16	55	100%
Clinical Simulation Hours	None	9	1	6	0	4	20	36%
	1-25	3	1	7	1	5	17	31%
	26 to 50	2	0	2	1	5	10	18%
	51 to 75	2	0	3	0	0	5	9%
	76 to 100	1	0	0	0	2	3	5%
	More than 100	0	0	0	0	0	0	0%
	Total	17	2	18	2	16	55	100%
Clinical Observation Hours	None	7	1	13	1	11	33	60%
	1-25	8	1	4	0	5	18	33%
	26 to 50	1	0	1	1	0	3	5%
	51 to 75	0	0	0	0	0	0	0%
	76 to 100	1	0	0	0	0	1	2%
	Total	17	2	18	2	16	55	100%

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	5,617
Qualified:	4,429
Admitted:	3,243
Enrolled:	2,935
Waitlisted:	80

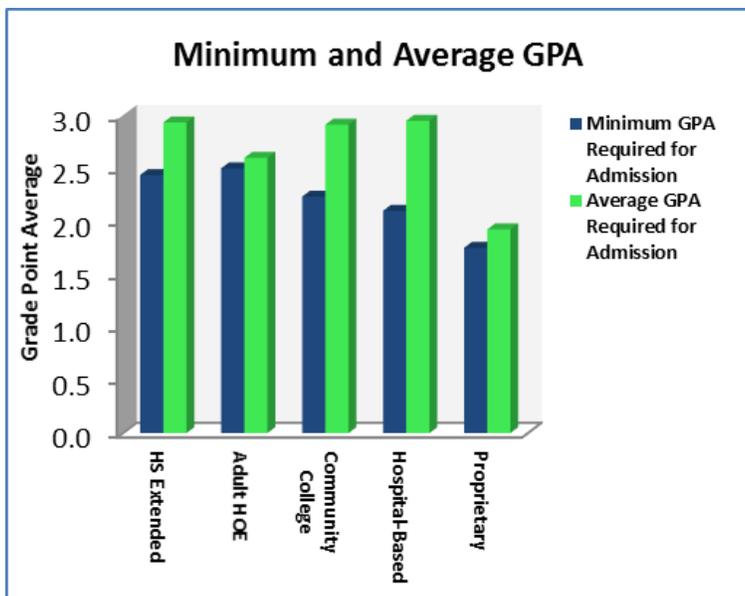
Virginia's PN programs received 5,617 student applications during the 2018-2019 academic year. A little over half of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
HS Extended	1,183	819	69%	736	90%	619	84%	52%
Adult HOE	69	45	65%	45	100%	33	73%	48%
Community College	1,002	653	65%	534	82%	451	84%	45%
Hospital	223	158	71%	151	96%	118	78%	53%
Proprietary	3,140	2,754	88%	1,777	65%	1,714	96%	55%
All Programs	5,617	4,429	79%	3,243	73%	2,935	91%	52%

Source: VA. Healthcare Workforce Data Center

Out of 4,429 qualified applications, 1,186 did not result in an offer of admission. Six programs cited lack of clinical space and another six mentioned lack of classroom space. Six programs also mentioned lack of faculty. Five programs mentioned inability to expand the effective program capacity as the reason for not admitting all qualified students and another five mentioned the family and personal circumstances of the students. Six mentioned other reasons such as lack of finances, having admission in a RN program, Board of Nursing restriction on number of students, or not passing the entrance examination.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)
 Minimum Requirement: 2.3
 Student Average: 2.8

Age (mean)
 Overall: 27
 HS Extended: 23
 Proprietary: 30
 Adult HOE: 30

Source: VA. Healthcare Workforce Data Center

Program Type	Mean
High School Extended	23
Post-Secondary Adult HOE	30
Community College	28
Hospital-Based	28
Proprietary	30
All Programs	27

Source: VA. Healthcare Workforce Data Center

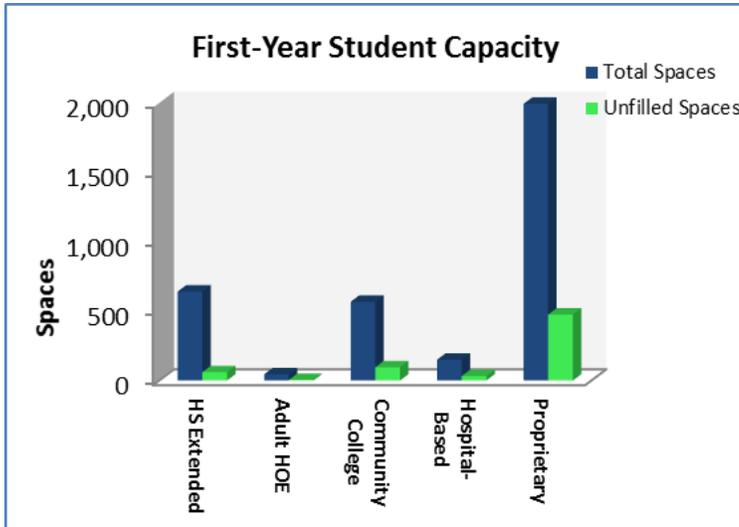
The average age of students who were admitted into Virginia’s PN programs was 27. High School Extended programs had the lowest average age of admitted students at 23, while Proprietary and Post-Secondary Adult HOE programs had the highest average age of admitted students at 30.

Program Type	Min	Avg.
High School Extended	2.5	3.0
Post-Secondary Adult HOE	2.3	2.5
Community College	2.2	2.9
Hospital-Based	2.1	2.8
Proprietary	2.0	2.3
All Programs	2.3	2.8

Source: VA. Healthcare Workforce Data Center

A typical PN program required that prospective students have a minimum GPA of 2.3, while the average GPA among admitted students was 2.8. On average, High School Extended programs had the highest minimum GPA requirements for admission and the highest average GPA for admitted students; by contrast, Proprietary programs had the lowest GPA required and lowest average for admitted students.

Capacity



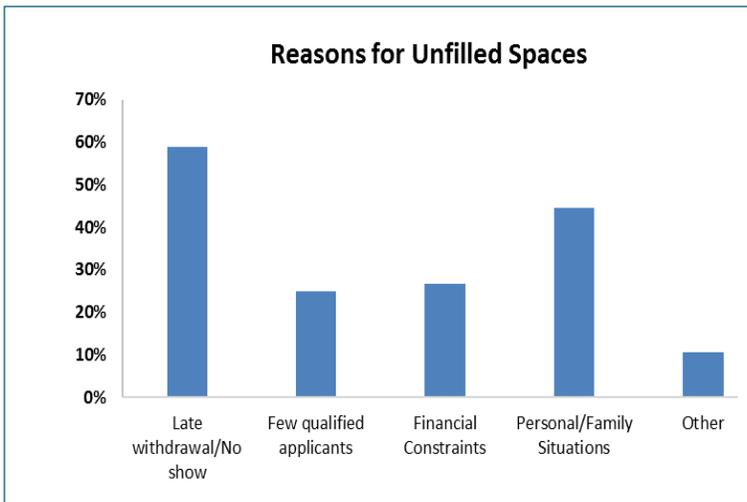
Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity
 Spaces Available: 3,397
 Spaces Unfilled: 667

Unfilled Capacity
 % of Programs: 22%
 % of Total Capacity: 20%

Source: VA. Healthcare Workforce Data Center



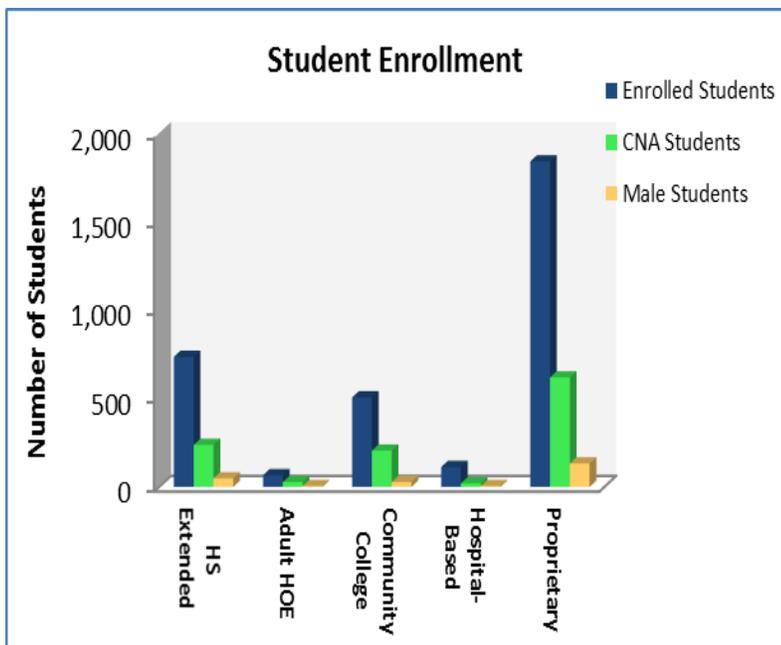
Source: VA. Healthcare Workforce Data Center

Virginia's PN programs were able to utilize 80% of their available first-year student capacity.

Program Type	# of Programs with Unfilled Spaces		# of Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Unfilled Spaces	%		
HS Extended	6	11	60	9%	641	9%
Adult HOE	1	1	5	1%	45	11%
Community College	5	12	95	14%	567	17%
Hospital-Based	0	2	32	5%	150	21%
Proprietary	0	16	475	71%	1,994	24%
All Programs	12	42	667	100%	3,397	20%

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total:	3,259
CNA:	1,108
Male:	217

Enrollment by Program Type

Proprietary:	56%
HS Extended:	23%
Community College:	16%

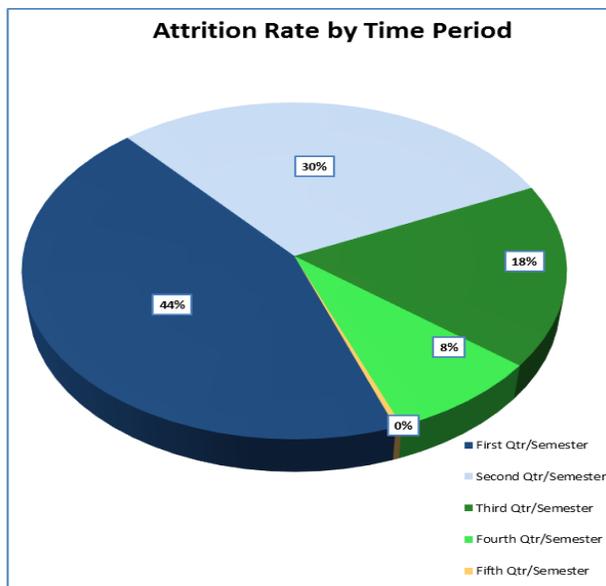
Source: VA. Healthcare Workforce Data Center

A total of 3,259 students were enrolled in Virginia’s PN programs during the current academic year. 34% of these students were CNAs, while 7% of enrolled students were male.

Program Type	Total Enrollment		CNA Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
HS Extended	735	23%	237	21%	48	22%
Adult HOE	66	2%	27	2%	5	2%
Community College	506	16%	205	19%	27	12%
Hospital-Based	112	3%	20	2%	5	2%
Proprietary	1,840	56%	619	56%	132	61%
All Programs	3,259	100%	1,108	100%	217	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Quarter/ Semester/ Trimester	Number of Students	
	Count	%
First	246	44%
Second	164	29%
Third	98	18%
Fourth	47	8%
Fifth	2	0%
Total	557	100%

Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduation Rate

Adult HOE:	84%
Hospital-based:	80%
HS Extended:	63%

Attrition Rate

All Programs:	29%
HS Extended:	33%
Proprietary:	30%

Source: VA. Healthcare Workforce Data Center

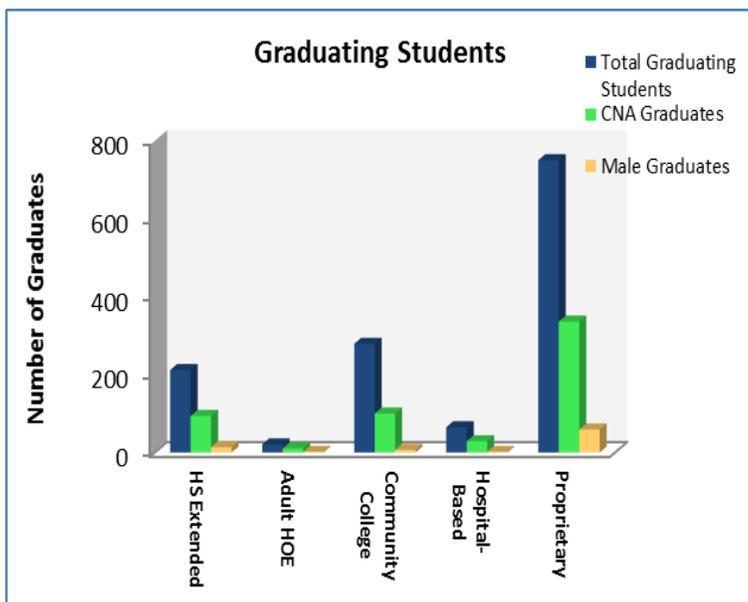
Nearly half of all students who left a PN program without graduating did so during the first quarter or semester of the program.

Attrition Statistics	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Scheduled to Graduate	335	25	456	80	1,388	2,284
Graduated on Time	211	21	269	64	497	1,062
On-Time Graduation Rate	63%	84%	59%	80%	36%	46%
Permanently Left Program	112	2	122	12	422	670
Attrition Rate	33%	8%	27%	15%	30%	29%

Source: VA. Healthcare Workforce Data Center

Among all students who were expected to graduate during this academic year, 46% ultimately did graduate. Meanwhile, 29% of students expected to graduate this year permanently left their respective program instead.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates
 Total: 1,327
 % CNA: 43%
 % Male: 6%

Grad. by Program Type
 Proprietary: 57%
 Community College: 21%
 HS Extended: 16%

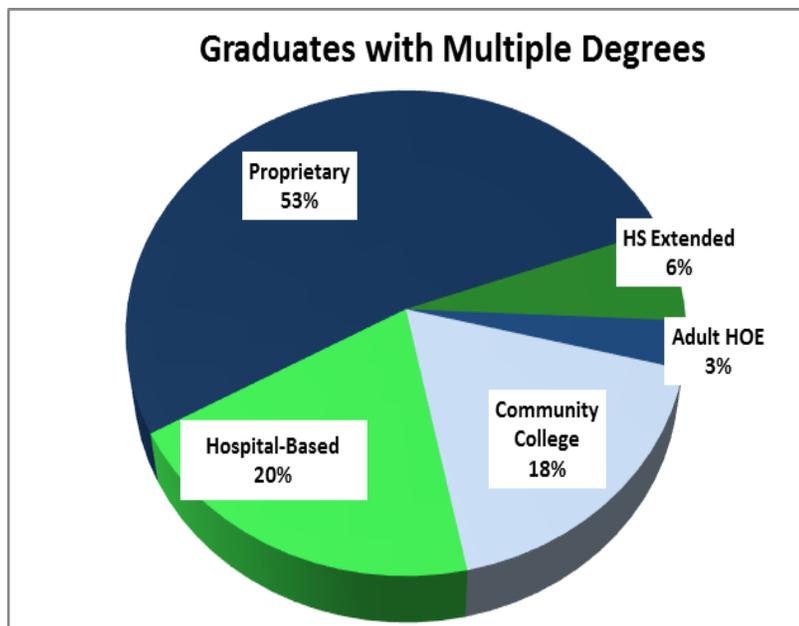
Source: VA. Healthcare Workforce Data Center

A total of 1,327 students graduated from Virginia’s PN programs during the current academic year. 43% of these graduates were CNAs, while 6% were male. Over half graduated from Proprietary PN programs.

Program Type	Total Graduates		CNA Graduates		Male Graduates	
	Count	%	Count	%	Count	%
HS Extended	212	16%	94	16%	14	17%
Adult HOE	21	2%	11	2%	2	2%
Community College	279	21%	100	18%	7	8%
Hospital-Based	65	5%	29	5%	2	2%
Proprietary	750	57%	336	59%	59	70%
All Programs	1,327	100%	570	100%	84	100%

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity
 White: 39%
 Black: 43%
 Hispanic: 7%

Multi-Degree Grads.
 Multi-Degree Graduates: 95
 % of Total Graduates: 7%

Source: VA. Healthcare Workforce Data Center

Program Type	Multi-Degree Graduates	%	% of Total Graduates
HS Extended	6	6%	3%
Adult HOE	3	3%	14%
Comm. College	17	18%	6%
Hospital Based	19	20%	29%
Proprietary	50	53%	7%
All Programs	95	100%	7%

Source: VA. Healthcare Workforce Data Center

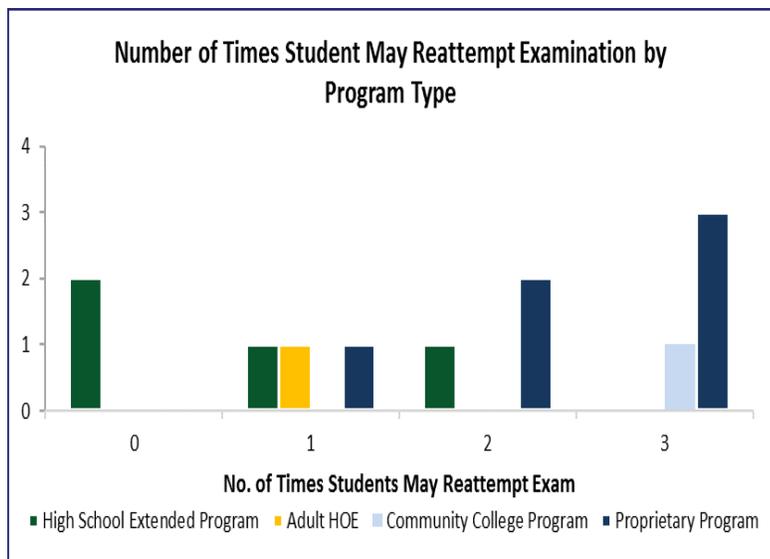
More than half of all graduates from Virginia's PN programs are non-White, while more than 40% of all graduates are non-Hispanic Black.

Race/Ethnicity	HS Extended		Adult HOE		Comm. College		Hospital Based		Proprietary		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	131	62%	11	52%	191	69%	28	43%	160	21%	521	39%
Black	40	19%	8	38%	64	23%	29	45%	430	57%	571	43%
Hispanic	20	9%	1	5%	8	3%	2	3%	67	9%	98	7%
Asian	5	2%	1	5%	0	0%	1	2%	63	8%	70	5%
American Indian	1	0%	0	0%	1	0%	0	0%	1	0%	3	0%
Pacific Islander	2	1%	0	0%	0	0%	0	0%	4	1%	6	0%
Two or More	5	2%	0	0%	3	1%	5	8%	22	3%	35	3%
Unknown	7	3%	0	0%	10	4%	0	0%	8	1%	25	2%
Total	211	100%	21	100%	277	100%	65	100%	755	100%	1,329	100%

Source: VA. Healthcare Workforce Data Center

Seven percent of all graduates from Virginia's PN programs held other non-nursing degrees.

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam

Proprietary:	8
HS. Extended:	2
Community College:	1

No. Who Did Not Graduate.

Proprietary:	7
Community College:	7

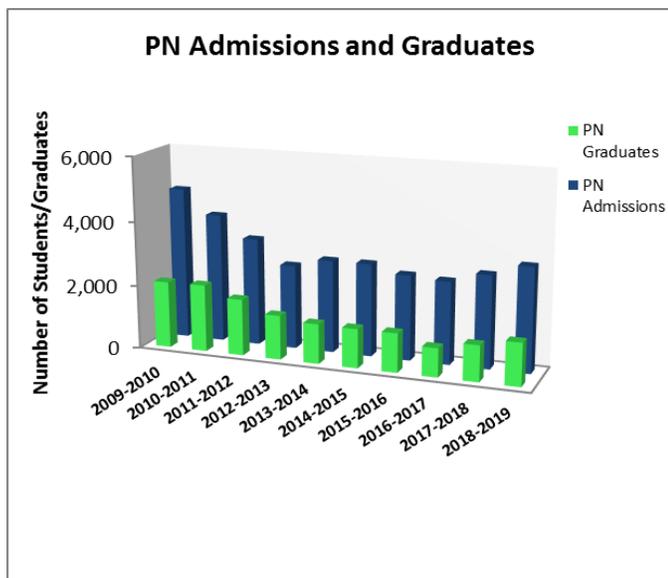
Source: VA. Healthcare Workforce Data Center

Eleven programs require students to pass a comprehensive examination before graduating. In the 2018-19 year, 11 students did not 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		
HS Extended	3	18%	1	33%	2	0
Adult HOE	1	50%	2	0%	1	0
Community College	1	6%	1	100%	1	3
Hospital-Based	0	0%	0	0%	N/A	0
Proprietary	6	38%	6	100%	2	8
All Programs	11	20%	10	91%	2	11

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total: 3,243
Year-over-Year Change: 13%

Graduates

Total: 1,327
Year-over-Year Change: 19%

Source: VA. Healthcare Workforce Data Center

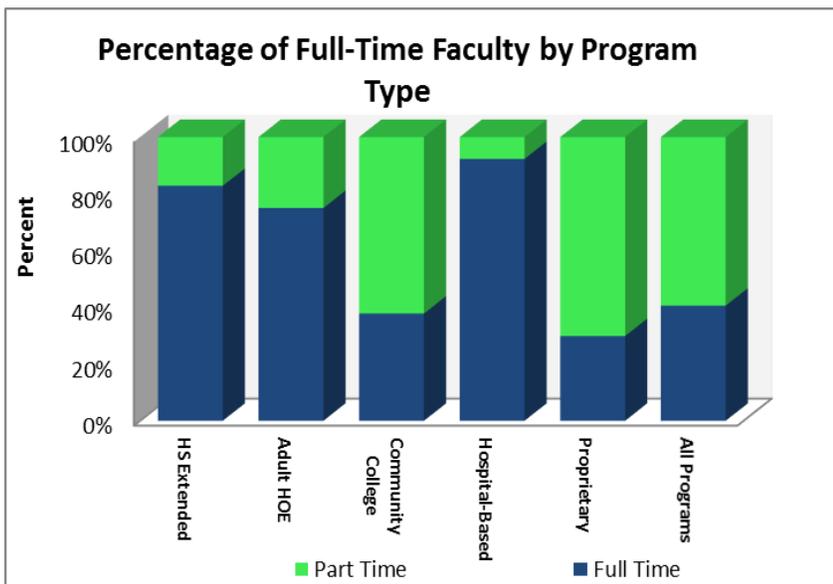
The number of new students who were admitted into Virginia’s PN programs increased by 13% during the 2018-2019 academic year. The number of students who graduated from these programs increased by close to 20%. The increase in admissions is the highest in over a decade and the increase in the number of graduates is the second highest in the same period.

Academic Year	PN Admissions		PN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2009-2010	4,742	-	2,072	-
2010-2011	4,003	-16%	2,086	1%
2011-2012	3,346	-16%	1,753	-16%
2012-2013	2,614	-22%	1,371	-22%
2013-2014	2,881	10%	1,235	-10%
2014-2015	2,887	0%	1,214	-2%
2015-2016	2,645	-8%	1,215	0%
2016-2017	2,573	-3%	895	-26%
2017-2018	2,880	12%	1,117	25%
2018-2019	3,243	13%	1,327	19%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Proprietary:	59%
Community College:	24%
HS Extended:	12%

% Full-Time

Hospital Based:	92%
HS Extended:	83%
Adult HOE:	75%

Student-Faculty Ratio

Hospital-Base:	5.0
Community College:	5.1
Proprietary:	7.3

Source: VA. Healthcare Workforce Data Center

Over half of all faculty work in proprietary programs, but only 30% of those workers have full-time jobs. Only High School Extended, Adult HOE, and Hospital-Based programs have more than half of their faculty members in full-time positions.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
HS Extended	53	25%	11	4%	64	12%	83%	7.8	11.0	12.4
Adult HOE	6	3%	2	1%	8	2%	75%	6.6	8.8	8.8
Community College	48	23%	79	26%	127	24%	38%	3.0	5.1	6.7
Hospital Based	12	6%	1	0%	13	3%	92%	5.0	5.0	5.0
Proprietary	92	44%	216	70%	308	59%	30%	2.7	7.3	9.5
All Programs	211	100%	309	100%	520	100%	41%	4.7	7.7	10.3

Source: VA. Healthcare Workforce Data Center

On average, the typical PN program had a student-to-faculty ratio of 7.7. However, two of the five program types had student-to-faculty ratios that were above the overall average, which was skewed upward by the higher mean of HS Extended programs.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	0	0%	1	0%	1	0%	0%
25 to 34	20	10%	56	18%	76	15%	26%
35 to 44	46	24%	79	26%	125	25%	37%
45 to 54	62	32%	85	28%	147	29%	42%
55 to 64	53	27%	56	18%	109	22%	49%
65 to 74	13	7%	25	8%	38	8%	34%
75 and Over	0	0%	5	2%	5	1%	0%
Unknown	0	0%	2	1%	2	0%	0%
Total	194	100%	309	100%	503	100%	39%

Source: VA. Healthcare Workforce Data Center

A typical faculty member would be a female between the ages of 45 and 54. Less than half of all faculty members held full-time positions.

At a Glance:

Gender

% Female: 92%
% Female w/ FT Job: 42%

Age

% Under 35: 15%
% Over 54: 30%

Diversity

Diversity Index (Total): 47%
Diversity Index (FT Jobs): 41%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	9	4%	27	9%	36	7%	25%
Female	200	96%	281	91%	481	93%	42%
Total	209	100%	308	100%	517	100%	40%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 47% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 57%.

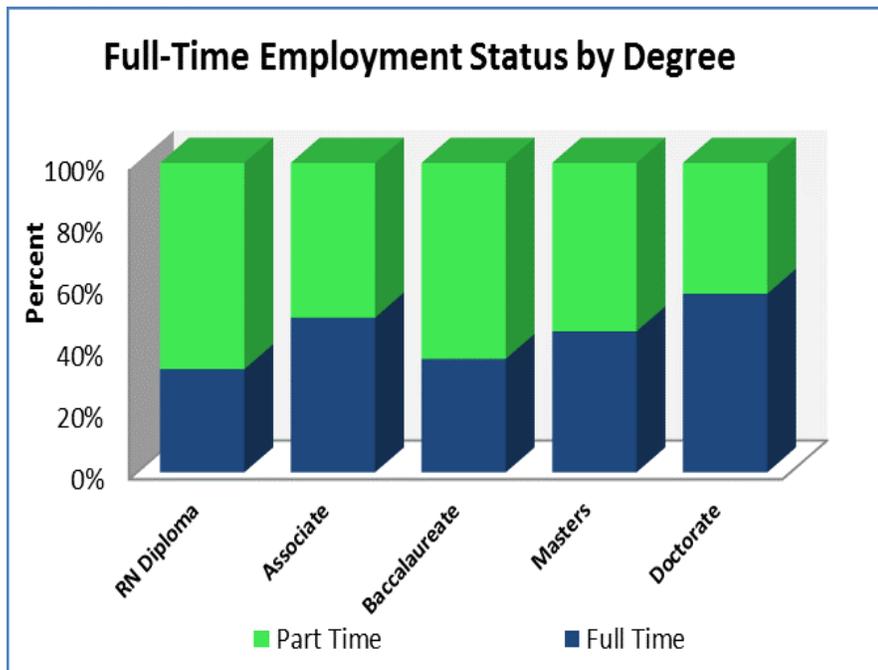
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	61%	154	73%	191	64%	345	68%	45%
Black	19%	47	22%	81	27%	128	25%	37%
Asian	7%	5	2%	11	4%	16	3%	31%
Other Race	0%	0	0%	2	1%	2	0%	0%
Two or more races	3%	3	1%	2	1%	5	1%	60%
Hispanic	10%	1	0%	10	3%	11	2%	9%
Unknown	0	0	0%	0	0%	0	0%	0%
Total	100%	210	100%	297	100%	507	100%	41%

** Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



At a Glance:

Degree

- BSN: 41%
- Masters in Nursing: 39%
- Non-Nursing Bachelors: 9%

Full-Time Employment

- Doctorate: 58%
- Associate in Nursing: 50%
- Masters in Nursing: 47%

Source: VA. Healthcare Workforce Data Center

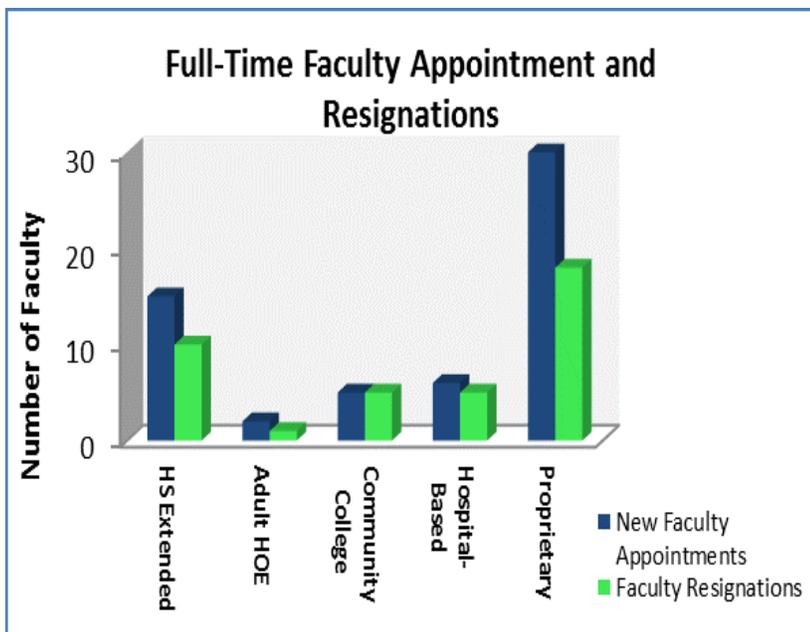
Source: VA. Healthcare Workforce Data Center

Over 75% of all faculty members held either a BSN or a Masters in Nursing as their highest professional degree. Of this group, 44% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	1	1%	2	1%	3	1%	33%
ASN	3	2%	3	1%	6	1%	50%
Non-Nursing Bachelors	7	4%	32	12%	39	9%	18%
BSN	74	40%	108	42%	182	41%	41%
Non-Nursing Masters	5	3%	12	5%	17	4%	29%
Masters in Nursing	82	44%	92	35%	174	39%	47%
Doctorate	15	8%	11	4%	26	6%	58%
Total	187	100%	260	100%	447	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: 18%
 Newly Appointed Rate: 27%

Turnover Rate

Hospital-based: 42%
 Proprietary: 20%

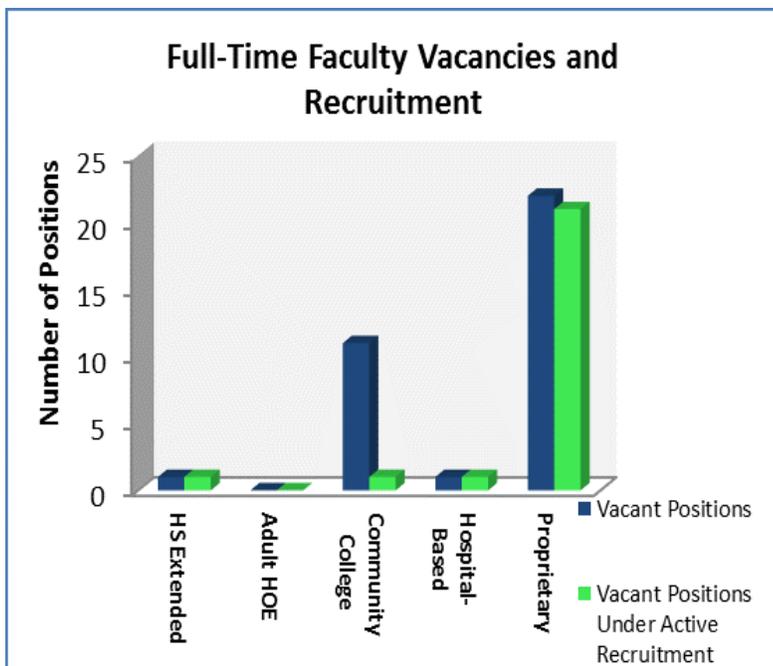
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's PN programs experienced an 18% turnover rate and a newly appointed faculty rate of 27% over the past year.

Full-Time Faculty	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Total	53	6	48	12	92	211
Newly Appointed	15	2	5	6	30	58
Resignations	10	1	5	5	18	39
Turnover Rate	19%	17%	10%	42%	20%	18%
Proportion Newly Appointed	28%	33%	10%	50%	33%	27%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment
 Full-Time Hiring: 69%
 Part-Time Hiring: 86%

Budget Adequacy
 Full-Time Hiring: 92%
 Part-Time Hiring: 94%

Expected Job Disruption
 Less: 46%
 Same: 50%
 More: 4%

Source: VA. Healthcare Workforce Data Center

A total of 24 full-time faculty positions and 306 part-time faculty positions are currently in active recruitment. About 80% of these jobs are needed in Proprietary programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	48	92%	46	94%
No	4	8%	3	6%
Total	52	100%	49	100%

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
HS Extended	8	50%	7	44%	1	6%	16	100%
Adult HOE	1	50%	1	50%	0	0%	2	100%
Community College	8	44%	9	50%	1	6%	18	100%
Hospital	1	50%	1	50%	0	0%	2	100%
Proprietary	7	44%	9	56%	0	0%	16	100%
All Programs	25	46%	27	50%	2	4%	54	100%

Source: VA. Healthcare Workforce Data Center

Only 4% of Virginia's PN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a sufficient budget to adequately meet their faculty needs.

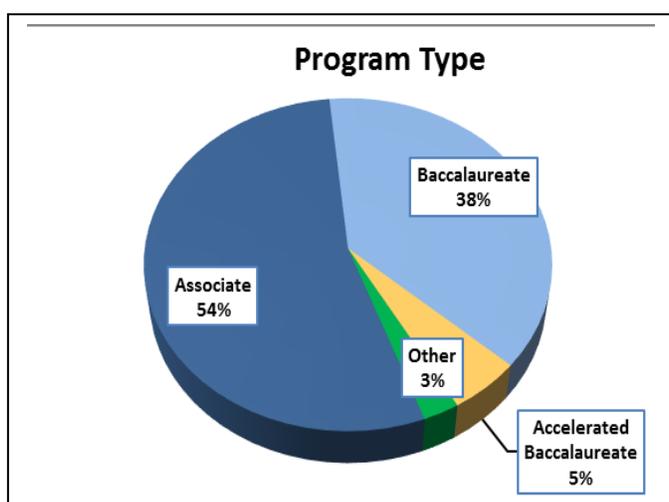
Registered Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	#	%
Associate	41	52%
Baccalaureate	28	35%
Baccalaureate Online	1	1%
Accelerated Baccalaureate	7	9%
Accelerated Masters	2	3%
Total	79	100%

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Associate:	52%
Baccalaureate:	35%
Accelerated Baccalaureate:	9%

Delivery Method

Semester:	90%
Quarters:	9%

Mean Program Length

Accel. Baccalaureate:	17 Mos.
Associate:	26 Mos.
Accel Master's:	27 Mos.

Source: VA. Healthcare Workforce Data Center

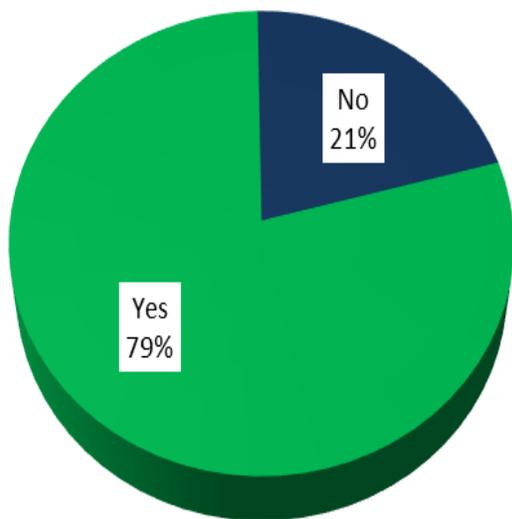
There were 79 Registered Nursing (RN) Education Programs approved in Virginia during the 2018-2019 academic year. Thirty-four of the programs offer a RN-to-BSN option to their students in addition to their pre-licensure program.

Program Length, Months					
Program Type	Mean	Min	25 th %	75 th %	Max
Associate	23	15	20	28	35
Baccalaureate	27	16	21	36	36
Baccalaureate Online	32	32	32	32	32
Accelerated Baccalaureate	17	15	15	20	20
Accelerated Masters	26	24	24	-	28
All Programs	24	15	20	28	36

Source: VA. Healthcare Workforce Data Center

Program Details

Program Changes in Past Year



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	95%
Evening Courses:	60%
Weekend Courses:	33%

Admissions Frequency (Annual)

One:	38%
Two:	36%
Three:	15%
Four or More:	11%

Source: VA. Healthcare Workforce Data Center

Over three quarters of all RN programs implemented a change to their nursing program in the past year. 47 programs initiated faculty changes whereas 24 made curriculum changes. Another 13 made schedule changes whereas 10 changed course content.

Scheduling Option	#	%
Daytime Courses	75	95%
Online Courses	23	29%
Evening Courses	33	42%
Evening & Weekend Courses	14	18%
Weekend Courses	12	15%
Accelerated Courses	10	13%

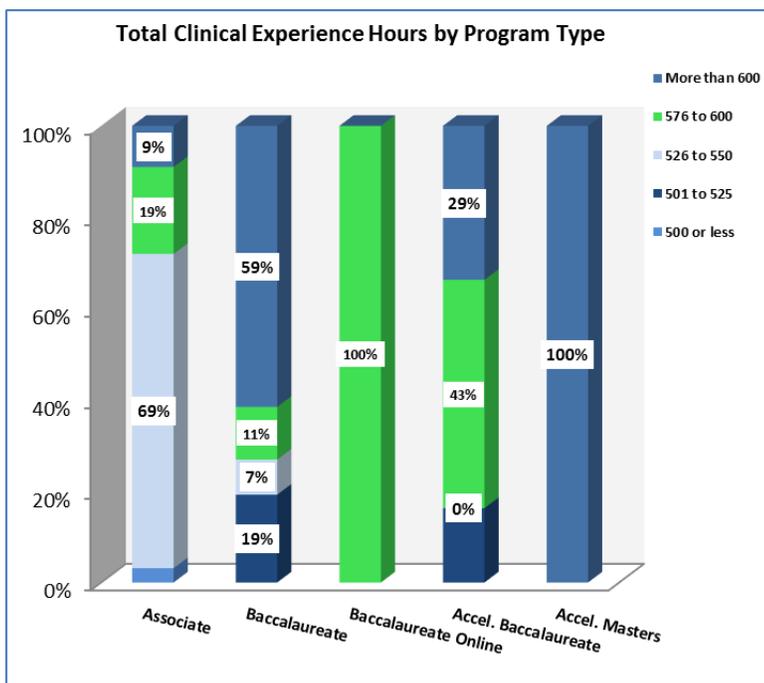
Source: VA. Healthcare Workforce Data Center

Accreditation

Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	53	70%
Commission on Collegiate Nursing Education	CCNE	34	45%
Accreditation Commission for Education in Nursing	ACEN	30	39%
Accrediting Bureau of Health Education Schools	ABHES	6	8%
Accrediting Council for Independent Colleges and Schools	ACICS	5	7%
Commission for Nursing Education Accreditation	CNEA	2	3%
Council on Occupational Education	COE	2	3%
The Higher Learning Commission	HLC	1	1%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

- Clinical Experience: 551-575
- Direct Client Care: 500+
- Direct Client Care in Va.: 540
- Clinical Simulation: 26-50
- Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

Half of all RN programs in Virginia required at least 550 total hours of clinical experience from their students. Pursuant to 18VAC 90-27-100.D, Virginia’s RN programs are required to provide 500 hours of direct client care, of which 25% may be simulated.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	15	19%
Maryland	8	10%
North Carolina	4	5%
West Virginia	2	3%
Tennessee	2	3%
Other ¹	6	8%
At least One	24	30%

Source: VA. Healthcare Workforce Data Center

Twenty-four programs offered clinical experience hours outside of Virginia. Washington, D.C. and Maryland were the two states in which clinical experience hours were most likely to be provided.

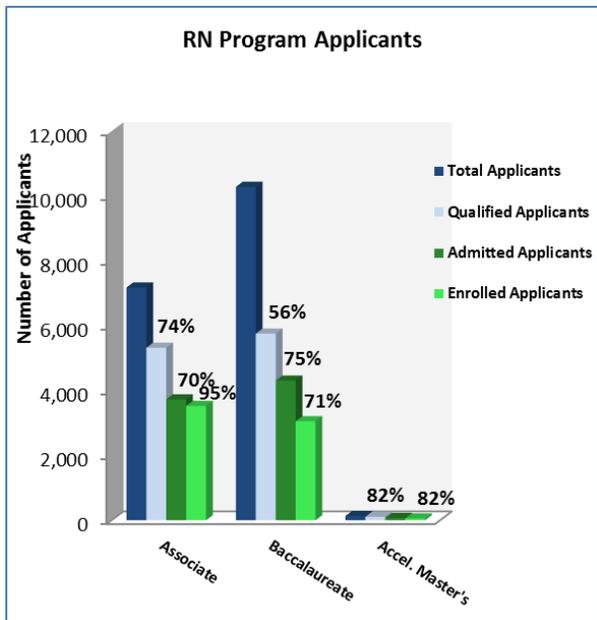
¹ Could be a combination of the states above.

Breakdown of Clinical Hours by Program Type

	Hours	Program Type					
Type	Amount	Associate	Baccalaureate	Baccalaureate Online	Accel. Baccalaureate	Accel. Masters	All Programs
Clinical Experience Hours	500 or less	1	0	0	0	0	1
	501 to 525	7	5	0	1	0	13
	526 to 550	22	2	0	0	0	24
	551 to 575	0	1	0	1	0	2
	576 to 600	6	3	1	3	0	13
	More than 600	3	16	0	2	2	23
	Total	39	27	1	7	2	76
Direct Client Care Hours	400 or less	0	0	0	0	0	0
	401 to 425	0	0	0	0	0	0
	426 to 450	0	1	0	0	0	1
	451 to 475	5	0	0	0	0	5
	476 to 500	7	2	0	1	0	10
	More than 500	27	24	1	6	2	60
	Total	39	27	1	7	2	76
Clinical Simulation Hours	None	6	2	0	0	1	9
	1 to 25	9	9	0	4	0	22
	26 to 50	19	8	1	3	1	32
	51 to 75	1	5	0	0	0	6
	76 to 100	0	2	0	0	0	2
	More than 100	6	2	0	0	0	8
	Total	41	28	1	7	2	79
Clinical Observation Hours	None	36	13	0	3	2	54
	1 to 25	4	6	0	1	0	11
	26 to 50	1	4	0	3	0	8
	51 to 75	0	2	0	0	0	2
	76 to 100	0	1	1	0	0	2
	More than 100	0	2	0	0	0	2
	Total	41	28	1	7	2	79

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

- Total: 17,595
- Qualified: 11,186
- Admitted: 8,107
- Enrolled: 6,640
- Waitlisted: 768

Source: VA. Healthcare Workforce Data Center

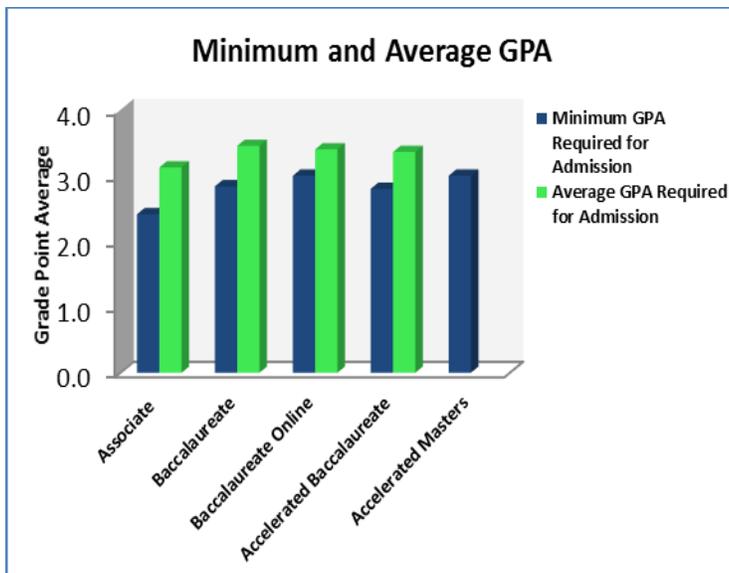
Virginia's RN programs received a total of 17,595 student applications during the 2018-2019 academic year. Approximately 38% of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
Associate	7,179	5,320	74%	3,728	70%	3,527	95%	49%
Baccalaureate	8,564	5,017	59%	3,496	70%	2,598	74%	30%
Baccalaureate Online	318	230	72%	230	100%	130	57%	41%
Accel. Baccalaureate	1,403	511	36%	582	114%	327	56%	23%
Accel. Masters	131	108	82%	71	66%	58	82%	44%
All Programs	17,595	11,186	64%	8,107	72%	6,640	82%	38%

Source: VA. Healthcare Workforce Data Center

Out of 11,186 qualified applicants, 3,079 were not given an admission offer. Thirty programs cited the lack of clinical space, while 25 programs cited the inability to expand effective program capacity as the main reason for failing to admit qualified applicants. The lack of qualified faculty and classroom space, and students' personal, financial, and family issues, were also common reasons for failing to admit qualified applicants.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)

Minimum Requirement: 2.6
 Student Average: 3.3

Age (mean)

Overall: 26
 Associate: 28
 Baccalaureate: 24

Source: VA. Healthcare Workforce Data Center

Program Type	Mean
Associate	28
Baccalaureate	24
Baccalaureate Online	22
Accelerated Baccalaureate	27
Accelerated Masters	-
All Programs	26

Source: VA. Healthcare Workforce Data Center

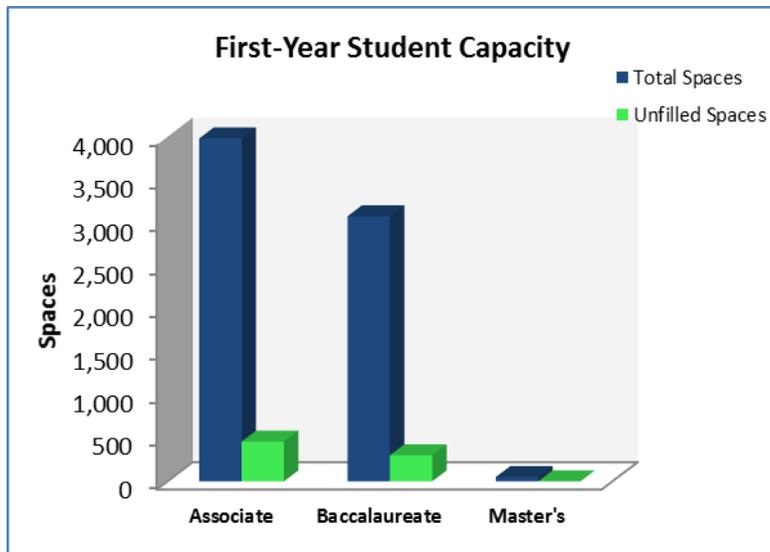
The average age of students who were admitted into Virginia's RN programs was 26. Baccalaureate Online programs had the lowest average age of admitted students at 22, while Associate programs had the highest average age of admitted students at 28.

Program Type	Min	Avg.
Associate	2.4	3.1
Baccalaureate	2.8	3.5
Baccalaureate Online	3.0	3.4
Accelerated Baccalaureate	2.8	3.4
Accelerated Masters	3.0	
All Programs	2.6	3.3

Source: VA. Healthcare Workforce Data Center

A typical RN program required that prospective students have a minimum GPA of 2.6, while the average GPA among admitted students was 3.3. On average, Associate programs had the lowest minimum GPA requirements for admission. Baccalaureate Online and Accelerated Master's programs had the highest average GPA among admitted students.

Capacity



Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity

Spaces Available: 7,421
Spaces Unfilled: 848

Unfilled Capacity

% of Programs: 58%
% of Total Capacity: 11%

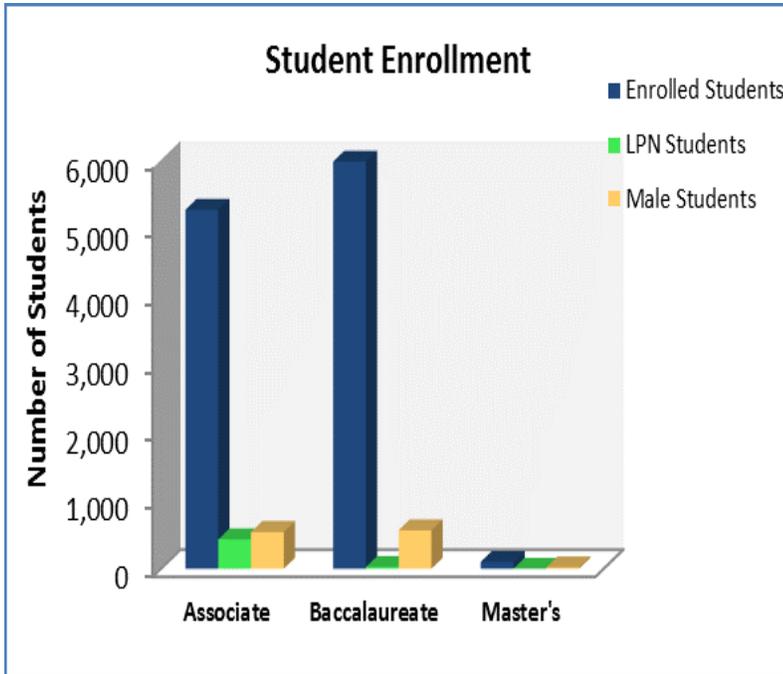
Source: VA. Healthcare Workforce Data Center

Virginia's RN programs were able to utilize 89% of their available first-year student capacity. Programs provided a variety of reasons for the unfilled spaces. One of the most common explanations was late withdrawal or no shows. Another key reason was lack of qualified applicants. Many programs also cited financial situation of students and other personal and family situations that interfered with students' enrollment. Some students could also not be admitted because they did not take or pass the entrance examination or did not pass a drug screening test.

Program Type	# of Programs with Unfilled Spaces		Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Number	%		
Associate	0	1	50	6%	180	28%
Baccalaureate	14	25	497	59%	4,111	12%
Accelerated Baccalaureate	13	14	256	30%	2,794	9%
Baccalaureate Online	3	2	45	5%	286	16%
Accelerated Masters	1	1	0	0%	50	0%
All Programs	31	43	848	100%	7,421	11%

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total: 11,869
 LPN: 448
 Male: 1,173

Enrollment by Program Type

Baccalaureate: 46%
 Associate: 44%

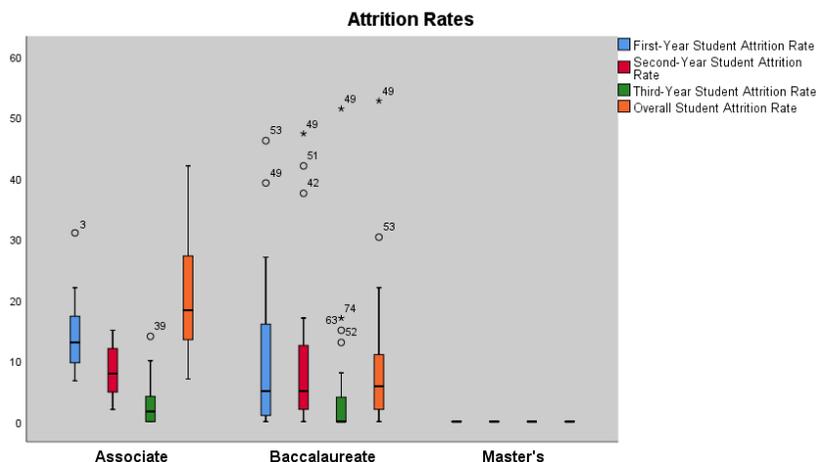
Source: VA. Healthcare Workforce Data Center

Over 11,000 students were enrolled in Virginia's RN programs during the current academic year. Of these students, 4% were LPNs while 10% were male.

Program Type	Total Enrollment		LPN Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
Associate	5,425	46%	415	93%	515	44%
Baccalaureate	5,431	46%	31	7%	538	46%
Baccalaureate Online	351	3%	0	0%	33	3%
Accelerated Baccalaureate	533	4%	2	0%	64	5%
Accelerated Masters	129	1%	0	0%	23	2%
All Programs	11,869	100%	448	100%	1,173	100%

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

At a Glance:

Attrition Rate

1 st Year Avg.:	15%
2 nd Year Avg.:	12%
3 rd Year Avg.:	4%
Overall Avg.:	17%

Attrition by Program Type

Associate:	27%
Baccalaureate:	9%
Baccalaureate Online:	6%

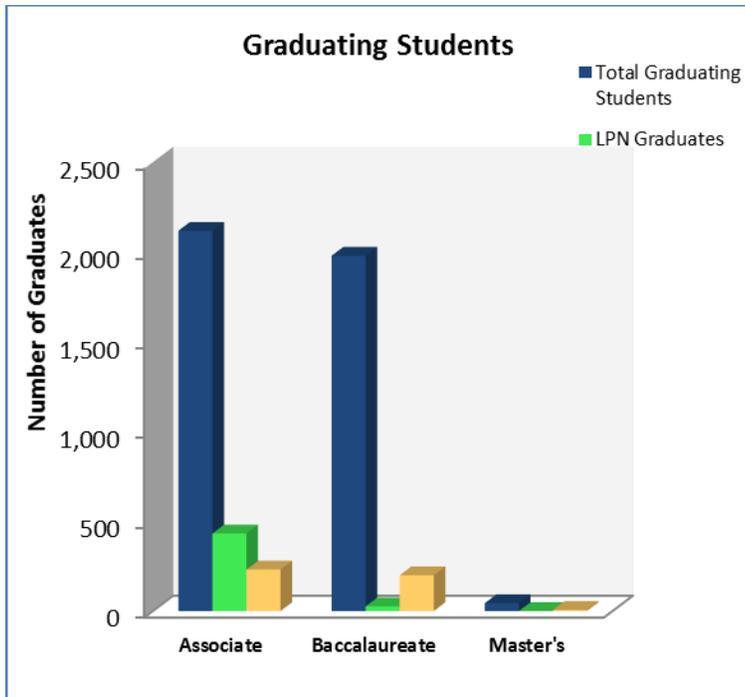
Source: VA. Healthcare Workforce Data Center

Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	23%	1%	95%	3
	2nd Year Attrition	16%	0%	100%	3
	3rd Year Attrition	3%	0%	14%	27
	Overall Attrition	27%	2%	92%	2
Baccalaureate	1st Year Attrition	10%	%	46%	1
	2nd Year Attrition	10%	%	47%	3
	3rd Year Attrition	5%	%	51%	9
	Overall Attrition	9%	%	53%	1
Baccalaureate Online	1st Year Attrition	7%	7%	7%	0
	2nd Year Attrition	17%	17%	17%	0
	3rd Year Attrition	0%	0%	0%	0
	Overall Attrition	6%	6%	6%	0
Accelerated Baccalaureate	1st Year Attrition	3%	%	13%	0
	2nd Year Attrition	1%	%	2%	1
	3rd Year Attrition	4%	%	17%	2
	Overall Attrition	2%	%	9%	0
Accelerated Masters	1st Year Attrition	1%	%	2%	0
	2nd Year Attrition	%	%	%	0
	3rd Year Attrition	%	%	%	1
	Overall Attrition	1%	%	1%	0
Total	1st Year Attrition	15%	%	95%	4
	2nd Year Attrition	12%	%	100%	7
	3rd Year Attrition	4%	%	51%	39
	Overall Attrition	17%	%	92%	3

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all program types was 17%. Associate programs had the highest overall average attrition rate, with 27% of all students leaving the program. Baccalaureate programs had an attrition rate of 9%, while Accelerated Masters programs had the lowest overall attrition rate at 1%.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total:	4,295
% LPN:	10%
% Male:	11%

Grad. by Program Type

Associate:	47%
Baccalaureate:	42%
Accel. Baccalaureate:	7%

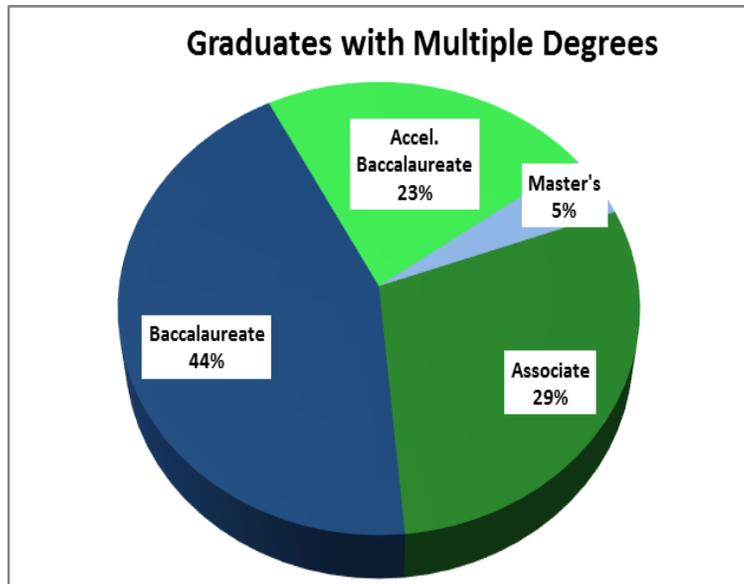
Source: VA. Healthcare Workforce Data Center

A total of 4,295 students graduated from Virginia's RN programs during the current academic year. 10% of these graduates were LPN students and 11% were male. Nearly half of all graduating students came from Associate programs.

Program Type	Total Graduates		LPN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
Associate	137	3%	0	0%	19	4%
Baccalaureate	1,999	47%	415	93%	216	47%
Baccalaureate Online	1,799	42%	31	7%	168	37%
Accelerated Baccalaureate	318	7%	2	0%	45	10%
Accelerated Masters	42	1%	0	0%	9	2%
All Programs	4,295	100%	448	100%	457	100%

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity
 White: 65%
 Black: 17%
 Asian: 6%
 Hispanic: 5%

Multi-Degree Grads.
 Multi-Degree Graduates: 931
 % of Total Graduates: 22%

Source: VA. Healthcare Workforce Data Center

More than 20% of graduates from Virginia's RN programs held other non-nursing degrees.

Program Type	Multi-Degree Graduates	%	% of Total Graduates
Associate	271	29%	14%
Baccalaureate	408	44%	23%
Baccalaureate Online	0	0%	0%
Accel. Baccalaureate	210	23%	66%
Accel. Masters	42	5%	100%
All Programs	931	100%	22%

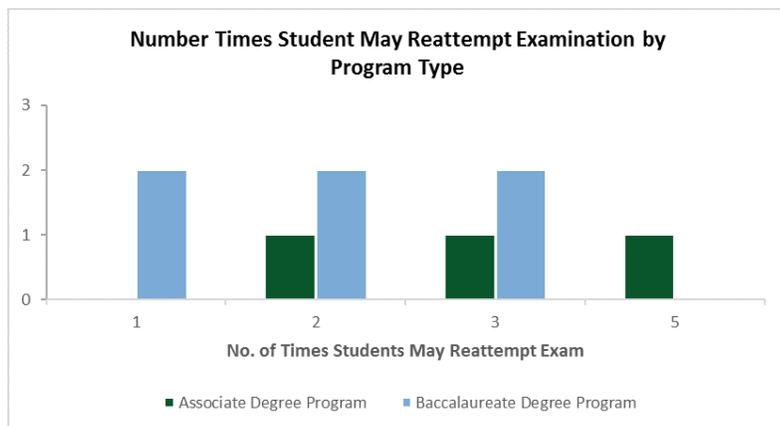
Source: VA. Healthcare Workforce Data Center

65% of all graduates from Virginia's RN programs are non-Hispanic White, while 17% of all graduates are non-Hispanic Black.

Race/Ethnicity	Associate		BSN		BSN Online		Accel. BSN		Accel. Masters		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,313	65%	1,135	64%	96	70%	211	70%	30	71%	2,785	65%
Black	429	21%	254	14%	12	9%	27	9%	5	12%	727	17%
Hispanic	99	5%	100	6%	4	3%	17	6%	2	5%	222	5%
Asian	87	4%	130	7%	12	9%	25	8%	3	7%	257	6%
American Indian	12	1%	13	1%	3	2%	0	0%	0	0%	28	1%
Pacific Islander	6	0%	10	1%	1	1%	0	0%	0	0%	17	0%
Two or More	63	3%	56	3%	0	0%	11	4%	2	5%	132	3%
Unknown	24	1%	79	4%	9	7%	12	4%	0	0%	124	3%
Total	2,033	100%	1,777	100%	137	100%	303	100%	42	100%	4,292	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: 4
Associate: 4

No. Who Did Not Graduate.

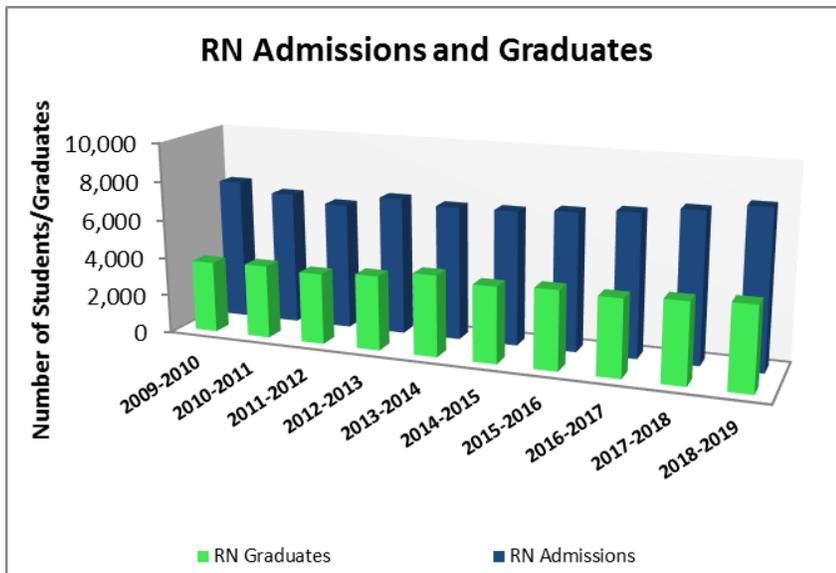
Baccalaureate: 0
Associate: 0

Nine programs require students to pass a comprehensive examination before graduating. In the 2018-19 year, no students did not 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	4	10%	3	75%	2	0
Baccalaureate	4	14%	4	100%	3	0
Accel. Baccalaureate	0	0%	0	0%	N/A	0
Baccalaureate Online	1	100%	1	100%	1	0
Accel. Masters	0	0%	0	0%	N/A	0
All Programs	9	11%	8	89%	2	0

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:**Admissions**

Total: 8,107
Year-over-Year Change: 5%

Graduates

Total: 4,295
Year-over-Year Change: 4%

Source: VA. Healthcare Workforce Data Center

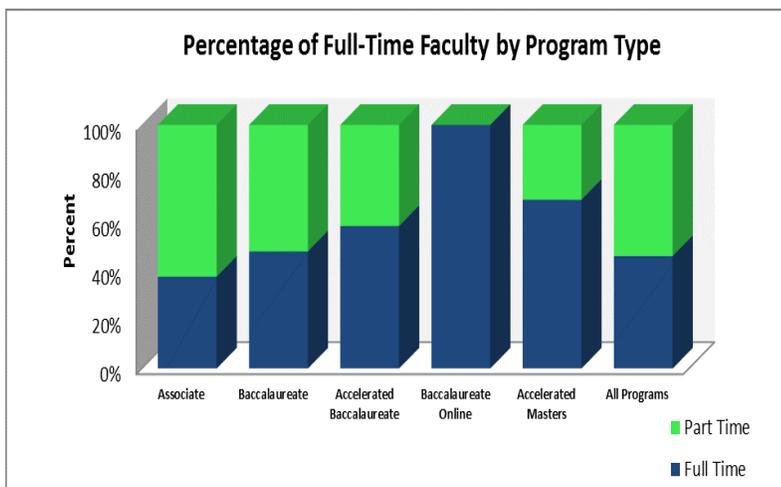
The number of admissions into Virginia's RN programs and the number of graduates from the programs increased during the 2018-19 academic year. The number of graduates is at an all-time high.

Academic Year	RN Admissions		RN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2009-2010	7,338	-	3,698	-
2010-2011	6,898	-6%	3,788	2%
2011-2012	6,562	-5%	3,660	-3%
2012-2013	7,115	8%	3,845	5%
2013-2014	6,912	-3%	4,186	9%
2014-2015	6,943	0%	3,926	-6%
2015-2016	7,149	3%	4,062	-3%
2016-2017	7,373	3%	3,966	-2%
2017-2018	7,711	5%	4,141	4%
2018-2019	8,107	5%	4,295	4%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

% of Total Faculty

Baccalaureate: 51%
 Associate: 36%
 Accel. Baccalaureate: 12%

% Full-Time

Overall: 46%
 Baccalaureate Online: 100%
 Accel. Master's: 69%

Mean Student-Faculty Ratio

Overall: 6.1
 Baccalaureate Online: 17.6
 Associate: 6.7

Source: VA. Healthcare Workforce Data Center

Over half of all RN program faculty work at Baccalaureate programs, while about one-third work for Associate programs. In total, Virginia's RN programs employed 2,364 faculty members, 46% of whom are full-time workers.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 th %	Mean	75 th %
Associate	317	29%	525	41%	842	36%	38%	5.5	6.7	8.1
Baccalaureate	581	53%	629	49%	1,210	51%	48%	3.0	5.8	7.4
Baccalaureate Online	20	2%	0	0%	20	1%	100%	17.6	17.6	17.6
Accelerated Baccalaureate	163	15%	116	9%	279	12%	58%	0.4	1.4	2.7
Accelerated Masters	9	1%	4	0%	13	1%	69%	2.9	2.9	2.9
All Programs	1,090	100%	1,274	100%	2,364	100%	46%	3.7	6.1	7.7

Source: VA. Healthcare Workforce Data Center

On average, the typical RN program had a student-to-faculty ratio of 6.1. Baccalaureate Online programs had the highest ratio at 17.6, whereas Accelerated Baccalaureate programs had the lowest ratio at 1.4.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	1	0%	3	0%	4	0%	25%
25 to 34	85	9%	154	13%	239	11%	36%
35 to 44	164	17%	288	24%	452	21%	36%
45 to 54	303	32%	290	25%	593	28%	51%
55 to 64	284	30%	162	14%	446	21%	64%
65 to 74	73	8%	74	6%	147	7%	50%
75 and Over	5	1%	2	0%	7	0%	71%
Unknown	27	3%	208	18%	235	11%	11%
All Programs	942	100%	1,181	100%	2,123	100%	44%

Source: VA. Healthcare Workforce Data Center

93% of all faculty are female, and nearly half are between the ages of 45 and 64. In addition, 44% of all faculty currently hold full-time jobs.

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	41	4%	103	8%	144	7%	28%
Female	949	96%	1,120	92%	2,069	93%	46%
Unknown	0	0%	0	0%	0	0%	0%
Total	990	100%	1,223	100%	2,213	100%	45%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 93%
% Female w/ FT Job: 46%

Age

% Under 35: 11%
% Over 54: 28%

Diversity

Diversity Index (Total): 41%
Diversity Index (FT Jobs): 33%

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 41% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable index is 57%.

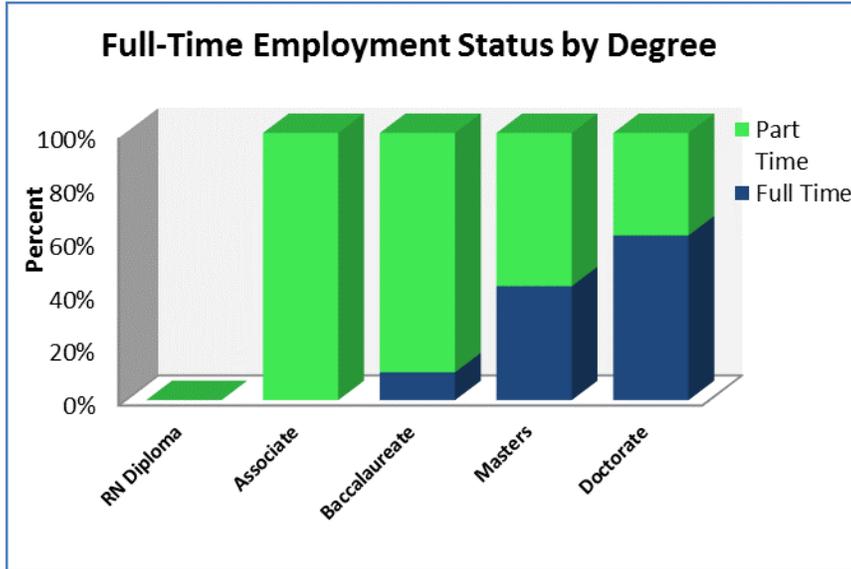
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	61%	794	80%	832	65%	1,626	72%	49%
Black	19%	147	15%	224	18%	371	16%	40%
Asian	7%	28	3%	39	3%	67	3%	42%
Other Race	0%	3	0%	4	0%	7	0%	43%
Two or more races	3%	2	0%	6	0%	8	0%	25%
Hispanic	10%	8	1%	17	1%	25	1%	32%
Unknown	0	12	1%	155	12%	167	7%	7%
Total	100%	994	100%	1,277	100%	2,271	100%	44%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN: 62%
 Nursing Doctorate: 24%
 BSN: 11%

Full-Time Employment

Overall: 44%
 Nursing Doctorate: 6%
 Non-Nursing Doctorate: 64%
 Masters in Nursing: 43%

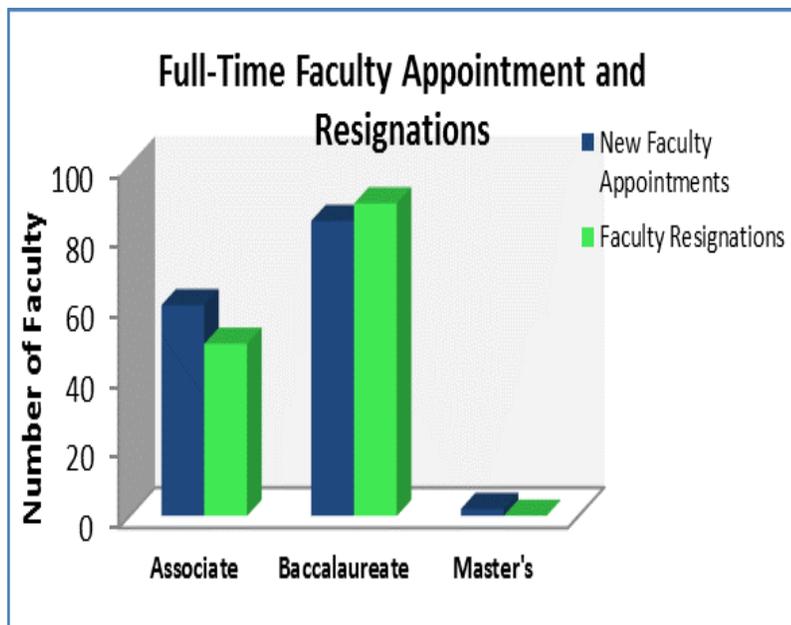
Source: VA. Healthcare Workforce Data Center

62% of all faculty members held a MSN as their highest professional degree, while 24% held a doctorate in nursing. Among all faculty with a reported degree, 44% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	0	0%	0	0%	0	0%	0%
ASN	0	0%	1	0%	1	0%	0%
Non-Nursing Bachelors	1	0%	0	0%	1	0%	100%
BSN	20	3%	181	18%	201	11%	10%
Non-Nursing Masters	2	0%	12	1%	14	1%	14%
Masters in Nursing	484	61%	642	63%	1,126	62%	43%
Non-Nursing Doctorate	18	2%	10	1%	28	2%	64%
Nursing Doctorate	273	34%	171	17%	444	24%	61%
Total	798	100%	1,017	100%	1,815	100%	44%

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty
 Turnover Rate: 13%
 Newly Appointed Rate: 13%

Turnover Rate
 Associate: 15%
 Baccalaureate: 14%
 Baccalaureate Online: 10%

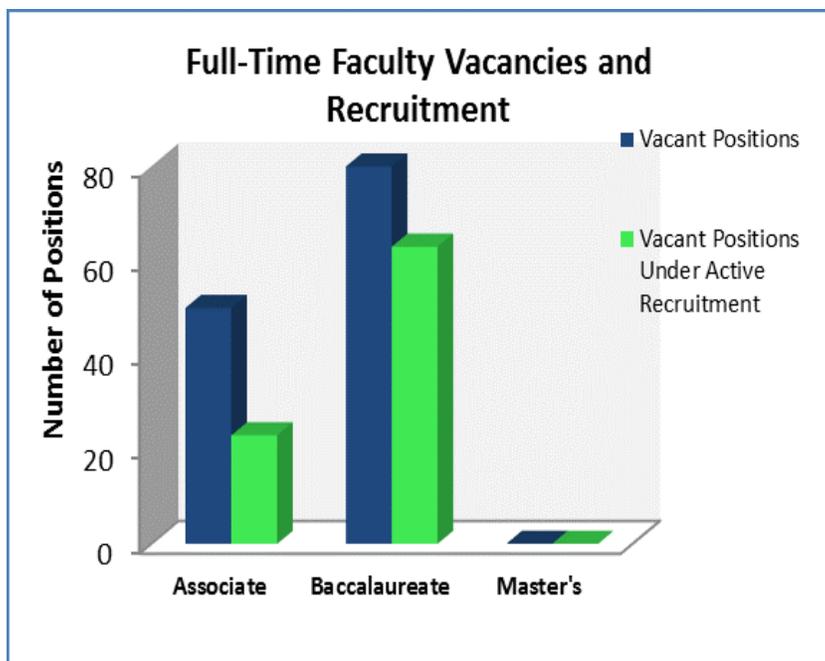
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's RN programs experienced a 13% turnover rate and a newly appointed faculty rate of 13% over the past year.

Full-Time Faculty	Program Type					
	ASN	BSN	BSN Online	Accel. BSN	Accel. Masters	All Programs
Total	317	581	20	163	9	1,090
Newly Appointed	60	56	4	24	2	146
Resignations	49	79	2	8	0	138
Turnover Rate	15%	14%	10%	5%	0%	13%
Proportion Newly Appointed	19%	10%	20%	15%	22%	13%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment
 % of FT Vacancies: 66%
 % of PT Vacancies: 134%

Budget Adequacy
 Full-Time Hiring: 85%
 Part-Time Hiring: 100%

Expected Job Disruption
 Less: 45%
 Same: 49%
 More: 7%

Source: VA. Healthcare Workforce Data Center

A total of 86 full-time faculty positions and 43 part-time faculty positions are currently in active recruitment. Most of the full-time jobs are needed in Baccalaureate programs, whereas part-time job need is highest in Associate programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	64	85%	70	100%
No	11	15%	0	0%
Total	75	100%	70	100%

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
Associate	16	42%	22	58%	0	0%	38	100%
Baccalaureate	14	50%	10	36%	4	14%	28	100%
Baccalaureate Online	0	0%	0	0%	0	0%	0	0%
Accelerated Baccalaureate	2	29%	4	57%	1	14%	7	100%
Accelerated Masters	1	100%	0	0%	0	0%	1	100%
All Programs	33	45%	36	49%	5	7%	74	100%

Source: VA. Healthcare Workforce Data Center

Only 7% of Virginia's RN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a budget of sufficient size to adequately meet both their full-time and part-time faculty needs.



Board of Health Professions
VIRTUAL - Full Board Meeting
 January 21, 2021 at 10:00 a.m.

DRAFT

An audio file of this meeting may be found here

<https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting01212021.mp3>

CALL TO ORDER - Dr. Jones, Jr.

Dr. Jones, Jr. called the virtual meeting to order at 10:00 a.m. Quorum was established with 17 members in attendance.

EMERGENCY EGRESS - Dr. Carter

Dr. Carter provided evacuation procedures for members in physical attendance.

ROLL CALL

VIRTUAL ATTENDEES: BOARD OF HEALTH PROFESSIONS

Dr. Alison King, Board of Audiology & Speech-Language Pathology
 Dr. Kevin Doyle, Board of Counseling
 Dr. Sandra Catchings, Board of Dentistry
 Derrick Kendall, Board of Long-Term Care Administrators
 Dr. Brenda Stokes, Board of Medicine
 Louise Hershkowitz, Board of Nursing
 Dr. Helene Clayton-Jeter, Board of Optometry
 Ryan Logan, Board of Pharmacy
 Dr. Herb Stewart, Board of Psychology
 John Salay, Board of Social Work
 Dr. Steve Karras, Board of Veterinary Medicine
 Sheila Battle, Citizen Member
 Sahil Chaudhary, Citizen Member
 Dr. Martha Rackets, Citizen Member
 Carmina Bautista, Citizen Member
 James Wells, Citizen Member

BOARD MEMBERS ABSENT:

Louis Jones, Board of Funeral Directors and Embalmers

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS

Dr. Allison-Bryan, Agency Chief Deputy Director
 Elaine Yeatts, Agency Senior Policy Analyst
 Dr. Yetty Shobo, Deputy Executive Director for the Board
 Rajana Siva, Research Analyst for the Board
 Dr. William Harp, Executive Director for the Board of Medicine
 Kim Small, VisualResearch, Inc.
 Neal Kauder, Visual Research, Inc.
 Sandra Reen, Executive Director for the Board of Dentistry

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS cont'd

Corie Tillman-Wolf, Executive Director for the Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy

PHYSICAL ATTENDANCE AT PERIMETER CENTER:

Dr. Elizabeth Carter, Executive Director for the Board
Dr. Allen Jones, Jr., Board of Physical Therapy
Laura Jackson, Operations Manager for the Board
Matt Treacy, Media Production Specialist

VIRTUAL ATTENDANCE: PUBLIC

Christina Barrille
Jetty Gentile
Karen Winslow

WELCOME NEW BOARD MEMBERS - Dr. Jones, Jr.

Dr. Jones, Jr., welcomed Dr. Catchings, Dr. Stokes and Carmina Bautista to the Board.

THANK YOU TO OUTGOING BOARD MEMBERS - Dr. Jones, Jr.

Dr. Jones, Jr., thanked outgoing board members Dr. Watkins
Dr. O'Connor and Maribel Ramos.

MEETING AGENDA - JANUARY 21, 2021

The Meeting agenda was approved as presented. A motion was made and properly seconded with all member in favor, none opposed.

PUBLIC COMMENT - Dr. Jones, Jr.

Ms. Cindy Warriner provided comment on her concern of potential Board of Pharmacy censure.

APPROVAL OF AUGUST 20, 2020 FULL BOARD MEETING MINUTES - Dr. Jones, Jr.

The meeting minutes from the August 20, 2020 Full board meeting were approved as presented. A motion was made and properly seconded with all members in favor, none opposed.

DIRECTOR'S REPORT- Dr. Allison-Bryan

Dr. Allison-Bryan provided Dr. Brown's remarks as he was at a General Assembly committee meeting. The Board of Health Professions prepared two major studies in 2020, Diagnostic Medical Sonographers and Naturopathic Doctors. As of today, the naturopathic doctor House bills presently have been "passed by" at the General Assembly. Two Senate bills are pending. Dr. Allison-Bryan provided an update on the research she gathered for the follow-up on "keepsake" sonography. She advised that the research reflects that fetal ultrasounds, performed by non-sonography licensed individual poses little harm to the fetus. The practice of "keepsake" sonography is discourage by the FDA and several professional medical organizations.

LEGISLATIVE & REGULATORY REPORT - Ms. Yeatts

Assembly that directly impact DHP. This information is provided in the agenda meeting documents. (Attachment 1)

SANCTION REFERENCE POINTS UPDATE - Mr. Kauder

Mr. Kauder provide a presentation on the Sanctioning Reference Point system updates. The presentation is included in the agenda meeting documents.

BREAK 11:20 -11:30 a.m.

BOARD CHAIR REPORT - Dr. Jones, Jr.

Dr. Jones, Jr. stated how much of an honor it was to serve as Chair for two consecutive years. He thanked those who attended in person and those who attended virtually for being such a wonderful team. He thanked the Board for their vote of confidence in his leadership and is looking forward to new leadership and how the next Chair will lead the Board through this pandemic.

NOMINATING COMMITTEE REPORT - Ms. Hershkowitz

Ms. Hershkowitz, Chair of the Nominating Committee, provided the Board with the slate of officers that was adopted at the 9:00 a.m. Nominating Committee meeting.

Chair: James Wells, RPh, Citizen Member

Dr. Steve Karras, Board of Veterinary Medicine

1st Vice Chair: Sahil Chaudhary, Citizen Member

2nd Vice Chair: Dr. Brenda Stokes, Board of Medicine

ELECTION OF OFFICERS - Dr. Jones, Jr.

The Board approved the slate of officers as presented and the vote was opened for Mr. Wells as Board Chair. Roll call voting provided 16 members in favor of Mr. Wells, with one member voting for Dr. Karras. With the majority vote, Mr. Wells was announced as Chair.

The Board agreed with the slate of officers provided by the Nominating Committee for Mr. Chaudhary to serve as 1st Vice Chair and Dr. Stokes to serve as 2nd Vice Chair.

Dr. Jones, Jr. congratulated the newly appointed officers of the Board.

EXECUTIVE DIRECTOR'S REPORT - Dr. Carter

Dr. Carter provided an overview of the Board's budget, along with the agencies statistics and performance measures. A link was provided in the meeting agenda for board members to review the agencies 2019-2020 Biennial Report.

HEALTHCARE WORKFORCE DATA CENTER - Dr. Shobo

Dr. Shobo provided an update of the workforce profession reports that were finalized in 2020, as well as ways that the Center is assisting various entities with workforce data.

INDIVIDUAL BOARD REPORTS

Board of Audiology & Speech-Language Pathology (Attachment 2)

Board of Counseling - Dr. Doyle

The Board will be considering the conversion therapy regulations at the next meeting, which is scheduled for February 15, 2021. A compact is emerging for counseling that is in the roll out phase. The Board is working on a guidance document for telehealth as many have moved their services online during the pandemic. Current regulations will need additional language to guide safe and ethical practice.

Board of Dentistry - Dr. Catchings

Due to COVID-19 dental students preparing for graduation and licensure by the Board of Dentistry were unable to perform a live patient exam. The Board came up with a way to allow students to perform an exam involving artificial teeth that would qualify them for licensure. The Board also arranged for graduating students to be trained on giving COVID-19 injections.

Formal hearings have been held virtually, while informal meetings are still in person. The Board is now in the beginning phase of developing emergency plans that will address how to function in a state of emergency. Such as the COVID-19 pandemic.

Board of Medicine - Dr. Stokes

Requests for waivers for electronic transmission of opioid prescriptions: As of July 1st, 2020, the regulations stated that all opiate prescriptions had to be transmitted electronically, with a stipulation that people could apply for a waiver for up to 1 year. There were 2,000 requests for waivers with some needing additional information. The statute does not allow the waiver to go past July 1, 2021.

A new licensed profession for the Board is surgical assistants. A surgical assistant advisory board has been created to develop regulations.

Every three years, the Board of Medicine is required to provide a list of professionals to the Supreme Court for malpractice panels. A big thank you to the executive directors and their staff that helped provided the names of professionals to be added to the list.

Reciprocity with continuous jurisdictions is currently under review. State boards were contacted by the executive directors with North Carolina, Tennessee, Kentucky and West Virginia showing no interest, while Maryland and D.C. we're open to the idea. Ongoing discussions continue.

Dr. Kevin O'Connor has been nominated for a leadership award that is given by the Federation of State Medical Boards.

The Board has held virtual board meetings, but the informal and formal hearings are still in person.

Board of Nursing - Ms. Hershkowitz

Ms. Hershkowitz provided an overview of the Board of Nursing's activities. (Attachment 3)

Board of Optometry - Dr. Clayton-Jeter

Dr. Clayton-Jeter provided an overview of the Board of Optometry activities. (Attachment 4)

Board of Pharmacy - Mr. Logan

Mr. Logan stated that the Board of Pharmacy voted to adopt language on the cultivation and production of cannabis oil to prohibit the production of an oil intended to be inhaled from containing vitamin E. acetate. The board also voted to adopt final regulations of cannabidiol scheduled 5 that by default places into schedule 6 for consistency. He stated that the next board meeting is scheduled on February 22, 2021.

Board of Physical Therapy - Dr. Jones, Jr.

The Board of Physical Therapy met virtually on November 7, 2020. The board updated its telehealth guidance document based upon some questions and concerns identified during the pandemic. Physical therapy licensure compact implementation has been smooth for the board and the compact became effective January 1, 2021.

Board of Psychology - Dr. Stewart

The Board of Psychology board brief is available on the agencies website. Following are a few highlights: Psychology licensee total is roughly 5,700, of which three quarters are clinical psychologist, with the remaining spread among school psychology, sex offender treatment providers, applied psychologists and trainees.

Dr. Stewart provided an update on PsyPact, noting that 15 states are participating with another nine on board. He stated that about half of the states, including most of the surrounding states around Virginia, will be on board.

There has also been a periodic review of regulations governing the practice of psychology. These regulations are in the final stage and under review by the Office of the Governor. Similarly, the Board is updating the certification of sex offender treatment provider regulations which are on the fast track for authorization.

Board of Veterinary Medicine (Attachment 5)

NEW BUSINESS - Dr. Jones, Jr.

There was no new board business brought forward.

NEXT FULL BOARD MEETING

The next Full Board meeting will be held March 4, 2021 at 10:00 a.m.

ADJOURNMENT

The meeting adjourned at 12:36 p.m.

CHAIR

SIGNATURE _____
James Wells, RPh

____/____/____

BHP EXECUTIVE DIRECTOR

SIGNATURE _____
Elizabeth A. Carter, PhD

____/____/____

Virginia Board of Nursing
Report to the Board of Health Professions Meeting
January 21, 2021

The Board of Nursing continues to move forward despite the complications of the COVID-19 pandemic and the obstacles it has provided. The Board resumed its many disciplinary hearings in July 2020 in person, with noteworthy staff management of the infection control and social distancing requirements to keep all participants safe. Since October 2020, Business Meetings have been conducted virtually and disciplinary hearings are moving to the virtual WebEx platform effective January 2021. The Board staff has continued with the work of the Board through largely virtual means, supporting in-person meetings as required. This has created many challenges through the past year and the staff has, as always, risen to the many challenges with strength and efficiency.

A number of issues were raised during the December 2020 Board meeting of interest to the Board of Health Professions, including the following:

1. The Board of Nursing has had, since the early 1990s, a scholarship fund for RN and LPN students called the “Mary Marshall Scholarship” to which Virginia students may apply. It is funded through \$1.00 from each licensure fee and pays out up to \$65,000.00 per year. That number is the original cap that was placed upon creation of the fund. The Scholarship, though funded by fees paid to and through the Board of Nursing, is administered by the Virginia Department of Health.

As a result of the current financial hardships for students created by the pandemic, the Board of Nursing voted to request an increase in the cap on scholarship funds available each year and also to seek to develop a Task Force (with VDH) that would consider expanding eligibility for funding to Nurse Aide students.

2. The Board received the report on the proposed revisions to the Sanction Reference Points for Certified Nurse Aides. Two areas of concern were raised:

a. The “failure to participate with DHP” was listed for scoring. Since the respondent has no obligation to participate, although it is their due process right to do so, it was requested that that item be removed from the scoring.

b. The issue of patient injury included a statement “for instance a patient injury resulting from a fall would not be scored.” The Board requested that that modifier be removed.

It should be noted that the SRPs for Certified Nurse Aides, as presented to the BHP today, have both those items removed.

3. The Final Regulations for Nurse Aide Educational Programs were presented, as part of a periodic review. Two major revisions are highlighted:

- a. The number of hours required for approval was increased from 120 to 140, including at least 20 additional hours for clinical education.
- b. Instructor training of at least 12 hours is required for all Nurse Aide instructors.

The Board of Nursing staff participated in a number of significant efforts during the last quarter of 2020. Included, among many others, were:

1. Project First Line – an initiative, with DHP and VDH, to expand and ensure infection control education to all health care providers.
2. The Clinicals Workgroup, convened with the Governor’s staff, to discuss the impact of COVID-19 on educational programs.
3. Adding APRNs to NURSYS, the national licensure and disciplinary database, which already lists RNs and LPNs. This system centralizes the information sources required.
4. As part of its approval process for pre-licensure educational programs, the Board staff participated in the provision of waivers related to licensure and education by making recommendations to the Director of DHP. These waivers posted on the BON website and communicated to stakeholders provided relief and increased flexibility while maintaining educational standards and work to assure adequate workforce in the Commonwealth.

It is difficult to overstate the accomplishments of the staff of the Board of Nursing during the last difficult year. While handling increasing numbers of licensees, educational programs and disciplinary actions, they have continued to adapt through serious challenges to serve the needs of the Department and of the citizens of the Commonwealth. Board Members, many of whom are involved in the delivery of care, have remained available for meetings and hearings and continued to carry out their duty to protect the public during an unprecedented and difficult time.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

Virginia Nurse Aide Education Programs: Impact of the Coronavirus Pandemic

Healthcare Workforce Data Center and the Board of Nursing

November 2020

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

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

Get a copy of this report from: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, PhD <i>Director</i>	Yetty Shobo, PhD <i>Deputy Director</i>	Laura Jackson, MSHSA <i>Operations Manager</i>	Rajana Siva, MBA <i>Research Analyst</i>	Christopher Coyle, BA <i>Research Assistant</i>
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Board of Nursing Staff Involved in the Project:

Jay Douglas, MSM, RN, CSAC, FRE <i>Director</i>	Robin Hills, RN, DNP, WHNP <i>Deputy Executive Director</i>	Beth Yates <i>Nursing and Nurse Aide Education Coordinator</i>	Christine Smith, RN, MSN <i>Nurse Aide Education Program Specialist</i>
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INTRODUCTION

It is estimated that three-quarters of Virginia's certified nurse aides work in skilled nursing facilities, assisted living facilities, hospital inpatient departments and home health care settings. These healthcare settings have been severely impacted by the 2019 coronavirus disease (COVID-19) pandemic. The increased incidence of patient, resident, and/or healthcare personnel infections in these settings demanded that the nurse aide workforce pipeline produce new nurse aides during this critical period. However, the closure of testing facilities to NAEP graduates from March 17 through July 13, 2020 did just the opposite by compounding the workforce shortage. At the same time, Virginia NAEPs began to report that they were encountering additional barriers to meeting this increased need. The goal of this report is to examine the impact of the COVID-19 pandemic on NAEPs in Virginia and identify the barriers experienced by these programs in order to inform future regulatory decisions.

BACKGROUND

In 1991, the Centers for Medicare and Medicaid Services ("CMS") enacted a federal statute requiring each state to offer or approve nurse aide training and competency evaluation programs that meet federal requirements. (42 CFR 483 Subpart D). The Virginia Board of Nursing ("Board") was designated by the General Assembly to promulgate regulations to meet these federal requirements.

For purposes of this report, the setting types of the approximately 270 Virginia Board-approved nurse aide education programs ("NAEP") were placed in the following categories: high school (35%), community college (18%), skilled nursing facility/hospital (17%), and proprietary/other (30%). According to Board of Nursing regulations, Virginia NAEPs must be at least 120 hours in length, a minimum of 40 of which shall be clinical skills training completed in a licensed skilled nursing facility that is certified for CMS long-term care reimbursement and licensed or certified by the Virginia Department of Health. In addition, all classroom and clinical nurse aide instructional personnel must be licensed nurses (RNs or LPNs) and have demonstrated competence to teach adults through coursework and/or previous teaching experience.

However, pursuant to the authority granted by the Governor's Executive Order 51, on March 19, 2020, at the onset of the pandemic, Dr. David Brown, the Director of the Department of Health Professions, waived 18VAC90-26-30(C) & (D). This waiver expanded the qualifications of instructional personnel beyond RNs and LPNs and eliminating the requirement that all instructional personnel demonstrate competence in teaching adults. Federal waivers from the Center for Medicare and Medicaid Services permitting long-term care nursing facilities to hire competent unlicensed professionals followed in April. This brought additional nurse aide workforce relief to the long-term care arena.

During the next several months, the Board received anecdotal reports that nurse aide education programs across the Commonwealth had very limited access to skilled nursing facilities for the required 40 hours of nurse aide clinical skills training. Further, a pronounced backlog of students were enrolled in the nearly 270 nurse aide education programs who could not acquire clinical hours developed. The Board also received reports that healthcare settings such as hospitals, assisted living facilities, rehabilitation centers, and dementia units which utilize nurse aides to supplement their nursing care (but do not by regulation serve as clinical training sites) were struggling to meet nurse aide workforce demands. In response, the Virginia Hospital and Healthcare Association requested in mid-summer 2020 that the Board permit hospitals to provide in-house nurse aide training to both augment the hospital workforce and relieve the clinical training bottleneck. The Board determined that expanding clinical site options in the NAEP regulations was warranted. On August 10,

2020, 18VAC90-26-20(B)(1)(e) was waived enabling NAEPs to utilize licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units for the required 40-hour direct client care clinical training for nurse aides.

All nurse aide education regulatory waivers were instituted to support an influx of nurse aide graduates into the healthcare workforce to meet the demand for healthcare personnel. This report presents the results of an in-depth analysis of the effectiveness of the regulatory waivers on the nurse aide education landscape six months into the COVID-19 pandemic.

METHODS

Data

The data for this study come from the 2020 Nurse Aide Education Program (“NAEP”) COVID-19 Impact Questionnaire designed by Board staff. The questionnaire was emailed to 268 NAEPs on September 2nd with a deadline for return of September 18th, 2020. A reminder email was sent to all programs extending the due date to October 2nd, 2020. After four preliminary program identifier and demographic questions, the questionnaire (see appendix A) asked program coordinators to complete seven key impact questions on behalf of their programs. Two hundred and two programs responded representing a 75% response rate.

As previously noted, the Virginia NAEPs are categorized into four setting types: 1) nursing homes and hospitals, 2) community colleges, 3) high schools, and 4) other (proprietary). Table 1 shows the breakdown of the response rate by setting type; high schools had the highest response rate.

Table 1: Questionnaire Response Rates

	# programs received emailed questionnaire	# programs completed & returned questionnaire	Response rate
Nursing Homes & Hospitals	43	32	74%
Community Colleges	48	38	79%
High Schools	94	82	87%
Other	83	50	60%
Overall	268	202	75%

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Analyses

A mixed-method analysis was employed overall in this study and analyses were done for each question asked. The first question asked programs whether they had experienced any difficulty related to COVID-19. Programs that reported experiencing no difficulties were asked to discontinue the survey. For the quantitative analysis, the percent reporting no difficulty of all respondents was first reported and, subsequently, the percent reporting each option was divided by the total number of program relevant to each question. Thematic analysis was used for the qualitative responses which are grouped under bolded themes and presented with illustrations of representative quotes from respondents under each theme.

RESULTS

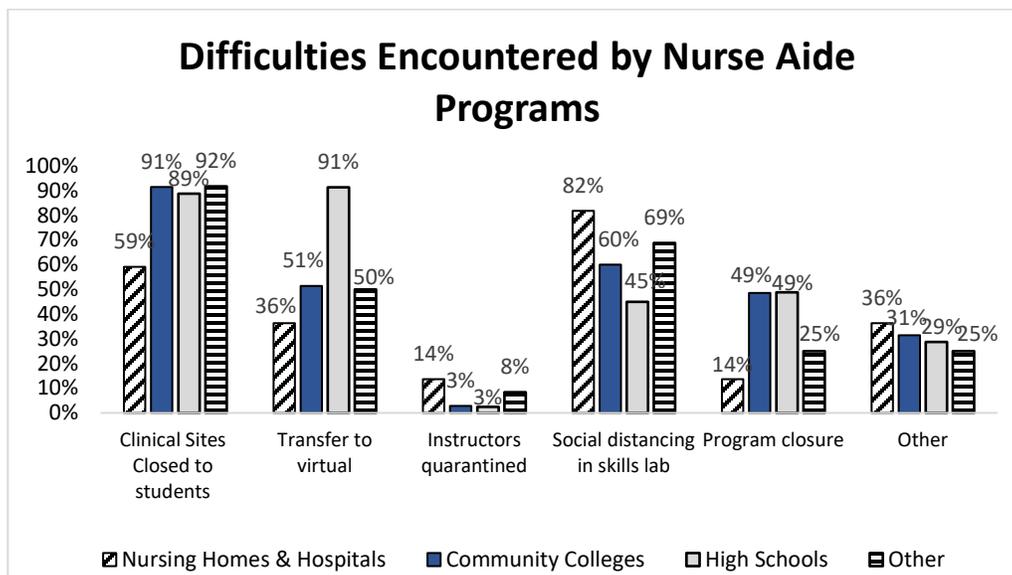
Difficulties Experienced

Respondents were asked to identify the difficulties that their program had experienced. The options were: clinical sites closed to nurse aide students; transfer from classroom to virtual instruction; instructors quarantined due to COVID-19, social distancing in skills lab; school/program closure; and other. As seen in Table 2, only 7% of all programs experienced no difficulties. Nursing homes and hospital programs were more likely (31%) to report experiencing no difficulties; only 2% of high school programs reported no difficulties. NAEPs located in high schools with difficulties were most likely (91%) to report a transfer to virtual instruction as a difficulty experienced. This difficulty was followed closely by clinical sites closed to students, reported by 89% of programs in high schools. For community college and other types of nurse aide education programs, having clinical sites closed to students was the most reported difficulty experienced as a result of COVID-19, followed by social distancing in the skills lab. For nursing home and hospital programs, social distancing in the skills lab was the most mentioned difficulty. Qualitative analysis of the reasons provided in the “other” category is examined next.

Table 2: Difficulties Experienced

	Nursing Homes & Hospitals	Community Colleges	High Schools	Other	Overall
No difficulties	10 (31%)	3 (16%)	2 (2%)	2 (4%)	17 (8%)
Difficulty reported	22 (69)	35 (14%)	80 (98%)	48 (96%)	185 (92%)
Clinical sites closed to students	59%	91%	89%	92%	86%
Transfer to virtual	36%	51%	91%	50%	66%
Instructors quarantined	14%	3%	3%	8%	5%
Social distancing in skills lab	82%	60%	45%	69%	58%
Program closure	14%	49%	49%	25%	38%
Other	36%	31%	29%	25%	29%

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center



Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Qualitative analysis

Fifty-one programs indicated that there were *other* difficulties apart from the five specified in the survey; the responses fell into eight main themes. However, most of the themes seem to have been captured in the five previously specified response options. For instance, several programs commented on the **effect of COVID on their program schedule**. For example, a respondent wrote, “Doing hybrid schedule now. March to June 2020 was all virtual.” Another salient theme identified was the **effect of COVID on classes and facilities**; several programs reported being closed from March to at least May or June. Some were closed for much longer. For example, a respondent wrote “Closure March 2020 to June 2020 putting the class behind in skills and classroom hours.” There were also comments illustrating **effect of COVID on students** such as “Students not equip [sic] for online in their homes. Not enrolling into the program.” There were also comments that highlighted the theme of **effect of COVID on clinical sites**. One respondent stated, “Clinical sites not willing to participate with our program.”

Some comments were not captured by the previously specified response options such as those under the theme **effect of COVID on testing sites**. For example, one reported that “Difficulty for students to schedule testing/testing cancelations.” Another wrote that “Class graduated in June, testing dates delayed until November with Pearson Vue.” Other comments fell under **other COVID-driven issues** such as quarantine, personal protective equipment or loss of instructors. For example, a respondent stated, “Not being able to buy PPE for student use in the lab. Allocations are in place with suppliers so not allowed to place orders, items are out of stock or on backorder, if you do find items price have [sic] doubled or quadrupled and the quantity is poor.” Another reported, “Students quarantined due to COVID”. Finally, comments not necessarily COVID-related such as “need for qualified instructor” and “our instructor resigned secondary to COVID, we had to look for and hire another” were made.

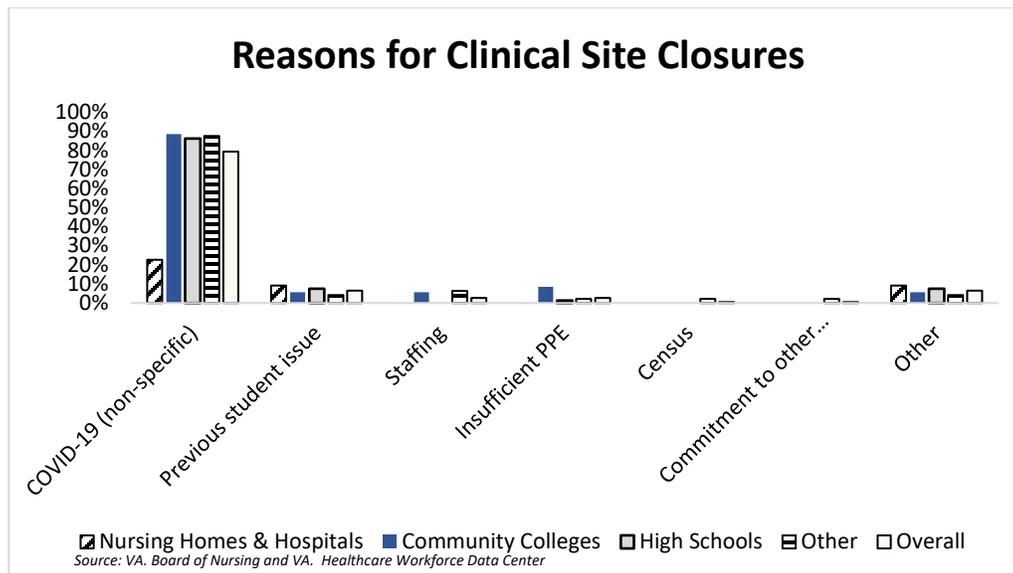
Reasons for Clinical Sites’ Closure

If a respondent identified having experienced “clinical site closure” as a difficulty, they were then asked to provide the reason given by the clinical site, if any, for the closure. The response option provided included: COVID-19 (non-specific); previous student issue; staffing; insufficient PPE; Census; commitment to other programs, and other. As seen below, the most reported reason why clinical sites were closed to students (with over 80% of community colleges, high schools and Other programs reporting it) was due to COVID-19 in the absence of any further explanation.

Table 3: Reasons for Clinical Sites’ Closure

	Nursing Homes & Hospitals (n=22)	Community Colleges (n=35)	High Schools (n=80)	Other (n=48)	Overall (n=185)
COVID-19 (non-specific)	23%	89%	86%	88%	79%
Previous student issue	9%	6%	8%	4%	6%
Staffing	0%	6%	0%	6%	3%
Insufficient PPE	0%	9%	1%	2%	3%
Census	0%	0%	0%	2%	1%
Commitment to other programs	0%	0%	0%	2%	1%
Other	9%	6%	8%	4%	6%

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center



Qualitative Analysis

Respondents stated 30 “other” reasons for clinical sites being closed to students. However, thematic analysis of the responses which revealed six main themes indicate that many of the “other” open-ended responses could have been captured under the COVID-19 response option. The most reported theme was that **students were viewed as visitors** and thus not allowed to enter the clinical sites. One respondent stated, “No outside visitors or students allowed in the facility.” For the second most likely stated theme of **site closed**, respondents provided responses such as “clinical sites closed after training closure.” Regarding **corporate concerns**, one respondent stated, “Corporate guidelines not allowing health care workers even if they are aware that health care students are essential workers.” Some clinical sites had **COVID testing requirements** that schools could not meet. One program reported, “Primary sites with newly COVID-19 mandated weekly testing due to district percents.” One program reported that the clinical site was closed because of a **student’s COVID infection** stating, “NA student tested COVID-19 positive on off hours, informed NA program. Facility communication began with Administration, Residents/Patients, Resident Representatives, and state agencies (local health department, state health department, Department of Social Services, Ombudsman, CNS through NHSN reporting and VHASS.) Additionally, students had not begun clinical with direct patient care. Environmental services conducted thorough cleaning and disinfecting of all areas.” Another program had some **contractual issues** and reported, “Unable to start the on-line program due to no contract affiliation agreement.”

Waivers Used

One of the missions of the Board is to approve and regulate in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides. Consequently, to allay disruptions in the nurse aide education training, the Department of health Professions through the Board instituted three regulatory waivers executed (see box below) pursuant to Executive Order 51.

The questionnaire asked respondents whether they used any of the waivers offered and, if they did, which of the waivers they used. Although optional, comments were solicited to better understand the reasons for implementation versus non-implementation of the waivers.

18VAC90-26-20(B)(1)(e) The requirement that nurse aide skills training experience be obtained solely in a nursing facility is suspended through December 31, 2020. Acceptable alternate sites would include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units.

18VAC90-26-30(C) The requirement that other instructional personnel who assist the primary instructor in providing classroom instruction be limited to registered nurses or licensed practical nurses is waived on March 19, 2020, and shall remain in full force and shall not exceed 90 days following the expiration of Executive Order 51.

18VAC90-26-30(D) The requirement that all instructional personnel must demonstrate competence to teach adults is waived on March 19, 2020, and shall remain in full force and shall not exceed 90 days following the expiration of Executive Order 51.

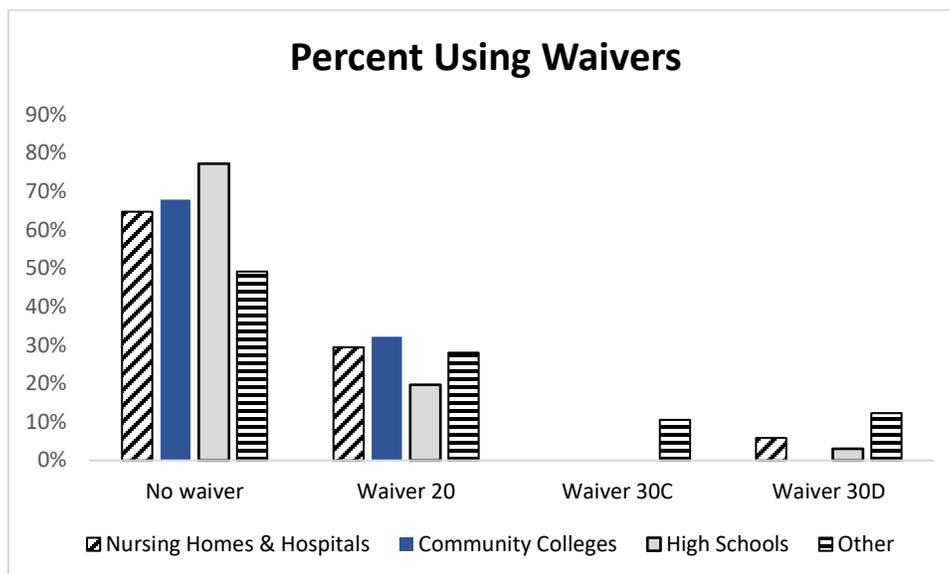
Source: VA. Board of Nursing

Table 6: Waivers Used

	Nursing Homes & Hospitals	Community Colleges	High Schools	Other	Overall
No waiver	11	19	51	28	109
Waiver 20	5	9	13	16	43
Waiver 30C	0	0	0	6	6
Waiver 30D	1	0	2	7	10
Total responding to question	17	28	66	57	168

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Not all programs provided a response to the question about waivers used. Of those who responded, 65% did not use any of the three waivers. Of the three waivers, 18VAC90-26-20(B)(1)(e), allowing programs to use facilities that were not nursing facilities as clinical sites for their students, was the most often used. The waiver of 18VAC90-26-30(D) regarding instructor teaching competence was used the least.



Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Qualitative analysis

There were 48 comments regarding the waivers; the comments were classified into seven themes. The most common theme was that the ***wivers were not used because the alternative clinical sites listed in the waiver were not available or not accepting students***. In most cases, the respondents had very limited options of clinical sites even prior to COVID; the pandemic exacerbated the issue even further. As an illustration, one respondent commented, “The above waivers did not address the difficulty to access clinical sites. We have extremely limited sites in the rural area. These students were 5 hours short of completing the requirement in March.” Additionally, in cases in which the programs had access to additional sites, these sites were also not open to accepting students citing protection of the health of their staff and residents. For example, a respondent stated, “Due to COVID-19, despite the notice sent out by the Board of Nursing indicating that Nurse Aide Students can again perform clinical training in the facilities, facilities (including the acceptable "alternative" sites listed by the Board of Nursing) continue to suspend allowing students to come in for clinical training.” Another related theme the respondents mentioned was that they were ***competing with other nursing programs for clinical sites***. A respondent stated, “The local hospitals are only accepting ADN and PN students at this time. The rest of the alternate sites are still not accepting students in the building.” ***Availability of instructors*** was also another theme that emerged. For instance, a respondent noted, “We were not able to utilize the aforementioned waivers due to the COVID restrictions in place for skills training at most medical sites and the inability to find instructional personnel to assist with student instruction.”

Another common theme was that ***programs were still planning on using the waivers***. These programs plan to use the waiver in the future either because they have been closed or are currently virtual as illustrated by this comment, “Will resume class November 2, 2020 under the waiver 18VAC90-26-20(B)(1) (e).” Some respondents also felt that some clinical sites would have been receptive to allowing the students in much earlier in the pandemic. For instance, one respondent stated, “Waiver 26-20 (B) was put in place at a time that was not conducive to accommodate the students. If it had been initiated earlier it may have benefitted the students.”

Some programs felt that ***the waivers helped***. One respondents mentioned, “Before using this waiver, 11 students had not completed clinical hours. After using it, 3 students had not completed clinical hours.”

Some programs have not used the waiver because they ***decided not to have a nurse aide cohort*** this year as illustrated by this comment, “Our organization elected to not conduct nurse aide education programs during this time.” Others had not used the waivers because their ***students had just completed their clinical training when the pandemic started***. For instance, a respondent stated, “All students had finished clinical prior to quarantine due to COVID-19.” There were other ***miscellaneous comments*** such as a respondent who stated that the waivers, “Do not resolve the mandatory 6-ft social distancing for skills and potential resulting liabilities” or another who stated simply, “Not an option for our facility.”

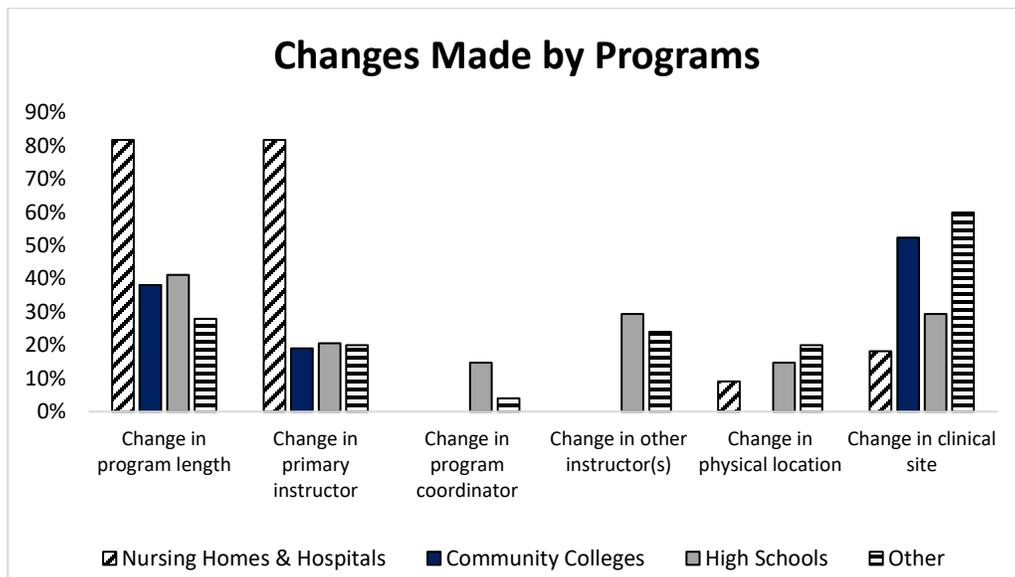
Substantive Programmatic Changes Made

Respondents were asked to identify in which of the following areas they had to make substantive changes due primarily to COVID: change in program length; change in primary instructor; change in program coordinator; change in other instructor(s); change in physical location; and change in clinical site. About half of the programs reporting that they had experienced some difficulties due to COVID had not made any changes. Of those reporting changes, programs were most likely to report a change in program length and/or a change in clinical site. Further, over 80% of the programs in nursing homes and hospitals that reported that they made some changes reported changing their primary instructor. Nurse aide programs in community colleges reported these three changes (program length, clinical site, and primary instructor) whereas programs in high schools and other settings reported all six changes with differing frequencies.

Table 4: Substantive Changes Made

	Nursing Homes & Hospitals (n=11)	Community Colleges (n=21)	High Schools (n=34)	Other (n=25)	Overall (n=91)
Change in program length	82%	38%	41%	28%	42%
Change in primary instructor	82%	19%	21%	20%	27%
Change in program coordinator	0%	0%	15%	4%	7%
Change in other instructor(s)	0%	0%	29%	24%	18%
Change in physical location	9%	0%	15%	20%	12%
Change in clinical site	18%	52%	29%	60%	42%

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center



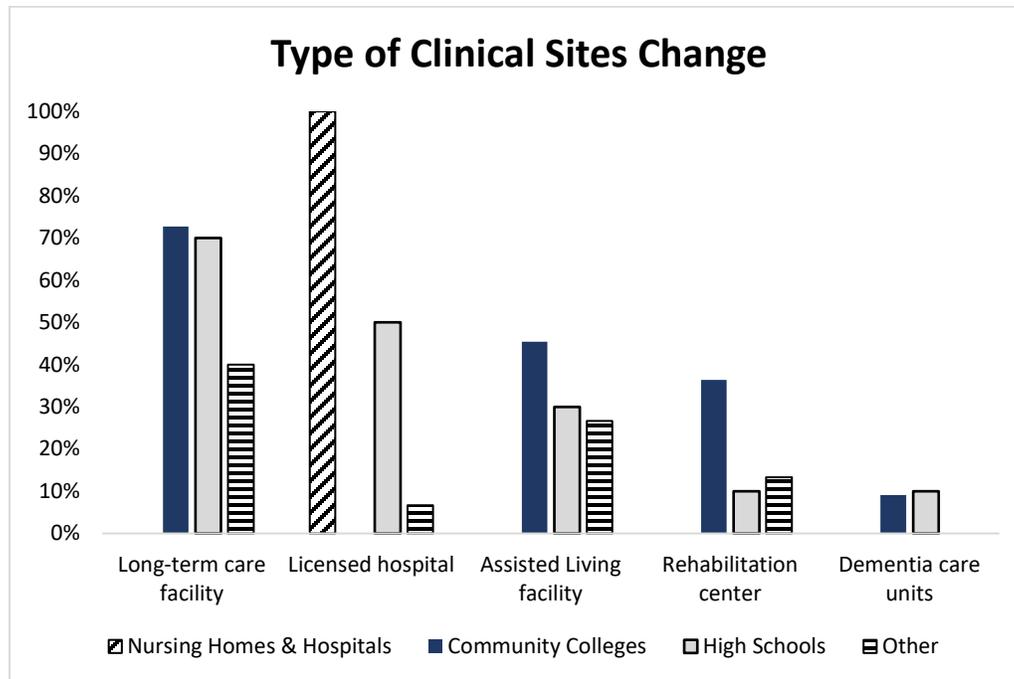
Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Despite only having had approximately one month to expand clinical training to other settings, programs were asked if there had been a change in clinical site and, if so, in what type of clinical site did that change occur. Response options included care settings included in the waiver: long-term care facility, licensed hospital, hospice facility, assisted living facility, rehabilitation center, and dementia care units. Thirty-eight programs responded to the question and they identified 50 facility changes since some made changes in more than one type of facility. Given the disproportionate impact of COVID on the elderly in long-term care facilities, it is not surprising that the highest reported change occurred in this setting; 55% of programs reported changing this clinical setting. On the other hand, programs that train students in nursing homes and hospitals reported change at a much lower frequency; one could speculate that the ability to maintain continuity in training in these settings was likely due to facility and program leadership collaborating in-house on procedural changes regarding their students. High school programs' length is probably the reason why high school NAEPs had a lower clinical site change rate -- high school programs typically build in far more clinical hours than the 40 hours required in regulation so, in mid-March when programs closed, students had likely already met the minimum requirement. No program selected that the change occurred in a hospice setting so this was excluded from the following table and chart.

Table 5: Clinical Site Changes

	Nursing Homes & Hospitals	Community Colleges	High Schools	Other	Overall
Long-term care facility	0%	73%	70%	40%	55%
Licensed hospital	100%	0%	50%	7%	21%
Assisted Living facility	0%	45%	30%	27%	32%
Rehabilitation center	0%	36%	10%	13%	18%
Dementia care units	0%	9%	10%	0%	5%

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center



Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Qualitative Analysis: Didactic Content Delivery/ Classroom Hours Changes due to COVID

Respondents were asked to provide responses to how the didactic content delivery, hours, or format has changed due to COVID. One hundred and fifty-six comments were recorded to this open-ended question. The majority of the programs mentioned a **change from in-person class to only virtual classes**. Most programs reported using a combination of synchronous and asynchronous virtual learning as exemplified in the following, “We are currently 100% online with both synchronous and asynchronous instruction.” Few of the now virtual programs addressed how they met the needs of students who did not have access to computer or internet. One of those stated, “School closed on March 13, 2020. Nurse Aide instruction was still led by our instructors virtually and with hard-copy packets for students with no internet/technology access.” **Not every program that tried to go virtual succeeded** but other attempts were made as illustrated in this quote, “Tried online lecture, students failed to participate, did not wish to take online classes, had technical difficulties, provided PowerPoint lecture with voice recording.”

The next most mentioned theme was a **change to a hybrid format**. Most programs mentioned using both virtual and in-person education with students split into two groups and going to school on different days of the week. One respondent stated, “We have 50% (8) students in the classroom face to face and 50% (8) students live stream the didactic portion of the class. Each group is face to face 1 day and stream 1 day. Each group also has

1 day in the lab area with skills practice and demonstration.” Another also stated, “The classroom portion is in part Hybrid. There is classroom activity once a week for a 4-hour period and the remainder is virtual. There are virtual, ZOOM lectures, videos, and take-home activity sheets for students during the week. The skill video is on line and there is review in the weekly on-campus sessions. The on-campus sessions allow questions and clarification for the students with the faculty, testing of knowledge and practice of skills and discussion of patient scenarios.”

Other programs have remained in person but **changed location or implemented COVID precautionary measures**. A respondent stated, “Social distancing, change in location of class inside building, all employees wearing surgical mask or N95 as designated for new hires. Limiting number of students in the skills room at one time.” There were also some **changes regarding instructors**. Some programs are using multiple instructors for their classes to allow for smaller class sizes. For instance, a respondent stated, “We are using Zoom Classroom. [In] skills lab we are using 2 instructors to allow social distancing.” Another instructor-related issue that programs faced is **having instructors who are not comfortable with virtual classes** as seen in this quote, “The course began on 1/21/2020 and our college decided to pause the instruction due to the instructor not feeling comfortable with on line instruction. We have hired a new instructor who is developing the online curriculum.”

A few programs mentioned **change in course or program length**. For example, one program extended its program from 4 weeks to 6 weeks. Some programs mentioned **impact on cohort completion** such as “Our classroom hours were delayed due to the closure of Public Schools. We were not able to continue online after March 12th due to program decision to focus on core classes. We started this year behind in the curriculum and content hours. In addition, program has changed our class schedule to complete the first year curriculum in one semester. This will leave a six month gap for some students before they will begin our second year curriculum.” Others **cancelled examinations**. For example, one stated, “College directed classes to forego final exams. This class (1 of 3) had just reached the end of classroom portion & about to commence skills portion. Overall student test averages were above 90% that included their final exam, posing no problem.”

Some **programs were shut down and are yet to resume**. Others are on hold due to inability to hold clinicals or schedule testing as illustrated here, “We stopped our program in March and resumed class hours in July with social distancing, masks/PPE, etc. Have been unable to complete the clinical hours due to facility shut down.” Some other programs **decided to not have a nurse aide cohort this year** as illustrated in this quote, “We are not offering Nurse Aide in the Fall Semester. We are hoping that in the spring we will be able to offer in person classes with a clinical component.”

Finally, some programs reported **making no changes**. These could be programs that were online prior to COVID. One respondent stated, “No changes to curriculum or delivery of instruction.”

Qualitative Analysis: Skill Lab Hours Changes due to COVID

One hundred and thirty valid textual responses were provided; eight programs reported a particular number of hours without explaining what the hours were related to and these responses were excluded from the analysis. Three major themes reflected the majority of the responses. First, several programs mentioned that they had **reduced the number of students in the lab and implemented social distancing measures** such as wearing personal protective equipment, using mannequins instead of each other, and the like. For instance, a respondent wrote, “Skill lab hours have been cut in half as we only have room for half the students in the skills lab at one time due to social distancing. 9 students with 1 instructor one day while 8 are learning skills in the classroom. Students switch instructors the next day. Students are not allowed to perform skills on each other as of now and must rely on mannequins.”

Secondly, several programs ***used a combination of virtual formats early on and socially distanced lab meetings subsequently***. This is reflected in this respondent statement, “We pivoted after Spring Break (extended from 1 to 2 weeks) from skills lab to virtually teaching & learning for approximately 16 or so of the 22 mandatory skills practices...creatively! Once campus reopened only for healthcare students' face-to-face/hands-on skills training, we were able to then screen students & each other before entering buildings, provide PPE (gloves, isolation gowns, face masks & eye shields) for review of virtually offered skills training & continuation of the remaining mandatory skills...a success as voiced by the students. In all, we extended skills lab hours by about 2 weeks (24 hrs. or so).”

The third commonly mentioned theme was ***continuation of lab but with implementation of hygienic protocols*** that will hinder COVID transmission such as surface wiping, using mannequin, using different locations, etc. For example, one respondent stated, “Rearranged skills lab to accommodate social distancing. Students wiped surfaces and equipment before and after use of equipment.” Another mentioned, “We changed classroom/skills to main dining room since it was closed to residents to provide social distancing.”

There were other themes mentioned by some programs. Some programs are ***using their in-person time for skills lab*** as illustrated in the following, “Skills lab is incorporated into class times. It is our expectation to be able to do that in Q2, possibly sooner. We have three areas set up that can accommodate skills and will use COVID precautions in the lab setting. We may do some of the skills virtually with synchronous instruction followed by students doing return demonstration with video technology like Flip Grid.” Other less frequently mentioned themes were ***learning lab skills at home***, “At this time the students are watching skills videos at home and practicing what skills they can on family members. Hopefully, we will be allowed back in school physically and we can practice skills in the skills lab.”

Other programs had ***no change in lab skills*** as illustrated in this quote, “Lab hours remain as prior to COVID-19.” Others ***had completed required lab skills hours prior to COVID*** and are just having students refresh their skills, “Students had all skills prior to quarantine, brought back to lab for an 8 hour day of skills practice, once a clinical sit opened - 4 months after they should have completed the program as scheduled, the students were able to complete required clinical hours.”

Some programs were having ***fewer or no hours of skills lab*** such as illustrated in this quote, “Skills lab time modified to 14hrs from 18hrs”. Others reported, “No skill lab hours were documented after the close of school as students were not permitted into the building.” Other programs were ***not providing any lab hours because they are virtual*** as seen in this quote: “No skills lab hours were provided during this period. Only didactic online.” Some programs ***postponed their skills lab to next year***, “All skills lab will be done second semester when we are back to in person education or next year as part of Nurse Aide II.” Other ***programs were closed*** or chose not to have a cohort of students due to COVID. For instance, one respondent shared, “We are not offering Nurse Aide in the Fall semester. We are hoping that in the spring we will be able to offer in person classes with a clinical component.” A few programs mentioned that they have not determined how to handle the issue of skills lab hours, and that students are behind in their skill lab hours.

Qualitative Analysis: Instructor-supervised or In-facility Clinical Hours Changes due to COVID

Nurse aide program administrators were also asked to comment on how COVID has affected instructor-supervised and/or in-facility clinical hours. One hundred and thirty-one responses were submitted although 10 of the responses only stated a number of hours and it was difficult to understand what they meant to convey. Of the remaining 121 responses, 17 the program reported they made no changes. For the remaining 104 programs with changes, the most common theme was that ***the clinical sites were not allowing students to do clinical instruction*** as illustrated in the following, “Currently, the fall 2020 class is not allowed per the LTC facility

to obtain clinical hours due to COVID-19. I did check into alternate sites such as hospitals, etc. but no one in our area will allow students in at the current time to obtain clinical hours. This has drastically hurt our nurse aide program. I've got a class of 10 students who are eager to learn and become CNAs but right now they are focusing on their 80 classroom hours, but aren't allowed to obtain the 40 clinical hours needed to register for their state boards later this fall 2020."

Another common theme was the **postponement of clinical hours** as illustrated next. "Clinical hours are postponed due to facility regulations and school closure. Once the clinical sites offer clinical opportunities, students will be scheduled for a classroom refresher course and clinical opportunities." Some programs had **students who had completed prior to COVID and are planning for future clinical hours**, "Fortunately, we had completed the clinical hours for our [high school] second-year students in the fall of 2019. But, currently, we are delayed in being able to enter the clinical setting. We usually work with 3 facilities, but are limited now to one, due to COVID. The one facility just informed us this past week of a delay to enter due to a COVID outbreak." Others have students that have not completed their clinical hours and are hopeful for clinical hours to be scheduled in the near future. "At this time we have not been able to facilitate the clinical for the spring students. We initiated a plan to use the hospital setting based on 18VAC90-26-20(B)(1)(e) however the rural hospital has on average 1-2 nurse aides per shift and this did not accommodate the support needed to conduct clinical. In addition, the secondary instructor would have needed to provide double the hours in the hospital setting to make up for the limited CNA's and due to existing primary employer work schedules could not commit. One nursing home is still not allowing students in the facility and the others in our area have had major COVID outbreaks and has not been a safe environment for students. We are hopeful that the one nursing home that has invited us to return will be clear of COVID and allow for a safe return so that we can facilitate clinical prior to the end of the fall semester."

Apart from these three commonly-mentioned themes, other themes were identified by a few programs. Several programs mentioned **that their students were missing a few hours to meet their clinical hours' requirement**. However, some of these mentioned that the **waivers have helped them** locate other facilities in which their students can finally complete their clinical hours. "Students have not been able to complete clinical requirement. With the issue of the August 11th waiver to allow clinical training in alternate clinical sites, arrangements have been made for the students to complete in-facility clinical hours in a rehabilitation facility." One or two programs had their **students hired as temporary workers to be able to complete their clinical hours**. One stated, "Nurse Aide students were hired as temporary nurse aides at local nursing home in April. They were given on-site training. Staff members of the facility, who also teach part-time at a local college, supervised the students and completed their skills record as they obtained their 40 hours of clinical time."

Another change mentioned is **COVID testing and precautionary measures have now been implemented in clinical facilities**. For instance, one respondent wrote, "LTC facility resumed accepting nurse aide students in August. Students and faculty must do a daily symptom survey and temperature on entering the facility. Face masks and face shields worn by students and faculty, supplied by the facility. Nursing Homes are now requiring COVID-19 PCR tests prior to any clinical experience. Expense of the tests to be responsibility of students." Another cautionary practice mentioned is keeping all students on one floor to reduce the risk of infection.

Some programs mentioned having to **reduce clinical hours**. "We have lowered the in-facility clinical hours from 65 to 40 hours during this pandemic." Another few mentioned **change in location**, "This would be typically done in a LTC facility; but more than likely will have to be the local hospital."

Some administrators mentioned **using simulation** to provide clinical instruction. "Using simulation and extra lab practice for clinical hours. No facility in the area is allowing schools to come in for clinicals." Others **hope simulations would be allowed to be used for clinical hours**. "Due to 100% virtual instruction and the facility

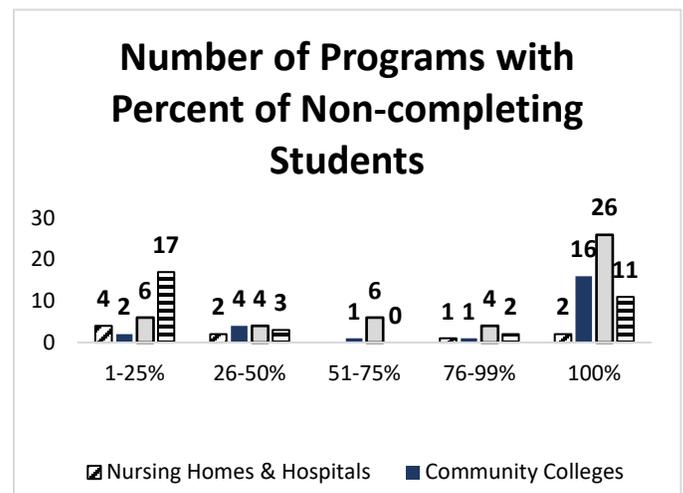
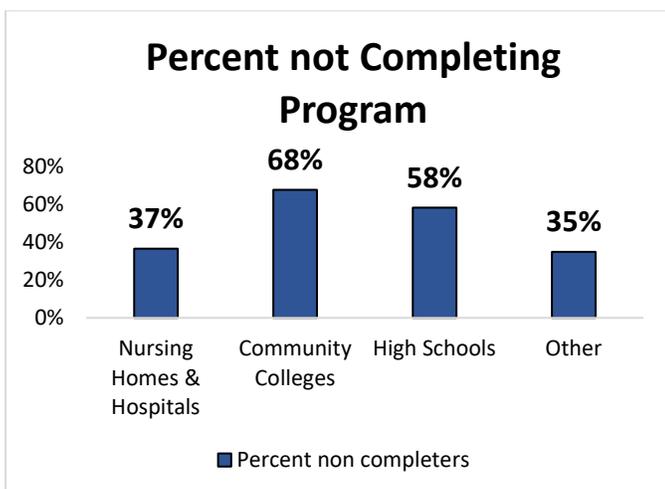
not allowing any outside persons, there are no students completing clinical hours at this time. Allowing 25% of the required clinical hours to be completed using simulation or lab hours would be very helpful to allow these students to be certified and start working in the field to help face the current staffing complications that have been caused by COVID-19.”

One respondent mentioned the **need for information to be made to students to know when they can do their testing and how the Board of Nursing has been helpful in reinstating licenses.** The respondent mentioned, “Yes we are doing this. Also we are hiring two nurse aide students who completed all their hours at another approved nurse training program and who just needed the 40 hours of clinical because that program was unable to provide. That program sent me their information and when these two complete clinicals here I will send back to the instructor so she can officially graduate them to then test. Additionally (sorry don't know where to put this information) we have seen more nursing students come to us for jobs who didn't know that since they completed their first clinical nursing rotation successfully; they could go and test. Also, the VBON has been very helpful in some people who have returned to the field of nursing and are getting their certification reinstated. Thank you.”

Finally, a few programs are **not considering offering the nurse aide program in the near future.** Respondents mentioned things such as “Long-term care facilities were closed to student practice in March. Students by this point had completed the required clinical hours for the Board of Nursing. Had not completed program clinical requirements but were granted college passage following successful completion of didactic material in May. Further concern was with closure of test facilities only 1 of the 7 students chose to complete testing for their C.N.A. Most had progressed to other aspects of their life prior to facility testing availability- (Navy, or higher education in health care). Further, due to lack of clinical sites, the dual enrollment nurse aide program is not offered for the 2020-2021 academic year at the college.”

CONCLUSION

The impact of the COVID pandemic on the healthcare workforce pipeline cannot be overstated. Two charts below illustrate the impact on nurse aide students’ program completion rate. Over half of nurse aide students have experienced a delay in program completion since the inception of the pandemic; that is a significant blow to the nurse aide workforce pipeline. As seen in the chart on the left below, most of these students are in community colleges and high schools. The chart to the right also reiterates this point with over half of the community college and high school nurse aide programs reporting that 100% of their students have experienced graduation delays. Nurse aide programs in nursing homes and hospitals have been impacted the least with half reporting less than a quarter of their students having experienced a delay.



Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

Source: VA. Board of Nursing and VA. Healthcare Workforce Data Center

The primary intention of the DHP waivers regarding nurse aide education was to get nurse aide students trained and certified so that the new CNAs could contribute to the workforce at this critical time. As such, policies were enacted in response to the difficulties that programs were facing. However, several other factors hinder the success of the policies implemented to facilitate programs' ability to train and graduate students. A key theme reflected in the questionnaire has been lack of access to clinical facilities for students. Most facilities, out of concern for staff, patients and students, restricted access to only staff and patients. Students are considered visitors at most facilities. Students in nursing homes and hospitals are the exceptions. One may infer from the responses to the open-ended responses that these students are considered future staff in these facilities. As a result, this report shows that these type of nurse aide education program were least likely to report that clinical sites were closed to students and least likely to report that they had to change their clinical sites. Another barrier for students has been inability to schedule their testing or longer wait time for scheduling testing. Compared to March 2020 when most testing sites were closed, testing sites are now open but COVID precautionary measures may still result in some wait time.

With no end in sight for the COVID-19 pandemic, this report provides a snapshot of the problems nurse aide education programs are still encountering with the hope of informing the policy discourse about how to support nurse aide education programs. As the questionnaire results indicate, policy change in the form of regulatory waivers has been helpful to many programs. As healthcare facilities navigate this pandemic, it is hoped that a path which balances the need to offer nurse aide programs access for clinical hours with the facility's need to protect staff and residents will become apparent.

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of March 3, 2021**

Board of Nursing	
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>Proposed - Register Date: 2/15/21 Comment period: 2/15/21 to 4/16/21 Public hearing: 3/23/21</p>
[18 VAC 90 - 19] Regulations Governing the Practice of Nursing	<p><u>Registration of clinical nurse specialists</u> [Action 5306]</p> <p>Final - Register Date: 2/1/21 Effective: 3/3/21</p>
[18 VAC 90 - 26] Regulations for Nurse Aide Education Programs	<p><u>Implementing Result of Periodic Review</u> [Action 5157]</p> <p>Final - At Governor's Office for 58 days</p>
[18 VAC 90 - 27] Regulations Governing Nursing Education Programs	<p><u>Use of simulation</u> [Action 5402]</p> <p>Proposed - Register Date: 3/1/21 Comment period: 2/15/21 to 4/16/21 Public hearing: 3/23/21</p>
[18 VAC 90 - 30] Regulations Governing the Licensure of Nurse Practitioners	<p><u>Unprofessional conduct/conversion therapy</u> [Action 5441]</p> <p>Proposed - Register Date: 2/15/21 Comment period: 2/15/21 to 4/16/21 Public hearing: 3/23/21</p>
[18 VAC 90 - 40] Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Waiver for electronic prescribing</u> [Action 5413]</p> <p>Proposed - At Governor's Office for 58 days</p>

2021 Report of the General Assembly

HB 1737 Nurse practitioners; practice without a practice agreement.

Chief patron: Adams, D.M.

Summary as passed House:

Nurse practitioners; practice without a practice agreement. Reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement. **The bill has an expiration date of July 1, 2022.**

HB 1747 Clinical nurse specialist; licensure of nurse practitioners as specialists, etc.

Chief patron: Adams, D.M.

Summary as passed House:

Clinical nurse specialist; licensure; practice. Changes from the requirement of registration as clinical nurse specialists to the licensure of nurse practitioners as clinical nurse specialists by the Boards of Medicine and Nursing and provides that a nurse practitioner licensed as a clinical nurse specialist shall practice pursuant to a practice agreement between the clinical nurse specialist and a licensed physician and in a manner consistent with the standards of care for the profession and applicable law and regulations. For the transition of registration to licensure, the bill requires the Boards of Medicine and Nursing to jointly issue a license to practice as a nurse practitioner in the category of a clinical nurse specialist to an applicant who is an advance practice registered nurse who has completed an advanced graduate-level education program in the specialty category of clinical nurse specialist and who is registered by the Board of Nursing as a clinical nurse specialist on July 1, 2021. A clinical nurse specialist may be granted prescriptive authority upon submission of satisfactory evidence of qualification as set forth in regulations of the Boards of Medicine and Nursing.

HB 1817 Certified nurse midwives; practice.

Chief patron: Adams, D.M.

Summary:

Practice of certified nurse midwives. The introduced bill eliminated the requirement that certified nurse midwives practice pursuant to a practice agreement. The bill that passed requires a certified nurse midwife who has practiced fewer than 1,000 hours to practice in consultation with a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or a licensed physician, in accordance with a practice agreement. After a 1,000 hours of practice, a certified nurse midwife can practice without a practice agreement but must consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.

HB 1913 Career fatigue and wellness in certain health care providers; programs to address, civil immunity.

Chief patron: Hope

Summary as introduced:

Programs to address career fatigue and wellness in certain health care providers; civil immunity; emergency. Expands civil immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals serving as members of or consultants to entities that function primarily to address issues related to career fatigue and wellness in health care professionals licensed, registered, or certified by the Boards of Medicine, Nursing, or Pharmacy, or in students enrolled in a school of medicine, osteopathic medicine, nursing, or pharmacy located in the Commonwealth. The bill contains an emergency clause and is identical to SB 1205.

EMERGENCY

HB 1953 Licensed certified midwives; clarifies definition, licensure, etc.

Chief patron: Gooditis

Summary as passed:

Licensed certified midwives; licensure; practice. Defines "practice of licensed certified midwifery," directs the Boards of Medicine and Nursing to establish criteria for the licensure and renewal of a license as a certified midwife, and requires licensed certified midwives to practice in consultation with a licensed physician in accordance with a practice agreement. The bill also

directs the Department of Health Professions to convene a work group to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The bill requires the Department to report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.

HB 1987 Telemedicine; coverage of telehealth services by an insurer, etc.

Chief patron: Adams, D.M.

Summary as passed House:

Telemedicine. Requires the Board of Medical Assistance Services to amend the state plan for medical assistance to provide for payment of medical assistance for remote patient monitoring services provided via telemedicine for certain high-risk patients, makes clear that nothing shall preclude health insurance carriers from providing coverage for services delivered through real-time audio-only telephone that are not telemedicine, and clarifies rules around prescribing of Schedule II through VI drugs via telemedicine, including establishing a practitioner-patient relationship via telemedicine.

HB 1988 Cannabis oil; processing and dispensing by pharmaceutical processors.

Chief patron: Adams, D.M.

Summary as passed:

Board of Pharmacy; pharmaceutical processors; processing and dispensing cannabis oil. Effects numerous changes to the processing and dispensing of cannabis oil by pharmaceutical processors in the Commonwealth. The bill defines the term "designated caregiver facility" and allows any staff member or employee of a designated caregiver facility to assist with the possession, acquisition, delivery, transfer, transportation, and administration of cannabis oil for any patients residing in the designated caregiver facility. The bill allows written certifications for use of cannabis oil to include an authentic electronic practitioner signature. The bill also eliminates the requirement that a pharmacist have oversight of the cultivation and processing areas of a pharmaceutical processor, instead requiring pharmaceutical processors to designate a person to oversee cultivation and production areas; removes the requirement that a cannabis dispensing facility undergo quarterly inspections, instead requiring that inspections occur no more than once annually; and allows pharmaceutical processors to remediate cannabis oil that fails any quality

testing standard. The bill requires pharmaceutical processors to maintain evidence of criminal background checks for all employees and delivery agents of the pharmaceutical processor. The bill directs the Board of Pharmacy to promulgate regulations implementing the provisions of the bill and regulations creating reasonable restrictions on advertising and promotion by pharmaceutical processors by September 1, 2021.

HB 2039 Physician assistant; eliminates certain requirement for practice.

Chief patron: Rasoul

Summary as passed House:

Practice as a physician assistant. Allows a physician assistant to enter into a practice agreement with more than one patient care team physician or patient care team podiatrist and provides that a patient care team physician or patient care team podiatrist shall not be liable for the actions or inactions of a physician assistant for whom the patient care team physician or patient care team podiatrist provides collaboration and consultation. The bill also makes clear that a student physician assistant shall not be required to be licensed in order to engage in acts that otherwise constitute practice as a physician assistant, provided that the student physician assistant is enrolled in an accredited physician assistant education program.

HB 2061 VIIS; any health care provider in the Commonwealth that administers immunizations to participate.

Chief patron: Willett

Summary as introduced:

Virginia Immunization Information System; health care entities; required participation.

Requires any health care provider in the Commonwealth that administers immunizations to participate in the Virginia Immunization Information System (VIIS) and report patient immunization history and information to VIIS. Under current law, participation in VIIS is optional for authorized health care entities. The bill has a delayed effective date of January 1, 2022.

HB 2079 Pharmacists; initiation of treatment with and dispensing and administering of drugs and devices.

Chief patron: Rasoul

Summary as passed House:

Pharmacists; initiation of treatment; certain drugs and devices. Expands provisions governing the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists to allow the initiation of treatment with and dispensing and administering of drugs, devices, and controlled paraphernalia to persons 18 years of age or older, in accordance with protocols developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health, and of (i) vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention; (ii) tuberculin purified protein derivative for tuberculosis testing; (iii) controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention; and (iv) drugs, devices, controlled paraphernalia, and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment. The bill requires any pharmacist who administers a vaccination pursuant to clause (i) to report such administration to the Virginia Immunization Information System. The bill also (a) requires the Board of Pharmacy, in collaboration with the Board of Medicine and the Department of Health, to establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, and controlled paraphernalia by pharmacists in accordance with the provisions of the bill by November 1, 2021; (b) requires the Board of Pharmacy, in collaboration with the Board of Medicine, to adopt regulations within 280 days of the bill's enactment to implement the provisions of the bill; and (c) requires the Board of Pharmacy to convene a work group composed of equal number of representatives of the Boards of Pharmacy and Medicine and other stakeholders to provide recommendations regarding the developing of protocols for the initiation of treatment with and dispensing and administering of certain drugs and devices by pharmacists to persons 18 years of age or older.

SB 1187 Physical therapy; extends time allowed for a therapist to evaluate and treat patients.

Chief patron: Hashmi

Summary as introduced:

Department of Health Professions; practice of physical therapy. Extends from 30 days to 60 days the time allowed for a physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization to evaluate and treat patients after an initial

evaluation without a referral under certain circumstances. The bill also provides that after discharging a patient a physical therapist shall not perform an initial evaluation of a patient without a referral if the physical therapist has performed an initial evaluation of the patient for the same condition within the immediately preceding 60 days.

SB 1189 Occupational therapists; licensure.

Chief patron: Hashmi

Summary as passed Senate:

Licensure of occupational therapists; Occupational Therapy Interjurisdictional Licensure Compact. Authorizes Virginia to become a signatory to the Occupational Therapy Interjurisdictional Licensure Compact. The Compact permits eligible licensed occupational therapists and occupational therapy assistants to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2022, and directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill. The Compact takes effect when it is enacted by a tenth member state.

CHAPTER 1

An Act to facilitate the administration of the COVID-19 vaccine; emergency.

[H 2333]

Approved February 15, 2021

Be it enacted by the General Assembly of Virginia:

1. § 1. As used in this act, "eligible health care provider" means any of the following who, due to their education and training, are authorized to administer drugs: (i) any person licensed by a health regulatory board within the Department of Health Professions whose license is in good standing, or was in good standing within the 20 years immediately prior to lapsing; (ii) any emergency medical services provider licensed or certified by the Department of Health (the Department) whose license or certification is in good standing, or was in good standing within the 20 years immediately prior to lapsing; and (iii) any health professions student enrolled in an accredited program in the Commonwealth who is in good academic standing with such student's school and provided that the school certifies that the student has been properly trained in the administration of vaccines. Eligible health care providers may also be employees of localities, pharmacies, or hospitals. Localities, pharmacies, or hospitals that offer their employees to support vaccination clinics shall (i) verify employee certification or licensure, (ii) document completion of the required training, and (iii) provide a list of qualified and available vaccinators to the Department.

§ 2. During a state of emergency related to the COVID-19 pandemic declared by the Governor pursuant to § ~~44-146.17~~ of the Code of Virginia, an eligible health care provider participating in the program established pursuant to § 3 of this act may administer the COVID-19 vaccine to citizens of the Commonwealth, in accordance with this act.

§ 3. The Department shall establish a program to enable eligible health care providers to volunteer to administer the COVID-19 vaccine to residents of the Commonwealth during a state of emergency related to the COVID-19 pandemic declared by the Governor pursuant to § ~~44-146.17~~ of the Code of Virginia. Such program shall include (i) a process by which an eligible health care provider may register to participate in the program and (ii) the training requirements for participating eligible health care providers related to the administration of the COVID-19 vaccine, including training on the intramuscular injection of the COVID-19 vaccine and contraindications and side effects of the COVID-19 vaccine. For the purposes of such program, requirements related to background investigation, training, and orientation for Medical Reserve Corps volunteers shall be waived. To facilitate volunteering, the Department shall place a volunteer link on its website's home page in the same visible location as the other links, such as "GET COVIDWISE," to make the process to volunteer as a health care provider easily accessible.

The Department shall make a list of eligible health care providers who have registered pursuant to this section of the act and complied with requirements for training established by the Department available to each local health department and to hospitals operating community vaccination clinics, and the Department, a local health department, or a hospital operating a community vaccination clinic may request that an eligible health care provider included on such list administer the COVID-19 vaccine at a vaccination clinic operated by or in partnership with the Department, local health department, or hospital. Information included on the list shall not be used for any other purpose and shall not be used after the expiration or revocation of all states of emergency declared by the Governor related to the COVID-19 pandemic.

§ 4. The Department shall ensure that each site at which COVID-19 vaccinations are provided by eligible health care providers who provide such vaccination in accordance with this act meet the following requirements:

1. A sufficient number of eligible health care providers whose scope of practice includes administration of vaccines shall be available at each site at which COVID-19 vaccines are administered by eligible health care providers pursuant to this act to ensure appropriate oversight of administration of vaccines by eligible health care providers whose scope of practice does not include administration of vaccines.

2. A sufficient number of eligible health care providers or other persons who are certified to administer cardiopulmonary resuscitation (CPR) are available at each site at which COVID-19 vaccines are administered by eligible health care providers pursuant to this act; however, a valid certification to perform CPR shall not be required to administer COVID-19 in accordance with this act.

3. Any person who administers a COVID-19 vaccination in accordance with this act shall collect data, including data related to the race and ethnicity of the person to whom the vaccine is administered, and the person who administers a COVID-19 vaccination or the entity that operates a community vaccination site in accordance with this act shall report such data to the Virginia Immunization Information System established pursuant to § 32.1-46.01 of the Code of Virginia.

§ 5. A person who is licensed as a nurse practitioner by the Boards of Medicine and Nursing or licensed as a physician assistant by the Board of Medicine who administers the COVID-19 vaccine pursuant to this act may administer such vaccine without a written or electronic practice agreement.

A health professions student who administers the COVID-19 vaccine pursuant to this act shall be supervised by any eligible health care provider who holds a license issued by a health regulatory board within the Department of Health Professions, and the supervising health care provider shall not be required to be licensed in the same health profession for which the student is studying.

§ 6. An eligible health care provider who is a health professions student shall, as part of the registration process established by the Department, provide such information necessary to demonstrate that he is in good academic standing with the accredited program in which he is enrolled and that he has been properly trained in the administration of vaccines as may be required by the Department. Information about a health professions student shall not be disclosed by the institution of higher education at which the health professions student is studying unless the health professions student has consented to such disclosure in accordance with the provisions of the federal Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g and § 23.1-405 of the Code of Virginia, as applicable.

Clinical vaccination experience undertaken by a health professions student pursuant to this act may count toward meeting clinical hour requirements of the educational program in which the student is enrolled, subject to a requirement for written verification of such clinical vaccine experience.

§ 7. In the absence of gross negligence or willful misconduct, any eligible health care provider or entity overseeing any eligible health care provider who administers the COVID-19 vaccine pursuant to this act shall not be liable for (i) any actual or alleged injury or wrongful death or (ii) any civil cause of action arising from any act or omission arising out of, related to, or alleged to have resulted in the contraction of or exposure to the COVID-19 virus or to have resulted from the administration of the COVID-19 vaccine.

2. § 1. That the Department of Health (the Department) shall establish a process by which entities, including medical care facilities, hospitals, hospital systems, corporations, businesses, pharmacies, public and private institutions of higher education, localities, and any other professional or community entity operating in the Commonwealth, may

volunteer their facilities as sites at which the COVID-19 vaccine may be administered to citizens of the Commonwealth. The Department shall include on its website a link to information regarding such process and an online form that may be used by such entities to register their facilities to serve as sites at which the COVID-19 vaccine may be administered. The Commissioner of Health shall approve such sites in collaboration with local departments of health. In the absence of gross negligence or willful misconduct, any entity that volunteers its facility as a site at which the COVID-19 vaccine may be administered pursuant to this act and at which the COVID-19 vaccine is lawfully administered shall not be liable for (i) any actual or alleged injury or wrongful death or (ii) any civil cause of action arising from any act or omission arising out of, related to, or alleged to have resulted in the contraction of or exposure to the COVID-19 virus or to have resulted from the administration of the COVID-19 vaccine.

3. § 1. That a public institution of higher education or a private institution of higher education in the Commonwealth may volunteer to provide assistance to the Department of Health and local health departments for data processing, analytics, and program development related to the COVID-19 vaccine through the use of its employees, students, technology, and facilities. Such assistance may include collecting and organizing data on the administration of the COVID-19 vaccine and locations where the vaccine is being administered and performing other nonclinical staffing responsibilities. In the absence of gross negligence or willful misconduct, any institution or individual affiliated with an institution acting pursuant to this act shall not be liable for any civil or criminal penalties.

4. § 1. That localities with fire departments, emergency medical services departments, and volunteer rescue squads may establish and staff vaccine administration clinics for the purpose of administering COVID-19 vaccines. Vaccines shall be administered at such clinics only by EMTs, paramedics, licensed practical nurses, or registered nurses trained in the administration of vaccines and may be provided under the existing operating medical director (OMD) license for such local fire department or emergency medical services department. The Department of Health or hospitals serving the locality are authorized to provide vaccines to locality-created vaccine administration clinics upon the request of the locality, provided that such clinics meet the requirements under this act. In the absence of gross negligence or willful misconduct, any locality and OMD overseeing the administration of or EMT, paramedic, licensed practical nurse, or registered nurse who administers the COVID-19 vaccine pursuant to this act shall not be liable for (i) any actual or alleged injury or wrongful death or (ii) any civil cause of action arising from any act or omission arising out of, related to, or alleged to have resulted in the contraction of or exposure to the COVID-19 virus or to have resulted from the administration of the COVID-19 vaccine.

5. That an emergency exists and this act is in force from its passage.

PH1

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Proposed Text

[highlight](#)**Action:** Unprofessional conduct - conversion therapy**Stage:** Proposed

2/10/21 8:06 AM [latest] ▼

18VAC90-19-10 Definitions

In addition to words and terms defined in §§ 54.1-3000 and 54.1-3030 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means activities performed, whether or not for compensation, for which an active license to practice nursing is required.

"Board" means the Board of Nursing.

"CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

"Contact hour" means 50 minutes of continuing education coursework or activity.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Primary state of residence" means the state of a person's declared fixed, permanent, and principal home or domicile for legal purposes.

18VAC90-19-230 Disciplinary provisions

A. The board has the authority to deny, revoke, or suspend a license or multistate licensure privilege issued, or to otherwise discipline a licensee or holder of a multistate licensure privilege upon proof that the licensee or holder of a multistate licensure privilege has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in procuring or maintaining a license means, but shall not be limited to:

- a. Filing false credentials;
- b. Falsely representing facts on an application for initial license, reinstatement, or renewal of a license; or
- c. Giving or receiving assistance in the taking of the licensing examination.

2. Unprofessional conduct means, but shall not be limited to:

- a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;

- b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;
 - c. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
 - d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;
 - e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;
 - f. Abusing, neglecting, or abandoning patients or clients;
 - g. Practice of a clinical nurse specialist beyond that defined in 18VAC90-19-220 and § 54.1-3000 of the Code of Virginia;
 - h. Representing oneself as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the board;
 - i. Delegating nursing tasks to an unlicensed person in violation of the provisions of Part VI (18VAC90-19-240 et seq.) of this chapter;
 - j. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;
 - k. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;
 - l. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include actions that result in personal gain at the expense of the patient or client, or a nontherapeutic personal involvement or sexual conduct with a patient or client;
 - m. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 the Code of Virginia;
 - n. Providing false information to staff or board members in the course of an investigation or proceeding;
 - o. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia; or
 - p. Engaging in conversion therapy with a person younger than 18 years of age; or
 - q. Violating any provision of this chapter.
- B. Any sanction imposed on the registered nurse license of a clinical nurse specialist shall have the same effect on the clinical nurse specialist registration.



Proposed Text

[highlight](#)

Action: Unprofessional conduct/conversion therapy

Stage: Proposed

2/10/21 8:04 AM [latest] ▼

18VAC90-30-10 Definitions

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

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

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

18VAC90-30-220 Grounds for disciplinary action against the license of a licensed nurse practitioner

The boards may deny licensure or relicensure, revoke or suspend the license, or take other disciplinary action upon proof that the nurse practitioner:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;
2. Has directly or indirectly represented to the public that the nurse practitioner is a physician, or is able to, or will practice independently of a physician;
3. Has exceeded the authority as a licensed nurse practitioner;
4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or nurse practitioners;
5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals or any other type of material;
6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration or distribution of drugs;
7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;
8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful; ~~or~~
9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances; or

10. Has engaged in conversion therapy with a person younger than 18 years of age.

PH2

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Proposed Text

highlight

Action: Use of simulation

Stage: Proposed

7/23/20 1:27 PM

Part I

General Provisions

18VAC90-27-10. Definitions.

In addition to words and terms defined in § 54.1-3000 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

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

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Direct client care" means nursing care provided to patients/clients in a clinical setting supervised by qualified faculty or a designated preceptor.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

"Simulation" means an evidence-based teaching methodology utilizing an activity in which students are immersed into a realistic clinical environment or situation and in which students are required to learn and use critical thinking and decision-making skills.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's

completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

18VAC90-27-60. Faculty.

A. Qualifications for all faculty.

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.
2. Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs. ~~Faculty and~~ shall provide evidence of education or experience in the specialty area in which they supervise student clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided. Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and skills in that methodology and shall engage in ongoing professional development in the use of simulation.
3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.
4. For baccalaureate degree and prelicensure graduate degree programs:
 - a. The program director shall hold a doctoral degree with a graduate degree in nursing.
 - b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.
5. For associate degree and diploma programs:
 - a. The program director shall hold a graduate degree with a major in nursing.
 - b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.
 - c. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.
6. For practical nursing programs:
 - a. The program director shall hold a baccalaureate degree with a major in nursing.
 - b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

B. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.
2. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.
3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students.

C. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;
2. Design, implement, teach, evaluate, and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;
3. Develop and evaluate student admission, progression, retention, and graduation policies within the framework of the controlling institution;
4. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);
5. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and
6. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review.

18VAC90-27-100. Curriculum for direct client care.

A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.

B. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.

C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.

D. Simulation for direct client clinical hours.

1. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure

practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).

2. No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, simulation shall not be used for more than 50% of the total clinical hours in different clinical specialties and population groups across the life span.

3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.

4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. Faculty with education and expertise in simulation and in the applicable subject area must be present during the simulation experience.

5. Documentation of the following shall be available for all simulated experiences:

- a. Course description and objectives;
- b. Type of simulation and location of simulated experience;
- c. Number of simulated hours;
- d. Faculty qualifications; ~~and~~
- e. Methods of pre-briefing and debriefing;
- f. Evaluation of simulated experience; and
- g. Method to communicate student performance to clinical faculty.

Innovation During Pandemic

Germanna Community College
& Mary Washington Healthcare

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VA Board of Nursing

March 23, 2021

Germanna Community College/Mary Washington Healthcare Partnership

- ▶ GCC Program inception
 - ▶ MWH as clinical partner
- ▶ MWHC hiring history of GCC RNs
- ▶ IOM Recommendation RN BSN
- ▶ Nursing Program's Challenges with Clinical Placements

Germanna Community College/Mary Washington Healthcare Partnership

Definition of Need

2020 Pandemic

- ▶ Increase in MWHC's CNA needs and vacancies
- ▶ Increase in MWHC RN and CNA turnover
- ▶ MWHC Nursing morale/resilience challenged
- ▶ GCC CNA students' challenges with access to CNA certification exams
- ▶ Limitations on GCC RN student clinical rotations in hospitals

Germanna Community College/Mary Washington Healthcare Partnership

Strategies

- ▶ Increase MWHC CNAs
 - ▶ Consider/define a ? Role: Nursing Assistant
 - ▶ Approach GCC
- ▶ Define Nursing Assistant role as “Pilot” between GCC & MWHC
 - ▶ Start with Cohort I (up to 30 GCC students)
 - ▶ Interviewing and competency validation by MWH Nurse Educators at GCC
 - ▶ Orientation/Onboarding by MWH Nurse Educators
 - ▶ Orientation/Onboarding as a cohort.
 - ▶ Monthly follow up meetings with cohort.

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Outcomes

Nursing Assistants

- ▶ Cohort I (30 GCC students) started December 2020
 - ▶ Limit # hours can work while school in session
- ▶ “I feel like everything I learned in school is making sense.”
- ▶ “You promised us help. Help arrived today and it is called a Nursing Assistant.”
- ▶ MWHC RN & CNA acceptance of role
- ▶ Cohort II (15 GCC students) started 3/15/21

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Lessons Learned/Next Steps

- ▶ RN/CNA acceptance/fostering
- ▶ Hire/onboard when school not in session vs. week's break
- ▶ Expand to other nursing programs
- ▶ MWHC to hire 2 Nursing Assistant cohorts/year (June & December)
- ▶ Pilot Joint Appointment Faculty

Questions?

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