

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
Final Agenda

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

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

Tuesday, January 24, 2023 at 9:00 A.M. – Quorum of the Board

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

ESTABLISHMENT OF A QUORUM.

ANNOUNCEMENT

REMINDER – the Conflict-of-Interest Filing (Financial Disclosure Statement) is due on **February 1, 2023**
→ this is a requirement of Board Members

Staff Update:

- **Adisa Vehah** accepted the full-time Exam Licensing Specialist position, moved from P-14 Licensing position, and started on November 25, 2022.
- **Nora Sacra, BSN, RN** accepted the P-14 Probable Cause Reviewer position and started on December 19, 2022
- **Margie Blevins, RN, BSN, Med,** accepted the Nurse Aide Program Inspector position and started on January 3, 2023.
- **Cathy Hanchey**, formally a Senior Licensing/Discipline Specialist, accepted the Compact Resource Specialist position and started on January 25, 2023

A. UPCOMING MEETINGS:

- The Tri-Regulator Meeting is scheduled for February 1, 2023 in Washington, DC. Ms. Douglas will attend as the President of NCSBN BOD
- The NCSBN BOD is scheduled for February 7-8, 2023 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.
- The Committee of the Joint Boards of Nursing and Medicine Meeting/Hearing is scheduled for February 22, 2023 at 9 AM in Board Room 4.
- The Education Informal Committee is scheduled for February 22, 2023 at 9 AM in Board Room 3.
- The Nurse Licensure Compact (NLC) Midyear Meeting is scheduled for March 27, 2023 in Seattle, WA.

Ms. Douglas will attend as Commissioner

- The NCSBN Midyear Meeting is scheduled for March 28-30, 2023 in Seattle, WA. **Interested Board Members please inform Mr. Jones or Ms. Douglas**

Nursing and Nurse Aide Education Programs' Training Sessions:

- Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on Tuesday, 2/7/2023, in Board Room 3 from 9 am to 12 pm.
- Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Tuesday, 2/7/2023, in Board Room 3 from 1 pm to 4 pm.
- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Thursday, 2/16/2023, in Board Room 3 from 9 am to 12 pm.
- Orientation to Establish a Nurse Aide Education Program is scheduled **VIRTUALLY** on Thursday, 3/9/2023, from 9 am to 12 pm.

REVIEW OF THE AGENDA:

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

*B1	November 14, 2022	Formal Hearings
*B2	November 15, 2022	Business Meeting
*B3	November 16, 2022	Officer Meeting
*B4	November 16, 2022	Panel A – Formal Hearings
*B5	November 16, 2022	Panel B – Formal Hearings
*B6	November 17, 2022	Formal Hearings
*B7	December 5, 2022	Formal Hearing
*B8	December 13, 2022	Telephone Conference Call

**C1 Board of Nursing Monthly Tracking Log as of December 31, 2022

*C2 Agency Subordination Recommendation Tracking Log

*C3 HPMP Quarterly Report as of December 31, 2022

***C4 Executive Director Report

***C5 Mary Marshall Scholarship

DIALOGUE WITH DHP DIRECTOR – Mr. Owens

B. DISPOSITION OF MINUTES – None

C. REPORTS

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- ****D1** - NCSBN President December 9, 2022 Letter – **FYI**
- NCSBN Research Update (**verbal report**) – Ms. Douglas
- Scheduling of Additional Formal Hearing Dates (**verbal report**) – **Ms. Douglas**

E. EDUCATION:

- Nurse Aide, Medication Aide and Nursing Education Programs Updates – **Ms. Wilmoth (verbal report)**

F. REGULATIONS/LEGISLATION– Ms. Barrett

- **F1 – Chart of Regulatory Actions
- F2 - General Assembly 2023 Update

10:00 A.M. – PUBLIC COMMENT

10:15 A.M. - POLICY FORUM: Dr. Yetty Shobo, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Barbara Hodgdon, HWDC Deputy Executive Director

- *Virginia’s Certified Nurse Aide Workforce: 2022
- *Virginia’s Licensed Practical Nurse Workforce: 2022
- *Virginia’s Registered Nurse Workforce: 2022

CONSIDERATION OF CONSENT ORDERS

- *G1 – Emily Davis, RN
- *G2 – Genevieve Gifford Lambert, RN
- *G3 – Sherri Dalton Carico, LPN
- *G4 – Emily Lorraine Hill, RN
- G5 – Jessica Graf, LMT

12:00 P.M. – LUNCH – Recognition of the following Board Members for their service to the Board:

Teri Crawford Brown, RNC, MSN
Maria Gerardo, MS, RN, ANP-BC

1:00 P.M. – CONSIDERATION OF POSSIBLE SUMMARY SUSPENSION – if any

1:30 P.M. – November 1, 2022 Education Informal Conference Committee Recommendations regarding:

- *Superior Healthcare Services, Inc., Woodbridge, Nurse Aide Education Program 1414100753
- *Park Street Senior Living, Charlottesville, Medication Aide Training Program, 0030000289
- *Park View Pharmacy, Harrisonburg, Medication Aide Training Program, 0030000019
- *Pineview Estates, Spout Spring, Medication Aide Training Program, 0030000059
- *Portside Pharmacy, Newport News, Medication Aide Training Program, 0030000008
- *Progress Pharmacy, Chantilly, Medication Aide Training Program, 0030000065
- *Providers Plus, Chesapeake, Medication Aide Training Program, 0030000141
- *Rolling Hills Adult Home, Meadowview, Medication Aide Training Program, 0030000058
- *Royal Career Institute, Goochland, Medication Aide Training Program, 0030000210
- *Shelton-on-The Bay, Hampton, Medication Aide Training Program, 0030000128
- *South Central Area Health, Altavista, Medication Aide Training Program, 0030000078
- *Tidewater Nursing Institute, Norfolk, Medication Aide Training Program, 0030000203
- *Wanda Folden, Roanoke, Medication Aide Training Program, 0030000127

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

1	*Bethanie Delayne Fielder, LPN	2	*Stacie Hart Taylor, RN
3	*Sharon Ann Bazemore, LPN	4	*Avril Hall-Andujar, LPN
5	*Joshua Daniel Parks, LPN	6	* Conway Moncure, RN
7	*Sally Ann Evans, RN	8	*Vanessa Renee Boutchyard, LPN
9	*Ellen Reid Freels, RN	10	*Tonya Michelle Shackelford, RMA
11	*Debra B. Boswell Richardson, CNA	12	*Rachael Lynn Marie Jones, RMA
13	*Kathryn Therese Putt, RMA	14	*Kathryn Therese Putt, CNA
15	*Gwendolyn Givens, CNA	16	*Lindsey Nichole Poff, LPN
17	*Heather Marie Cassell, RN	18	*Harold K. Acorn, LPN
19	*Lisa Pence Wisman, RN	20	*Carmen Andrea Wekony, RN
21	*Kristina L. Mullins, LPN	22	*Roncs Ese-Etame, RN
23	*Branden Anthony Jackson, RMA	24	*Bronya R. Lucas, LPN
25	*Donna Lynn Henry Randolph, CNA	26	*Mary Opoku Asomah, CNA
27	*Lauren Carmen Anderson, LPN	28	*Shenisha Preston, CNA
29	*Carmen Corin Walton, RN		

ADJOURNMENT OF BUSINESS AGENDA

BOARD MEMBER DEVELOPMENT

- HPMP Presentation by Christina Buisset, DHP Services Manager and HPMP Manager, and Amy Davis, Executive Assistant to Lisa Hahn, COO

MEETING DEBRIEF

- ❖ What went well
- ❖ What needs improvement

3:00 P.M.

DISCIPLINARY COMMITTEE MEETING –in Board Room 4

Committee Members:

James Hermansen-Parker, MSN, RN, PCCN-K - **Chair**
 Meenakshi Shah, BA, RN

Staff Members:

Claire Morris, RN, LNHA; Deputy Executive Director
 Christina Bargdill, BSN, MHS, RN; Deputy Executive Director

REGULATORY REVIEW COMMITTEE MEETING – in Board Room 2

Committee Members:

Cynthia Swineford, RN, MSN, CNE- **Chair**
Laurie Buchwald, MSN, WHNP, FNP
Margaret Friedenberg, Citizen Member
Felisa Smith, PhD, MSA, RN, CNE

Staff Members:

Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director for Education
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
Erin Barrett; DHP Policy Analyst

(* mailed 1/5) (** mailed 1/11) (***)mailed 1/18)

Our mission is to assure safe and competent practice of nursing to protect the health, safety and we

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 14, 2022**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:00 A.M., on November 14, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Brandon Jones, MSN, RN, CEN, NEA-BC; President
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President
Margaret J. Friedenberg, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN
Dawn Hogue, MA, LMT- **Joined at 1:00 P.M.**

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for
Advanced Practice
Tamika Claiborne, Senior Licensing/Discipline Specialist
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist- **Joined at
2:30 P.M.**

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
M. Brent Saunders, Assistant Attorney General
Students from South University

**ESTABLISHMENT OF
A PANEL:**

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

FORMAL HEARINGS:

Samantha Denise Wilson, RN **0001-213088**

Ms. Wilson did not appear.

Sean Murphy, Assistant Attorney General, Administrative Proceedings Division, and Grace Stewart, Adjudication Specialist, Administrative Proceedings Division represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Beth Donivan, court reporter, Farnsworth and Taylor Recording, LLC, recorded the proceedings.

Parke Slater, Senior Investigator, Enforcement Division, Morgan Ames, RN, Justin Holnbeck, RN, were present and testified. Rick Clary,

Pharmacy Director, VCU, Community Hospital, Leah Wright, RN, Tiffany Snell, RN, and Brittany Woolridge testified via telephone.

RECESS: The Board recessed at 12:17 P.M.

RECONVENTITION: The Board reconvened at 12:25 P.M.

CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:16 P.M., for the purpose of deliberation to reach a decision in the matter of **Samantha Denise Wilson, RN**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, and Ms. Mitchell, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:51 P.M.

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

ACTION: Ms. Shah moved that the Board of Nursing revoke the license of **Samantha Denise Wilson** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenbergl and carried unanimously.

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

RECESS: The Board recessed at 1:52 P.M.

RECONVENTITION: The Board reconvened at 2:30 P.M.

Ms. Claiborne left the meeting at 1:52 P.M.

Mr. Saunders and Ms. Tamayo-Suijk joined the meeting at 2:30 P.M.

FORMAL HEARINGS: **Hunter Tory Smith, LMT** **0019-016790**

Mr. Smith did not appear.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell and Mr. Saunders were legal counsel for the Board. Beth Donovan, court reporter, Farnsworth and Taylor Recording, LLC, recorded the proceedings.

Kim Lynch, Senior Investigator, Enforcement Division, Client A and Client B were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:30 P.M., for the purpose of deliberation to reach a decision in the matter of **Hunter Tory Smith**. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk, Mr. Saunders and Ms. Mitchell, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:41 P.M.

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

ACTION: Dr. Smith moved that the Board of Nursing revoke the license of **Hunter Tory Smith** to practice practical massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

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

RECESS: The Board recessed at 3:42 P.M.

RECONVENTION: The Board reconvened at 3:50 P.M.

FORMAL HEARINGS: **Eric Nightengale, LMT** **0019-012810**

Mr. Nightengale did not appear.

Sean Murphy, Assistant Attorney General, and Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell and Mr. Saunders were legal counsels for the Board. Beth Donovan, court reporter, Farnsworth and Taylor Recording, LLC, recorded the proceedings.

Todd Troutner, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:15 P.M., for the purpose of deliberation to reach a decision in the matter of **Eric Nightengale**. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk, Mr. Saunders and Ms. Mitchell, Board Counsels, 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 4:41 P.M.

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

ACTION: Ms. Hogue moved that the Board of Nursing revoke the license of **Eric Nightengale** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:41 P.M.

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

DRAFT

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
November 15, 2022**

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on November 15, 2022, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

BOARD MEMBERS PRESENT: Cynthia M. Swineford, RN, MSN, CNE; First Vice-President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Carol Cartte, RN, BSN
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Paul Hogan, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN

MEMBERS ABSENT: None

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Jacquelyn Wilmoth; Deputy Executive Director for Education
Stephanie Willinger; Deputy Executive Director for Licensing
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Francesca Iyengar, MSN, RN, Discipline Case Manager
Huong Vu, Operations Manager
Ann Hardy, MSN, RN, Compliance and Case Adjudication Manager

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Arne W. Owens, DHP Director
Erin Barrett, JD, DHP Policy Analyst

IN THE AUDIENCE: Michelle Satterlund, Virginia Association of Nurse Anesthetists (VANA)
Ben Trayham, Hancock, Daniel & Johnson, PC
Kelsey Wilkinson, Medical Society of Virginia (MSV)
Debra Marinari, Mary Washington Healthcare
Brittney Whitley, Lobbyist, Virginia Public Access Project (VPAP)
Andrew Lamar, Lobbyist, VPAP
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)

Matt Novak, Assistant to DHP Policy Analyst
Elva Washington, Board of Nursing Staff
Regina Parson, Board of Nursing Staff
Laura Thompson, ATI – **joined at 1:33 P.M.**
Kim Small, VisualResearch – **joined at 2:30 P.M.**

ESTABLISHMENT OF A QUORUM:

Mr. Jones asked Board Members and Staff to introduce themselves and provided background information. With 14 members present, a quorum was established.

Mr. Jones welcomed Ms. Cartte and Mr. Hogan to the Board.

ANNOUNCEMENTS:

Mr. Jones acknowledged the following:

- DHP new Director is **Arne W. Owens** effective November 1, 2022

Board Member Update:

- **Paul Hogan from Reston, VA** was appointed by the Governor on November 4, 2022 to serve from July 1, 2022 to June 30, 2026

Staff Update:

- **Regina Parson** accepted the P-14 Licensing Specialist, Nurse Practitioner, and started on October 17, 2022
- **Elva Washington** accepted the Licensing Support Specialist position, after 5 years working as wage staff for the Board of Nursing, and started on November 10, 2022

Ms. Jones added the following announcement:

- Happy Nurse Practitioner week
- Happy birthday to Ms. Friedenberg

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The NCSBN Board of Directors (BOD) is scheduled for December 6-7, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.

ORDERING OF AGENDA: Mr. Jones asked staff if there were additional updates to the Agenda.

Ms. Douglas noted the following:

- ❖ NCSBN President Call has been added under Reports

- ❖ DHP Reports available on the website has been added under Other Matters
- ❖ **E2** – NCSBN 2021 Nursing Education Program Annual Report has been added under Education Update
- ❖ **G5** – Consent Order for Genevieve Gifford Lambert, RN has been added under Consideration of Consent Orders
- ❖ **Ms. Cartte** will not participate in the formal hearing of Ugo Azuewah, RN on Wednesday, 11/16/2022,

Mr. Jones moved the Appointment of Regulatory Review Committee item under Other Matters to the Regulations/Legislation discussion.

CONSENT AGENDA:

The Board did not remove any items from the consent agenda.

Mr. Hermansen-Parker moved to accept the items on consent agenda listed below as presented. The motion was seconded by Dr. Smith and carried unanimously.

Consent Agenda

B1 September 12, 2022	Formal Hearings
B2 September 13, 2022	Business Meeting
B3 September 14, 2022	Nominating Committee Meeting
B4 September 14, 2022	Discipline Committee Meeting
B5 September 14, 2022	Officer Meeting
B6 September 14, 2022	Panel A – Formal Hearings
B7 September 14, 2022	Panel B – Formal Hearings
B8 September 15, 2022	Formal Hearings
B9 October 6, 2022	Telephone Conference Call
B10 October 11, 2022	Telephone Conference Call
B11 November 1, 2022	Telephone Conference Call
B12 November 7, 2022	Telephone Conference Call
C1 Board of Nursing Monthly Tracking Log as of October 31, 2022	
C2 Agency Subordination Recommendation Tracking Log	
C3 HPMP Quarterly Report as of September 30, 2022	
C4 Financial Reports as of June 30, 2022	
C5 Executive Director Report	

**DIALOGUE WITH DHP
DIRECTOR OFFICE:**

Mr. Owens provided his background information and stated that it is good to be back at DHP. Mr. Owens thanked Board Members for their work on the Board and provided the following:

- Mr. Owens met with the Secretary on 11/14/2022 with the primary focus on healthcare workforce shortage issues, both practitioners and

administrative staff, and it will be a discussion for the upcoming 2023 General Assembly session

- Mr. Owens expressed his appreciation for the smooth transition and onboarding provided by Dr. Brown prior to his departure.

Mr. Jones thanked Mr. Owens for his information and welcomed him to DHP.

DISPOSITION OF
MINUTES:

None

REPORTS:

C6 - 03 29 2022 Board of Health Professions (BHP) Meeting

Dr. Gleason stated that there was a transition in leadership with Leslie Knachel now serving as the Executive Director for the BHP.

Dr. Gleason added that the intersection of all Boards was noticeable.

C7 - 10 12 2022 Committee of Joint Boards of Nursing and Medicine Business Meeting and Formal Hearing DRAFT Minutes

- ❖ Nurse Practitioner Side-by-Side Comparison (**REVISED VERSION**) – FYI
- ❖ Licensed Nurse Practitioner (LNP) Overview PowerPoint – FYI

Mr. Jones thanked Dr. Hills for the Nurse Practitioner Side-by-Side Comparison and the Overview PowerPoint.

Mr. Jones encouraged Board Members to review those two items to have a better understanding of the different advance practice RN/nurse practitioner categories that the BON and BOM jointly regulate.

November 9, 2022 Massage Therapy (MT) Advisory Board Meeting

Ms. Douglas stated that the MT Advisory Board consists of 5 members in effect since 2009 and is required by Code to meet annually.

Ms. Douglas reported the following regarding the November 9, 2022:

- Election of Officers took place, and the current Chair and Vice-Chair were elected
- Ms. Cathy Hanchey attended the Federation of State Massage Therapy Boards (FSMTB) Annual meeting in October 2022 and reported that fraudulent education documents was a topic of discussion.
- FSMTB is similar to NCSBN – Virginia is the only state that regulates massage therapists through the Board of Nursing.
- MT Licensure Compact – is under development. Ms. Douglas serves on the technical team. The draft model will be presented to the FSMTB in 2023 for consideration. A central data base for licensing and discipline

information is being developed. The Department of Defense is in support of the Compact and has provided funding.

Ms. Bargdill attended the FSMTB Massage Board Executive (MBE) Summit in May 2022 and reported the following:

- Significant variability in Massage Therapy regulation exists across states
- Unified ideas and plans moving forward to address human trafficking and sexual boundary concerns
- Presentation provided by Homeland Security regarding protection of licensees
- Presentation provided by a psychologist regarding building a profile of sexual predators

Ms. Douglas noted that there is a Governor's Executive Order in place regarding a sex trafficking taskforce.

NCSBN Presidents' Call

Mr. Jones reported that it was an opportunity for Board Presidents across the nation to meet and discuss:

- Exams/NGN update by Phil Dickeson
- Nurse staffing shortage taskforce
- IV Hydration clinics and regulations regarding them – Boards of Pharmacy, Nursing and Medicine involved due to compounding issues
 - Ms. Douglas stated that clinics are often used by people in order to get a boost of vitamins or fluids. The FDA is concerned with the compounding and practice outside of the scope.
 - Ms. Shah asked if these infusions are related to cardiac treatment. Ms. Douglas responded no, it is a wellness approach.
 - Mr. Hogan asked if these infusions are covered by medical insurance. Ms. Douglas responded it may or may not depending on the setting.

PUBLIC COMMENT: There was no comment received

OTHER MATTERS: **Board Counsel Update:**
Ms. Mitchell reported that the Office of the Attorney General is fully staffed since August and the Board has no appeals in process.

Election of Officers

- ❖ **D1** - Memo regarding Slate of Candidates for Officer Positions for 2023
- ❖ **D2** - Board of Nursing Bylaws (Guidance Document 90-57)
- ❖ **D3** - Duties and Functions of Board of Nursing Officers

Mr. Jones thanked Ms. Friedenber, Ms. Buchwald and Dr. Smith for serving on the Nominating Committee.

Mr. Jones initiated the consideration of the Slate of Candidates for Officers who will begin their terms on January 1, 2023.

The Nominating Committee offered the following slate of candidates for Board of Nursing Officer positions for 2023:

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

First Vice-President: Cynthia Swineford, RN, MSN, CNE
(2nd term expires 2025)

Second Vice-President: Felisa Smith, PhD, MSA, RN, CNE
(2nd term expires 2025)

Ms. Douglas noted that the term for Dr. Smith was incorrect. It should be first term ends 2023.

Mr. Jones asked for additional nominations from the floor to be added to the Slate for all three positions. None was received.

Ms. Buchwald moved to accept the nominations as presented by acclamation. The motion was seconded by Dr. Dorsey and carried unanimously.

Update -- Digital Case Management Project

Ms. Bargdill reported the following:

- Transition team is in place at the Board
- Staff is exploring options
- The Board is processing offline cases digitally, which decreases paper product
- The goal is to have all disciplinary staff trained by November 28, 2022
- The goal is to have Board staff fully processing cases digitally beginning January 2023

Mr. Jones requested that a cover page for each tab be included which streamlines case review.

Mr. Owens left the meeting at 10:13 A.M.

D5 – Informal Conference (IFC) Schedule for the first half of 2023

Ms. Douglas directed Board members to the IFC schedule for the first half of 2023 as provided to board members in the consent agenda. Mr. Jones reminded board members to keep D5 handy.

Ms. Vu reminded board members to let her know if there is a change in participation, especially for the board members who reserve hotel rooms through Ms. Vu.

Ms. Douglas reminded Board members that they should reach out to other board members if a conflict arises but to keep Board staff in the loop when making changes.

DHP Reports available on the website

Ms. Douglas stated that the Biennial Reports are available on the DHP website. Ms. Douglas added that they include comprehensive reports of all boards.

Mr. Jones asked Ms. Vu to send board members the link to the report.

RECESS:

The Board recessed at 10:18 A.M.

RECONVENTION:

The Board reconvened at 10:34 A.M.

Mr. Owens re-joined the meeting at 10:34 A.M.

EDUCATION:

Education Update:

Ms. Wilmoth reported the following:

Nurse Aide Education Programs Update

- ❖ NNAAP: Credentia - RTS testing facilities will transition to two-bed events in areas where there are sufficient evaluators to staff the events. This will permit up to 24 students to be tested at each event. Right now, two-bed events are scheduled for Henrico and Chesterfield County.
 - Active Applications: 11
 - New programs in 2022: 18
 - Total Number of programs: 255 with 13 of those inactive
 - Instructional Personnel Exceptions this year: 2
 - Education Seminar: December 2nd at Virginia Western Community College. This session will be a site visit prep/regulation review

Mr. Jones inquired about pencil/paper testing. Ms. Wilmoth advised that paper/pencil will likely affect only high school programs who will test in Spring 2023.

Medication Aide Program Updates

- ❖ PSI Contract renewed
 - Board Staff continue to verify active programs
 - Total Number of programs: continues to fluctuate as contact is made and information received from programs. ~250
 - Active Applications: 12
 - New programs in 2022: 10

Nursing Education Program Updates

- Mary Marshall scholarship awards are being processed. As a reminder, \$1 from each license renewal funds this scholarship. There are 27 RN students and 5 PN students who have been awarded \$2,000 each (\$64,000). An additional \$33,000 has been approved for disbursement which will allow an additional 5 PN and 12 RN students to receive scholarship funds.
- 3rd quarter NCLEX pass rate update:
 - PN: There were 49 program codes that have had first time test takers – 16 with first time pass rates below 80%. 5 of the 16 are associated with closed programs.
 - RN: There were 74 program codes with first time test takers - 23 with first time pass rates below 80%.
- A discussion ensued regarding the multifactorial nature of the decrease in pass rates:
 - COVID – students were viewed by facilities as guests; facilities were viewed by schools as real estate
 - There is a need for regulatory/practice/education collaboration
 - More funding is needed to attract nurse educators
- The regulatory-required Board annual report was sent to programs for completion mid-October with a due date of 12/2
- National aggregate data from the 2020-2021 NCSBN Annual Survey is summarized in E2. Attached to that memo you will also see a summary of Virginia's results for 2021.
- Review of NCLEX by Dr. Smith, Dr. Dorsey and Dr. Mangrum
 - Active Applications: There are three BSN and three PN applications that are active.
 - New programs in 2022: There has been 1 new BSN, 1 new ADN and 2 PN programs approved this year.
 - Centra College of Nursing - BSN
 - Galen – ADN

- Brightpoint Community College - PN
- Bryant & Stratton Hampton - PN
- Total Number of programs (148):
 - 58 PN Programs
 - 90 RN Programs - 44 BSN, 44 ADN and 2 Masters
- Next Generation NCLEX (NGN) will launch for RN and PN in April 2023.
- Faculty Exceptions continue to be requested, mostly for clinical faculty positions.
- Education Seminars: December 2nd at Virginia Western Community College. This session will be a site visit prep/regulation review.

E2 – NCSBN 2021 Nursing Education Program Annual Report

Ms. Wilmoth reviewed the report as presented in E2 and noted that the board has the opportunity to recommend additional questions for the NCSBN survey which is due by the end of December 2022. Ms. Wilmoth asked board members to send suggestions to her.

LEGISLATION/ REGULATION:

Ms. Barrett reported the following:

F1 Chart of Regulatory Actions

Ms. Barrett provided an overview of the regulatory actions found in the chart noting that:

- The proposed regulations for licensed certified midwives have been at the Secretary Office for 22 days; and
- The Fast-Track amendments to regulations governing nurse aide education programs have been moved to the Secretary's Office for review as of November 14, 2022.

F2 Guidance Document 90-22 – Requests for Accommodations for NCLEX and NNAAP Testing and Medication Aide Examination for Registration

Ms. Barrett reviewed the information provided and asked for action.

Mr. Hermansen-Parker moved to revise Guidance Document 90-22 as presented. The motion was seconded by Dr. Parke and carried unanimously.

F3 Guidance Document 90-54 – Guidance for Conduct an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions

Ms. Barrett reviewed the information provided and advised that the conduct of IFCs by agency subordinates is now contained in a DHP guidance

document applicable to all boards. She then asked for action.

Mr. Hermansen-Parker moved to repeal Guidance Document 90-54. The motion was seconded by Ms. Shah and carried unanimously.

F4 Guidance Document (GD) 90-56 - Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)

Ms. Barrett reviewed the information provided and asked for action.

Dr. Dorsey moved to revise Guidance Document 90-56 as presented. The motion was seconded by Dr. Parke and carried unanimously.

RECESS:

The Board recessed at 11:53 A.M.

RECONVENTION:

The Board reconvened at 1:33 P.M.

E1 November 1, 2022 Education Informal Conference Committee DRAFT minutes

Mr. Hermansen-Parker moved to accept the November 1, 2022 Education Informal Conference Committee DRAFT minutes as presented. The motion was seconded by Dr. Parke and carried unanimously.

Mr. Hermansen-Parker and Ms. Phelps left the meeting at 1:35 P.M.

September 1, 2022 Education Informal Conference Committee Recommendations regarding:

- Loudoun County, Leesburg, Practical Nursing, US28104600
- First Career Center, Medication Aide, 0030000215
- Alete Home Health Services, Medication Aide, 0030000146
- Golden Age Retirement, Medication Aide, 0030000040
- Madison Home, Inc., Medication Aide, 0030000083
- MicAnd, LLC, Medication Aide, 0030000144
- Oak Grove Residential Care Center, Medication Aide, 0030000114

Dr. Gleason moved to accept the September 1, 2022 Education Informal Conference Committee Recommendations as presented. The motion was seconded by Ms. McElfresh and carried unanimously.

❖ Mr. Hermansen-Parker and Ms. Phelps re-joined the meeting at 1:37 P.M.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Ms. Douglas provided the following information regarding agency subordinate recommendation process:

- ❖ The Board has 5 Agency Subordinates who hear cases at the informal conferences and make recommendations
- ❖ The Board does not have all the background information when considering recommendations
- ❖ Respondents whose recommendations are presented to the Board for consideration, can appear and address the Board regarding their recommendation with no new information being provided.
- ❖ After the Respondent speaks to the recommendation, the Board goes into a closed meeting to consider the recommendation
- ❖ The Board then can accept, reject, or modify the recommendation

#4 – Tracie H. Flynn, LPN

0002-075919

Ms. Flynn appeared and addressed the Board.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:47 P.M. for the purpose of considering the agency subordinate recommendation regarding **Tracie H. Flynn**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Wilmoth, Ms. Willinger, Ms. C. Smith, Dr. Mangrum, 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. Shah and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 1:52 P.M.

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

Ms. McElfresh moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license of **Tracie H. Flynn** to practice practical nursing in the Commonwealth with suspension stayed upon proof of Ms. Flynn's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Mr. Hermansen-Parker and carried with 13 votes in favor. Mr. Hogan abstained his vote.

#1 – Stephen William Cullers, RN

0001-150134

Mr. Cullers did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Stephen William Cullers** and to indefinitely suspend his license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Ms. Phelps and carried unanimously.

#5 – Alexis Paige Moore, LPN

0002-099747

Ms. Moore did not appear.

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

#8 – Krystal G. Kyle, CNA

1401-117983

Ms. Kyle did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Krystal G. Kyle** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Phelps and carried unanimously.

#9 – Nicholas Irianni, RMA

0031-013711

Mr. Irianni did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Nicholas Irianni** to practice as a medication aide in the Commonwealth. The motion was seconded by Ms. Phelps and carried unanimously.

#14 – April Ingrid Gibson, CNA

1401-143494

Ms. Gibson did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **April Ingrid Gibson** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Phelps and carried unanimously.

#15 – Nicholas Irianni, CNA

1401-206761

Mr. Irianni did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Nicholas Irianni** to practice as a nurse aide in the Commonwealth and enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Phelps and carried unanimously.

#17 – Summer Lee Bumgardner, RN

0001-257139

Ms. Bumgardner did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Summer Lee Bumgardner** to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Ms. Phelps and carried unanimously.

#18 – Michaelann Caffrey, RN

0001-134241

Ms. Caffrey did not appear.

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

#19 – Tatianna La'Sha Canady, LPN

0002-096761

Mr. Canady did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tatianna La'Sha Canady** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Phelps and carried unanimously.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:00 P.M. for the purpose of considering the agency subordinate recommendation regarding **#2, 3, 6, 7, 10, 11, 12, 13, 16 and 20**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Wilmoth, Ms. Willinger, Ms. C. Smith, Dr. Mangrum, Ms. Hardy, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary

and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:32 P.M.

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

#2 – Dawn Marie Bernard Pereira, RN

0001-187724

Ms. Pereira did not appear.

Dr. Dorsey moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Dawn Marie Bernard Pereira** and to suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Ms. Buchwald and carried unanimously.

#3 – Stephanie Lynne Vogel Harris, RN

0001-241511

Ms. Harris did not appear.

Dr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Stephanie Lynne Vogel Harris** to practice professional nursing in the Commonwealth of Virginia for a period of two years from the date of entry of the Order, with suspension stayed contingent upon Ms. Harris' entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP; and to revise the date on the second line of the Notice section to accurately reflect September 19, 2022 instead of September 20, 2022. The motion was seconded by Dr. Dorsey and carried unanimously.

#6 – Delores Lileth Swaby Johnson, RN

0001-274419

Ms. Johnson did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right to renew the license of **Delores Lileth Swaby Johnson** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Johnson's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with

all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Dorsey and carried unanimously.

#7 – Victorial Ann Cueto, LPN

**NC License # 078047
With Multistate Privilege**

Ms. Cueto did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the privilege of **Victorial Ann Cueto** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

#10 – Chantel Sade Ferguson, CNA

1401-130806

Ms. Ferguson did not appear.

Dr. Smith moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Chantel Sade Ferguson** to practice as a nurse aide in the Commonwealth of Virginia, remove Finding of Fact and Conclusion of Law #6, and replace the word “Norcan” with “Narcan” in 5f of the Confidential Exhibit. The motion was seconded by Ms. McElfresh and carried unanimously.

#11 – Emily Laabs, CNA

1401-168740

Ms. Laabs did not appear.

Ms. Shah moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the right of **Emily Laabs** to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia, and to edit Finding of Fact and Conclusion of Law #2 and #2 of the Confidential Exhibit to read “*Respondent violated Virginia Code §5.1-3007(6) in that she is not safe to practice due to substance abuse and/or mental or physical illness. Specially:*”. The motion was seconded by Ms. Buchwald and carried unanimously.

#12 – Theresa Marie Brewer Thompson, CNA

1401-133720

Ms. Thompson did not appear but submitted a written response.

Mr. Hermansen-Parker moved that the Board of Nursing modify the recommended decision of the agency subordinate to revoke the certificate of **Theresa Marie Brewer Thompson** to practice as a nurse aide in the Commonwealth of Virginia, enter a Finding of Abuse against her in the Virginia Nurse Aide Registry, and to edit Finding of Fact and Conclusion of Law #7 to read “*Respondent violated Virginia Code §5.1-3007(6) in that she is not safe to practice due to mental or physical illness. Specially:*”. The motion was seconded by Ms. Shah and carried unanimously.

#13 – Erika Bolton, RN

0001-265541

Ms. Bolton did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing modify the recommended decision of the agency subordinate as follows:

- To revoke the right of Erika Bolton to renew her license to practice professional nursing in the Commonwealth of Virginia.
- To edit Finding of Fact and Conclusion of Law #2(a) to read *“On July 2, 2021, starting at 1911, during a recorded call from the jail between Patient A and Ms. Bolton, Ms. Bolton spoke with the patient in a discussion where he begged her to leave her husband. The phone call included sexually explicit content.”*
- Delete Finding of Fact and Conclusion of Law 2(a)(i), 2(a)(ii), 2(b) through 2(d)
- To edit Finding of Fact and Conclusion of Law #4 to read *“Ms. Bolton told the DHP Investigator in ta letter dated September 17, 2021, “I was manipulated by this inmate, threatened by this inmate, and I was fearful of this inmate and what he was verbally threatening me while I was at work. I was fearful of what he would do to me either at work or once he got out.... I feared for my life and my kids lives as well if I did not do exactly what he told me to do.” However, Ms. Bolton continued to accept Patient A’s back-to-back calls.”*

The motion was seconded by Ms. Shah and carried with 11 votes in favor of the motion. Dr. Dorsey and Dr. Smith opposed the motion.

#16 – Julia Grace Johnson, RN

0001-239110

Ms. Johnson did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Julia Grace Johnson** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Johnson’s entry into a contract the Virginia Health Practitioners’ Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

#20 – Melissa Irene Snead, RN

0001-202190

Ms. Snead did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate as follows:

- To reprimand Melissa Irene Snead and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia.

- To change Finding of Fact and Conclusion of Law # 4g to new #5
- To delete Finding of Fact and Conclusion of Law #4h
- To change Finding of Fact and Conclusion of Law # 5 to new #6
- To delete Finding of Fact and Conclusion of Law #6
- To replace the word “hearing” in Findings of Fact and Conclusions of Law #7 and #8 with “informal conference”

The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

CONSIDERATION OF CONSENT ORDERS:

G1 - Mary Jennifer Toole, RN Reinstatement Applicant 0001-247274

Ms. Shah moved that the Board of Nursing accept the consent order to grant the application of **Mary Jennifer Toole** for reinstatement of her license to practice professional nursing for single state practice only in the Commonwealth of Virginia, suspend her license with suspension stayed upon proof of compliance with terms and conditions. The motion was seconded by Ms. Swineford and carried unanimously.

G2 - Ashley Ray Lynch Pelton, LPN 0002-063701

Ms. Shah moved that the Board of Nursing accept the consent order for voluntary surrender for indefinitely suspend the license of **Ashley Ray Lynch Pelton** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

G3 - Kimberly Wilson Frank, RN 0001-149399

Ms. Shah moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Kimberly Wilson Frank** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

G4 – Christine Michelle Spiller, LMT 0019-012543

Ms. Shah moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Christine Michelle Spiller** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

RECESS: The Board recessed at 3:33 P.M.

RECONVENTION: The Board reconvened at 3:45 P.M.

CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:46 P.M. for the purpose of considering the consent order regarding **Genevieve Gifford Lambert, RN**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Wilmoth, Ms. Willinger, Ms. C. Smith, Dr. Mangrum, Ms. Hardy, Ms. Dewey, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:06 P.M.

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

G5 – Genevieve Gifford Lambert, RN

0001-143472

Dr. Dorsey moved to reject the current consent order of Genevieve Gifford Lambert, RN and to offer another consent order with the deletion of Finding of Fact and Conclusion of Law #2(c). The motion was seconded by Ms. Buchwald and carried with 12 votes in favor of the motion. Ms. Shah and Dr. Smith opposed the motion.

Dr. Dorsey left the meeting at 4:08 P.M.

**BOARD MEMBER
DEVELOPMENT:**

Review of the new Sanctioning Reference Points (SRP) Manual

Dr. Hills noted that the Board approved the worksheets already and reviewed the major changes in the manual.

Ms. Small provided the background information and answered Board member questions regarding the Manual and worksheets.

Requests to Board Members from Medica and External Stakeholders

- D4 – DHP Policy 76-20-01 – Communication with the Media
- 2014 General Guidelines from Conduct of DHP Board Members

Ms. Douglas reviewed the two handouts provided to the Board and reminded new Board Members to complete the Conflict of Interest within 90 days from appointment.

MEETING DEBRIEF:

Board Members listed the following positive aspects of the meeting:

- Robust and educational discussion, especially for new Board Members
- Variability in motion makers throughout the meeting
- New Board Members asked questions and engaged in discussion

Board Members made the following suggestions for improvement:

- Brainstorming about healthcare workforce
- Better understanding of agency subordinate process

ADJOURNMENT:

The Board adjourned at 4:56 P.M.

Brandon A. Jones, MSN, RN, CEN, NEA-BC
President

Virginia Board of Nursing
BON Officer Meeting
November 16, 2022
Minutes

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on November 16, 2022 in Hearing Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

Board Members Present: Brandon Jones, MSN, RN, CEN, NEA-BC; President
Cynthia Swineford, RN, MSN, CNE; First Vice-President
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

Staff Members Present: Jay P. Douglas, RN, MSM, CSAC, FRE, Executive Director

Mr. Jones began the meeting with asking the Officers if they had additional feedback following the Tuesday, November 14, 2022 Board of Nursing Business Meeting.

Items discussed:

- Very good discussion surrounding the Nursing Education report.
- Need to remind the Board Member that SRP's are for guidance only and are completed at the informal conferences based on Agency Subordinate or Special Conference Committee's interpretation of evidence presented. The intent of the board discussion is to focus on the recommend finding of fact, conclusion of law and sanction.
- Based on Board Members' questions asked about SRP worksheets staff are asked to continue education about such during informal conferences.
- Suggestions to routinely reconvene at 1:00 P.M. after lunch on Tuesday to facilitate moving through the agenda.
- Suggestion to split Agency Subordinate Recommendations into two panels on Tuesday if possible, or to explore other alternatives.
- Panel Chairs asked to prompt Board Members if there are issues related to Board Member interaction with the Commonwealth or Administrative Proceedings Division between proceedings.
- Staff to assist Chairs by frequent scanning of the hearing environment to ensure the Board has everything they need to proceed and that the court reporter is able to hear the proceedings.

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- Request for staff to provide witness list to Chairs at their place the day of hearing.
- Suggestion to provide witness list to court reporter.
- Positive feedback regarding media and related policy presentation.
- Discussion ensued related to Governor's Creation of a separate agency focused on workforce.

The meeting was adjourned at 8:58 A.M.

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

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 16, 2022
Panel A**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was reconvened at 9:07 A.M., on November 16, 2022 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Cynthia Swineford, RN, MSN, CNE; First Vice-President
Yvette L. Dorsey, DNP, RN
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie McElfresh, LPN

STAFF PRESENT: Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Lakisha Goode, Discipline Team Coordinator

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

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

FORMAL HEARINGS: **ECPI University, Northern Practical Nursing Program (US28103200)**
Susan Lacy, RN, DNP, Program Director, appeared, represented by Nathan Kottkamp, Troy Johnson and Stephani Filedo, and accompanied by Andrea Lipsmeyers, Dean.

James Schliesmann, Assistant Attorney General and Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

RECESS: The board recessed at 10:05 A.M.

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

RECESS: The board recessed at 11:33 A.M.

RECONVENTION: The board reconvened at 11:42 A.M.
CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:22 A.M., for the purpose of deliberation to reach a decision in the matter of **ECPI University, Northern VA Practical Nursing Program**. Additionally, Ms. McElfresh moved that Ms. Douglas, Ms. Goode, Dr. Mangrum and Ms. Mitchell, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:49 P.M.
Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Dorsey and carried unanimously.

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing impose no sanction regarding **ECPI University, Northern VA Practical Nursing Program**. The motion was seconded by Ms. McElfresh and carried unanimously.
This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 1:50 P.M.

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

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
November 16, 2022**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M., on November 16, 2022 in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Carol Cartte, RN, BSN,
Margaret Friedenberg, Citizen Member
Helen Parke, DNP, FNP-BC
Meenakshi Shah, BA, RN

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Tamika Claiborne, Senior Licensing/Discipline Specialist
Huong Vu, Operations Manager- **joined at 4:35 P.M.**

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

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

FORMAL HEARING: **Latoyrea Shalone Gordon, CNA Reinstatement Applicant**
1401-104941

Ms. Gordon did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Andrea Pegram, court reporter with Court Reporting Services, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, Ka Ning Yu-Cheng, Senior Investigator, Enforcement Division and Elizabeth Cabusora, LNHA, York Nursing and Rehab Center, were present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:34 A.M., for the purpose of deliberation to reach a decision in the matter of **Latoyrea Gordon**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Claiborne and Mr. Rutkowski, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Friedenbergs and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:57 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 seconded by Ms. Buchwald and carried unanimously.

ACTION: Dr. Smith moved that the Board of Nursing deny the application of **Latoyrea Shalon Gordon** for reinstatement of the certificate to practice as a certified nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried unanimously.

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

FORMAL HEARING: **Stacy Clayborne, LPN Reinstatement Applicant** **0002-098679**

Ms. Clayborne appeared, accompanied by Myesha Mattox.

Melissa Armstrong, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Andrea Pegram, court reporter with Court Reporting Services, recorded the proceedings.

Joyce Johnson, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 10:53 A.M., for the purpose of deliberation to reach a decision in the matter of **Stacy Clayborne**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Claiborne and Mr. Rutkowski, board counsel, attend the closed

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

RECONVENTION: The Board reconvened in open session at 11:24 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 seconded by Ms. Buchwald and carried unanimously.

ACTION: Dr. Smith moved that the Board of Nursing approve the application of **Stacy Clayborne** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia contingent upon completion of a Board-approved nursing refresher course and three continuing education courses on ethics and professionalism, coping with stress, and handling emergent situations. The motion was seconded by Ms. Buchwald and carried unanimously.

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

RECESS: The Board recessed at 11:40 A.M.

RECONVENTION: The Board reconvened at 11:53 A.M.

FORMAL HEARING: **Lori Hodges, LPN Reinstatement Applicant** **0002-085610**

Ms. Hodges appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Andrea Pegram, court reporter with Court Reporting services, recorded the proceedings.

Gayle Miller, Senior investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 12:02 P.M., for

the purpose of medical record review of **Lori Hodges**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Claiborne and Mr. Rutkowski, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:22 P.M.

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

RECESS: The Board recesses at 1:00 P.M.

RECONVENTION: The Board reconvened at 1:33 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 2:24 P.M., for the purpose of deliberation to reach a decision in the matter of **Lori Hodges**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Claiborne and Mr. Rutkowski, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:54 P.M.

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

ACTION: Ms. Shah moved that the Board of Nursing deny the application of **Lori Hodges** for reinstatement to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

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

Ms. Cartte and Dr. Smith left the meeting at 2:56 P.M.

FORMAL HEARING:

Ugo Azuewah, RN

Maryland License # R221426
With Multistate Privilege

Ms. Azuewah appeared, Represented by John Joseph, and accompanied by Angelia Manugyamfi and Emanuel Owvsu.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, and Melissa Armstrong, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Andrea Pegram, court reporter with Court Reporting Services, recorded the proceedings.

Mark Cranfill, Senior Investigator, testified via telephone. Jennifer Heatherington, Medicaid Fraud Unit Investigator, was present and testified.

RECESS:

The Board recessed at 4:20 P.M.

RECONVENTION:

The Board reconvened at 4:37 P.M.

Ms. Vu joined the meeting at 4:37 P.M.

Ms. Claiborne left the meeting at 4:30 P.M.

Mr. Jones announced that the case will be continued to a later date.

ADJOURNMENT:

The Board adjourned at 5:00 P.M.

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

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 17, 2022**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:18 A.M., on November 17, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Cynthia M. Swineford, MSN, RN, CNE; First Vice-President
Carol Cartte, RN, BSN
Laurie Buchwald, MSN, WHNP, FNP
Yvette L. Dorsey, DNP, RN
Ann T. Gleason, PhD, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Operations Manager

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Students from Mecklenburg County High School

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

FORMAL HEARINGS: **Tab Waller Chapman, CNA** **1401-190376**
Mr. Chapman appeared and was accompanied by his wife and two children.
Erin Weaver, Assistant Attorney General, and Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Marie Whisenand, court reporter, Farnsworth and Taylor Recording, LLC, recorded the proceedings.
Brittany Kitchen and Meghan Wingate, Senior Investigators, Enforcement Division, Resident "A" and Officer J. R. Fede, Suffolk Police Department, were present and testified.

RECESS: The Board recessed at 12:29 P.M.

RECONVENTION: The Board reconvened at 12:45 P.M.

Students from Mecklenburg County High School left the meeting at 12:29 P.M.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Tab Waller Chapman**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, 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 seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:29 P.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing reprimand **Tab Waller Chapman**. The motion was seconded by Ms. McElfresh and carried unanimously.

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

FORMAL HEARINGS: **Allen Crosby III, CNA, RMA 1401-170568 and 0031-008406**

Mr. Crosby appeared represented by Ashley Passero and accompanied by Allen Crosby Jr., his father, and Joshua McKenzie, his friend.

David Robinson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Marie Whisenand court reporter, Farnsworth and Taylor Recording, LLC, recorded the proceedings.

Christopher Moore, Senior Investigator, Enforcement Division, Traci White, LPN, former Director of Nursing at The Heritage Inn, Brandy Gentry, RMA, Allen Crosby Jr., and Joshua McKenzie were present and testified.

RECESS: The Board recessed at 4:12 P.M.

RECONVENTION: The Board reconvened at 4:24 P.M.

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 5:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Allen Crosby III**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, 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 seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:34 P.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing dismissed the matter regarding **Allen Crosby III**. The motion was seconded by Ms. McElfresh and carried with four votes in favor of the motion. Ms. Buchwald, Dr. Gleason and Ms. Swineford opposed the motion.

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

ADJOURNMENT: The Board adjourned at 5:35 P.M.

Christina Bargdill, BSN, MHS
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
December 5, 2022**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was reconvened at 9:11 A.M., on December 5, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice President
Margaret J. Friedenberg, Citizen Member
A. Tucker Gleason, PhD, Citizen Member
Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Dixie McElfresh, LPN

STAFF PRESENT: Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Jacquelyn Wilmoth, RN, MSN; Deputy Executive Director
Breana Renick, Administrative Support Specialist

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

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

FORMAL HEARINGS: **Petersburg Public Schools- Practical Nursing Education Program (US28109400)**

Terrie Allsbrooks, Petersburg County Public Schools Director of College and Career Readiness, appeared, represented by Matt Black and Stacy Haney, and accompanied by Pam Bell, Petersburg Public Schools.

Sean Murphy, Assistant Attorney General and Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Marie Whisenand, court reporter, Farnsworth and Taylor Recording, recorded the proceedings.

Tonya James, Compliance Case Manager, Virginia Board of Nursing and Randall Mangrum, DNP, DRN; Nursing Education Program Manager were present and testified.

RECESS: The board recessed at 10:26 A.M.

RECONVENTION: The board reconvened at 10:35 A.M.

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 11:09 A.M., for the purpose of deliberation to reach a decision in the matter of **Petersburg Public Schools- Practical Nursing Education Program**. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Renick and Ms. Mitchell, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:49 A.M.

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

ACTION: Mr. Jones moved that the Board of Nursing continue **Petersburg Public Schools- Practical Nursing Education Program** on conditional approval subject to site visit during calendar year 2023 and 2024 and maintain NCLEX (National Council Licensure Examination) pass rate of 80% or above. The motion was seconded by Ms. McElfresh and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 11:50 A.M.

Lelia Claire Morris, RN, LNHA
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 13, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 13, 2022 at 4:33 P.M.

The Board of Nursing members participating in the call were:

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**
Carol Cartte, RN, BSN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
A. Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CEN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
M. Brent Saunders, Assistant Attorney General, Board Counsel
Erin Weaver, Assistant Attorney General
Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Claire Morris, RN, LNHA; Deputy Executive Director
Francesca Iyengar, MSN, RN, Discipline Case Manager
Sylvia Tamayo-Suijk, Senior Discipline Specialist
Huong Vu, Operations Manager
Breana Wilkins, Administrative Support Specialist
Lakisha Goode, Discipline Team Coordinator

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

Erin Weaver, Assistant Attorney General, presented evidence that the continue practice of practical nursing by **Steva Hairston, LPN (0002-068599)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the license of **Steva Hairston** to practice practical nursing pending a formal administrative hearing and to offer a consent order for reprimand and indefinite suspension of her license for a period of not less than two years in lieu of a formal hearing. The motion was seconded by Ms. Friedenberg and carried unanimously.

The meeting was adjourned at 4:53 P.M.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
December 13, 2022

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

DRAFT

<i>License Count</i>	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec
Nursing												
Practical Nurse	27,854	27,836	27,828	27,785	27,773	27,690	27,679	27,635	27,661	27,560	27,557	27,508
Registered Nurse	115,278	115,835	116,082	116,225	116,263	116,800	117,812	118,027	118,346	118,392	118,464	118,597
Massage Therapy	8,264	8,227	8,265	8,181	8,207	8,221	8,212	8,217	8,189	8,163	8,154	8,136
Medication Aide	6,679	6,672	6,713	6,715	6,719	6,758	6,754	6,715	6,770	6,743	6,759	6,749
Nurse Practitioner Total	15,921	16,129	16,304	16,423	16,529	16,668	16,790	16,961	17,284	17,434	17,638	17,747
Autonomous Practice - NP	1,931	2,039	2,179	2,283	2,388	2,476	2,593	2,648	2,707	2,654	2,776	2,793
Clinical Nurse Specialist - NP	395	397	399	402	402	399	399	401	400	396	395	393
Certified Nurse Midwife - NP	421	428	431	436	435	439	440	439	443	445	453	451
Certified Registered Nurse Anesthetist - NP	2,259	2,267	2,274	2,278	2,283	2,290	2,293	2,289	2,290	2,288	2,301	2,306
Other Nurse Practitioners	10915	10998	11021	11024	11021	11064	11065	11184	11444	11651	11713	11804
Total for Nursing	173996	174699	175192	175329	175491	176137	177247	177555	178250	178292	178572	178737

Nurse Aide	49,042	48,937	49,244	49,116	49,046	48,893	49,259	49,040	49,271	49,073	49,278	48903
Advanced Nurse Aide	29	26	29	28	30	30	34	36	34	35	34	38
Total for Nurse Aide	49071	48963	49273	49144	49076	48923	49293	49076	49305	49108	49312	48941
License Count Grand Total	223067	223662	224465	224473	224567	225060	226540	226631	227555	227400	227884	227678
Open Cases Count	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec
Nursing	1337	1260	1187	1211	1236	1257	1299	1297	1265	1281	1,319	1,378
Nurse Aide	473	435	401	415	421	408	407	393	420	420	446	457
Open Cases Total	1810	1695	1588	1626	1657	1665	1706	1690	1685	1701	1765	1835

Case Count by Occupation

Total

Rec'd RN	62	64	44	73	77	58	81	64	36	47	50	56	712
Rec'd PN	25	40	36	27	45	48	48	34	24	33	39	31	430
Rec'd NP, AP, CNS	17	23	30	24	24	22	36	29	11	11	18	26	271
Rec'd LMT	2	5	3	3	8	6	5	0	2	1	1	1	37
Rec'd RMA	9	9	3	8	8	6	3	7	7	8	7	3	78
Rec'd Edu Program	5	0	0	3	2	3	2	6	0	1	1	0	23
Total Received Nursing	120	141	116	138	164	143	175	140	80	101	116	117	1,551
Closed RN	62	123	79	70	52	58	52	77	70	39	71	54	807
Closed PN	25	85	35	40	34	39	20	50	45	23	30	21	447
Closed NP, AP, CNS	21	52	44	22	11	12	18	25	29	29	30	16	309
Closed LMT	1	14	14	8	3	1	3	11	3	2	7	1	68
Closed RMA	6	18	25	8	11	3	12	17	11	10	11	3	135
Closed Edu Program	1	0	5	0	1	0	2	2	1	1	1	3	17
Total Closed Nursing	116	292	202	148	112	113	107	182	159	104	150	98	1,783

Case Count - Nurse Aides													Total
Received	34	50	69	43	45	42	27	33	29	47	39	33	491
Rec'd Edu Program	0	2	0	0	0	0	3	0	0	0	0	0	5
Total Received CNA	34	52	69	43	45	42	30	33	29	47	39	33	496
Closed	9	116	96	37	34	40	39	63	48	45	39	34	600
Closed Edu Program	0	0	0	0	0	0	0	1	0	1	0	3	5
Total Closed CNA	9	116	96	37	34	40	39	64	48	46	39	37	605
All Cases <u>Closed</u>	125	408	298	185	146	153	146	246	207	150	189	135	2,388
All Cases <u>Received</u>	154	193	185	181	209	185	205	173	109	148	155	150	2,047

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

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	852	770	90.4%	69	8.1%	11	42	14	14	1.6%	2	12	2	14	18	15	0	
CY2022 to Date:	151	132	87.4%	14	9.3%	2	2	2	4	2.6%	0	4	0	1	0	0	0	
22-Nov	20	15	75.0%	5	25.0%	1	2	0	0	0.0%	0	0	0	0	0	0	0	
Sep-22	32	24	75.0%	7	21.9%	0	0	0	1	3.1%	0	1	0	1	0	0	0	
Jul-22	31	30	96.8%	0	0.0%	0	0	0	1	3.2%	0	1	0	0	0	0	0	
May-22	29	28	96.6%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0	0	0	
Mar-22	22	20	90.9%	1	4.5%	1	0	1	1	4.5%	0	1	0	0	0	0	0	
Jan-22	17	15	88.2%	1	5.9%	0	0	1	1	5.9%	0	1	0	0	0	0	0	
Annual Totals:																		
Total 2021	51	48	94.1%	5	9.8%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.9%	0	2	0	2	4	6	N/A	

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

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

HPMP Quarterly Report (October 1, 2022 - December 31, 2022)

Board	License	Admissions ¹		Stays ²	Comp ³	Vacated Stays ⁴		Dismissals ⁵				
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Inel.	Dism. Resig.	Resig.	Death
	\ LNP	1			1			1				
	\ LPN	6			1			3				
	\ RN	8	1		4			3		1		
	\ Massage Ther											
	\ CNS											
Nursing Total		15	1		6			7		1		
	\ CNA	1						1				
	\ RMA											
CNA Total		1						1				
	\ DC				1			1				
	\ DO	1	1									
	\ DPM											
	\ Intern/Resident											
	\ LAT											
	\ LBA											
	\ Lic Rad Tech											
	\ MD	1	2					1				
	\ OT											
	\ PA		1									
	\ RT											
	\ LM											
	\ OTA											
	\ SA	1										
Medicine Total		3	4		1			2				
	\ Pharmacist	2										
	\ Pharm Tech	1							1			
	\ Intern											
Pharmacy Total		3							1			
	\ DDS											
	\ DMD											
	\ RDH	1										
Dentistry Total		1										
	\ LCP											
	\ SOTP				1							
Psychology Total					1							
	\ LPC		1									
	\ CSAC											
	\ Post Graduate Trainee											
	\ QMHP-Adult											
	\ QMHP-Child											
	\ Resident in Counseling											
Counseling Total					1							
	\ OD				2							
Optometry Total					2							
	\ SLP	1										
Audiology/Speech Pathology Total		1										
TOTALS		24	6	0	10	0	0	10	1	1	0	0

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

Stays²: Stays of Disciplinary Action Granted

Comp³: Successful Completions

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

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

Virginia Board of Nursing Executive Director Report

January 24, 2023

1 Presentations

- December 2, 2022 – Randall Mangrum, Nursing Education Program Manager, conducted an in-person education seminar (*Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs*) at Virginia Western Community College in Roanoke with 29 attendees.
- December 2, 2022 – Christine Smith, Nurse Aide/RMA Education Program Manager, conducted an in-person education seminar (Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs) at Virginia Western Community College in Roanoke with 41 attendees.

2 Meetings attended

- November 4 and 28, 2022—Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, met with Dr. Kathryn Wilhoit, Director of the Appalachian Highlands Center for Nursing Advancement. The center is working to build relationships with colleges and universities in the Southwest Virginia and Northeast Tennessee region as well as collaborate with the Tennessee Board of Nursing and the Virginia Board of Nursing to meet workforce demands. Dr. Wilhoit shared that she has worked with Dr. Shobo who has been very helpful in providing data regarding education programs. Dr. Wilhoit would like to host listening sessions at colleges in Southwest Virginia related to workforce and would like to have board of nursing involvement. Dates have not been determined.
- November 17-18, 2022 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the Virginia Community College System RN Curriculum Development Committee meeting and responded to regulatory questions regarding curriculum.
- November 28, 2022—Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a virtual meeting with PSI (testing company for Medication Aides) as a kickoff to the renewed contract that begins 12/1/2022.
- December 7, 2022 — Jacquelyn Wilmoth, Deputy Executive Director for Education, and Christine Smith, Nurse Aide/Medication Aide Program Manager, met with PSI (testing company for Medication Aide) to discuss a plan for completion of the contract required job analysis and writing of additional items for the registration test.
- December 1, 2022 - Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a virtual meeting with the Virginia Department of Labor and Industry to answer questions regarding regulation and the potential development of a nurse apprenticeship program in Virginia.

- December 2, 2022 — Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a virtual meeting regarding innovative clinical experiences and partnerships where the group discussed the possibility of seeking a federal grant through the Department of Labor in addition to their request for state funding that is currently in process.
- December 2, 2022 - Stephanie Willinger, Deputy Executive Director, and Jeffery McCuiston, Background Investigations Supervisor, initiated a conference call with management staff from the Virginia State Police, Criminal Justice Information Services (CJIS) unit. The December 2nd meeting was a follow up to a prior meeting with VSP on November 16th, which was initially prompted by VSP's discontinuation of sending all criminal history record information (CHRI) electronically via secure means to the DHP CBC Unit for license/permit applicants (in place for over 2 + years). Per our agreement on November 16th, VSP was supposed to continue to electronically transmit Virginia CHRI only to DHP CBC Unit and physically mail all other CHRI, which we indicated adds significant delays to the licensure process. However, it was discussed that the electronic process agreed to was not occurring as of December 2nd. After further discussion and our recommended solution, VSP will be sending all CHRI electronically to the DHP CBC Unit.
- December 6-7, 2022 - Jay Douglas, President of NCSBN, attended the Board of Directors meeting in Chicago. A significant agenda item was the consideration of examination data and practice analysis related to the NCLEX for the purpose of possible changes to the passing standard. This review conducted every three years resulted in the Board not recommending any changes to the NCLEX RN and NCLEX PN passing standard. The NCLEX is the national licensing examination owned and administered by NCSBN. All US jurisdictions require passage of this examination as an indication of competency to enter practice.
- January 6, 2023 — Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a virtual meeting with a newly developed Virginia Nursing Workgroup/Consortium which is hosted by the office of Health Equity. Participants included those from practice, academics, regulation and lobbyist, Andrew Lamar. The meeting provided an opportunity for participants to provide an overview of recruitment and retention priorities. This group will meet on the 6th of each month.
- January 10, 2023 — Board of Nursing hosted a NCSBN webinar by Jason Schwartz, where he provided an overview of the various changes coming to NCLEX exams. The next generation NCLEX will go into effect April 1. There were over 100 participants from nursing programs across the state in attendance.



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

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

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

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

MEMORANDUM

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: January 6, 2023

Subject: Mary Marshall Scholarship

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

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

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

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

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

2021 –The General Assembly has allocated \$35,000 specifically for Certified Nurses Assistants in 2021. This addition to the Mary Marshall Nursing scholarship program is for students enrolled in or graduated from an approved Certified Nurses Assistant (CNA) program. CNA programs include 120 hours of education (40 hours are clinicals) and passing the National Nurse Aide Assessment leading to certification in Virginia.

In 2022, VDH was successful in awarding all \$35,000 allotted. They have a nursing coordinator who has been able to connect with the applicants and spend the time needed to help them complete their applications. Awards are currently based on a first come first serve basis and it works.

In 2018 the Board dispersed payments of \$44,300.00 to RN and \$20,700.00 to PN students.

In 2019 the Board dispersed payments of \$51,595.00 to RN and \$13,405.00 to PN students.

In 2020 the Board dispersed payments of \$50,000.00 to RN and \$14,000.00 to PN students.

In 2021 the Board dispersed payments of \$72,000 to RN and \$28,000 to PN students.

In 2022 the Board dispersed payments of \$72,000 to RN and \$20,000 to PN students.

*Note A total of \$96,000 was approved for 2022. The remainder of the funds are still being processed



Letter FROM THE President

D1

POST-BOARD MEETING UPDATE

Dec. 19, 2022

Dear Colleagues,

As we come to the close of 2022 and another year impacted by public health issues, legislative influences and the need for regulatory examination and innovation, I hold in high regard nursing regulators who have risen to the challenge of maintaining the focus on public protection.

The Board of Directors (BOD) at its December meeting, the first in over three years with all members physically present in Chicago, included generative discussion and significant action items.

As is customary, the BOD considered routine reports as well as NCSBN meeting outcome reports, external meeting attendance (domestic and international), strategic plan progress outcomes, the annual cybersecurity report, and a government affairs update.

A good portion of our agenda was set aside for the confidential deliberation of the NCLEX-RN® and NCLEX-PN® standard setting to go into effect April 2023. This presentation and discussion provided the BOD with available data and information necessary for decision making. The BOD considered the matter very carefully and made an evidence-based decision to uphold the current passing standards for both examinations.

The BOD considered a summary of the facilitated October BOD strategic planning meeting related to the strategic objectives, hearing progress on continuing work and approving new work which gave direction to staff related to future activities. The BOD's decisions were heavily influenced by the input obtained from members at the Annual Meeting. The new strategic objective activities aligned with the 2023-25 strategic Initiatives will be focused in four areas: Licensure Process Reform, Workforce Modeling and Data Exchange, Governance Review and Modernization, and Support Worker Regulatory Models.

The Nursing Regulation Department provided an exciting and comprehensive update on the robust research agenda that is in progress with several studies nearing completion that will inform the membership and be published in a *Journal of Nursing Regulation* supplement in April of 2023. Also, in the final stages of publication is the NCSBN Annual Environmental Assessment which documents significant trends and environmental influences that affect nursing regulation, education and practice.

The December meeting of the Finance Committee and meeting with the auditors was convened close to the BOD meeting and although the newly constituted committee worked hard to finalize recommendations, there is additional information to be gathered before a final report and presentation will be provided to the BOD by the auditors in February. In terms of the routine financial reports, the BOD did take note that consistent with global financial markets NCSBN's long-term investments suffered a loss. Fortunately, due to NCSBN's history of sound fiscal management there is no immediate concern about the organization's financial stability.

POST-BOARD MEETING UPDATE, CONTINUED

As is customary, the BOD considered Delegate Assembly and Annual Meeting experience and attendee feedback when making plans for the upcoming Annual Meeting. To facilitate dialogue, decision making and provide for the broadest contribution possible, the BOD decided to require delegates to be in person at the NCSBN 2023 Annual Meeting. Virtual participation will still be an option for other attendees via livestream. Additional information regarding the details of the meeting will be forthcoming.

The 45th Anniversary meeting planned for 2023 is well underway and we hope you are making plans to join your colleagues and special guests to celebrate our collective accomplishments, recognize individuals and elect members to serve in needed positions. This will be an opportunity to SHINE like the sapphires that represent this NCSBN milestone, reflecting the depth and diversity of skill and talents of our members. I encourage you to nominate your colleagues for awards and to consider the rewarding opportunities that the Leadership Succession Committee is highlighting.

As I reflect upon this past year, I remain grateful for the work and service of the NCSBN staff, the BOD and our members. As we know, the only thing constant is change and 2023 will bring even more change as we are beginning the process of an international search for a new CEO, one who will continue the stellar leadership and work of our current CEO David Benton.

Holiday Greetings to you all! Sending you joy and goodwill to carry through the holidays and into the bright new year.

Warmly,

Jay Douglas, MSM, RN, CSAC, FRE

President

804.516.9028

jay.douglas@dhp.virginia.gov

Board of Nursing
Current Regulatory
Actions As of January 23,
2023

VAC	Stage	Subject Matter	Date submitted*	Office; time in office	Notes
18VAC90-70	Proposed	New regulations for licensed certified midwives	10/4/2022	HHR; 111 days	Boards of Nursing and Medicine will only be able to license this category of practitioner once final regulations are published and become effective.
18VAC90-26	Fast-Track	Amendments to regulations governing nurse aide education programs	1/5/2023	Set for publication: 1/30/23. Effective date: 3/16/2023	Implements changes that will increase workforce by reducing training barriers.
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	12/16/2022	HHR; 38 days	Implements changes to existing regulations regarding CNS practice agreements.

*Date submitted to current location

HB 1426 Human trafficking; practitioners regulated by Dept. of Health Professions, etc., required training.

Chief patron: Tata

A BILL to amend and reenact §§ 54.1-2400, 54.1-2400.01, 54.1-2505, 54.1-2912.1, and 54.1-3005 of the Code of Virginia, relating to Department of Health Professions and Boards of Medicine and Nursing; continued competency; human trafficking training required.

Summary as introduced:

Department of Health Professions and Boards of Medicine and Nursing; continued competency; human trafficking training required. Requires all practitioners regulated by the Department of Health Professions, practitioners licensed by the Board of Medicine, and practitioners licensed by the Board of Nursing to complete training on topics related to human trafficking, including strategies for identifying and assisting victims of human trafficking. The bill requires training standards to be approved by the Director of the Department of Health Professions; a list of approved training courses shall be posted on the Department of Health Professions website and shall include at least one course that is available without charge. The successful completion of this training shall be a condition of renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.

01/13/23 House: Assigned HWI sub: Subcommittee #2

HB 1573 Mental health conditions and impairment; DHP to amend its licensure, etc., applications.

Chief patron: Walker

A BILL to direct the Department of Health Professions to amend language related to mental health conditions and impairment in licensure, certification, and registration applications; emergency.

Summary as introduced:

Department of Health Professions; applications for licensure, certification, and registration; mental health conditions and impairment; emergency. Directs the Department of Health Professions to amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment to and include the following questions: (i) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients?; and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? The bill contains an emergency clause.

EMERGENCY

01/16/23 House: Assigned HWI sub: Subcommittee #3

01/19/23 House: Subcommittee recommends reporting (6-Y 0-N)

[HB 1622](#) Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

Agency Bill

Chief patron: Wright

A BILL to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

Summary as introduced:

Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings. Removes the requirement that a health regulatory board receive information that a practitioner may be subject to a disciplinary action in order for the board to delegate to an appropriately qualified agency subordinate the authority to conduct informal fact-finding proceedings.

01/17/23 House: Assigned HWI sub: Subcommittee #2

01/19/23 House: Subcommittee recommends reporting (10-Y 0-N)

[HB 1638](#) DPOR, et al.; disclosure of certain information.

Agency Bill

Chief patron: Walker

A BILL to amend and reenact § 54.1-108 of the Code of Virginia, relating to Department of Professional and Occupational Regulation, Department of Health Professions, and health regulatory boards; disclosure of information regarding examinations, licensure, certification, registration, or permitting.

Summary as introduced:

Department of Professional and Occupational Regulation, Department of Health Professions, and health regulatory boards; disclosure of information regarding examinations, licensure, certification, registration, or permitting. Allows the Department of Professional and Occupational Regulation, the Department of Health Professions, and health regulatory boards to mail or email upon request records regarding applications for admission to examinations or for licensure, certification, registration, or permitting and the related scoring

records to the individual to whom such records pertain. Under current law, such records may be made available during normal working hours for copying by the subject individual.

01/16/23 House: Assigned HWI sub: Subcommittee #3

01/19/23 House: Subcommittee recommends reporting (6-Y 0-N)

HB 1658 Health professions; proposed scope of practice changes, health regulatory board assessment required.

Chief patron: Price

A BILL to amend and reenact § 54.1-2400 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 30-19.1:14, relating to proposed scope of practice changes; health regulatory board assessment required; report.

Summary as introduced:

Proposed scope of practice changes; health regulatory board assessment required; report. Directs the General Assembly to submit bills proposing scope of practice changes related to the health professions to the relevant health regulatory board for assessment. The bill provides that the relevant health regulatory board has 24 months to complete its assessment and directs the board to forward a report summarizing its assessment and recommendations to the chairman of the standing committee that requested the assessment.

01/19/23 House: Assigned HWI sub: Subcommittee #3

HB 1754 Telemedicine; extension of time period for provision of services.

Chief patron: Head

A BILL to amend and reenact §§ 54.1-2901, 54.1-3601, and 54.1-3701 of the Code of Virginia, relating to telemedicine; extension of time period for provision of services.

Summary as introduced:

Telemedicine; extension of time period for provision of services. Allows patients who have an established relationship with a practitioner who is a member of a health maintenance organization or multispecialty group to receive services from a practitioner who is a member of the same multispecialty group via telemedicine without undergoing another in-person exam within the specified time period and increases the specified time period from one year to three years. The bill increases from one year to three years the period during which psychologists and clinical social workers who are licensed outside the Commonwealth and who meet certain criteria may provide behavioral health services via telemedicine to a patient located in the Commonwealth.

01/13/23 House: Assigned HWI sub: Subcommittee #1

HB 1787 Schedule VI controlled substance; practitioner-patient relationship.

Chief patron: Robinson

A BILL to amend and reenact § 54.1-3303 of the Code of Virginia, relating to prescription for controlled substance; practitioner-patient relationship.

Summary as introduced:

Prescription for controlled substance; practitioner-patient relationship. Allows a practitioner to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance if the patient chooses not to seek reimbursement by a health plan or carrier for the prescribing and if such prescribing complies with federal requirements for the practice of telemedicine.

01/13/23 House: Assigned HWI sub: Subcommittee #2

HB 2183 Nurse practitioners; practice authority upon licensure.

Chief patron: Robinson

A BILL to amend and reenact §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia, relating to nurse practitioners; practice authority upon licensure.

Summary as introduced:

Nurse practitioners; practice authority upon licensure. Removes the requirement that nurse practitioners, other than a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, who meet certain conditions may practice without a practice agreement only if they have completed the equivalent of at least five years of full-time clinical experience as a licensed nurse practitioner. The bill also removes patient care team requirements for nurse practitioners. The bill removes the existing provision allowing a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner, thus limiting any patient care team physician to a patient care team with no more than six nurse practitioners.

01/13/23 House: Assigned HWI sub: Subcommittee #3

01/19/23 House: House subcommittee amendments and substitutes offered

01/19/23 House: Subcommittee failed to recommend reporting (3-Y 3-N)

Note: subcommittee substitute was to return to 2 years collaborative practice prior to anonymous practice. Failed to report from subcommittee. It is possible the full committee will vote to report but is not likely. This will leave the 5 year requirement in place.

HB 2211 Graduates of foreign nursing education programs; licensure requirements.

Chief patron: Tran

A BILL to amend and reenact § 54.1-3017 of the Code of Virginia, relating to graduates of foreign nursing education programs; licensure requirements.

Summary as introduced:

Graduates of foreign nursing education programs; licensure requirements. Requires that applicants for licensure to practice professional nursing who are graduates of a nursing education program in a foreign country (i) pass a written examination as required by the Board of Nursing; (ii) pass a language examination that assesses general English proficiency provided by an entity approved by the Board of Nursing; and (iii) submit their educational credentials for evaluation and verification by an entity approved by the Board of Nursing. The bill requires the Board of Nursing to (a) identify at least three approved entities to provide language examinations and at least three approved entities to evaluate and verify credentials earned from a nursing education program in a foreign country and (b) make the list of approved entities publicly available on the Board of Nursing website.

01/19/23 House: Assigned HWI sub: Subcommittee #3

HB 2287 Certified registered nurse anesthetists; practice.

Chief patron: Wampler

A BILL to amend and reenact §§ 54.1-2900 and 54.1-2957 of the Code of Virginia, relating to practice of certified registered nurse anesthetists.

Summary as introduced:

Practice of certified registered nurse anesthetists. Allows certified registered nurse anesthetists to practice in consultation with a doctor of medicine, osteopathy, podiatry, or dentistry. Currently, certified registered nurse anesthetists are required to practice under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry.

01/13/23 House: Assigned HWI sub: Subcommittee #3

SB 930 Health care; decision making, end of life, penalties.

Chief patron: Hashmi

A BILL to amend and reenact § 8.01-622.1 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 29 of Title 54.1 an article numbered 11, consisting of sections numbered 54.1-2999 through 54.1-2999.9, relating to health care; decision making; end of life; penalties.

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and

dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/17/23 Senate: Assigned Education sub: Health Professions

01/20/23 Senate: Senate subcommittee amendments and substitutes offered

1/20/23: SB930 was passed by indefinitely. (Translation: it is gone for this session.)

SB 975 Certified nurse midwives, etc.; designation as advanced practice registered nurses.

Chief patron: Peake

A BILL to amend and reenact §§ 2.2-2818, 8.01-401.2, 8.01-581.1, 13.1-543, 13.1-1102, 16.1-336, 18.2-72, 18.2-76, 22.1-178, 22.1-270, 22.1-271.2, 22.1-271.4, 22.1-271.7, 22.1-274, 22.1-274.2, 32.1-19, 32.1-23.2, 32.1-42.1, 32.1-46, 32.1-50, 32.1-60, 32.1-122.6:02, 32.1-134.2, 32.1-134.3, 32.1-134.4, 32.1-138, 32.1-162.15:2, as it shall become effective, 32.1-263, 32.1-282, 32.1-325, as it is currently effective and as it shall become effective, 37.2-815, 38.2-3407.11, 38.2-3408, 38.2-4221, 45.2-548, 45.2-1137, 46.2-208, 46.2-322, 46.2-731, 46.2-739, 46.2-1240, 46.2-1241, 53.1-22, 54.1-2400.01:1, 54.1-2400.9, 54.1-2701, 54.1-2729.2, 54.1-2900, 54.1-2901, 54.1-2904, 54.1-2910.5, as it shall become effective, 54.1-2927, 54.1-2957 through 54.1-2957.04, 54.1-2970.1, 54.1-2972, 54.1-2973.1, 54.1-2983.2, 54.1-2986.2, 54.1-3000, 54.1-3002, 54.1-3005, 54.1-3016.1, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3303, 54.1-3304.1, 54.1-3401, 54.1-3408, 54.1-3408.3, 54.1-3482, 54.1-3482.1, 54.1-3812, 58.1-439.22, 58.1-609.10, 59.1-297, 59.1-298, 59.1-310.4, 63.2-1808, 63.2-1808.1, 63.2-2203, 65.2-402.1, and 65.2-605 of the Code of Virginia, relating to certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners; designation as advanced practice registered nurses.

Summary as introduced:

Certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners; designation as advanced practice registered nurses. Changes references to certain practitioners in the Code to advanced practice registered nurse in order to align the Code with the professional designations established by the Consensus Model for

Advanced Practice Registered Nurses Regulation established by the National Council of State Boards of Nursing.

01/16/23 Senate: Senate subcommittee amendments and substitutes offered
01/19/23 Senate: Reported from Education and Health with amendment (14-Y 0-N)
01/20/23 Senate: Constitutional reading dispensed (38-Y 0-N)

SB975 is being voted on by the full Senate. Amendments from Education & Health were minor.

SB 1054 Interjurisdictional compacts; criminal history record checks.

Agency Bill

Chief patron: Peake

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2409.1:1, relating to interjurisdictional compacts; criminal history record checks.

Summary as introduced:

Interjurisdictional compacts; criminal history record checks. Provides that when an interjurisdictional compact requires criminal history record checks as a condition of participation, the applicable health regulatory board shall require each applicant to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information.

01/08/23 Senate: Referred to Committee on the Judiciary
01/16/23 Senate: Rereferred from Judiciary (15-Y 0-N)
01/16/23 Senate: Rereferred to Education and Health

SB 1105 Nurse practitioners and licensed certified midwives; licensed by the Board of Nursing only.

Chief patron: Boysko

A BILL to amend and reenact §§ 8.01-401.2, 22.1-271.7, 32.1-134.2, 32.1-263, 32.1-282, 54.1-2900, 54.1-2901, 54.1-2910.5, 54.1-2927, 54.1-2957.9, 54.1-2972, 54.1-2973.1, 54.1-3000, 54.1-3005, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3303, 54.1-3401, 54.1-3408, 54.1-3482, 54.1-3482.1, and, 63.2-2203 of the Code of Virginia; to amend the Code of Virginia by adding in Chapter 30 of Title 54.1 articles numbered 8 and 9, consisting of sections numbered 54.1-3044 through 54.1-3050; and to repeal §§ 54.1-2957 through and 54.1-2957.04 of the Code of Virginia, relating to Board of Medicine; Board of Nursing; joint licensing of nurse practitioners and licensed certified midwives.

Summary as introduced:

Board of Medicine; Board of Nursing; joint licensing of nurse practitioners and licensed certified midwives. Moves the professions of nurse practitioners and licensed certified midwives from being licensed jointly by the Board of Medicine and the Board of Nursing to being licensed by the Board of Nursing only.

01/11/23 Senate: Assigned Education sub: Health Professions

01/19/23 Senate: Passed by indefinitely in Education and Health (13-Y 1-N)

Passed by indefinitely = it will not be heard again this session.

DRAFT

Virginia's Certified Nurse Aide Workforce: 2022

Healthcare Workforce Data Center

October 2022

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

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

Get a copy of this report from:

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

More than 26,000 Certified Nurse Aides voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

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Lynchburg

Meenakshi Shah, BA, RN
Roanoke

Executive Director

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

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The Certified Nurse Aide Workforce At a Glance:

The Workforce

Certified:	57,459
Virginia's Workforce:	53,069
FTEs:	46,669

Background

Rural Childhood:	49%
HS Degree in VA:	69%
Prof. Degree in VA:	85%

Current Employment

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

Survey Response Rate

All Certified:	46%
Renewing Practitioners:	78%

Education

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

Job Turnover

New Location:	43%
Employed Over 2 Yrs.:	46%

Demographics

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

Finances

Med. Income:	> \$15/hr.
Health Benefits:	51%
Retirement Benefits:	43%

Establishment Type

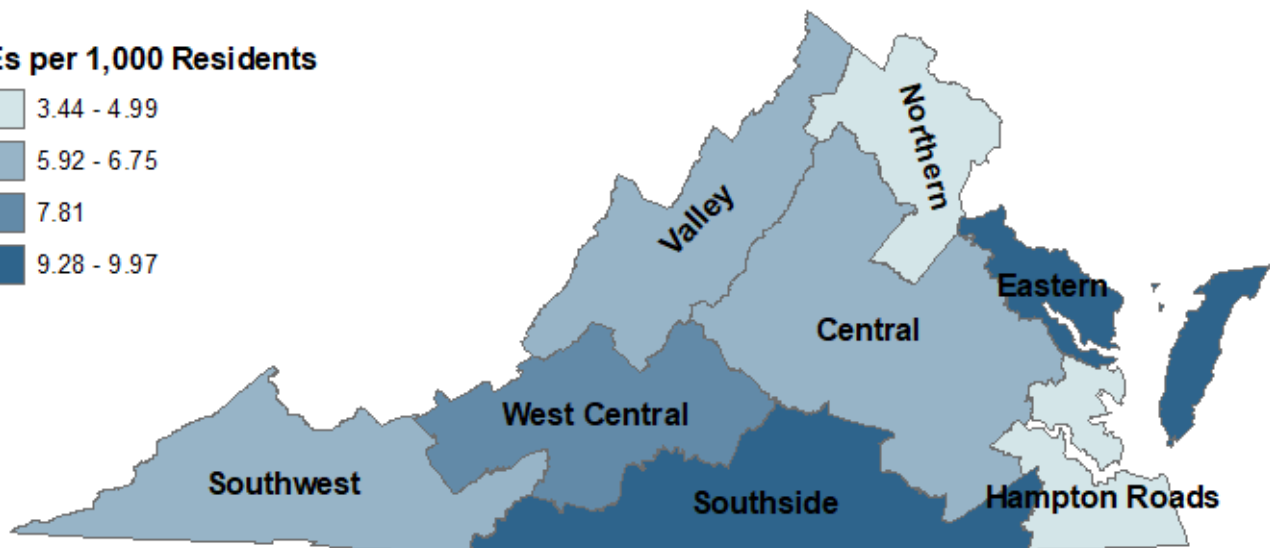
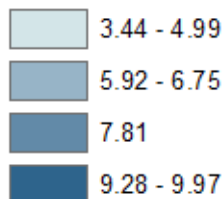
Nursing Home:	29%
Home Health Care:	15%
Assisted Living:	15%

Source: Va. Healthcare Workforce Data Center

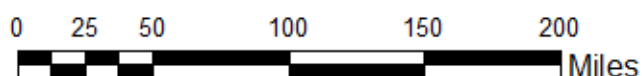
Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Certified Nurse Aide (CNA) workforce survey. More than 26,000 CNAs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the certificate issuance month of each respondent. These survey respondents represent 46% of the 57,459 CNAs who are certified in the state and 78% of renewing practitioners.

The HWDC estimates that 53,069 CNAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 46,669 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks off).

More than nine out of every ten CNAs are female, and the median age of the CNA workforce is 39. In a random encounter between two CNAs, there is a 59% chance that they would be of different races or ethnicities, a measure known as the diversity index. For CNAs who are under the age of 40, this diversity index increases to 61%. This makes Virginia's CNA workforce more diverse than the state's overall population, which has a diversity index of 58%. Nearly half of all CNAs grew up in a rural area, and 29% of CNAs who grew up in a rural area currently work in a non-metro area of Virginia. Overall, 19% of CNAs work in a non-metro area of the state. With respect to education, 11% of CNAs are currently enrolled in an education program, including 7% who are enrolled in an RN program.

Among all CNAs, 84% are currently employed in the profession, 58% hold one full-time job, and 39% work between 40 and 49 hours per week. In addition, 46% of CNAs have worked at their primary work location for more than two years. The median wage for a CNA in the state is \$15.00 or more per hour. In addition, 73% of all CNAs receive at least one employer-sponsored benefit, including 51% who have access to health insurance. Among all CNAs, 93% indicated that they are satisfied with their current work situation, including 61% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 CNA workforce. The number of nurse aide certifications in Virginia has decreased by 4% (57,459 vs. 60,026). In addition, the size of Virginia's CNA workforce has fallen by 6% (53,069 vs. 56,680), and the number of FTEs provided by this workforce has declined by 7% (46,669 vs. 49,992). In addition, Virginia's renewing CNAs are less likely to respond to this survey (78% vs 80%). Furthermore, when compared to 2021, the response rate among renewing CNAs declined (78% vs. 86%).

The median age of the CNA workforce has increased (39 vs. 38). In addition, the diversity index of Virginia's CNA workforce also has increased (59% vs. 58%). This increase in the diversity index has also occurred among CNAs who are under the age of 40 (61% vs. 59%). This trend has mirrored the increasing diversity of the state's overall population (58% vs. 56%) over the same time period. There was no change in either the percentage of CNAs who grew up in a rural area (49%) or the percentage of CNAs who currently work in a non-metro area (19%). CNAs have become relatively more likely to receive their education at a public school (28% vs. 26%) instead of a nursing home/hospital (28% vs. 30%).

Virginia's CNAs are less likely to be employed in the profession (84% vs. 86%). On the other hand, CNAs are more likely to hold one full-time job (58% vs. 57%) and work between 40 and 49 hours per week (39% vs. 38%). In addition, CNAs are also more likely to work in a new location (43% vs. 39%). Although CNAs are less likely to work in nursing homes (29% vs. 31%) and home health care establishments (15% vs. 18%), they remain the two most common establishment types among Virginia's CNAs. At their primary work location, CNAs are relatively more likely to perform non-clinical activities (9% vs. 7%) instead of clinical/patient care activities (91% vs. 93%).

The median hourly wage of Virginia's CNA workforce has increased (\$15 or more vs. \$12-\$13). The percentage of CNAs who indicated that they are satisfied with their current work situation has fallen slightly (93% vs. 94%). The percentage of CNAs who indicated that they are "very satisfied" with their current employment situation has also declined (61% vs. 64%).

A Closer Look:

Certified		
Certificate Status	#	%
Renewing Practitioners	36,799	64%
New Certificate	6,775	12%
Non-Renewals	8,136	14%
Renewal Date Not in Survey Period	5,749	10%
All Certified	57,459	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly 80% of renewing CNAs voluntarily submitted a survey. This represents 46% of CNAs who held a certificate at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022 on the month of initial certification of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia certificate at some point during the survey period.
- 3. Survey Population:** The survey was available to CNAs who renewed their certificate online. It was not available to those who did not renew, including CNAs newly certified in the past two years.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	10,214	4,286	30%
30 to 34	4,740	3,130	40%
35 to 39	3,505	3,158	47%
40 to 44	2,817	2,912	51%
45 to 49	2,402	2,717	53%
50 to 54	2,172	2,859	57%
55 to 59	1,876	2,822	60%
60 and Over	3,316	4,533	58%
Total	31,042	26,417	46%
New Certificates			
Issued in Past Year	6,775	0	0%
Metro Status			
Non-Metro	5,306	5,359	50%
Metro	18,202	19,242	51%
Not in Virginia	7,534	1,816	19%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	26,417
Response Rate, All Practitioners	46%
Response Rate, Renewals	78%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Certified Nurse Aides

Number: 57,459
 New: 12%
 Not Renewed: 14%

Response Rates

All Certified: 46%
 Renewing Practitioners: 78%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's CNA Workforce: 53,069
FTEs: 46,669

Utilization Ratios

CNAs in VA Workforce: 92%
CNAs per FTE: 1.23
Workers per FTE: 1.14

Source: Va. Healthcare Workforce Data Center

Virginia's CNA Workforce

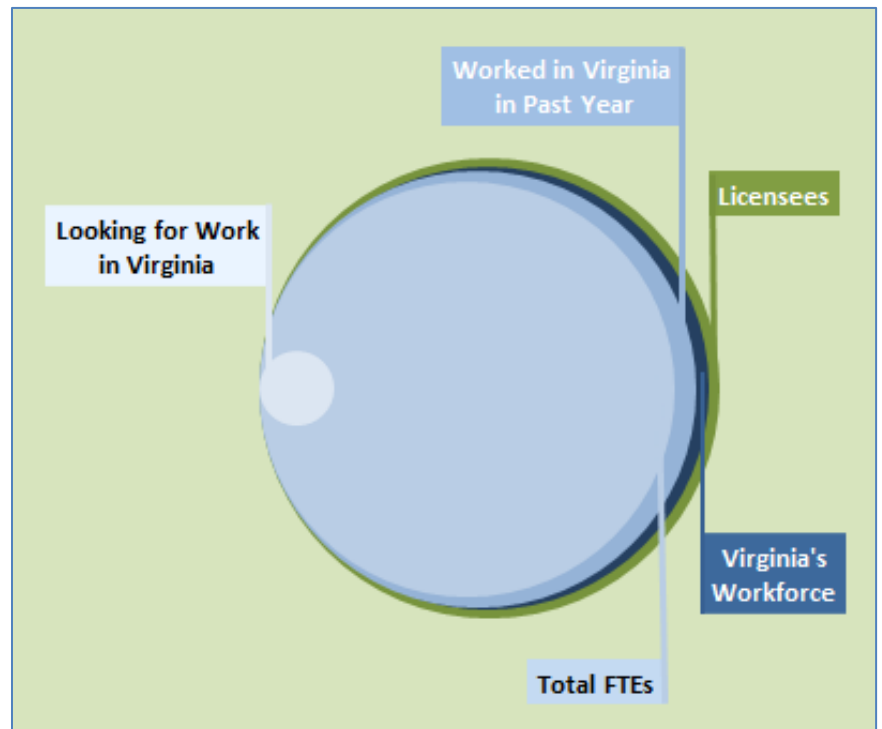
Status	#	%
Worked in Virginia in Past Year	51,541	97%
Looking for Work in Virginia	1,528	3%
Virginia's Workforce	53,069	100%
Total FTEs	46,669	
Certified CNAs	57,459	

Source: Va. Healthcare Workforce Data Center

Definitions

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

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	703	6%	12,079	95%	12,781	26%
30 to 34	407	6%	6,450	94%	6,857	14%
35 to 39	298	5%	5,332	95%	5,630	12%
40 to 44	276	6%	4,570	94%	4,847	10%
45 to 49	229	5%	4,089	95%	4,318	9%
50 to 54	262	6%	3,837	94%	4,099	8%
55 to 59	231	6%	3,561	94%	3,792	8%
60 and Over	369	6%	5,714	94%	6,083	13%
Total	2,775	6%	45,632	94%	48,407	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	60%	18,479	37%	11,425	44%
Black	19%	25,978	52%	11,517	44%
Asian	7%	1,347	3%	499	2%
Other Race	0%	552	1%	258	1%
Two or More Races	3%	1,225	2%	908	3%
Hispanic	10%	2,391	5%	1,412	5%
Total	100%	49,972	100%	26,019	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

Age

Median Age: 39
% Under 40: 52%
% 55 and Over: 20%

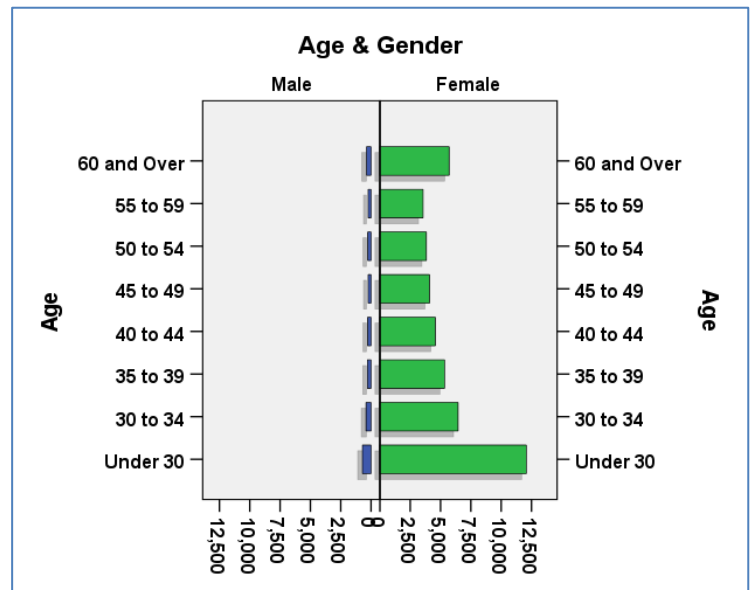
Diversity

Diversity Index: 59%
Under 40 Div. Index: 61%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two CNAs, there is a 59% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 58% chance for Virginia's population as a whole.

More than half of all CNAs are under the age of 40. Among CNAs who are under the age of 40, 94% are female. In addition, the diversity index among CNAs who are under the age of 40 is 61%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 28%
 Rural Childhood: 49%

Virginia Background

HS in Virginia: 69%
 Prof. Training in VA: 85%
 HS or Prof. Train. in VA: 87%

Location Choice

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

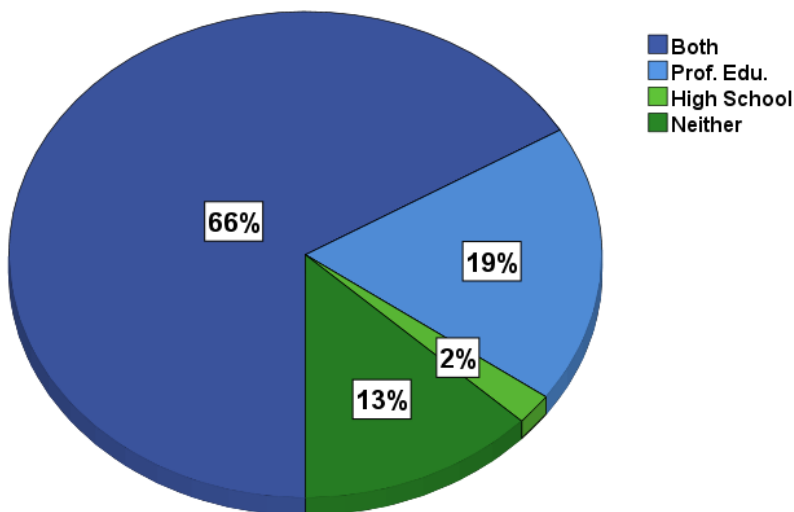
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	34%	28%	38%
2	Metro, 250,000 to 1 Million	56%	20%	24%
3	Metro, 250,000 or Less	65%	19%	16%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	64%	17%	19%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	9%	12%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	85%	9%	7%
8	Rural, Metro Adjacent	82%	9%	9%
9	Rural, Non-Adjacent	69%	14%	17%
Overall		49%	23%	28%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

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

Top Ten States for Certified Nurse Aide Recruitment

Rank	All Certified Nurse Aides			
	High School	#	Init. Prof. Degree	#
1	Virginia	33,989	Virginia	42,161
2	Outside U.S./Canada	6,424	North Carolina	1,127
3	North Carolina	1,129	New York	659
4	New York	1,077	Maryland	633
5	West Virginia	855	West Virginia	632
6	Pennsylvania	732	Pennsylvania	429
7	Maryland	710	Georgia	296
8	New Jersey	481	California	290
9	Florida	387	New Jersey	283
10	Georgia	352	Florida	218

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 69% received their high school degree in Virginia, while 85% received their initial CNA training in the state.

Among CNAs who have obtained their certificate in the past five years, 65% received their high school degree in Virginia, and 78% received their initial CNA training in the state.

Rank	Certified in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	8,723	Virginia	10,420
2	Outside U.S./Canada	1,339	North Carolina	452
3	North Carolina	414	West Virginia	221
4	Pennsylvania	274	Maryland	197
5	West Virginia	268	New York	195
6	New York	244	Pennsylvania	178
7	Maryland	219	California	125
8	New Jersey	145	Georgia	116
9	Georgia	138	Tennessee	94
10	Illinois	124	Illinois	92

Source: Va. Healthcare Workforce Data Center

Nearly 10% of Virginia's CNAs did not participate in the state's workforce during the past year. Among these CNAs, 88% worked at some point in the past year, including 74% who worked in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total: 4,470
 % of Certified: 8%
 VA Border State/DC: 25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Medication Aide (RMA)	3,929	7%
Advanced Practice CNA	486	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

RMA: 7%

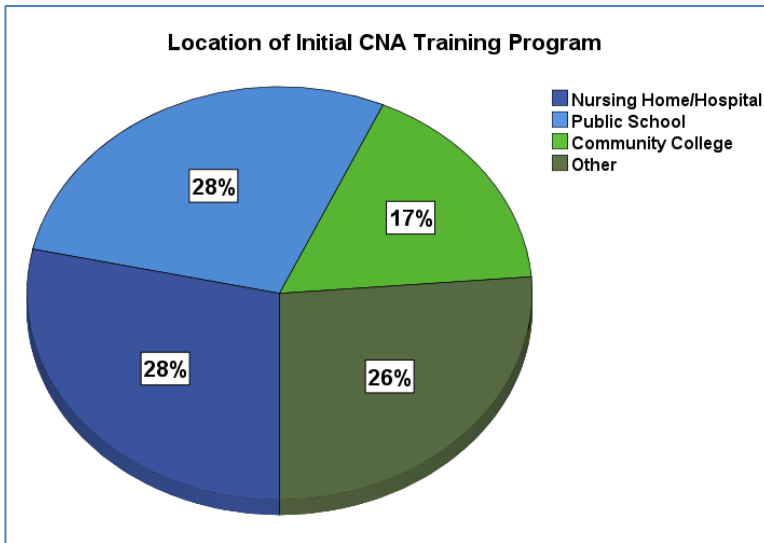
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 7%

LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	14,001	28%
Public School (High School/Vocational School)	13,928	28%
Community College	8,371	17%
Other (Private School/Proprietary Program)	12,939	26%
Total	49,239	100%

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	41,759	89%
RN Program	3,139	7%
LPN Program	2,020	4%
Total	46,918	100%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Employment

Employed in Profession: 84%
Involuntarily Unemployed: 4%

Positions Held

1 Full-Time: 58%
2 or More Positions: 19%

Weekly Hours:

40 to 49: 39%
60 or More: 6%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	20	< 1%
Employed in a CNA-Related Capacity	41,689	84%
Employed, NOT in a CNA-Related Capacity	5,922	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1,992	4%
Voluntarily Unemployed	163	< 1%
Retired	19	< 1%
Total	49,805	100%

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 84% are currently employed in the profession, 58% hold one full-time job, and 39% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	2,174	5%
1 to 9 Hours	1,584	3%
10 to 19 Hours	2,522	5%
20 to 29 Hours	5,223	11%
30 to 39 Hours	12,265	26%
40 to 49 Hours	18,264	39%
50 to 59 Hours	2,164	5%
60 to 69 Hours	952	2%
70 to 79 Hours	598	1%
80 or More Hours	1,481	3%
Total	47,227	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	2,174	4%
One Part-Time Position	9,223	19%
Two Part-Time Positions	2,108	4%
One Full-Time Position	28,348	58%
One Full-Time Position & One Part-Time Position	5,898	12%
Two Full-Time Positions	806	2%
More than Two Positions	513	1%
Total	49,070	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Less than \$7.50 Per Hour	161	0%
\$7.50 to \$7.99 Per Hour	66	0%
\$8.00 to \$8.99 Per Hour	79	0%
\$9.00 to \$9.99 Per Hour	199	1%
\$10.00 to \$10.99 Per Hour	706	2%
\$11.00 to \$11.99 Per Hour	1,987	5%
\$12.00 to \$12.99 Per Hour	1,896	5%
\$13.00 to \$13.99 Per Hour	2,371	6%
\$14.00 to \$14.99 Per Hour	3,610	9%
\$15.00 or More Per Hour	30,724	74%
Total	41,798	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: > \$15/hr.

Benefits
Health Insurance: 51%
Retirement: 43%

Satisfaction
Satisfied: 93%
Very Satisfied: 61%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	30,098	61%
Somewhat Satisfied	15,553	32%
Somewhat Dissatisfied	2,260	5%
Very Dissatisfied	1,114	2%
Total	49,025	100%

Source: Va. Healthcare Workforce Data Center

The typical CNA earns \$15 or more per hour. In addition, 73% of all CNAs receive at least one employer-sponsored benefit, including 51% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	24,953	60%
Health Insurance	21,140	51%
Paid Sick Leave	21,057	51%
Dental Insurance	20,035	48%
Retirement	18,049	43%
Group Life Insurance	12,624	30%
At Least One Benefit	30,466	73%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,935	13%	3,047	23%
6 Months to 1 Year	7,227	16%	2,709	20%
1 to 2 Years	10,621	24%	3,198	24%
3 to 5 Years	9,847	22%	2,490	18%
6 to 10 Years	4,915	11%	1,003	7%
More than 10 Years	5,698	13%	1,020	8%
Subtotal	44,244	100%	13,466	100%
Did Not Have Location	3,173		37,216	
Item Missing	5,653		2,388	
Total	53,069		53,069	

Source: Va. Healthcare Workforce Data Center

At a Glance:

Turnover & Tenure

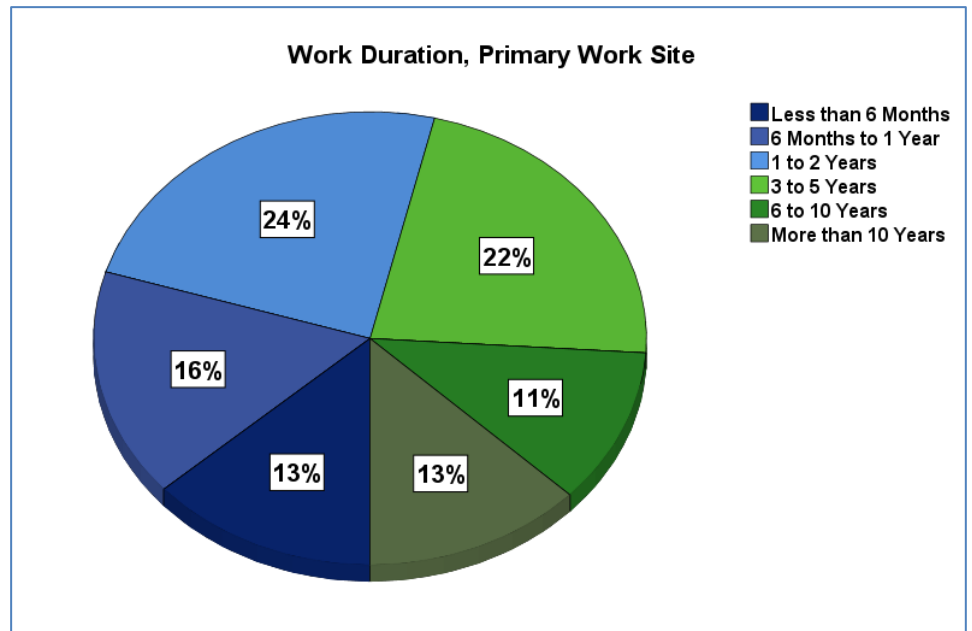
New Location: 43%

Over 2 Years: 46%

Over 2 Yrs., 2nd Location: 34%

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 46% have worked at their primary work location for more than two years.



Source: Va. Healthcare Workforce Data Center

At a Glance:

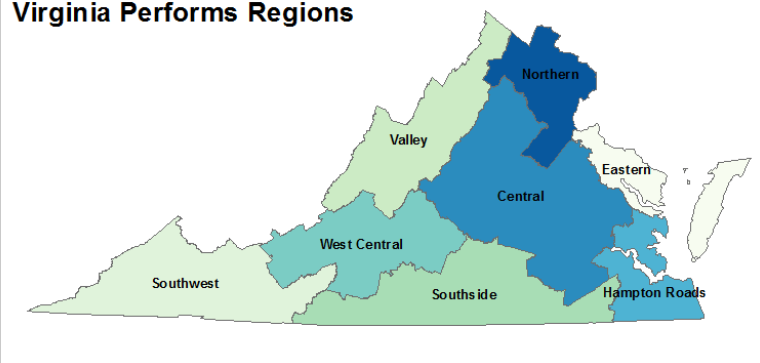
Concentration

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

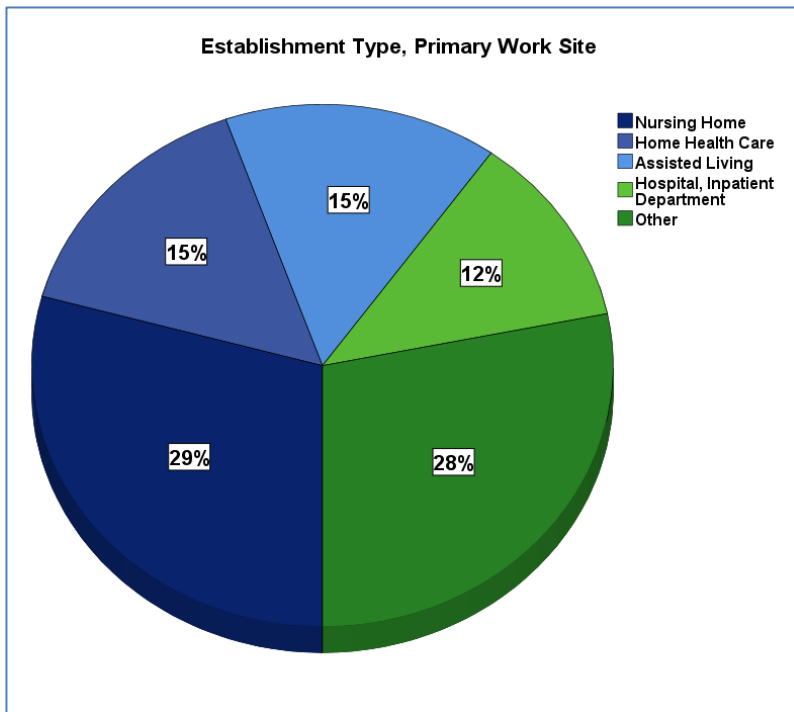
Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	9,638	23%	3,209	23%
Eastern	1,332	3%	499	4%
Hampton Roads	7,883	19%	2,734	19%
Northern	8,390	20%	3,376	24%
Southside	3,091	7%	876	6%
Southwest	2,554	6%	545	4%
Valley	3,569	8%	859	6%
West Central	5,759	14%	1,671	12%
Virginia Border State/D.C.	99	0%	85	1%
Other U.S. State	157	0%	238	2%
Outside of the U.S.	7	0%	7	0%
Total	42,479	100%	14,099	100%
Item Missing	7,418		1,756	

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:



At a Glance: (Primary Locations)

Activity

Clinical/Patient Care: 91%

Non-Clinical: 9%

Top Establishments

Nursing Home: 29%

Home Health Care: 15%

Assisted Living: 15%

Source: Va. Healthcare Workforce Data Center

Source: Va. Healthcare Workforce Data Center

Three out of every five CNAs work in nursing homes, home health care establishments, or assisted living facilities.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	13,404	29%	3,172	22%
Home Health Care	7,016	15%	3,141	21%
Assisted Living	6,988	15%	2,218	15%
Hospital, Inpatient Department	5,471	12%	709	5%
Personal Care: Companion/Sitter/Private Duty	1,963	4%	1,008	7%
Physician's Office	1,234	3%	109	1%
Hospice	1,201	3%	153	1%
Hospital, Ambulatory Care	1,089	2%	196	1%
Mental Health Facility	978	2%	155	1%
Group Home	831	2%	313	2%
Health Clinic	740	2%	155	1%
Other Practice Setting	4,871	11%	3,292	23%
Total	45,786	100%	14,621	100%
Did Not Have a Location	3,173		37,216	

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 46,669
 FTEs/1,000 Residents¹: 5.40
 Average: 0.94

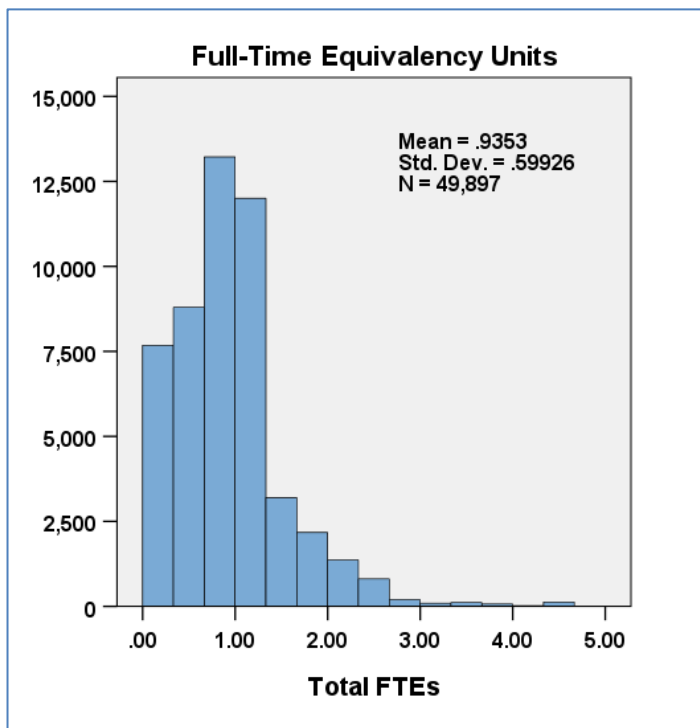
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

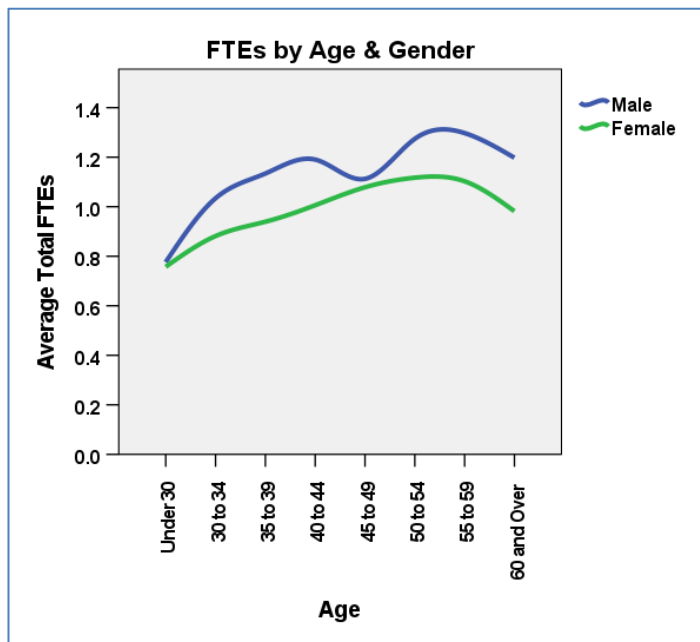


Source: Va. Healthcare Workforce Data Center

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

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.75	0.68
30 to 34	0.88	0.88
35 to 39	0.93	0.90
40 to 44	1.01	0.91
45 to 49	1.07	0.97
50 to 54	1.11	1.08
55 to 59	1.10	1.06
60 and Over	0.97	0.91
Gender		
Male	1.07	1.00
Female	0.94	0.91

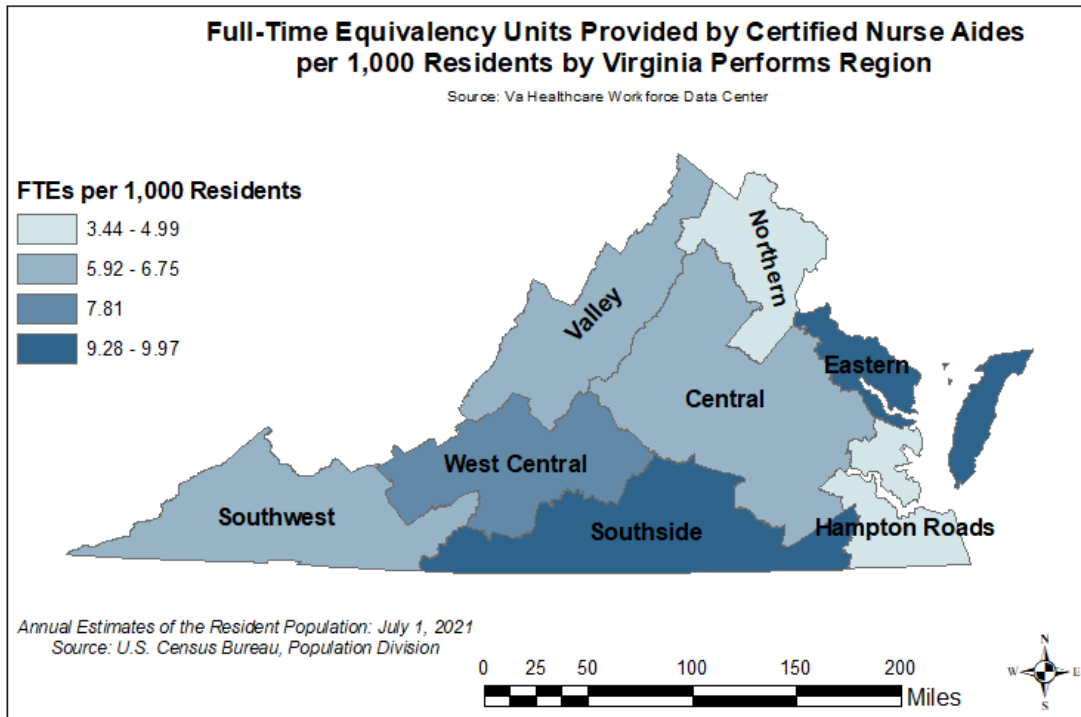
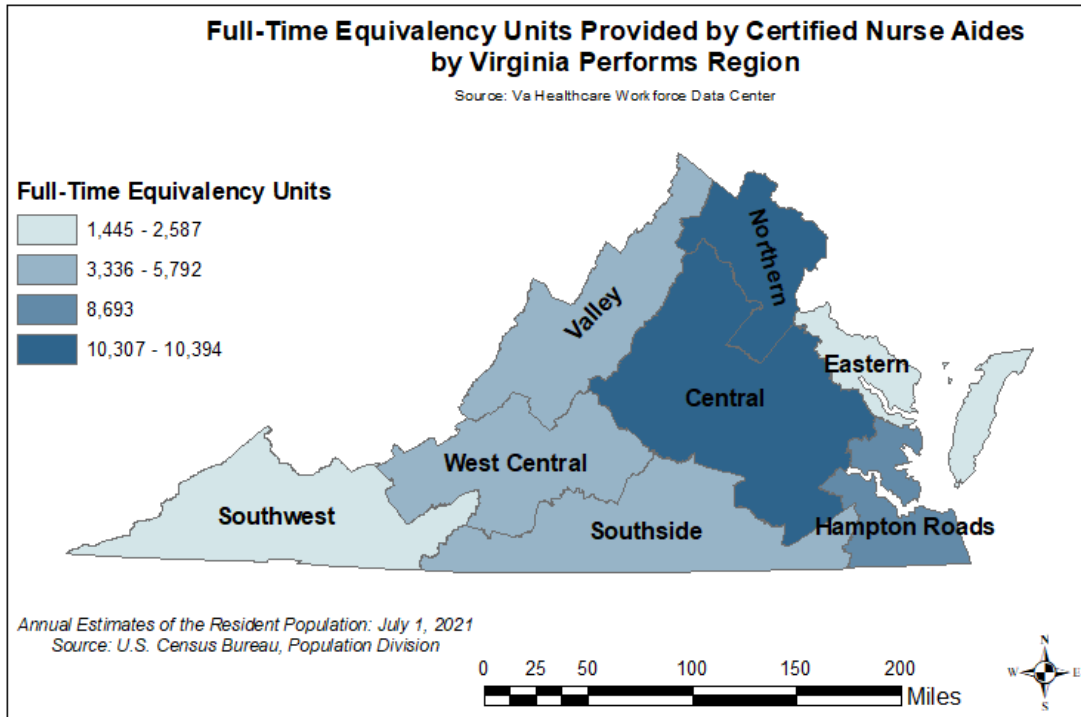
Source: Va. Healthcare Workforce Data Center

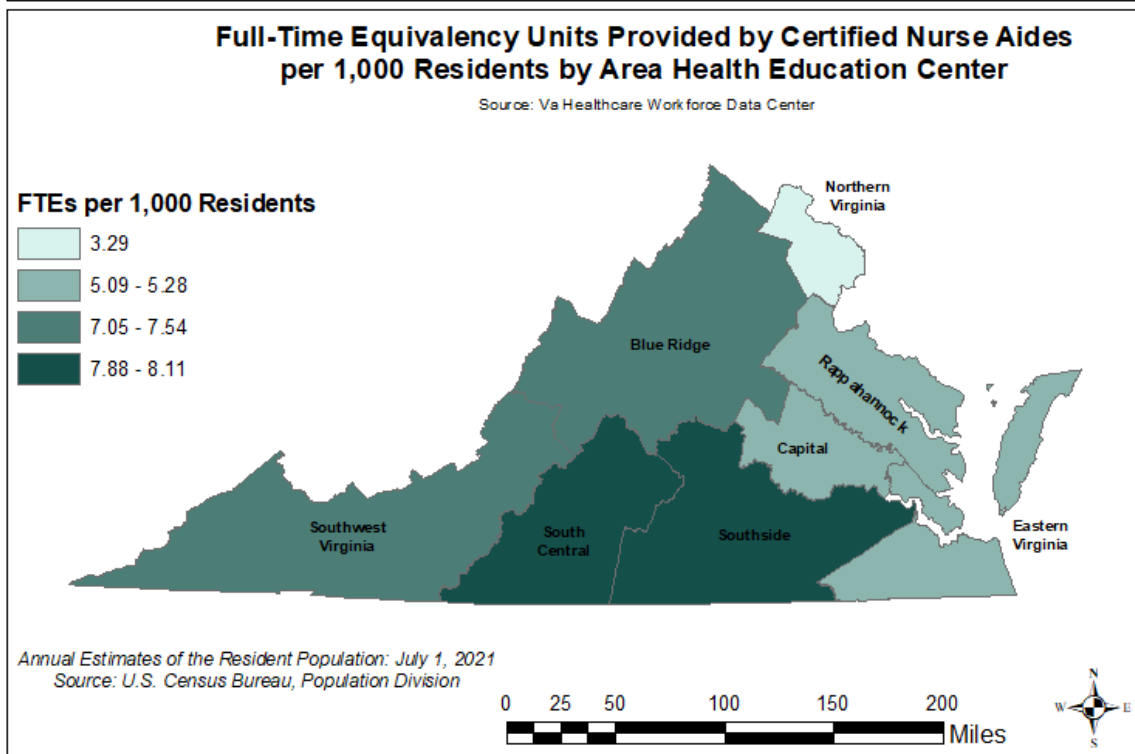
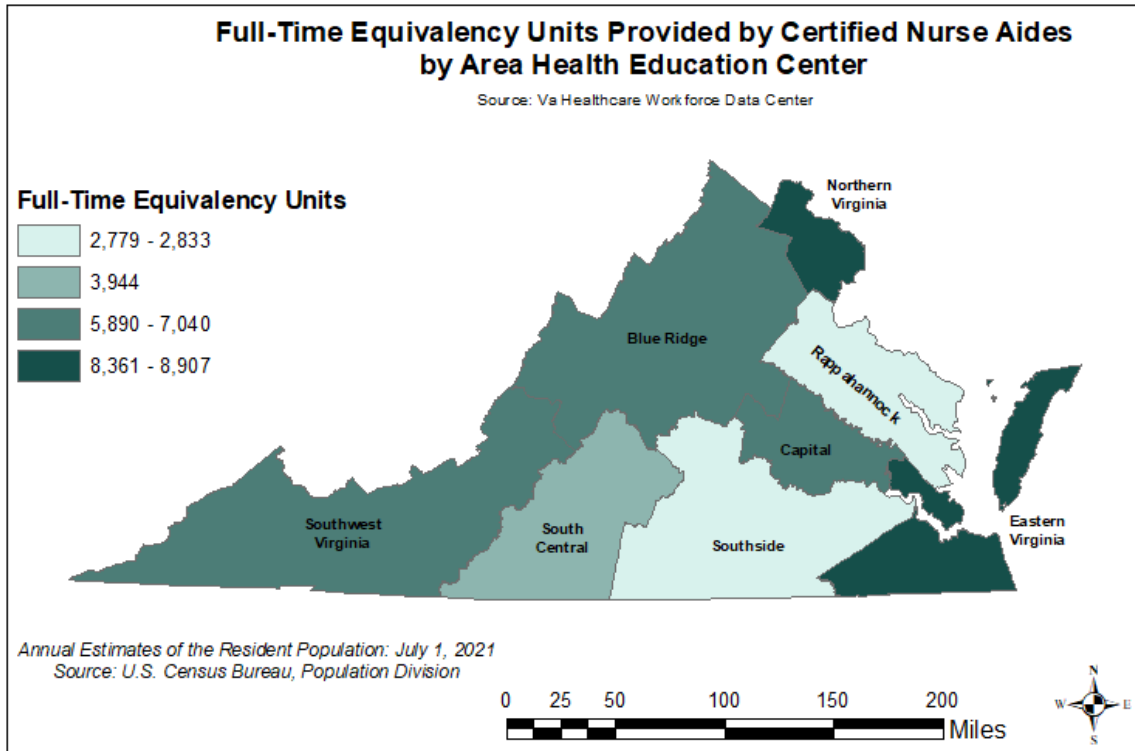


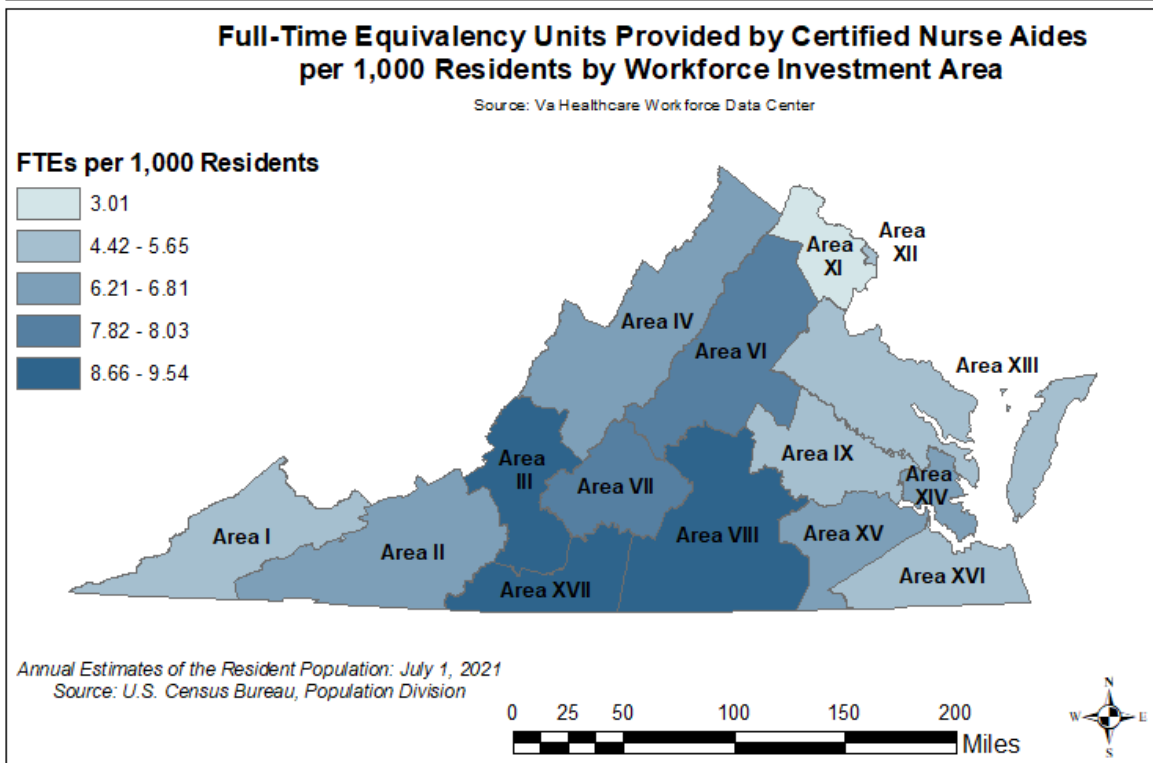
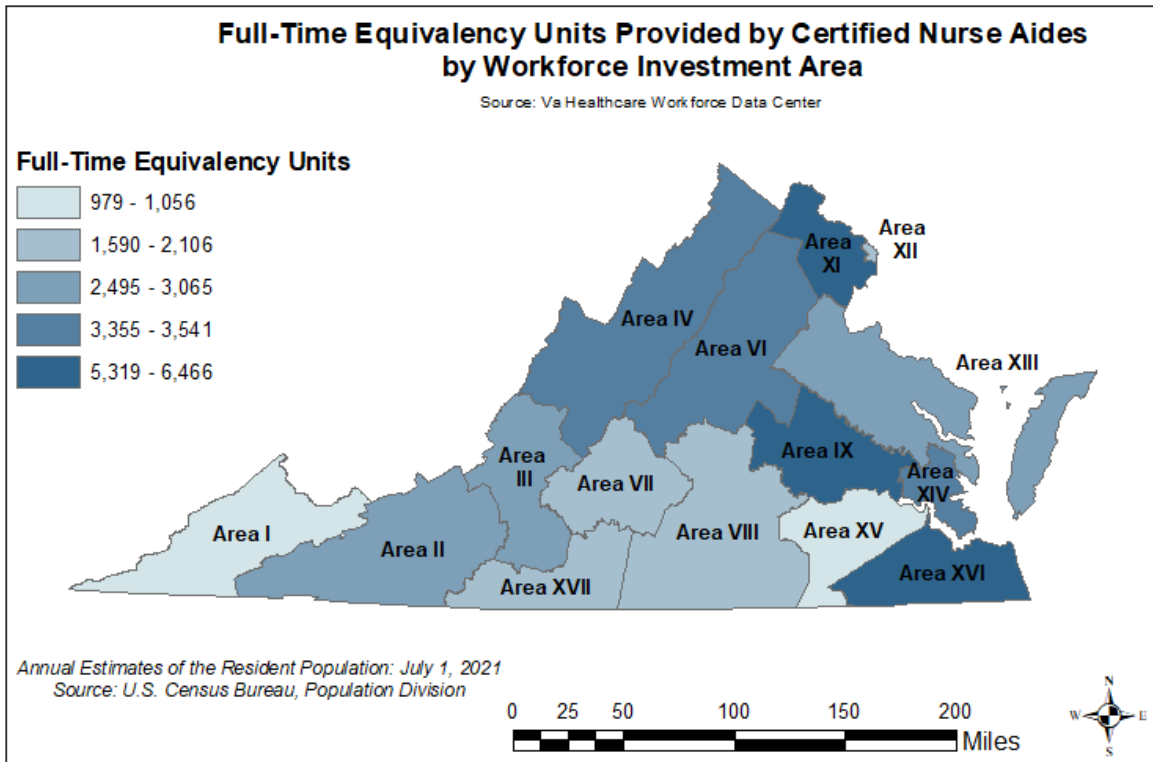
Source: Va. Healthcare Workforce Data Center

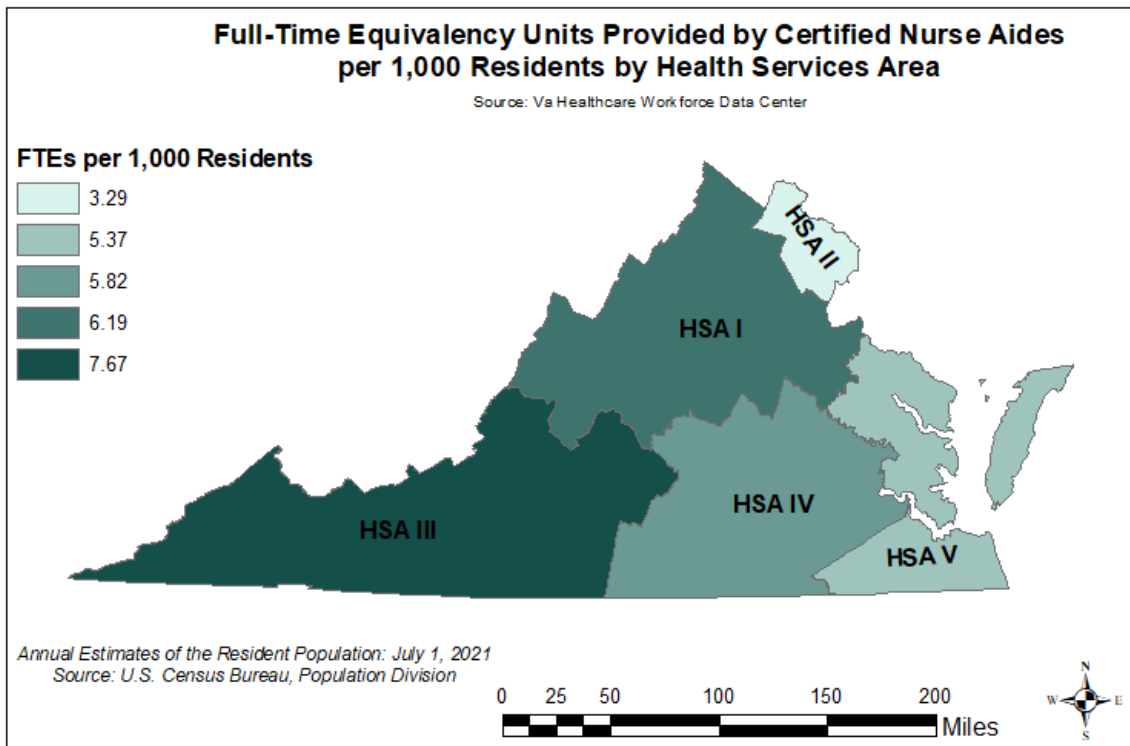
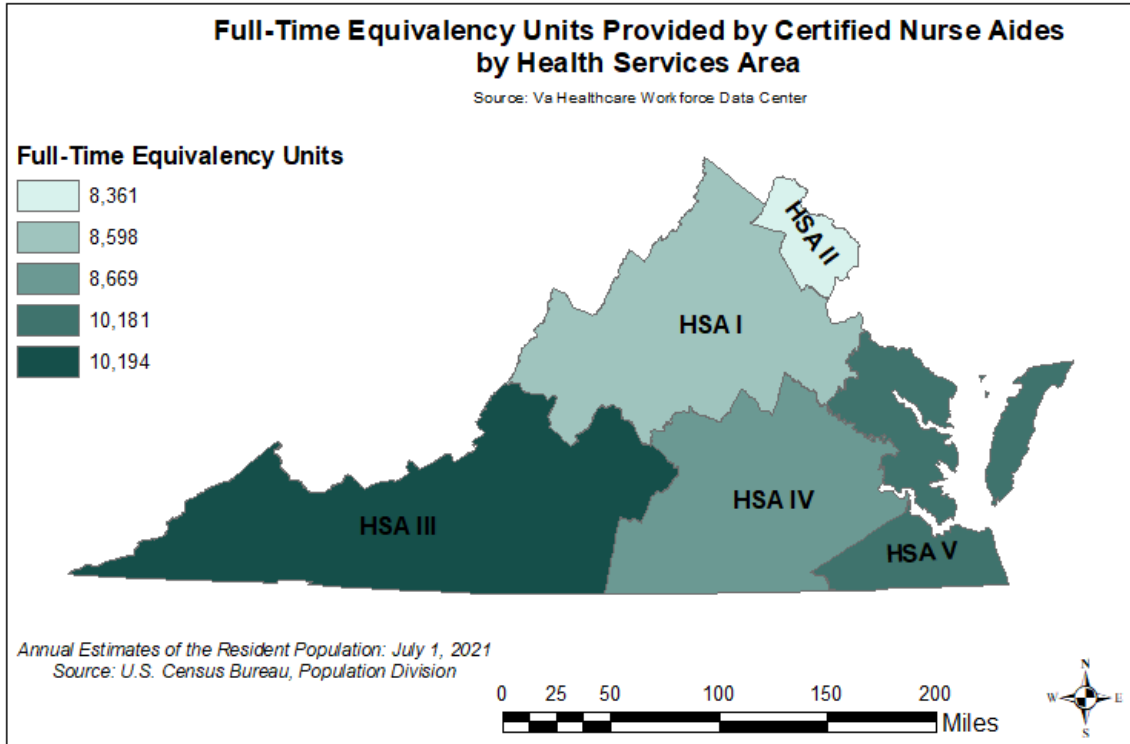
¹ Number of residents in 2021 was used as the denominator.

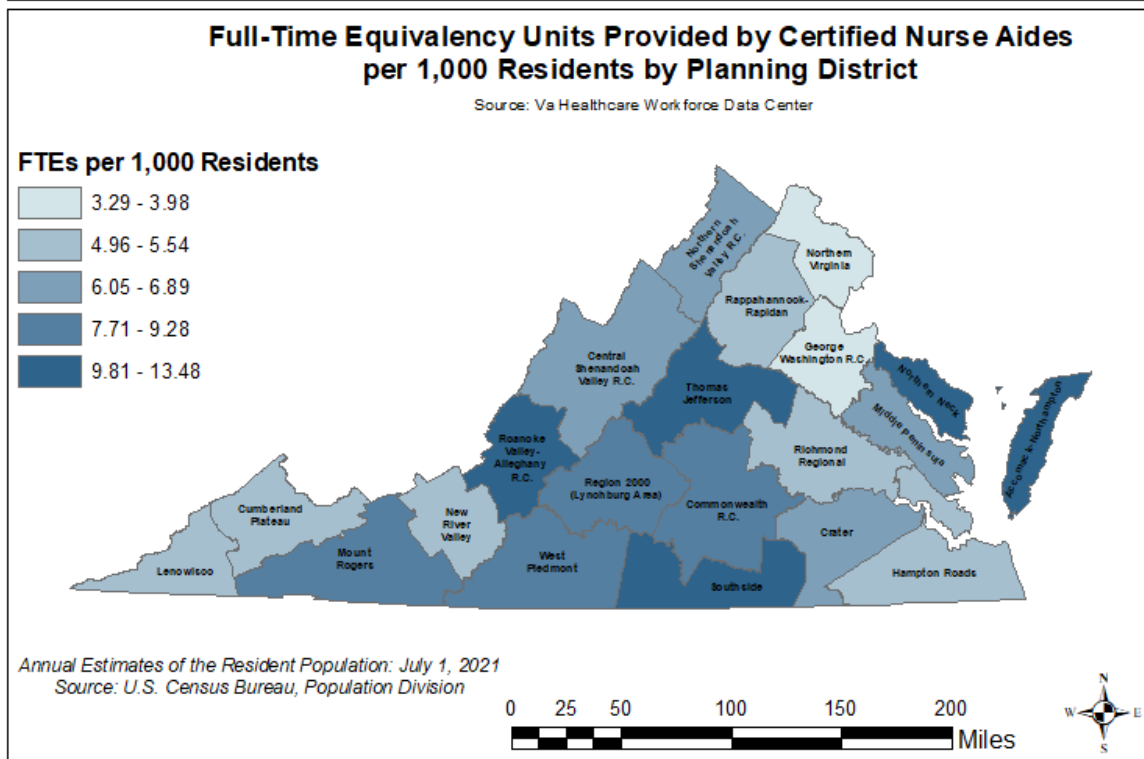
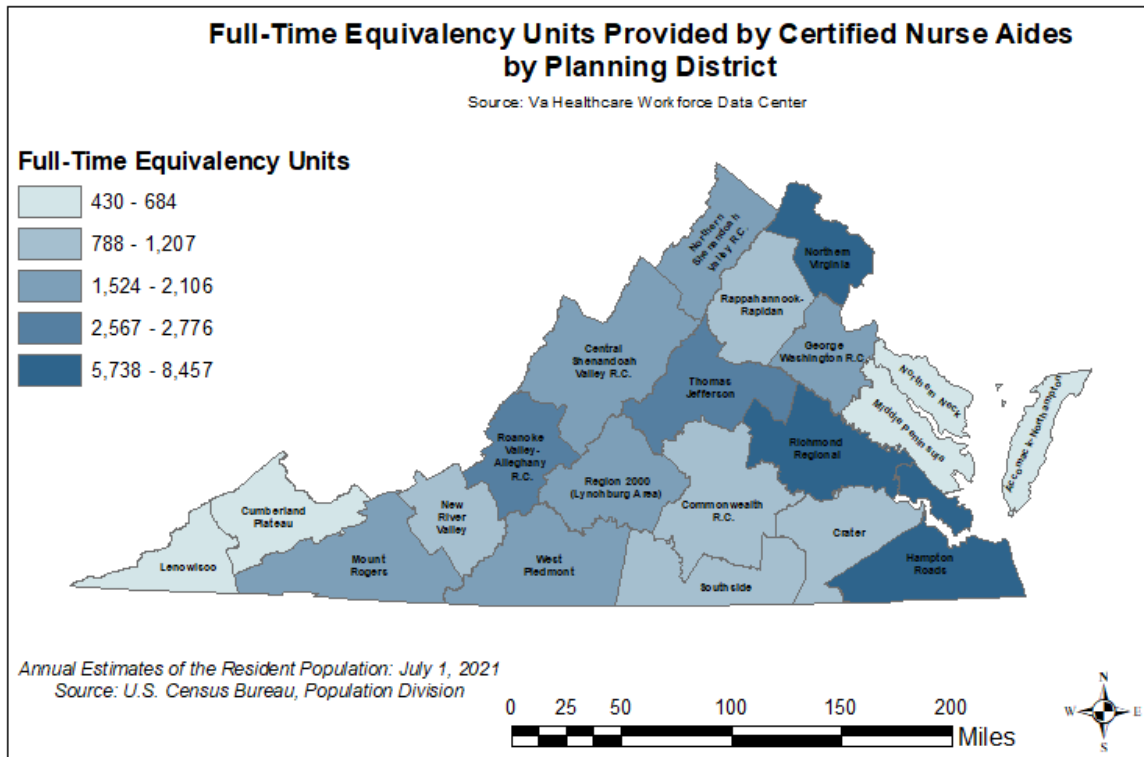
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	26,473	52.15%	1.918	1.468	2.982
Metro, 250,000 to 1 Million	5,502	50.09%	1.996	1.528	3.105
Metro, 250,000 or Less	5,469	49.00%	2.041	1.562	3.174
Urban, Pop. 20,000+, Metro Adj.	1,698	51.12%	1.956	1.497	3.043
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	3,969	52.78%	1.895	1.450	2.947
Urban, Pop. 2,500-19,999, Non-Adj.	1,810	47.68%	2.097	1.605	3.262
Rural, Metro Adj.	2,167	49.15%	2.035	1.557	3.165
Rural, Non-Adj.	1,021	45.84%	2.182	1.670	3.393
Virginia Border State/D.C.	4,206	27.22%	3.673	2.812	5.714
Other U.S. State	5,144	13.04%	7.666	5.868	11.924

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	14,500	29.56%	3.383	2.947	11.924
30 to 34	7,870	39.77%	2.514	2.190	8.862
35 to 39	6,663	47.40%	2.110	1.838	7.436
40 to 44	5,729	50.83%	1.967	1.714	6.934
45 to 49	5,119	53.08%	1.884	1.641	6.640
50 to 54	5,031	56.83%	1.760	1.533	6.202
55 to 59	4,698	60.07%	1.665	1.450	5.868
60 and Over	7,849	57.75%	1.732	1.508	6.103

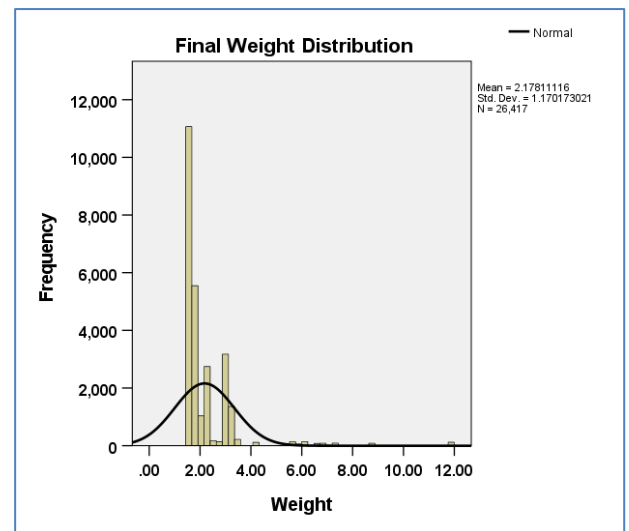
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.459754



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Practical Nurse Workforce: 2022

Healthcare Workforce Data Center

October 2022

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

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

Get a copy of this report from:

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

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

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Board of Nursing

President

Brandon A. Jones, MSN, RN, CEN, NEA-BC
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Richmond

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Zion Crossroads

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

Dixie L. McElfresh, LPN
Richmond

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Fairfax

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Concord

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Lynchburg

Meenakshi Shah, BA, RN
Roanoke

Executive Director

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

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The Licensed Practical Nurse Workforce At a Glance:

The Workforce

Licensees:	28,789
Virginia's Workforce:	25,884
FTEs:	22,628

Background

Rural Childhood:	49%
HS Degree in VA:	71%
Prof. Degree in VA:	87%

Current Employment

Employed in Prof.:	88%
Hold 1 Full-Time Job:	69%
Satisfied?:	93%

Survey Response Rate

All Licensees:	37%
Renewing Practitioners:	87%

Education

LPN Diploma/Cert.:	95%
Associate:	5%

Job Turnover

Switched Jobs:	9%
Employed Over 2 Yrs.:	55%

Demographics

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

Finances

Median Income:	\$40k-\$50k
Health Insurance:	58%
Under 40 w/ Ed. Debt:	59%

Time Allocation

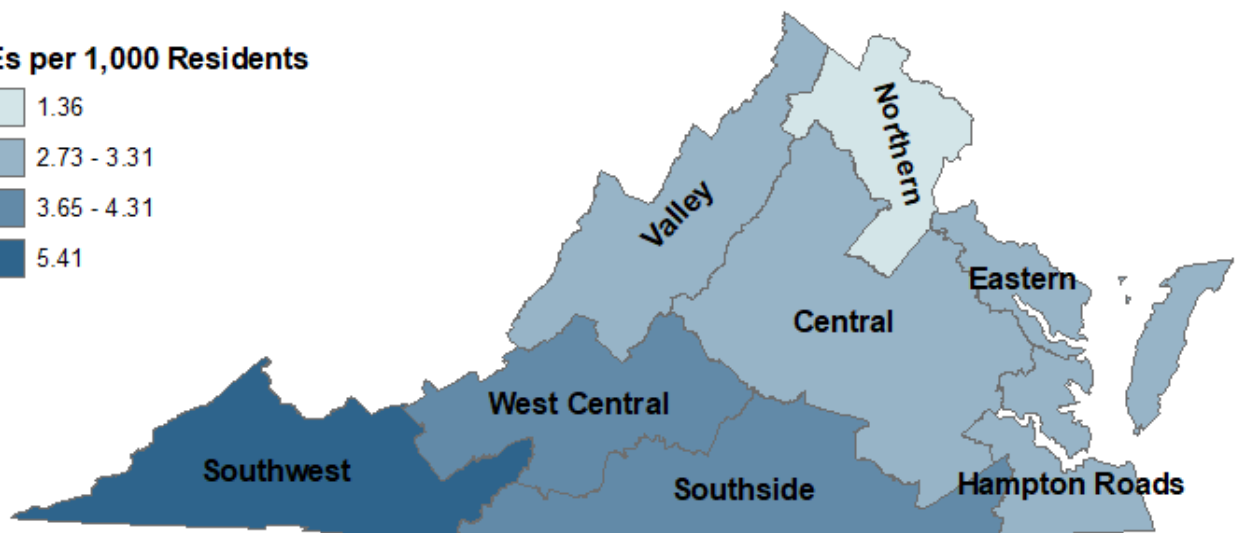
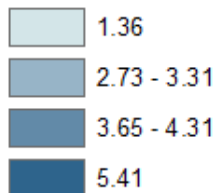
Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	8%

Source: Va. Healthcare Workforce Data Center

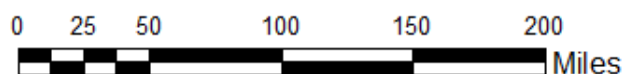
Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Licensed Practical Nurse (LPN) survey. More than 10,000 LPNs took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of LPNs have access to the survey in a given year. These survey respondents represent 37% of the 28,789 LPNs who are licensed in the state and 87% of renewing practitioners.

The HWDC estimates that 25,884 LPNs participated in Virginia's workforce during the survey period, which is defined as those LPNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 22,628 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than nine out of every ten LPNs are female, and the median age of this workforce is 46. In a random encounter between two LPNs, there is a 56% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's LPN workforce nearly as diverse as the state's overall population, which has a diversity index of 58%. The diversity index increases even further to 59% for those LPNs who are under the age of 40. Nearly half of all LPNs grew up in a rural area, and nearly one-third of LPNs who grew up in a rural area currently work in a non-metro area of Virginia. Overall, 18% of Virginia's LPNs work in a non-metro area of the state. In addition, 5% of Virginia's LPN workforce has served in the military.

Among all LPNs, 88% are currently employed in the profession, 69% hold one full-time job, and 53% work between 40 and 49 hours per week. More than four out of every five LPNs work in the private sector, including 60% who work in the for-profit sector. The median annual income for Virginia's LPN workforce is between \$40,000 and \$50,000, and 81% of LPNs receive this income in the form of an hourly wage. In addition, 76% of LPNs receive at least one employer-sponsored benefit, including 58% who have access to health insurance. More than 90% of LPNs indicated that they are satisfied with their current employment situation, including 61% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 LPN workforce. The number of licensed LPNs in Virginia has fallen by 5% (28,789 vs. 30,444). At the same time, the size of Virginia's LPN workforce has declined by 6% (25,884 vs. 27,578), and the number of FTEs provided by this workforce has fallen by 7% (22,628 vs. 24,286). A higher percentage of Virginia's renewing LPNs responded to this survey (87% vs. 82%).

Virginia's LPN workforce has become more diverse (56% vs. 54%) at the same time as the state's overall population has also become more diverse (58% vs. 56%). This increase in the diversity index has also occurred among LPNs who are under the age of 40 (59% vs. 58%). There has been no change in the percentage of LPNs who grew up in a rural area (49%), but the percentage of all LPNs who currently work in a non-metro area of the state has fallen slightly (18% vs. 19%). In addition, the percentage of LPNs who have served in the military has fallen (5% vs. 7%).

Although there has been no change in the percentage of LPNs who are currently employed in the profession (88%), the percentage of LPNs who are underemployed has decreased considerably (4% vs. 7%). LPNs are also slightly less likely to work two or more positions simultaneously (11% vs. 12%). Additionally, relatively more LPNs are working in a state/local government (13% vs. 12%) instead of in the for-profit sector (60% vs. 63%).

The median annual income of Virginia's LPN workforce has increased (\$40k-\$50k vs. \$30k-\$40k), and LPNs are relatively more likely to receive this income in the form of a salary (14% vs. 13%) instead of an hourly wage (81% vs. 84%). However, LPNs are less likely to receive at least one employer-sponsored benefit (76% vs. 78%), including those LPNs who have access to health insurance (58% vs. 60%). LPNs are also slightly less likely to indicate that they are satisfied with their current work situation (93% vs. 94%), including those LPNs who indicated that they are "very satisfied" (61% vs. 64%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	12,207	42%
New Licensees	1,033	4%
Non-Renewals	1,999	7%
Renewal Date Not in Survey Period	13,550	47%
All Licensees	28,789	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LPNs, 87% voluntarily submitted a survey. This represents 37% of all LPNs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	1,976	761	28%
30 to 34	1,853	1,236	40%
35 to 39	2,402	1,108	32%
40 to 44	2,065	1,525	43%
45 to 49	2,078	1,201	37%
50 to 54	1,886	1,456	44%
55 to 59	1,915	1,100	37%
60 and Over	4,059	2,168	35%
Total	18,234	10,555	37%
New Licenses			
Issued in Past Year	1,033	0	0%
Metro Status			
Non-Metro	3,818	2,368	38%
Metro	13,341	7,749	37%
Not in Virginia	1,075	437	29%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted between October 2021 and September 2022 on the birth month of each renewing practitioner.
- Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
- Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	10,555
Response Rate, All Licensees	37%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Practical Nurses
 Number: 28,789
 New: 4%
 Not Renewed: 7%

Response Rates
 All Licensees: 37%
 Renewing Practitioners: 87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPN Workforce: 25,884
 FTEs: 22,628

Utilization Ratios

Licensees in VA Workforce: 90%
 Licensees per FTE: 1.27
 Workers per FTE: 1.14

Source: Va. Healthcare Workforce Data Center

Definitions

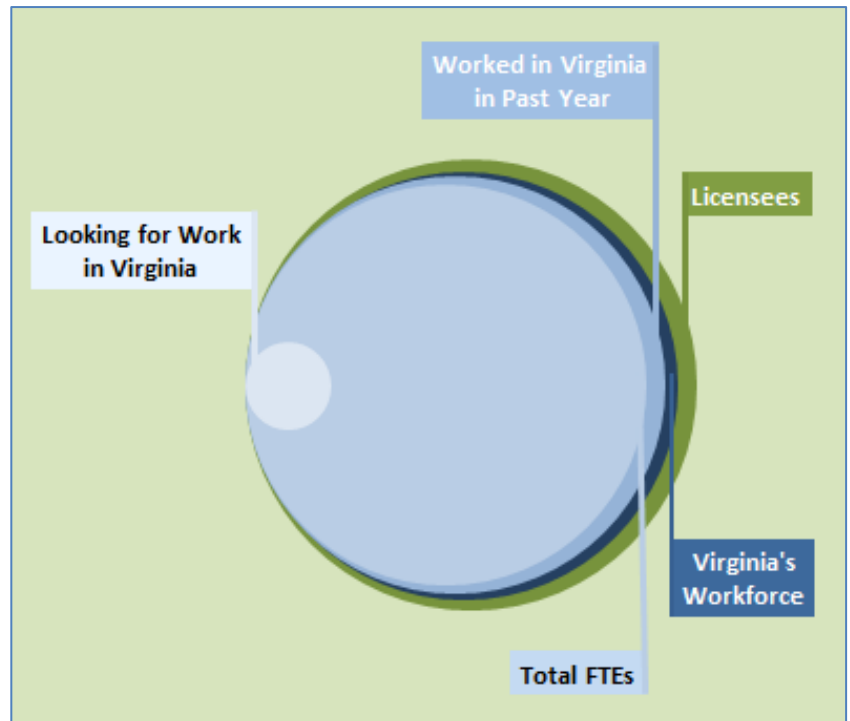
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks)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

Virginia's LPN Workforce

Status	#	%
Worked in Virginia in Past Year	24,802	96%
Looking for Work in Virginia	1,082	4%
Virginia's Workforce	25,884	100%
Total FTEs	22,628	
Licensees	28,789	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	100	4%	2,317	96%	2,417	11%
30 to 34	150	6%	2,507	94%	2,656	12%
35 to 39	113	4%	2,857	96%	2,970	13%
40 to 44	111	4%	2,804	96%	2,914	13%
45 to 49	169	7%	2,381	93%	2,551	11%
50 to 54	167	6%	2,429	94%	2,597	12%
55 to 59	148	7%	2,119	94%	2,266	10%
60 and Over	172	4%	3,917	96%	4,089	18%
Total	1,129	5%	21,331	95%	22,460	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	60%	13,156	58%	4,591	57%
Black	19%	7,296	32%	2,353	29%
Asian	7%	532	2%	209	3%
Other Race	0%	233	1%	72	1%
Two or More Races	3%	611	3%	312	4%
Hispanic	10%	944	4%	564	7%
Total	100%	22,772	100%	8,101	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

Age

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

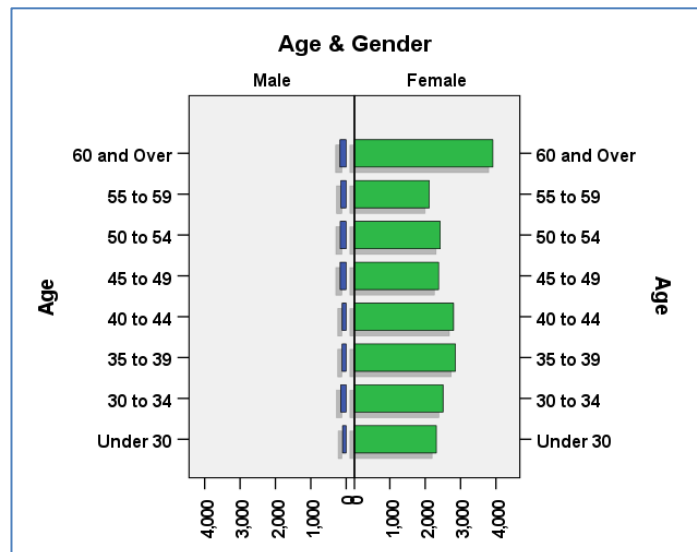
Diversity

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

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 56% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 58% chance for Virginia's population as a whole.

More than one-third of all LPNs are under the age of 40. Among LPNs who are under the age of 40, 95% are female. In addition, the diversity index among LPNs who are under the age of 40 is 59%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 20%
Rural Childhood: 49%

Virginia Background

HS in Virginia: 71%
Prof. Edu. in VA: 87%
HS or Prof. Edu. in VA: 89%

Location Choice

% Rural to Non-Metro: 31%
% Urban/Suburban to Non-Metro: 6%

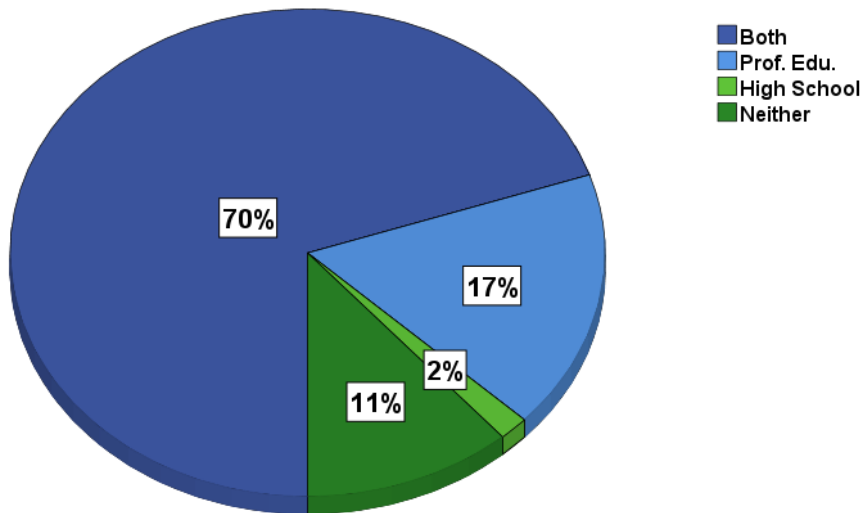
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	30%	41%	29%
2	Metro, 250,000 to 1 Million	65%	23%	12%
3	Metro, 250,000 or Less	71%	20%	8%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	71%	23%	6%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	14%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	9%	3%
8	Rural, Metro Adjacent	86%	8%	7%
9	Rural, Non-Adjacent	83%	10%	7%
Overall		49%	31%	20%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all LPNs grew up in a self-described rural area, and 31% of LPNs who grew up in a rural area currently work in a non-metro county. Overall, 18% of LPNs currently work in a non-metro county.

Top Ten States for Licensed Practical Nurse Recruitment

Rank	All Licenced Practical Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,157	Virginia	19,599
2	Outside U.S./Canada	1,653	New York	376
3	New York	793	Pennsylvania	255
4	Pennsylvania	445	West Virginia	217
5	North Carolina	358	North Carolina	208
6	West Virginia	336	California	184
7	New Jersey	315	New Jersey	181
8	Florida	277	Florida	160
9	California	209	Texas	140
10	Ohio	198	Washington, D.C.	133

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 71% received their high school degree in Virginia, and 87% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	3,005	Virginia	3,671
2	Outside U.S./Canada	366	New York	73
3	New York	148	California	68
4	Pennsylvania	82	North Carolina	54
5	New Jersey	71	New Jersey	44
6	California	61	Pennsylvania	40
7	North Carolina	59	West Virginia	37
8	Florida	55	Texas	34
9	Georgia	39	Florida	27
10	Maryland	32	Tennessee	26

Source: Va. Healthcare Workforce Data Center

Among LPNs who have obtained their license in the past five years, 70% received their high school degree in Virginia, and 86% received their initial professional degree in the state.

Among all licensees, 10% did not participate in Virginia's LPN workforce during the past year. More than 60% of these licensees worked at some point in the past year, including 53% who currently work in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,908
% of Licensees:	10%
Federal/Military:	7%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	21,306	95%
Hospital RN Diploma	31	0%
Associate Degree	1,044	5%
Baccalaureate Degree	110	0%
Master's Degree	12	0%
Doctorate Degree	2	0%
Total	22,505	100%

Source: Va. Healthcare Workforce Data Center

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

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	3,042	14%
No	19,376	86%
Total	22,418	100%
Degree Pursued	#	%
Associate	2,010	68%
Baccalaureate	830	28%
Masters	112	4%
Doctorate	19	1%
Total	2,971	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 LPN Diploma/Cert.: 95%
 Associate: 5%

Education Debt
 Carry Debt: 44%
 Under Age 40 w/ Debt: 59%
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LPNs		LPNs Under 40	
	#	%	#	%
None	10,502	56%	2,723	41%
Less than \$10,000	1,511	8%	681	10%
\$10,000-\$19,999	1,452	8%	701	10%
\$20,000-\$29,999	1,462	8%	776	12%
\$30,000-\$39,999	1,160	6%	594	9%
\$40,000-\$49,999	799	4%	375	6%
\$50,000-\$59,999	648	3%	359	5%
\$60,000-\$69,999	436	2%	246	4%
\$70,000-\$79,999	267	1%	101	2%
\$80,000-\$89,999	179	1%	69	1%
\$90,000-\$99,999	115	1%	42	1%
\$100,000-\$109,999	87	0%	35	1%
\$110,000-\$119,999	36	0%	3	0%
\$120,000 or More	117	1%	17	0%
Total	18,771	100%	6,722	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

LTC/Assisted Living:	15%
Geriatrics/Gerontology:	12%
Pediatrics:	7%

Secondary Specialty

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

Licenses

Registered Nurse:	1%
-------------------	----

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,223	15%	2,419	14%
Geriatrics/Gerontology	2,700	12%	1,769	10%
Pediatrics	1,466	7%	873	5%
Family Health	1,329	6%	685	4%
Psychiatric/Mental Health	593	3%	441	2%
Acute/Critical Care/Emergency/Trauma	523	2%	502	3%
Adult Health	415	2%	626	4%
Community Health/Public Health	367	2%	328	2%
Cardiology	307	1%	209	1%
Rehabilitation	297	1%	416	2%
Women's Health/Gynecology	291	1%	202	1%
Administration/Management	283	1%	483	3%
Surgery/OR/Pre-, Peri- or Post-Operative	281	1%	171	1%
Hospital/Float	238	1%	195	1%
Student Health	206	1%	112	1%
General Nursing/No Specialty	6,219	28%	5,619	31%
Medical Specialties (Not Listed)	239	1%	213	1%
Other Specialty Area	2,929	13%	2,590	15%
Total	21,906	100%	17,851	100%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 15% have a primary specialty in long-term care/assisted living/nursing homes. Another 12% of LPNs have a primary specialty in geriatrics/gerontology.

Other Licenses

License	#	% of Workforce
Registered Nurse	368	1%
Certified Massage Therapist	26	0%
Licensed Nurse Practitioner	26	0%
Respiratory Therapist	20	0%
Clinical Nurse Specialist	13	0%
Certified Nurse Midwife	2	0%

Source: Va. Healthcare Workforce Data Center

In addition to being licensed as an LPN, 1% of LPNs also hold a license as a Registered Nurse.

A Closer Look:

Military Service		
Service?	#	%
Yes	1,119	5%
No	20,445	95%
Total	21,564	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	549	51%
Navy/Marine	387	36%
Air Force	112	10%
Other	21	2%
Total	1,069	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 5%

Branch of Service

Army: 51%

Navy/Marines: 36%

Air Force: 10%

Occupation

Army Health Care Spec.: 15%

Navy Basic Med. Tech.: 10%

Air Force Basic Med. Tech.: 2%

Source: Va. Healthcare Workforce Data Center

In total, 5% of Virginia's LPN workforce has served in the military. More than half of these LPNs served in the Army, including 15% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	158	15%
Navy Basic Medical Technician (Navy HM0000)	102	10%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	17	2%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	0	0%
Other	761	73%
Total	1,039	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 88%
Involuntarily Unemployed: 1%

Positions Held

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

Weekly Hours

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	11	< 1%
Employed in a Nursing-Related Capacity	19,567	88%
Employed, NOT in a Nursing-Related Capacity	1,005	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	118	1%
Voluntarily Unemployed	1,149	5%
Retired	449	2%
Total	22,300	100%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 88% are currently employed in the profession, 69% hold one full-time job, and 53% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	1,716	8%
1 to 9 Hours	284	1%
10 to 19 Hours	545	3%
20 to 29 Hours	1,288	6%
30 to 39 Hours	3,631	17%
40 to 49 Hours	11,444	53%
50 to 59 Hours	1,389	6%
60 to 69 Hours	586	3%
70 to 79 Hours	200	1%
80 or More Hours	462	2%
Total	21,545	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,716	8%
One Part-Time Position	2,681	12%
Two Part-Time Positions	351	2%
One Full-Time Position	15,128	69%
One Full-Time Position & One Part-Time Position	1,739	8%
Two Full-Time Positions	105	0%
More than Two Positions	154	1%
Total	21,874	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	277	2%
Less than \$20,000	702	4%
\$20,000-\$29,999	887	5%
\$30,000-\$39,999	2,608	16%
\$40,000-\$49,999	4,140	25%
\$50,000-\$59,999	3,742	23%
\$60,000-\$69,999	2,096	13%
\$70,000-\$79,999	981	6%
\$80,000-\$89,999	456	3%
\$90,000-\$99,999	202	1%
\$100,000 or More	229	1%
Total	16,320	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 58%
Retirement: 53%

Satisfaction
Satisfied: 93%
Very Satisfied: 61%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	12,933	61%
Somewhat Satisfied	6,953	33%
Somewhat Dissatisfied	1,017	5%
Very Dissatisfied	392	2%
Total	21,295	100%

Source: Va. Healthcare Workforce Data Center

The typical LPN earns between \$40,000 and \$50,000 per year. In addition, 76% of all LPNs receive at least one employer-sponsored benefit, including 58% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	11,662	60%	60%
Health Insurance	11,281	58%	58%
Dental Insurance	10,896	56%	56%
Retirement	10,425	53%	53%
Group Life Insurance	7,529	38%	39%
Signing/Retention Bonus	1,896	10%	10%
At Least One Benefit	14,806	76%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	363	1%
Experience Voluntary Unemployment?	1,788	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	991	4%
Work Two or More Positions at the Same Time?	3,629	14%
Switch Employers or Practices?	2,221	9%
Experience at Least One?	7,623	29%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	758	4%	426	9%
Less than 6 Months	1,890	9%	785	16%
6 Months to 1 Year	2,443	12%	755	16%
1 to 2 Years	4,122	20%	1,009	21%
3 to 5 Years	4,462	22%	837	18%
6 to 10 Years	2,861	14%	462	10%
More than 10 Years	3,934	19%	493	10%
Subtotal	20,471	100%	4,767	100%
Did Not Have Location	1,347		20,740	
Item Missing	4,065		377	
Total	25,884		25,884	

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 9%
New Location: 29%
Over 2 Years: 55%
Over 2 Yrs., 2nd Location: 38%

Employment Type

Hourly Wage: 81%
Salary: 14%

Source: Va. Healthcare Workforce Data Center

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

Employment Type

Primary Work Site	#	%
Salary	2,072	14%
Hourly Wage	12,047	81%
By Contract/Per Diem	580	4%
Business/Contractor Income	87	1%
Unpaid	90	1%
Subtotal	14,876	100%
Did Not Have Location	1,347	
Item Missing	9,660	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate for September 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	61%
Lowest Region:	2%

Locations

2 or More (Past Year):	24%
2 or More (Now*):	21%

Source: Va. Healthcare Workforce Data Center

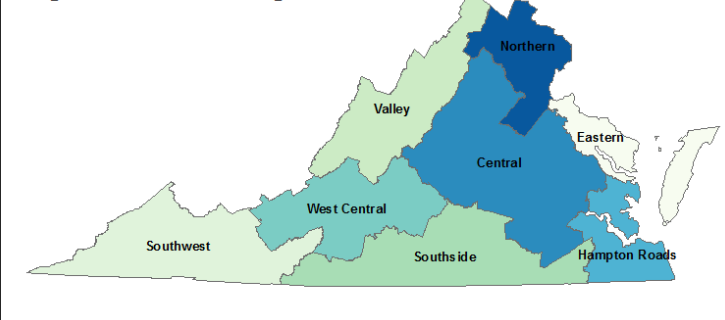
More than three out of every five LPNs work in Hampton Roads, Central Virginia, and Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	4,317	21%	1,029	21%
Eastern	412	2%	106	2%
Hampton Roads	4,780	24%	1,231	25%
Northern	3,281	16%	836	17%
Southside	1,351	7%	270	6%
Southwest	1,823	9%	383	8%
Valley	1,461	7%	304	6%
West Central	2,595	13%	583	12%
Virginia Border State/D.C.	63	0%	42	1%
Other U.S. State	60	0%	103	2%
Outside of the U.S.	0	0%	2	0%
Total	20,143	100%	4,889	100%
Item Missing	4,392		255	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all LPNs, 21% currently have multiple work locations, while 24% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	1,079	5%	1,697	8%
1	15,307	71%	15,364	72%
2	2,828	13%	2,629	12%
3	1,849	9%	1,629	8%
4	169	1%	54	0%
5	87	0%	35	0%
6 or More	170	1%	82	0%
Total	21,489	100%	21,489	100%

*At the time of survey completion (Oct. 2021-Sept. 2022, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	11,379	60%	2,874	65%
Non-Profit	3,998	21%	857	19%
State/Local Government	2,454	13%	516	12%
Veteran's Administration	469	2%	63	1%
U.S. Military	258	1%	79	2%
Other Federal Government	319	2%	60	1%
Total	18,877	100%	4,449	100%
Did Not Have Location	1,347		20,740	
Item Missing	5,660		695	

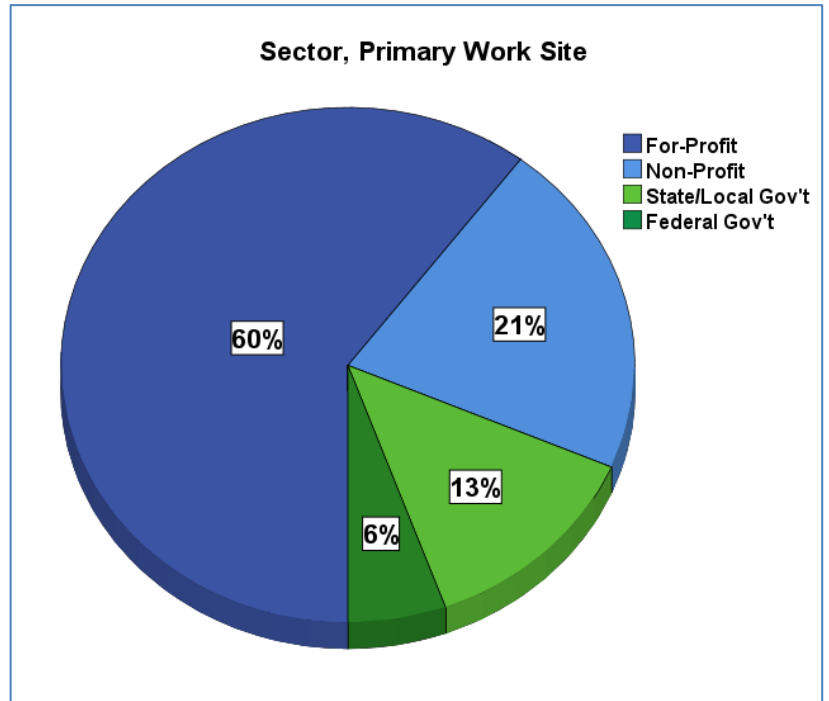
Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector	
For-Profit:	60%
Federal:	6%
Top Establishments	
LTC/Nursing Home:	27%
Clinic, Primary Care:	13%
Home Health Care:	11%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs work in the private sector, including 60% who work in the for-profit sector.



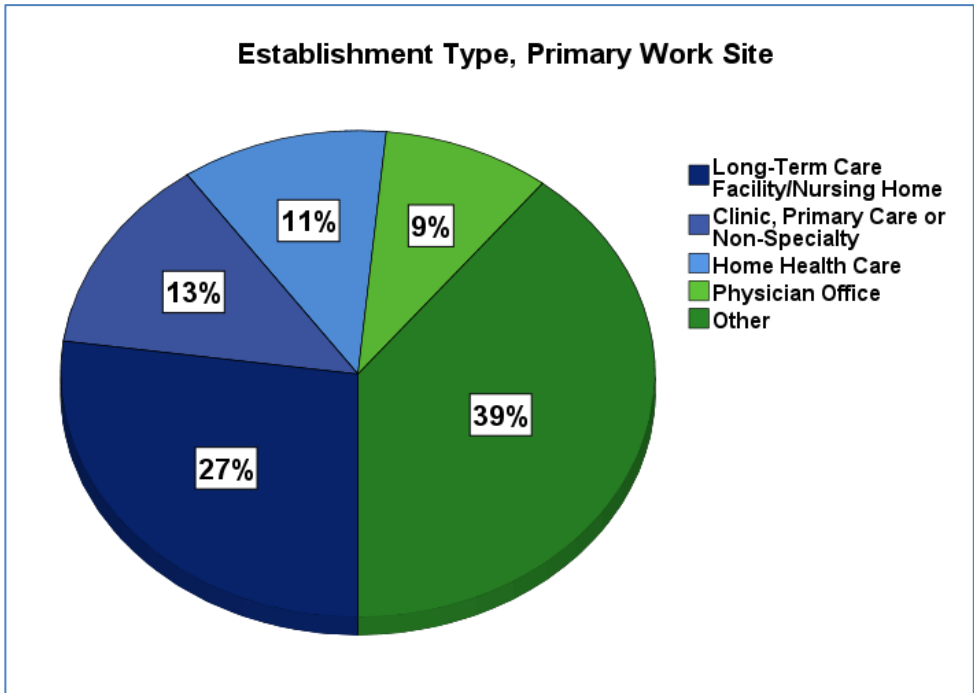
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Long Term Care Facility, Nursing Home	4,976	27%	1,423	34%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	2,397	13%	310	7%
Home Health Care	2,063	11%	735	17%
Physician Office	1,676	9%	257	6%
Hospital, Inpatient Department	873	5%	159	4%
Corrections/Jail	723	4%	170	4%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	631	3%	136	3%
Rehabilitation Facility	569	3%	151	4%
Hospital, Outpatient Department	533	3%	52	1%
School (Providing Care to Students)	479	3%	66	2%
Other Practice Setting	3,393	19%	785	18%
Total	18,313	100%	4,244	100%
Did Not Have a Location	1,347		20,740	

More than one-quarter of all LPNs work at a long-term care facility or nursing home, while another 13% work at either a primary care or non-specialty clinic.

Source: Va. Healthcare Workforce Data Center

Among those LPNs who also have a secondary work location, 34% work at a long-term care facility or nursing home, while 17% work at a home health care establishment.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

Patient Care: 67%

Administrative: 8%

Supervisory: 3%

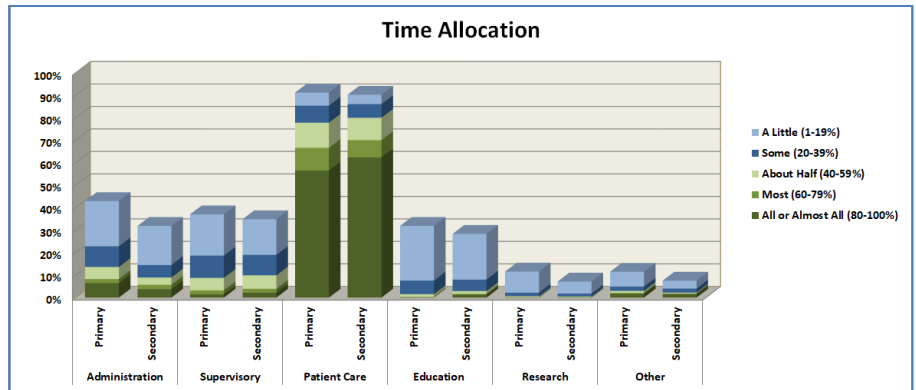
Patient Care LPNs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



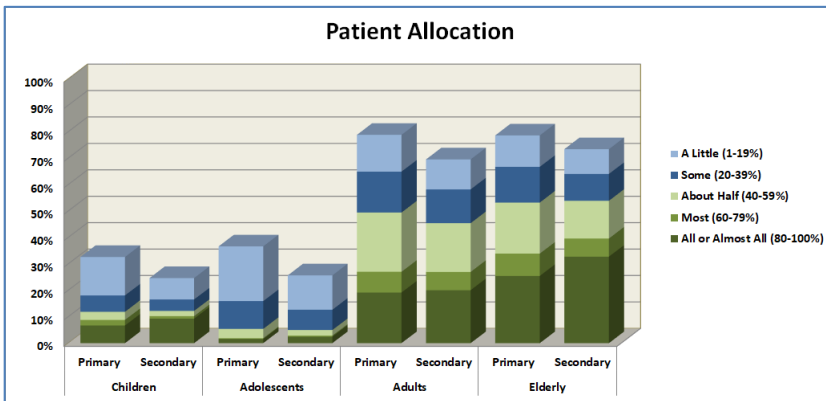
Source: Va. Healthcare Workforce Data Center

LPNs typically spend most of their time on patient care activities. Two-thirds of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	6%	4%	1%	2%	57%	62%	0%	1%	0%	0%	2%	2%
Most (60-79%)	2%	2%	2%	2%	10%	8%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	3%	6%	6%	11%	10%	1%	1%	0%	0%	1%	1%
Some (20-39%)	9%	6%	10%	9%	8%	6%	6%	5%	2%	1%	2%	2%
A Little (1-19%)	20%	17%	18%	16%	6%	4%	24%	20%	9%	5%	7%	3%
None (0%)	57%	68%	63%	65%	9%	10%	68%	72%	88%	93%	88%	92%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LPNs typically devote most of their time to treating adults and the elderly. One-third of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly.

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

Typical Patient Allocation

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

Roles

Children: 9%
 Adolescents: 2%
 Adults: 27%
 Elderly: 34%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	7%	9%	2%	2%	19%	20%	25%	33%
Most (60-79%)	2%	1%	0%	0%	8%	7%	8%	7%
About Half (40-59%)	3%	2%	4%	2%	22%	18%	19%	14%
Some (20-39%)	6%	4%	11%	8%	15%	13%	14%	10%
A Little (1-19%)	15%	8%	21%	13%	14%	11%	12%	9%
None (0%)	67%	75%	63%	74%	21%	30%	21%	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs 50 and Over	
	#	%	#	%
Under Age 50	485	3%	-	-
50 to 54	542	3%	40	1%
55 to 59	1,198	7%	255	4%
60 to 64	4,145	23%	1,495	21%
65 to 69	7,048	39%	3,095	44%
70 to 74	2,436	13%	1,229	17%
75 to 79	634	4%	324	5%
80 or Over	318	2%	111	2%
I Do Not Intend to Retire	1,285	7%	505	7%
Total	18,091	100%	7,054	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65: 35%

Under 60: 12%

LPNs 50 and Over

Under 65: 25%

Under 60: 4%

Time Until Retirement

Within 2 Years: 6%

Within 10 Years: 21%

Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 35% expect to retire by the age of 65. Among LPNs who are age 50 and over, one-quarter expect to retire by the age of 65.

Within the next two years, 27% of LPNs expect to pursue additional educational opportunities, and 10% expect to increase their patient care hours.

Future Plans

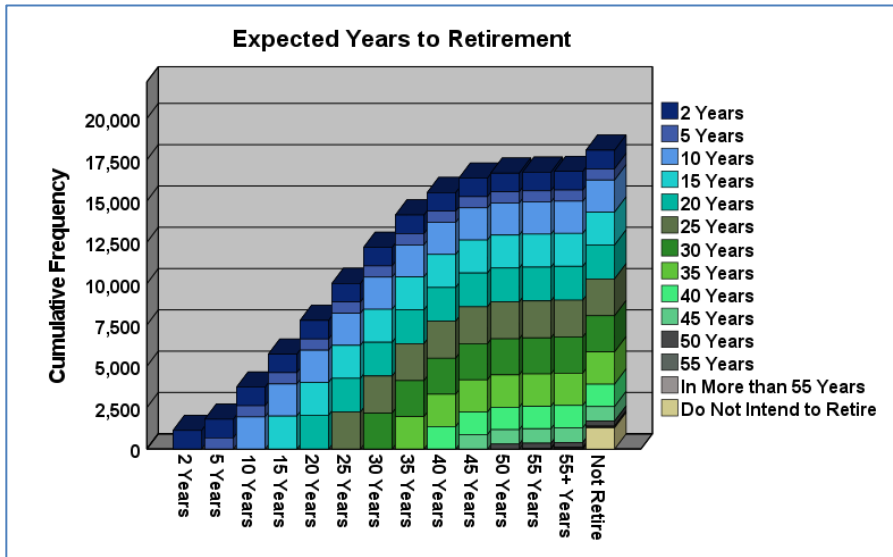
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	565	2%
Leave Virginia	848	3%
Decrease Patient Care Hours	1,753	7%
Decrease Teaching Hours	47	0%
Increase Participation		
Increase Patient Care Hours	2,549	10%
Increase Teaching Hours	543	2%
Pursue Additional Education	6,925	27%
Return to the Workforce	534	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. While 6% of LPNs expect to retire in the next two years, 21% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2047.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	1,125	6%	6%
5 Years	680	4%	10%
10 Years	1,942	11%	21%
15 Years	1,998	11%	32%
20 Years	2,046	11%	43%
25 Years	2,235	12%	55%
30 Years	2,186	12%	68%
35 Years	1,957	11%	78%
40 Years	1,358	8%	86%
45 Years	877	5%	91%
50 Years	297	2%	92%
55 Years	58	0%	93%
In More than 55 Years	49	0%	93%
Do Not Intend to Retire	1,285	7%	100%
Total	18,091	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2032. Retirement will peak at 12% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.

At a Glance:

FTEs

Total: 22,628
 FTEs/1,000 Residents²: 2.62
 Average: 0.92

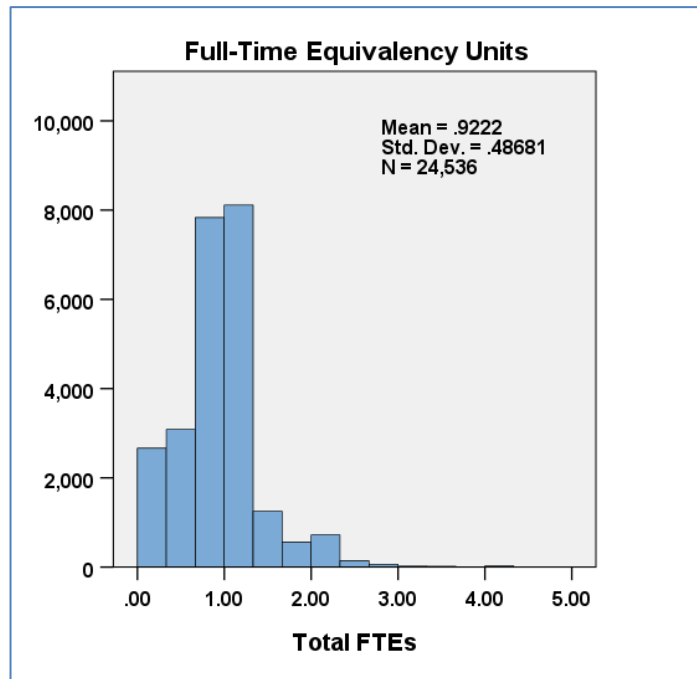
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

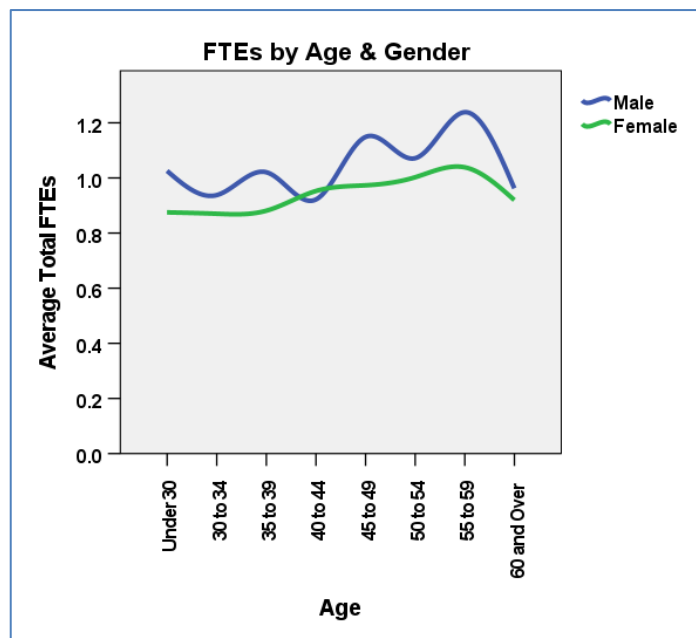


Source: Va. Healthcare Workforce Data Center

The typical (median) LPN provided 0.94 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.88	0.94
30 to 34	0.86	0.93
35 to 39	0.86	0.89
40 to 44	0.93	0.95
45 to 49	0.97	0.95
50 to 54	1.01	1.06
55 to 59	1.02	0.96
60 and Over	0.87	0.78
Gender		
Male	1.05	1.03
Female	0.94	0.96

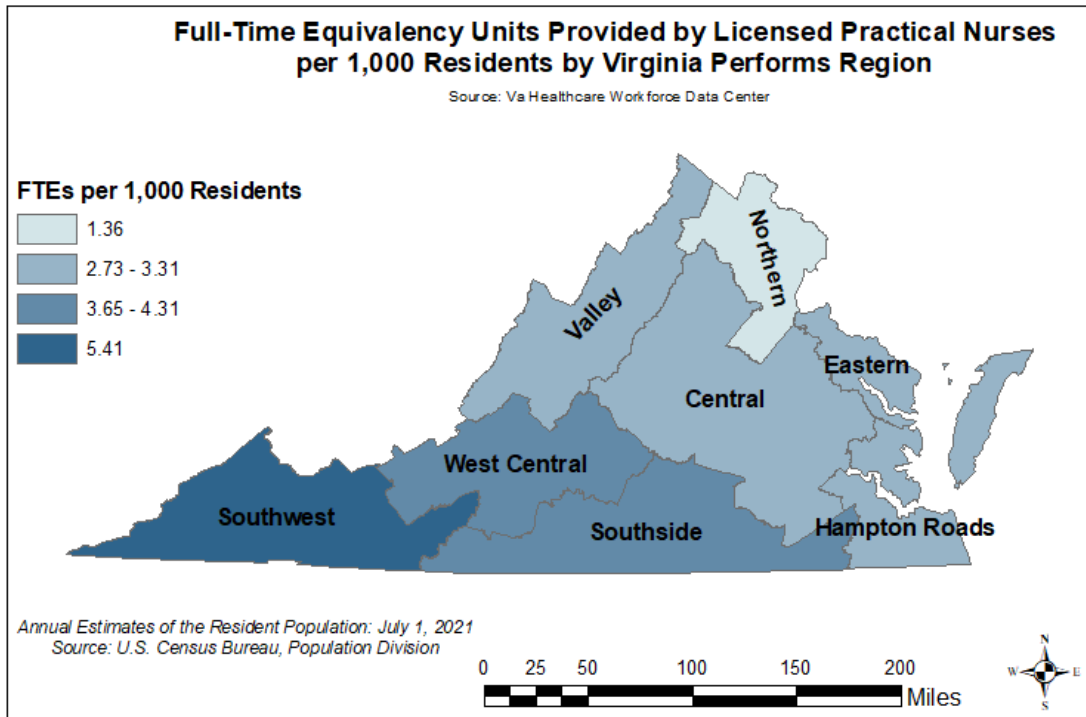
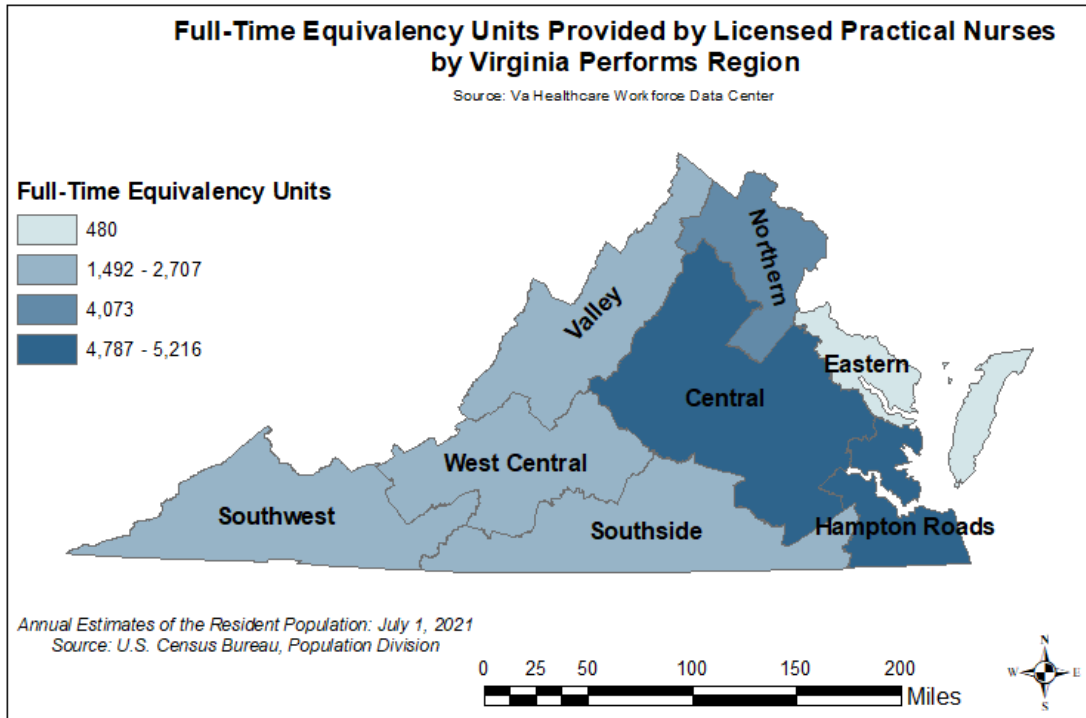
Source: Va. Healthcare Workforce Data Center

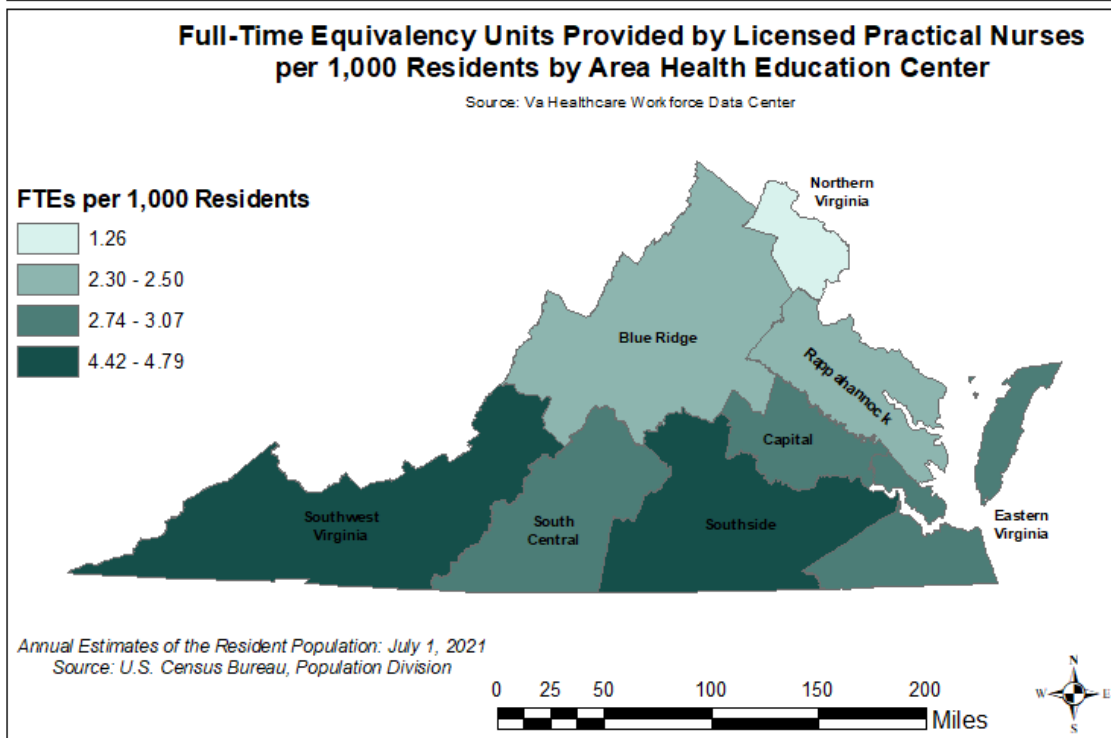
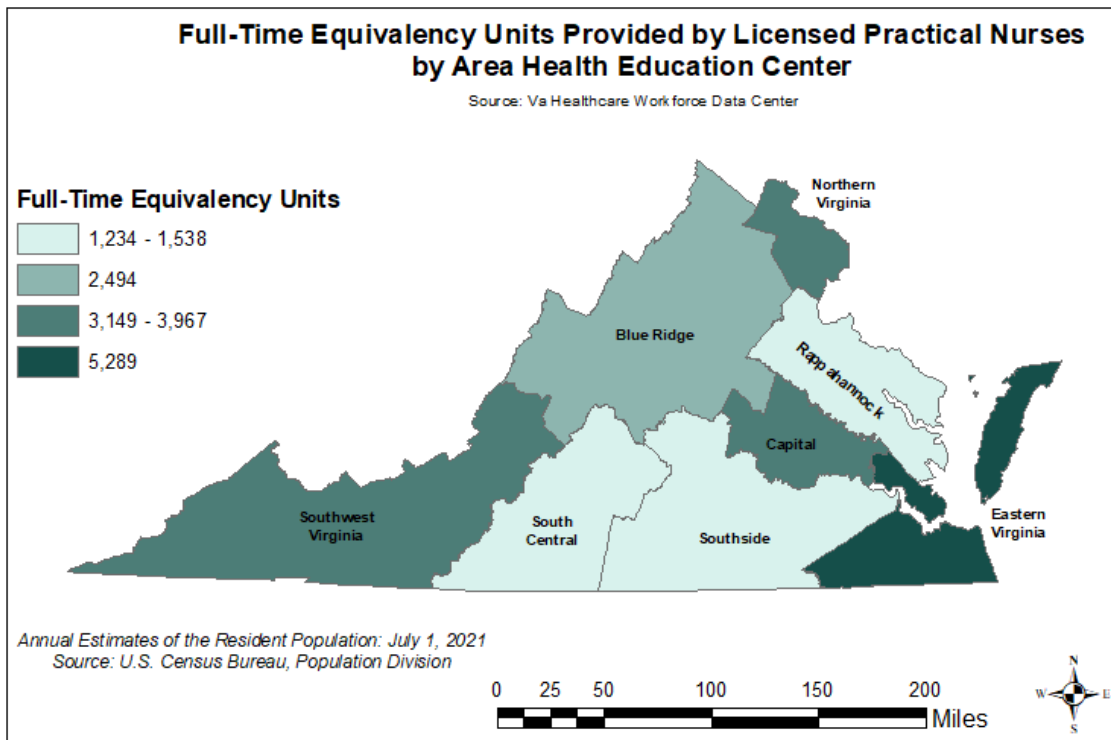


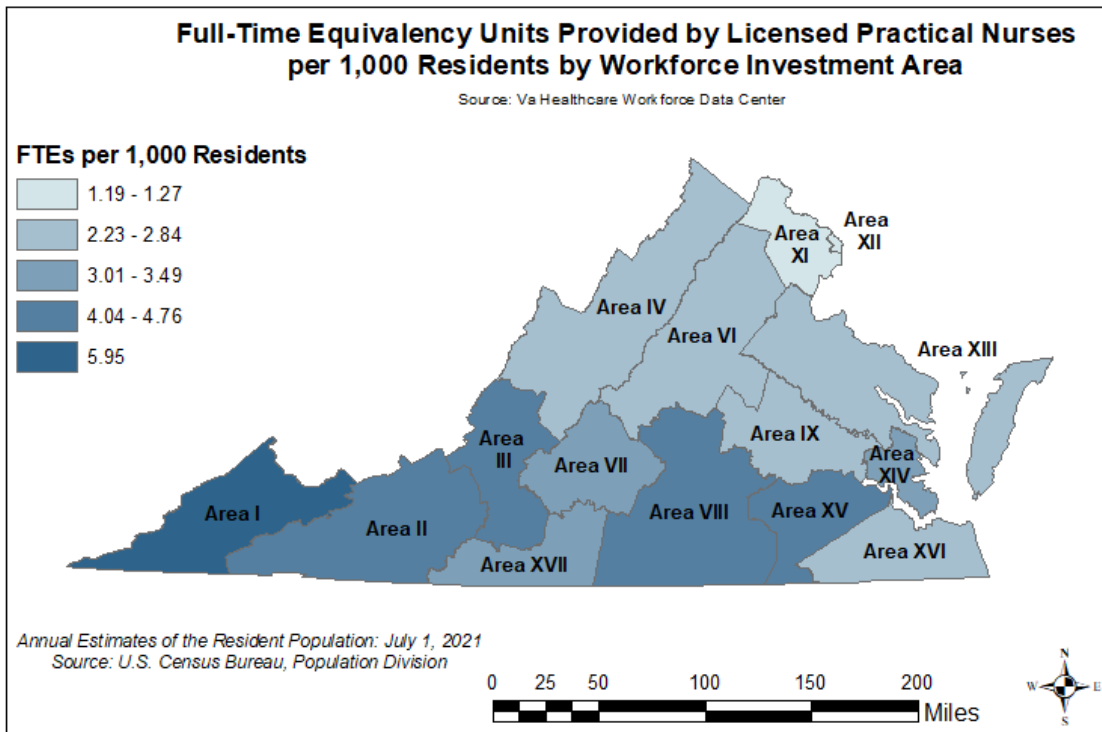
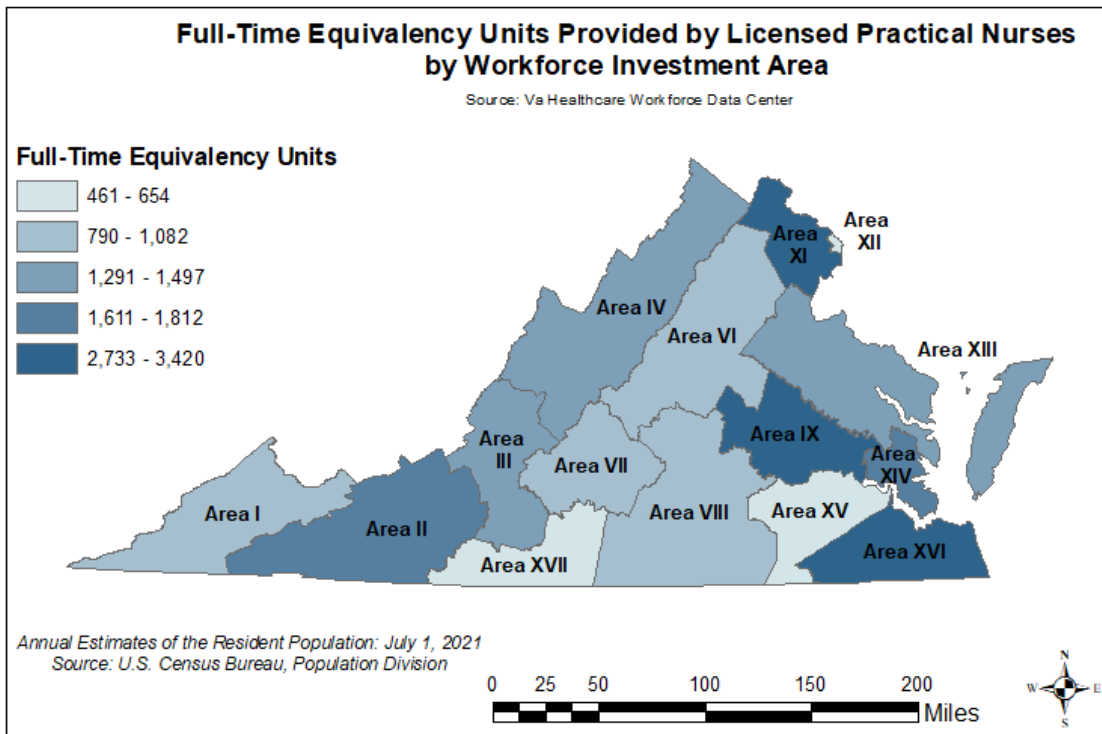
Source: Va. Healthcare Workforce Data Center

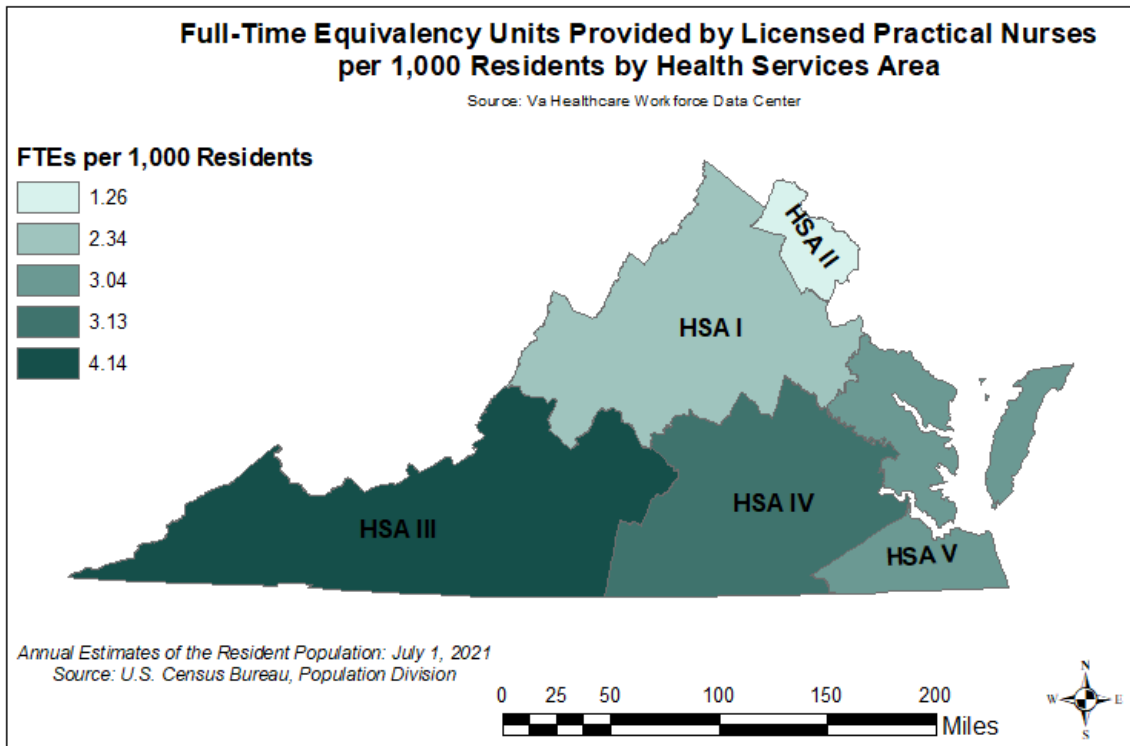
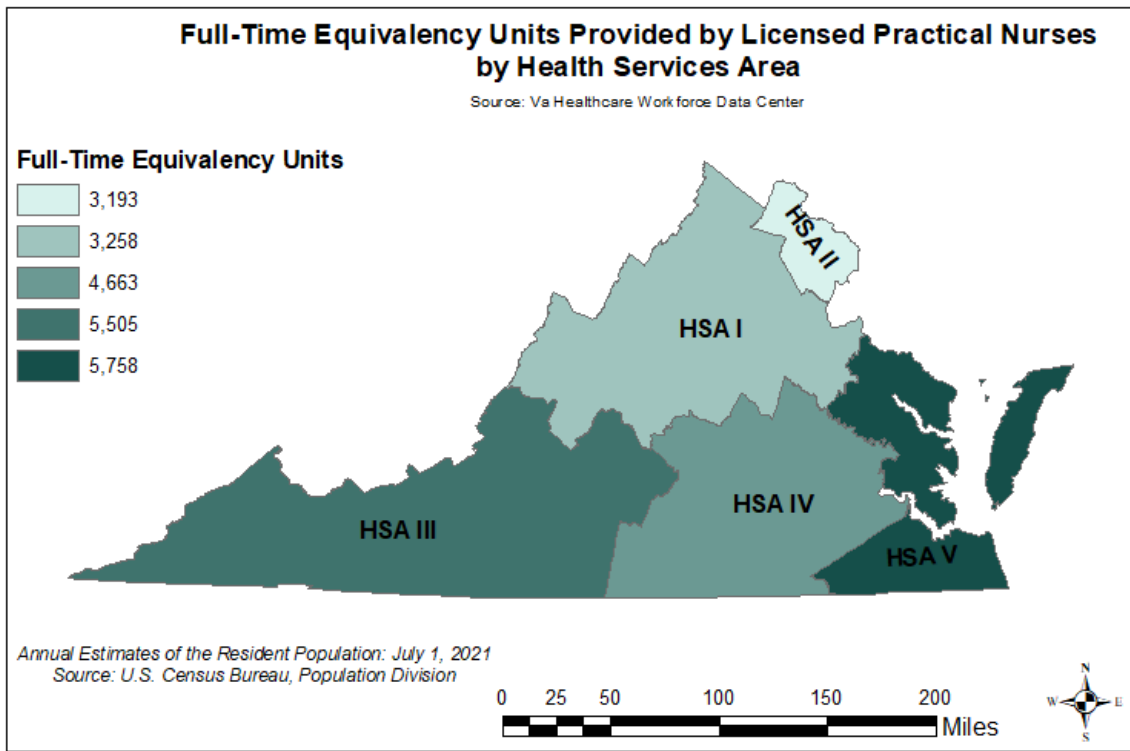
² Number of residents in 2021 was used as the denominator.

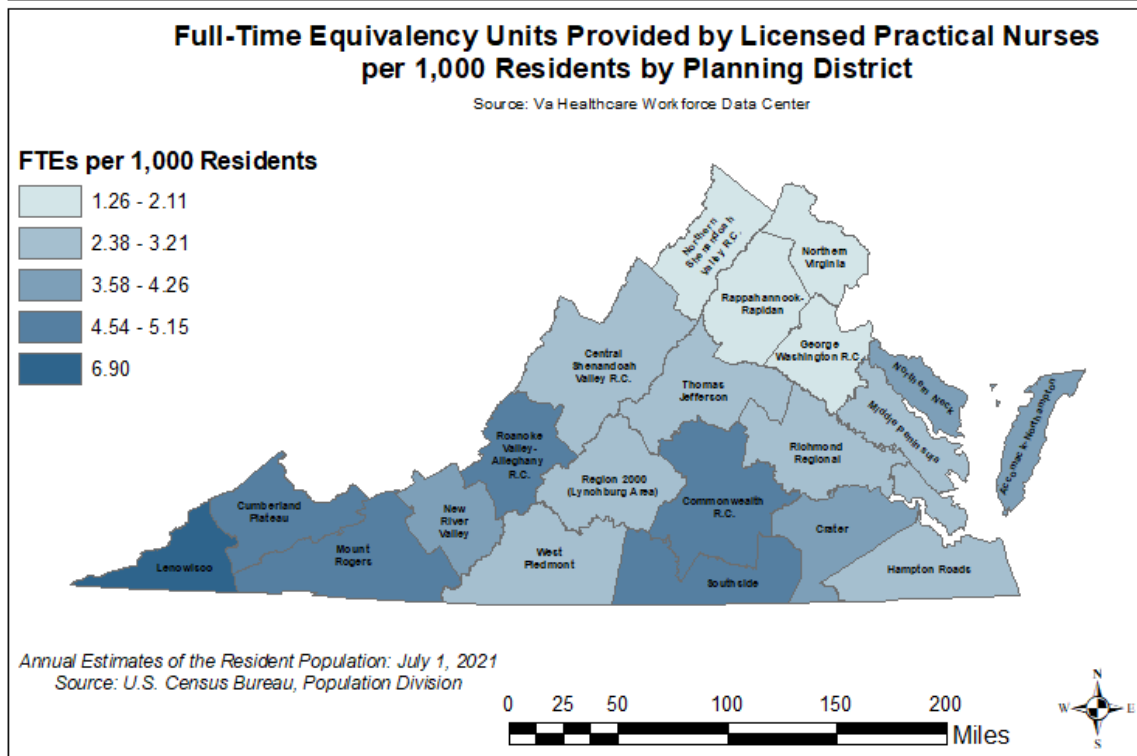
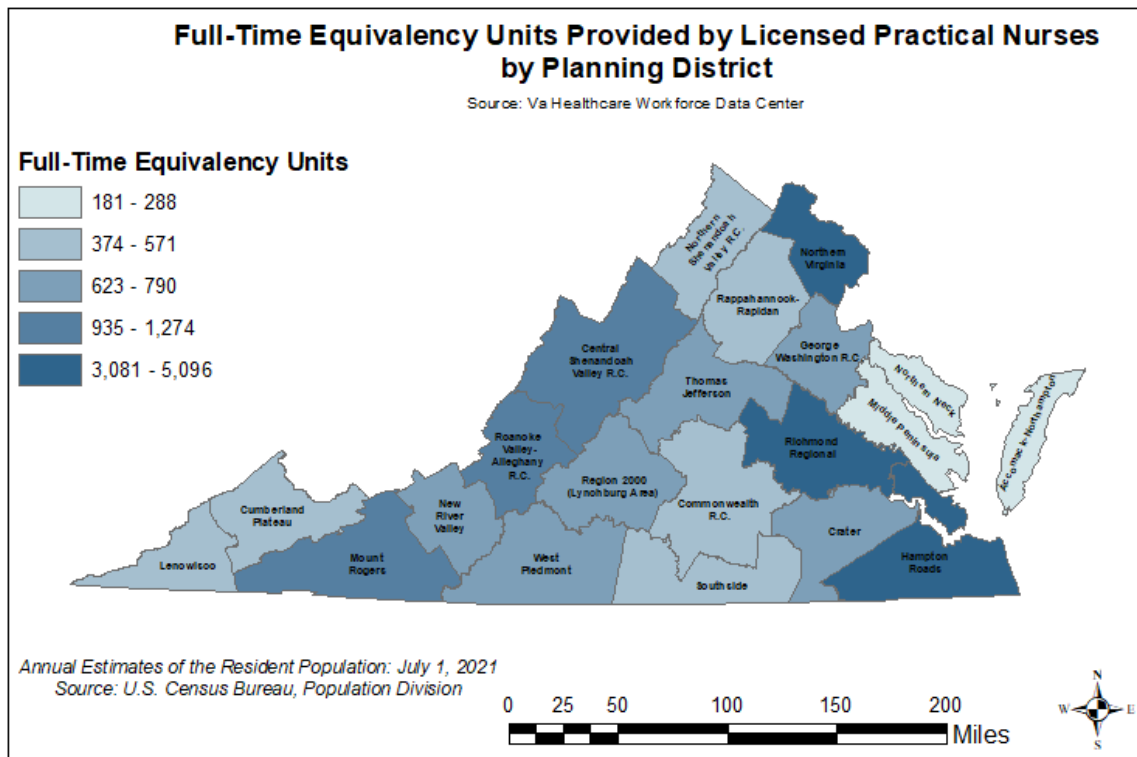
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	15,881	36.75%	2.721	2.290	3.588
Metro, 250,000 to 1 Million	2,768	36.89%	2.711	2.281	3.575
Metro, 250,000 or Less	2,441	36.54%	2.737	2.303	3.608
Urban, Pop. 20,000+, Metro Adj.	823	37.06%	2.698	2.271	3.558
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	2,010	39.30%	2.544	2.141	3.355
Urban, Pop. 2,500-19,999, Non-Adj.	1,551	37.46%	2.670	2.247	3.520
Rural, Metro Adj.	1,136	38.56%	2.594	2.183	3.420
Rural, Non-Adj.	666	38.14%	2.622	2.207	3.458
Virginia Border State/D.C.	505	33.47%	2.988	2.515	3.940
Other U.S. State	1,007	26.61%	3.757	3.162	4.955

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	2,737	27.80%	3.597	3.355	4.955
30 to 34	3,089	40.01%	2.499	2.331	3.443
35 to 39	3,510	31.57%	3.168	2.955	4.364
40 to 44	3,590	42.48%	2.354	2.196	3.243
45 to 49	3,279	36.63%	2.730	2.547	3.761
50 to 54	3,342	43.57%	2.295	2.141	3.162
55 to 59	3,015	36.48%	2.741	2.557	3.776
60 and Over	6,227	34.82%	2.872	2.679	3.957

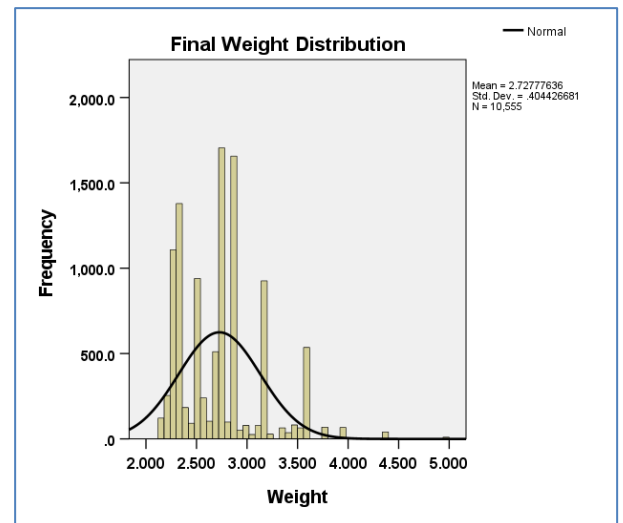
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.366633



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Registered Nurse Workforce: 2022

Healthcare Workforce Data Center

October 2022

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

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

Get a copy of this report from:

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

More than 44,000 Registered Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Board of Nursing

President

Brandon A. Jones, MSN, RN, CEN, NEA-BC
Roanoke

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Richmond

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Zion Crossroads

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

Dixie L. McElfresh, LPN
Richmond

Mark Monson
Fairfax

Helen M. Parke, DNP, FNP-BC
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Lynchburg

Meenakshi Shah, BA, RN
Roanoke

Executive Director

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

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The Registered Nurse Workforce At a Glance:

The Workforce

Licensees:	119,222
Virginia's Workforce:	99,802
FTEs:	83,631

Background

Rural Childhood:	36%
HS Degree in VA:	58%
Prof. Degree in VA:	69%

Current Employment

Employed in Prof.:	90%
Hold 1 Full-Time Job:	67%
Satisfied?:	91%

Survey Response Rate

All Licensees:	37%
Renewing Practitioners:	89%

Education

Baccalaureate:	50%
Associate:	26%

Job Turnover

Switched Jobs:	9%
Employed Over 2 Yrs.:	60%

Demographics

Female:	92%
Diversity Index:	43%
Median Age:	45

Finances

Median Income: \$70k-\$80k	
Health Insurance:	65%
Under 40 w/ Ed. Debt:	58%

Time Allocation

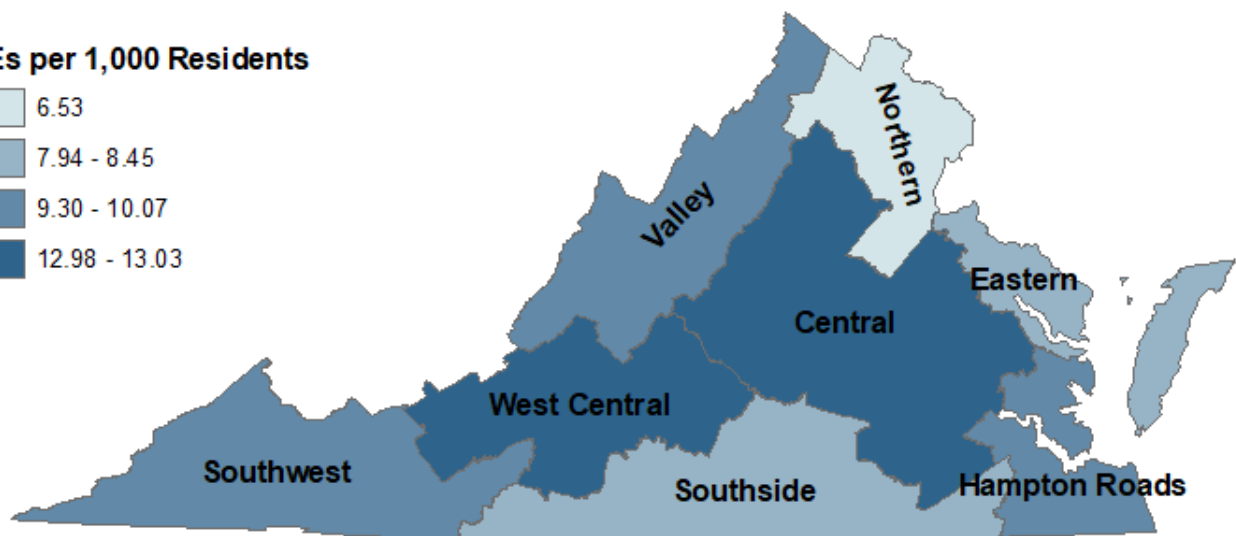
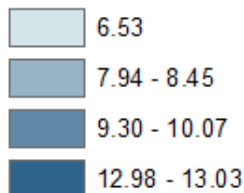
Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

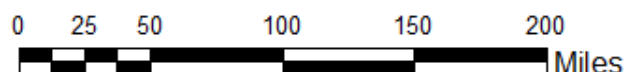
Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Registered Nurse (RN) survey. More than 44,000 RNs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs have access to the survey in a given year. These survey respondents represent 37% of the 119,222 RNs who are licensed in the state and 89% of renewing practitioners.

The HWDC estimates that 99,802 RNs participated in Virginia's workforce during the survey period, which is defined as those RNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 83,631 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than 90% of all RNs are female, and the median age of this workforce is 45. In a random encounter between two RNs, there is a 43% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 47% for those RNs who are under the age of 40. The comparable diversity index for Virginia's population as a whole is 58%. More than one-third of all RNs grew up in a rural area, and 20% of RNs who grew up in a rural area currently work in a non-metro area of Virginia. Overall, 9% of Virginia's RNs work in a non-metro area of the state. In total, 7% of Virginia's RNs have served in the military.

Among all RNs, 90% are currently employed in the profession, 67% hold one full-time job, and 40% work between 40 and 49 hours per week. Hospitals employ nearly half of all RNs, including 36% who work in the inpatient department of hospitals. The median annual income for Virginia's RN workforce is between \$70,000 and \$80,000, and nearly two-thirds of RNs receive this income in the form of an hourly wage. In addition, more than 80% of RNs receive at least one employer-sponsored benefit, including 65% who have access to health insurance. More than 90% of RNs indicated that they are satisfied with their current employment situation, including 52% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 RN workforce. The number of licensed RNs in Virginia has increased by 10% (119,222 vs. 108,857). In addition, the size of Virginia's RN workforce has also increased by 10% (99,802 vs. 90,574), and the number of FTEs provided by this workforce has grown by 7% (83,631 vs. 77,979). A higher percentage of Virginia's renewing RNs responded to this survey (89% vs. 86%).

Although females remain the majority of all RNs in the state, their percentage of this workforce has fallen slightly (92% vs. 93%). In addition, the median age of this workforce has declined slightly as well (45 vs. 46). The state's RN workforce has become more diverse (43% vs. 37%) during a time in which the state's overall population has also become more diverse (58% vs. 56%). RNs are slightly less likely to have grown up in a rural area (36% vs. 37%), but RNs who grew up in a rural area are slightly more likely to currently work in a non-metro area of the state (20% vs. 19%).

RNs are more likely to hold a baccalaureate degree as their highest professional degree (50% vs. 45%) instead of an associate degree (26% vs. 31%). However, RNs are less likely to be currently enrolled in a degree-seeking program (12% vs. 15%). At the same time, RNs are more likely to carry education debt (42% vs. 40%), and those RNs with education debt have seen their median debt amount increase (\$30k-\$40k vs. \$20k-\$30k).

RNs are less likely to hold one full-time job (67% vs. 69%) and work between 40 and 49 hours per week (40% vs. 41%). Employment turnover has increased as RNs are more likely to switch jobs (9% vs. 7%) and less likely to be employed at their primary work location for more than two years (60% vs. 63%). At the same time, RNs are considerably less likely to be underemployed (2% vs. 6%). The median annual income of Virginia's RN workforce has increased (\$70k-\$80k vs. \$60k-\$70k). On the other hand, RNs are less likely to receive at least one employer-sponsored benefit (82% vs. 84%). The percentage of RNs who indicated that they are satisfied with their current work situation has fallen (91% vs. 93%), and this decline has been even larger among those RNs who indicated that they are "very satisfied" (52% vs. 58%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	50,525	42%
New Licensees	6,750	6%
Non-Renewals	6,636	6%
Renewal Date Not in Survey Period	55,311	46%
All Licensees	119,222	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly 90% of all renewing RNs submitted a survey. This represents 37% of all RNs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	10,589	3,846	27%
30 to 34	8,452	6,073	42%
35 to 39	10,040	5,029	33%
40 to 44	7,180	5,647	44%
45 to 49	7,597	4,054	35%
50 to 54	6,455	5,411	46%
55 to 59	7,203	4,039	36%
60 and Over	17,107	10,500	38%
Total	74,623	44,599	37%
New Licenses			
Issued in Past Year	6,749	1	0%
Metro Status			
Non-Metro	8,508	5,349	39%
Metro	55,751	35,574	39%
Not in Virginia	10,360	3,676	26%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022 on the birth month of each renewing practitioner.
- 2. Target Population:** All RNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	44,599
Response Rate, All Licensees	37%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Nurses
 Number: 119,222
 New: 6%
 Not Renewed: 6%

Response Rates
 All Licensees: 37%
 Renewing Practitioners: 89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's RN Workforce: 99,802
 FTEs: 83,631

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.43
 Workers per FTE: 1.19

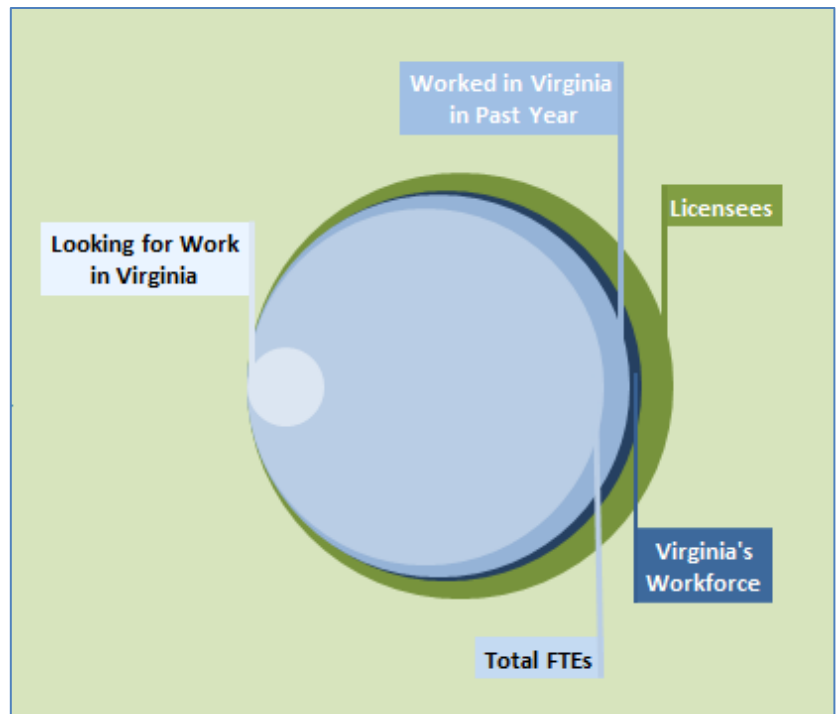
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's RN Workforce		
Status	#	%
Worked in Virginia in Past Year	95,729	96%
Looking for Work in Virginia	4,073	4%
Virginia's Workforce	99,802	100%
Total FTEs	83,631	
Licensees	119,222	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	963	8%	11,083	92%	12,047	14%
30 to 34	911	8%	10,541	92%	11,452	13%
35 to 39	1,024	9%	10,671	91%	11,695	13%
40 to 44	832	9%	8,949	92%	9,781	11%
45 to 49	729	8%	8,060	92%	8,788	10%
50 to 54	760	9%	8,149	92%	8,909	10%
55 to 59	632	8%	7,753	93%	8,385	9%
60 and Over	991	6%	16,397	94%	17,388	20%
Total	6,842	8%	81,603	92%	88,445	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	60%	65,887	74%	25,321	71%
Black	19%	11,114	12%	3,990	11%
Asian	7%	5,687	6%	2,587	7%
Other Race	0%	879	1%	277	1%
Two or More Races	3%	2,410	3%	1,273	4%
Hispanic	10%	3,339	4%	1,997	6%
Total	100%	89,316	100%	35,445	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

Two out of every five RNs are under the age of 40. Among RNs who are under the age of 40, 92% are female. In addition, the diversity index among RNs who are under the age of 40 is 47%.

At a Glance:

Gender

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

Age

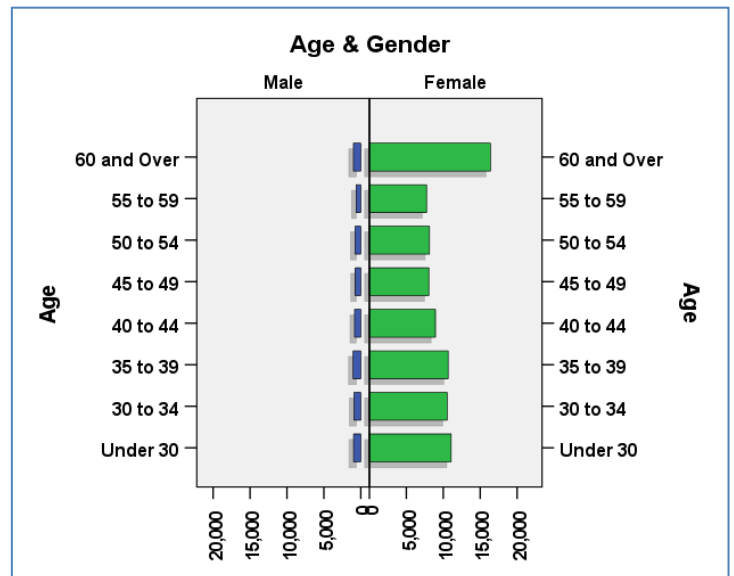
Median Age: 45
% Under 40: 40%
% 55 and Over: 29%

Diversity

Diversity Index: 43%
Under 40 Div. Index: 47%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RNs, there is a 43% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 58% chance for Virginia's population as a whole.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 36%

Virginia Background

HS in Virginia: 58%
 Prof. Edu. in VA: 69%
 HS or Prof. Edu. in VA: 72%

Location Choice

% Rural to Non-Metro: 20%
 % Urban/Suburban to Non-Metro: 3%

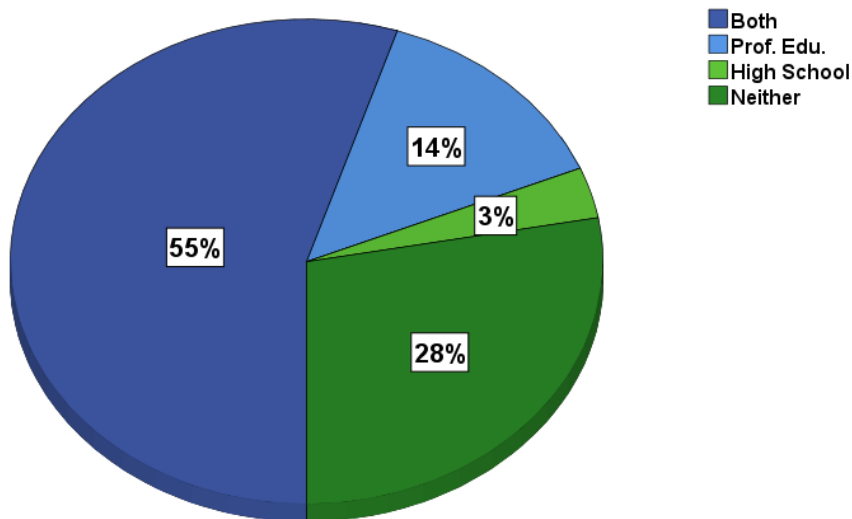
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	25%	59%	17%
2	Metro, 250,000 to 1 Million	54%	37%	9%
3	Metro, 250,000 or Less	51%	40%	8%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	73%	18%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	74%	20%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	90%	7%	4%
8	Rural, Metro Adjacent	73%	18%	9%
9	Rural, Non-Adjacent	64%	25%	12%
Overall		36%	50%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

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

Top Ten States for Registered Nurse Recruitment

Rank	All Registered Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	51,814	Virginia	60,882
2	Outside U.S./Canada	6,872	Outside U.S./Canada	3,355
3	New York	3,770	New York	2,868
4	Pennsylvania	3,423	Pennsylvania	2,699
5	Maryland	2,286	North Carolina	1,658
6	New Jersey	1,734	Maryland	1,560
7	North Carolina	1,681	Florida	1,309
8	Ohio	1,561	Ohio	1,141
9	Florida	1,422	West Virginia	1,089
10	California	1,284	Washington, D.C.	924

Source: Va. Healthcare Workforce Data Center

Among all RNs, 58% received their high school degree in Virginia, and 69% received their initial professional degree in the state.

Among RNs who have obtained their license in the past five years, 56% received their high school degree in Virginia, and 67% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	11,669	Virginia	13,805
2	Outside U.S./Canada	2,052	Outside U.S./Canada	1,069
3	New York	777	Pennsylvania	644
4	Pennsylvania	740	New York	588
5	Maryland	552	Maryland	383
6	California	447	North Carolina	363
7	North Carolina	398	Florida	362
8	New Jersey	395	Ohio	315
9	Florida	395	California	219
10	Ohio	353	Washington, D.C.	206

Source: Va. Healthcare Workforce Data Center

Among all licensees, 16% did not participate in Virginia's RN workforce during the past year. Seven out of every ten of these licensees worked at some point in the past year, including 64% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	19,394
% of Licensees:	16%
Federal/Military:	9%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	122	0%
Hospital RN Diploma	4,579	5%
Associate Degree	22,597	26%
Baccalaureate Degree	44,395	50%
Master's Degree	14,803	17%
Doctorate Degree	2,021	2%
Total	88,517	100%

Source: Va. Healthcare Workforce Data Center

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

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	10,557	12%
No	77,718	88%
Total	88,276	100%
Degree Pursued	#	%
Associate	30	0%
Baccalaureate	3,763	36%
Masters	5,140	50%
Doctorate	1,381	13%
Total	10,314	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Baccalaureate: 50%
 Associate: 26%

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

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All RNs		RN's Under 40	
	#	%	#	%
None	43,588	58%	12,636	42%
Less than \$10,000	4,944	7%	2,680	9%
\$10,000-\$19,999	4,770	6%	2,800	9%
\$20,000-\$29,999	4,353	6%	2,585	8%
\$30,000-\$39,999	3,652	5%	2,207	7%
\$40,000-\$49,999	2,644	3%	1,524	5%
\$50,000-\$59,999	2,575	3%	1,457	5%
\$60,000-\$69,999	2,124	3%	1,183	4%
\$70,000-\$79,999	1,554	2%	921	3%
\$80,000-\$89,999	1,294	2%	651	2%
\$90,000-\$99,999	795	1%	359	1%
\$100,000-\$109,999	1,041	1%	531	2%
\$110,000-\$119,999	394	1%	186	1%
\$120,000 or More	1,847	2%	707	2%
Total	75,575	100%	30,427	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Acute/Critical Care:	20%
Surgery/OR:	8%
Obstetrics/Midwifery:	4%

Secondary Specialty

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

Licenses

Licensed NP:	8%
Licensed Practical Nurse:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	17,697	20%	10,439	16%
Surgery/OR/Pre-, Peri- or Post-Operative	6,728	8%	2,954	5%
Obstetrics/Nurse Midwifery	3,793	4%	1,429	2%
Cardiology	3,745	4%	3,034	5%
Pediatrics	3,659	4%	2,307	4%
Psychiatric/Mental Health	3,628	4%	1,674	3%
Case Management	2,968	3%	2,031	3%
Family Health	2,678	3%	1,354	2%
Neonatal Care	2,597	3%	1,660	3%
Oncology	2,452	3%	1,436	2%
Administration/Management	2,408	3%	2,706	4%
Community Health/Public Health	1,976	2%	1,681	3%
Hospital/Float	1,847	2%	1,806	3%
Geriatrics/Gerontology	1,596	2%	1,721	3%
Women's Health/Gynecology	1,394	2%	1,420	2%
Palliative/Hospice Care	1,316	2%	909	1%
General Nursing/No Specialty	8,270	10%	9,715	15%
Other Specialty Area	16,561	19%	14,435	23%
Medical Specialties (Not Listed)	1,356	2%	1,006	2%
Total	86,668	100%	63,717	100%

Source: Va. Healthcare Workforce Data Center

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

In addition to being licensed as an RN, 8% of RNs also hold a license as an LNP. Another 1% of RNs hold a license as an LPN.

Other Licenses

License	#	% of Workforce
Licensed Nurse Practitioner	8,196	8%
Licensed Practical Nurse	897	1%
Clinical Nurse Specialist	325	0%
Certified Nurse Midwife	224	0%
Certified Massage Therapist	143	0%
Respiratory Therapist	33	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Military Service		
Service?	#	%
Yes	5,938	7%
No	79,080	93%
Total	85,018	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	2,229	39%
Navy/Marine	2,170	38%
Air Force	1,199	21%
Other	143	2%
Total	5,741	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 7%

Branch of Service

Army: 39%
 Navy/Marines: 38%
 Air Force: 21%

Occupation

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

Source: Va. Healthcare Workforce Data Center

In total, 7% of Virginia's RN workforce has served in the military. Nearly 40% of these RNs have served in the Army, including 8% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	433	8%
Navy Basic Medical Technician (Navy HM0000)	383	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	139	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	12	0%
Other	4,565	83%
Total	5,532	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 90%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 67%
 2 or More Positions: 10%

Weekly Hours

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	66	< 1%
Employed in a Nursing-Related Capacity	78,497	90%
Employed, NOT in a Nursing-Related Capacity	2,475	3%
Not Working, Reason Unknown	8	< 1%
Involuntarily Unemployed	275	< 1%
Voluntarily Unemployed	3,805	4%
Retired	2,407	3%
Total	87,533	100%

Source: Va. Healthcare Workforce Data Center

Among all RNs, 90% are currently employed in the profession, 67% hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	6,495	8%
1 to 9 Hours	1,404	2%
10 to 19 Hours	3,012	4%
20 to 29 Hours	6,981	8%
30 to 39 Hours	24,817	29%
40 to 49 Hours	34,181	40%
50 to 59 Hours	5,344	6%
60 to 69 Hours	1,903	2%
70 to 79 Hours	649	1%
80 or More Hours	580	1%
Total	85,366	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	6,495	8%
One Part-Time Position	13,208	15%
Two Part-Time Positions	1,862	2%
One Full-Time Position	57,822	67%
One Full-Time Position & One Part-Time Position	5,877	7%
Two Full-Time Positions	258	0%
More than Two Positions	554	1%
Total	86,076	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	986	2%
Less than \$20,000	1,986	3%
\$20,000-\$29,999	1,476	2%
\$30,000-\$39,999	2,136	3%
\$40,000-\$49,999	3,588	5%
\$50,000-\$59,999	7,219	11%
\$60,000-\$69,999	9,550	14%
\$70,000-\$79,999	10,217	15%
\$80,000-\$89,999	8,920	14%
\$90,000-\$99,999	5,896	9%
\$100,000 or More	14,233	22%
Total	66,208	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 65%
Retirement: 71%

Satisfaction
Satisfied: 91%
Very Satisfied: 52%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	43,263	52%
Somewhat Satisfied	32,840	39%
Somewhat Dissatisfied	6,034	7%
Very Dissatisfied	1,816	2%
Total	83,954	100%

Source: Va. Healthcare Workforce Data Center

The typical RN earns between \$70,000 and \$80,000 per year. In addition, 82% of all RNs receive at least one employer-sponsored benefit, including 65% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	55,670	71%	72%
Paid Leave	52,310	67%	68%
Health Insurance	50,720	65%	66%
Dental Insurance	49,952	64%	65%
Group Life Insurance	35,108	45%	46%
Signing/Retention Bonus	10,213	13%	13%
At Least One Benefit	64,539	82%	83%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	987	1%
Experience Voluntary Unemployment?	6,369	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2,110	2%
Work Two or More Positions at the Same Time?	12,132	12%
Switch Employers or Practices?	8,859	9%
Experience at Least One?	25,994	26%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	2,901	4%	1,543	10%
Less than 6 Months	6,016	7%	2,660	17%
6 Months to 1 Year	7,536	9%	2,021	13%
1 to 2 Years	16,012	20%	2,816	18%
3 to 5 Years	18,635	23%	2,897	19%
6 to 10 Years	11,774	15%	1,669	11%
More than 10 Years	18,047	22%	1,964	13%
Subtotal	80,921	100%	15,570	100%
Did Not Have Location	4,750		83,352	
Item Missing	14,132		881	
Total	99,802		99,802	

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 9%
New Location: 23%
Over 2 Years: 60%
Over 2 Yrs., 2nd Location: 42%

Employment Type

Hourly Wage: 64%
Salary: 30%

Source: Va. Healthcare Workforce Data Center

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

Employment Type

Primary Work Site	#	%
Salary	18,746	30%
Hourly Wage	39,931	64%
By Contract/Per Diem	2,802	4%
Business/Contractor Income	524	1%
Unpaid	549	1%
Subtotal	62,552	100%
Did Not Have Location	4,750	
Item Missing	32,500	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate for September 2022 was still preliminary.

At a Glance:

Concentration

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

Locations

2 or More (Past Year):	19%
2 or More (Now*):	17%

Source: Va. Healthcare Workforce Data Center

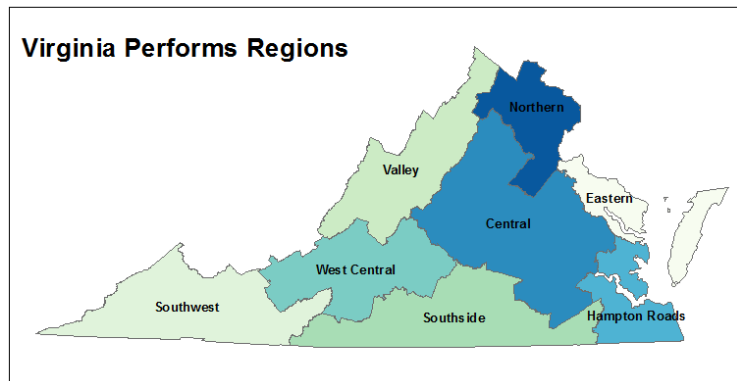
Nearly three-quarters of all RNs work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	22,293	28%	3,724	23%
Eastern	1,135	1%	248	2%
Hampton Roads	16,437	20%	3,211	20%
Northern	19,567	24%	3,637	23%
Southside	2,592	3%	510	3%
Southwest	3,364	4%	622	4%
Valley	4,713	6%	764	5%
West Central	9,406	12%	1,794	11%
Virginia Border State/D.C.	371	0%	339	2%
Other U.S. State	538	1%	996	6%
Outside of the U.S.	8	0%	35	0%
Total	80,424	100%	15,880	100%
Item Missing	14,628		572	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all RNs, 17% currently have multiple work locations, while 19% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	4,049	5%	6,251	7%
1	64,310	76%	64,408	76%
2	10,532	12%	9,839	12%
3	4,616	6%	3,592	4%
4	481	1%	194	0%
5	207	0%	133	0%
6 or More	462	1%	240	0%
Total	84,657	100%	84,657	100%

*At the time of survey completion (Oct. 2021-Sept. 2022, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	30,619	41%	7,253	49%
Non-Profit	33,078	44%	5,478	37%
State/Local Government	8,026	11%	1,483	10%
Veteran's Administration	1,633	2%	106	1%
U.S. Military	1,250	2%	214	1%
Other Federal Government	719	1%	169	1%
Total	75,325	100%	14,703	100%
Did Not Have Location	4,750		83,352	
Item Missing	19,728		1,747	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

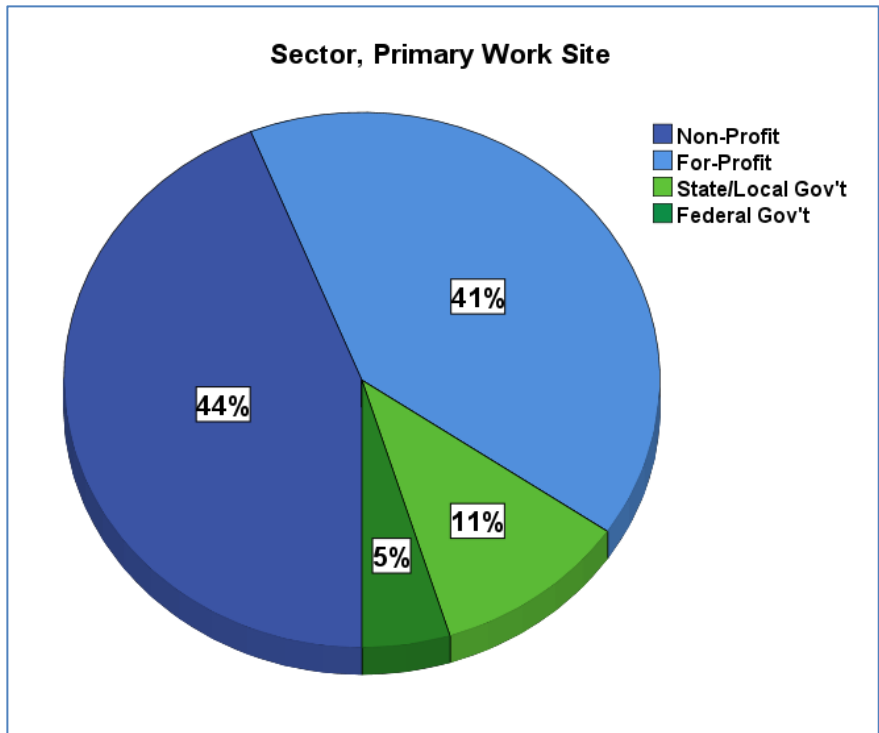
For-Profit:	41%
Federal:	5%

Top Establishments

Hospital, Inpatient:	36%
Hospital, Emergency:	7%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

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



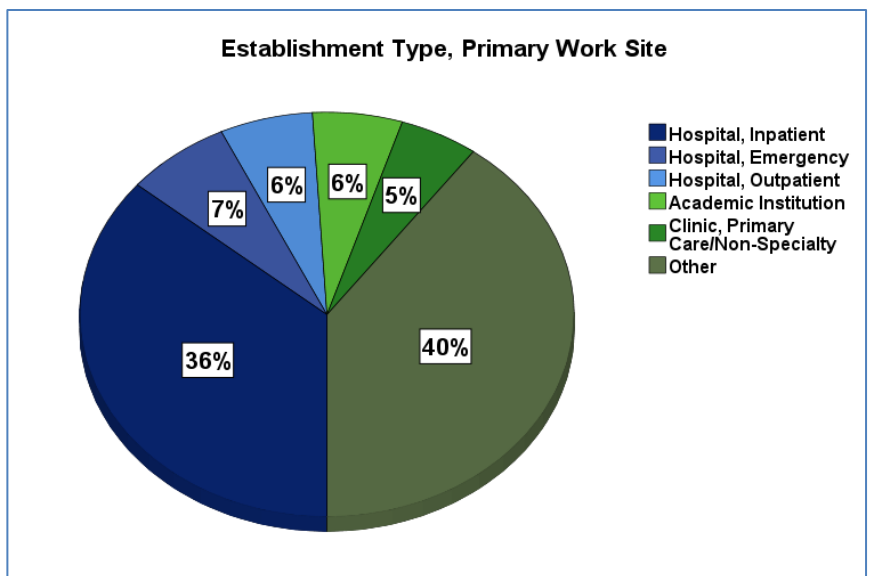
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	26,198	36%	4,484	32%
Hospital, Emergency Department	4,917	7%	1,001	7%
Hospital, Outpatient Department	4,441	6%	491	3%
Academic Institution (Teaching or Research)	4,208	6%	854	6%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	3,695	5%	802	6%
Ambulatory/Outpatient Surgical Unit	3,226	4%	520	4%
Home Health Care	2,768	4%	817	6%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	2,472	3%	563	4%
Long Term Care Facility, Nursing Home	2,360	3%	784	6%
Physician Office	2,142	3%	352	2%
Insurance Company, Health Plan	2,011	3%	154	1%
School (Providing Care to Students)	1,925	3%	336	2%
Hospice	1,379	2%	344	2%
Other Practice Setting	10,348	14%	2,621	19%
Total	72,090	100%	14,123	100%
Did Not Have a Location	4,750		83,352	

Nearly half of all RNs in Virginia work in a hospital, including 36% who work in the inpatient department of a hospital.

Source: Va. Healthcare Workforce Data Center

Among those RNs who also have a secondary work location, more than 40% work in a hospital, including 32% who work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

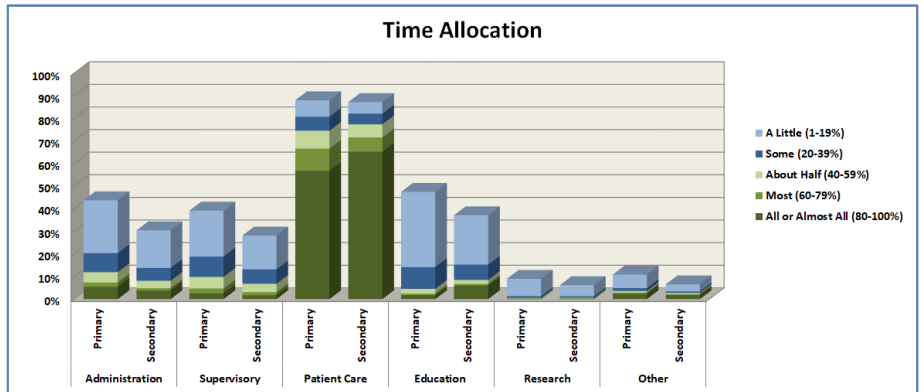
Patient Care: 67%
 Administrative: 7%
 Supervisory: 5%
 Education: 2%

Patient Care RNs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



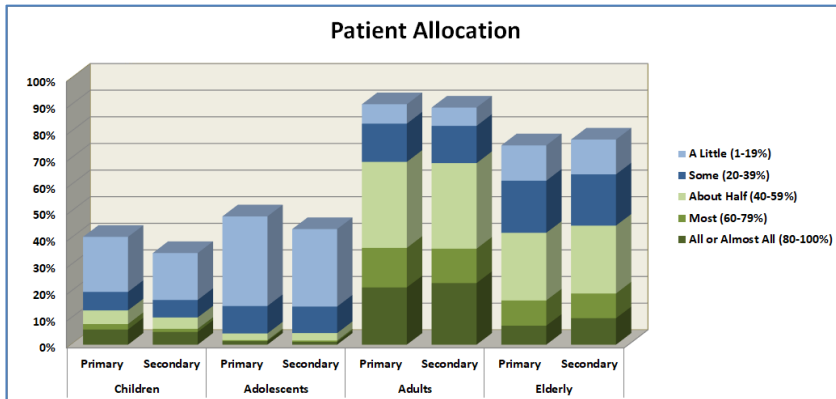
Source: Va. Healthcare Workforce Data Center

RNs typically spend most of their time on patient care activities. Two-thirds of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	5%	4%	3%	2%	57%	65%	2%	6%	0%	0%	2%	2%
Most (60-79%)	2%	1%	2%	1%	10%	6%	1%	1%	0%	0%	1%	0%
About Half (40-59%)	5%	3%	5%	4%	8%	6%	2%	2%	0%	0%	1%	1%
Some (20-39%)	8%	6%	9%	6%	6%	5%	10%	7%	1%	1%	1%	1%
A Little (1-19%)	23%	17%	20%	15%	7%	5%	33%	22%	8%	5%	6%	3%
None (0%)	56%	70%	61%	72%	12%	13%	53%	63%	91%	94%	89%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

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

Typical Patient Allocation

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

Roles

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

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	6%	5%	1%	1%	22%	23%	7%	10%
Most (60-79%)	2%	1%	0%	1%	15%	13%	9%	9%
About Half (40-59%)	5%	4%	3%	3%	32%	32%	25%	25%
Some (20-39%)	7%	7%	10%	10%	14%	14%	20%	19%
A Little (1-19%)	21%	18%	34%	29%	7%	7%	13%	13%
None (0%)	60%	66%	52%	57%	10%	11%	25%	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
Under Age 50	2,940	4%	-	-
50 to 54	3,081	4%	174	1%
55 to 59	6,640	9%	1,405	5%
60 to 64	19,474	27%	6,955	25%
65 to 69	27,077	37%	12,196	44%
70 to 74	7,734	11%	4,222	15%
75 to 79	2,052	3%	1,226	4%
80 or Over	819	1%	386	1%
I Do Not Intend to Retire	2,862	4%	1,243	4%
Total	72,679	100%	27,807	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65: 44%
Under 60: 17%

RNs 50 and Over

Under 65: 31%
Under 60: 6%

Time Until Retirement

Within 2 Years: 8%
Within 10 Years: 24%
Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

Among all RNs, 44% expect to retire by the age of 65. Among RNs who are age 50 and over, nearly one-third expect to retire by the age of 65.

Within the next two years, 23% of RNs expect to pursue additional educational opportunities, and 7% expect to increase their patient care hours.

Future Plans

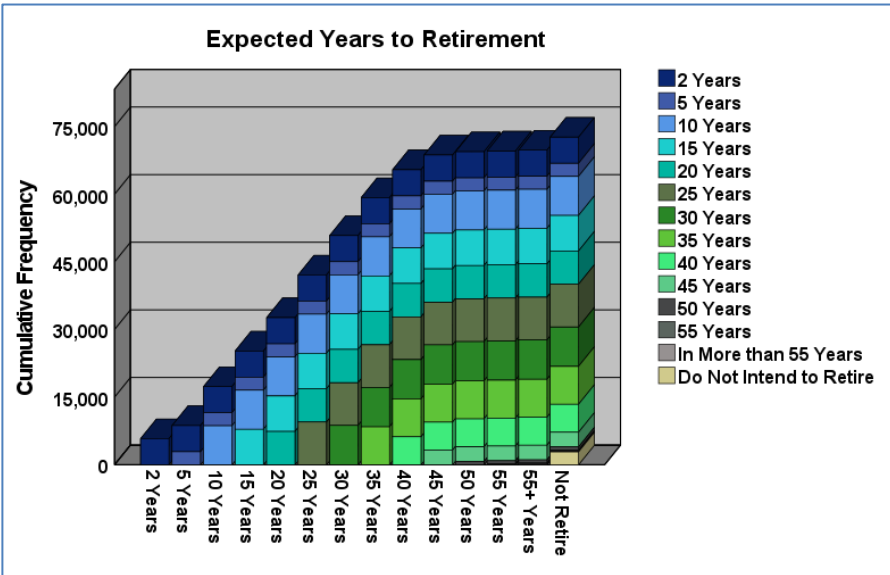
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	2,492	2%
Leave Virginia	3,401	3%
Decrease Patient Care Hours	10,008	10%
Decrease Teaching Hours	516	1%
Increase Participation		
Increase Patient Care Hours	7,225	7%
Increase Teaching Hours	5,134	5%
Pursue Additional Education	22,868	23%
Return to the Workforce	1,610	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. While 8% of RNs expect to retire in the next two years, 24% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2047.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	5,805	8%	8%
5 Years	2,895	4%	12%
10 Years	8,663	12%	24%
15 Years	7,881	11%	35%
20 Years	7,396	10%	45%
25 Years	9,477	13%	58%
30 Years	8,728	12%	70%
35 Years	8,416	12%	82%
40 Years	6,202	9%	90%
45 Years	3,252	4%	95%
50 Years	730	1%	96%
55 Years	176	0%	96%
In More than 55 Years	197	0%	96%
Do Not Intend to Retire	2,862	4%	100%
Total	72,678	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2032. Retirement will peak at 13% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.

At a Glance:

FTEs

Total: 83,631
 FTEs/1,000 Residents²: 9.68
 Average: 0.88

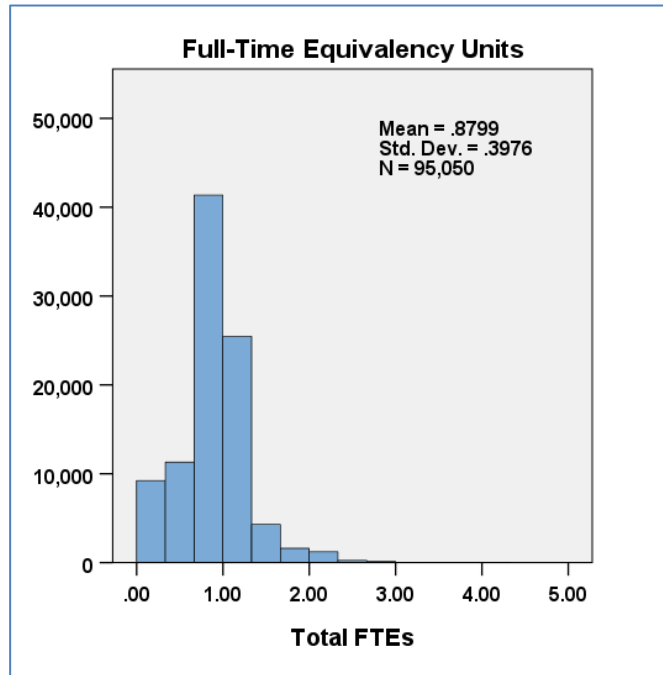
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

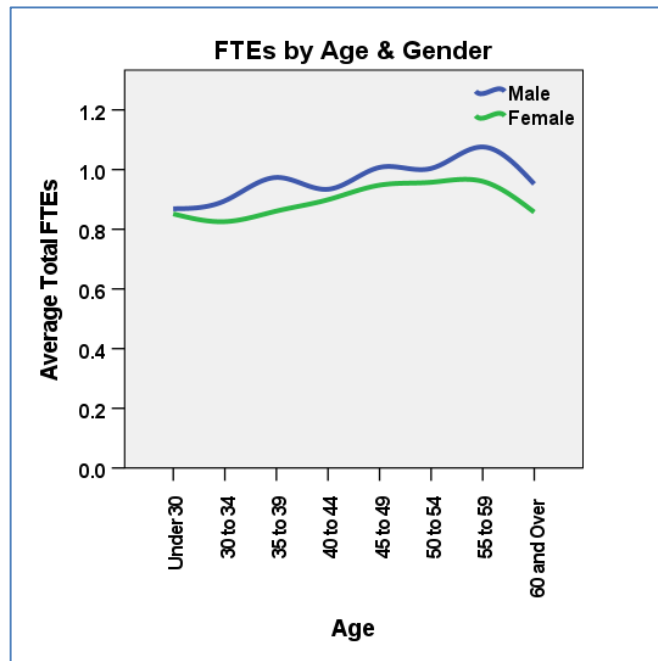


Source: Va. Healthcare Workforce Data Center

The typical (median) RN provided 0.90 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.85	0.93
30 to 34	0.82	0.85
35 to 39	0.86	0.89
40 to 44	0.90	0.91
45 to 49	0.94	0.94
50 to 54	0.94	0.94
55 to 59	0.95	0.96
60 and Over	0.84	0.78
Gender		
Male	0.96	0.96
Female	0.89	0.93

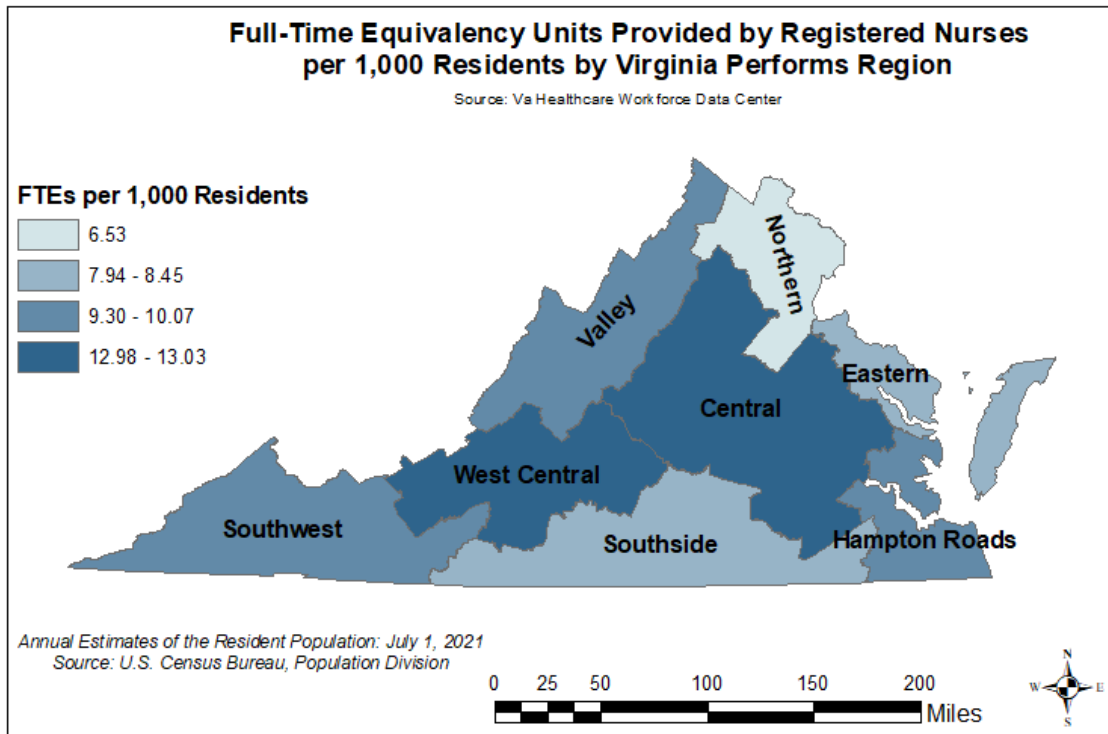
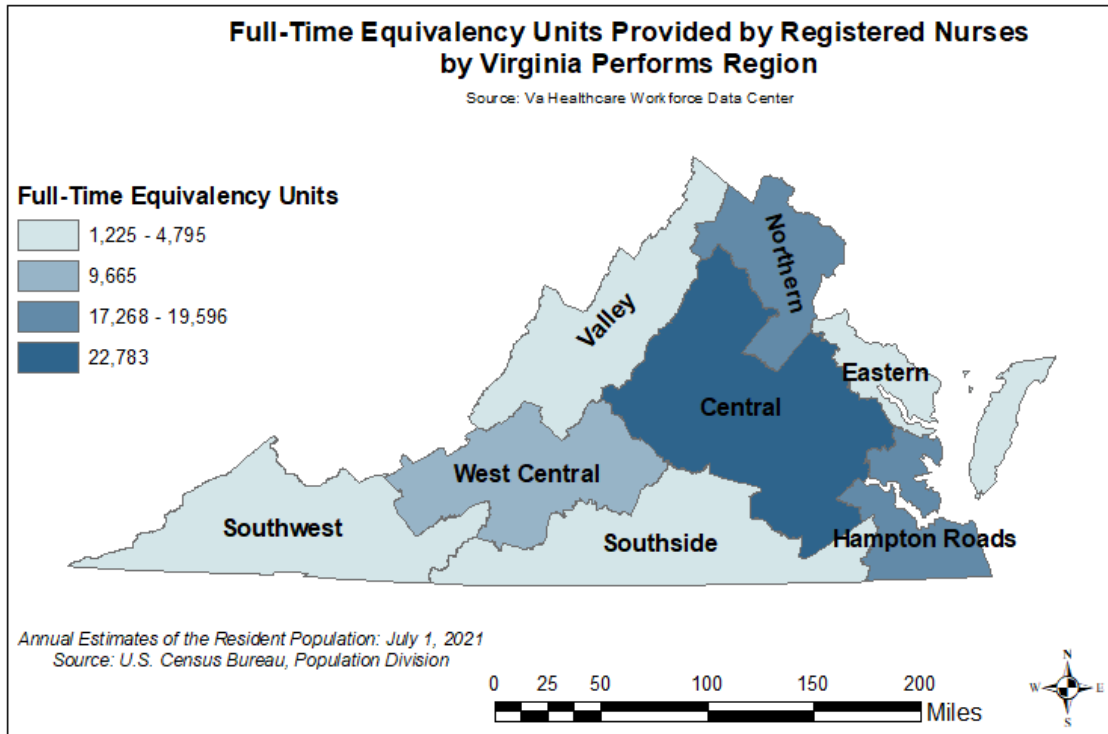
Source: Va. Healthcare Workforce Data Center

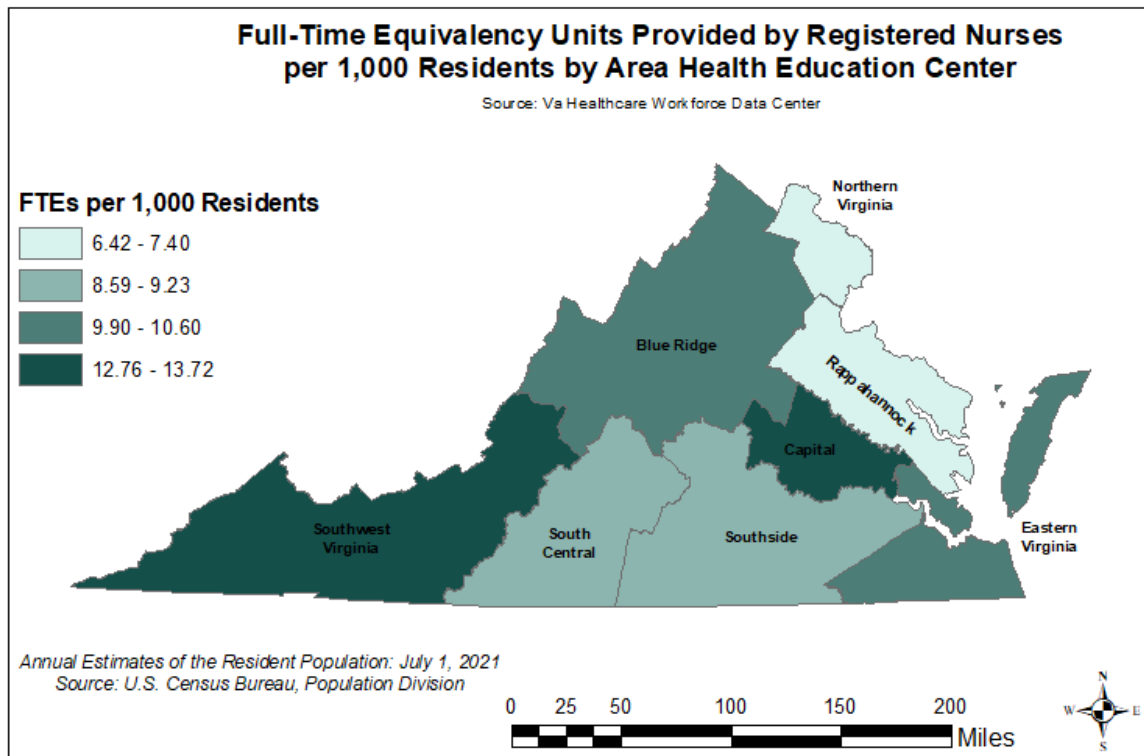
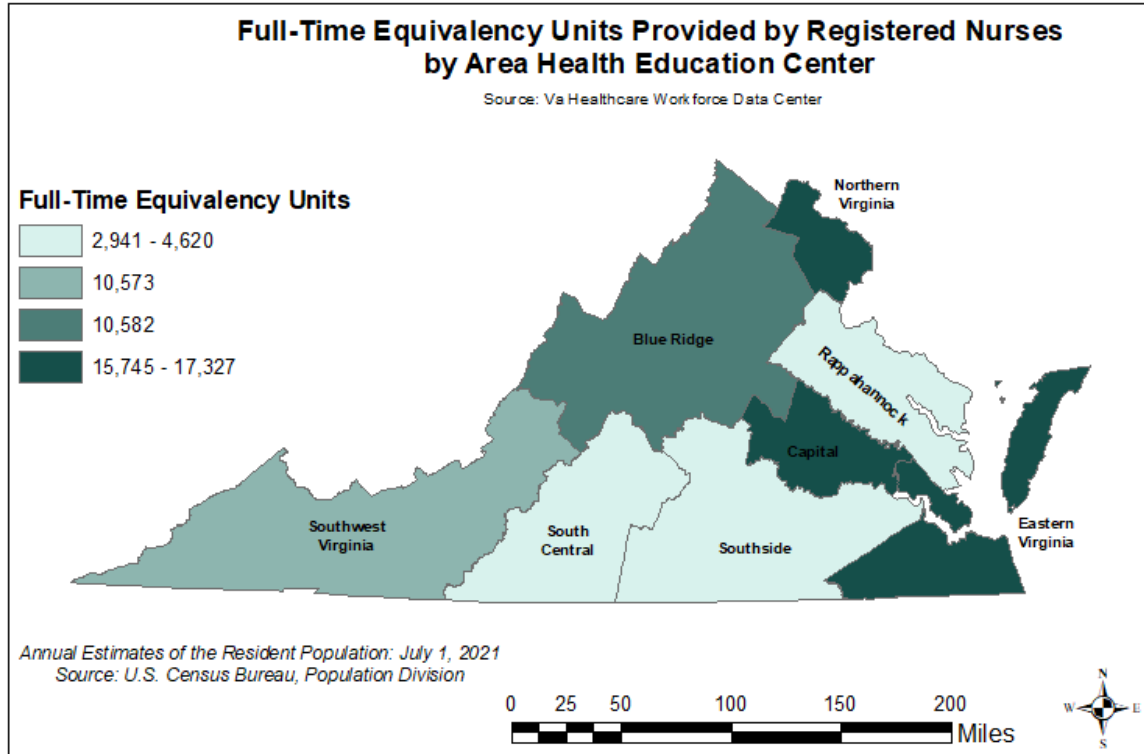


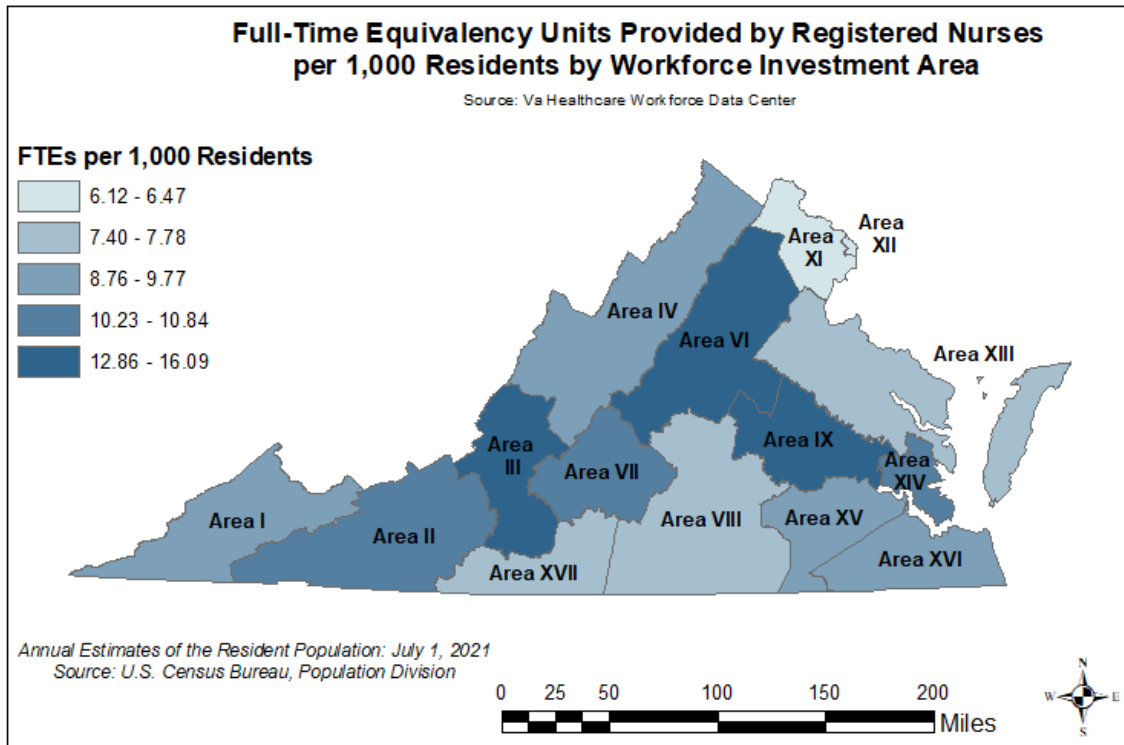
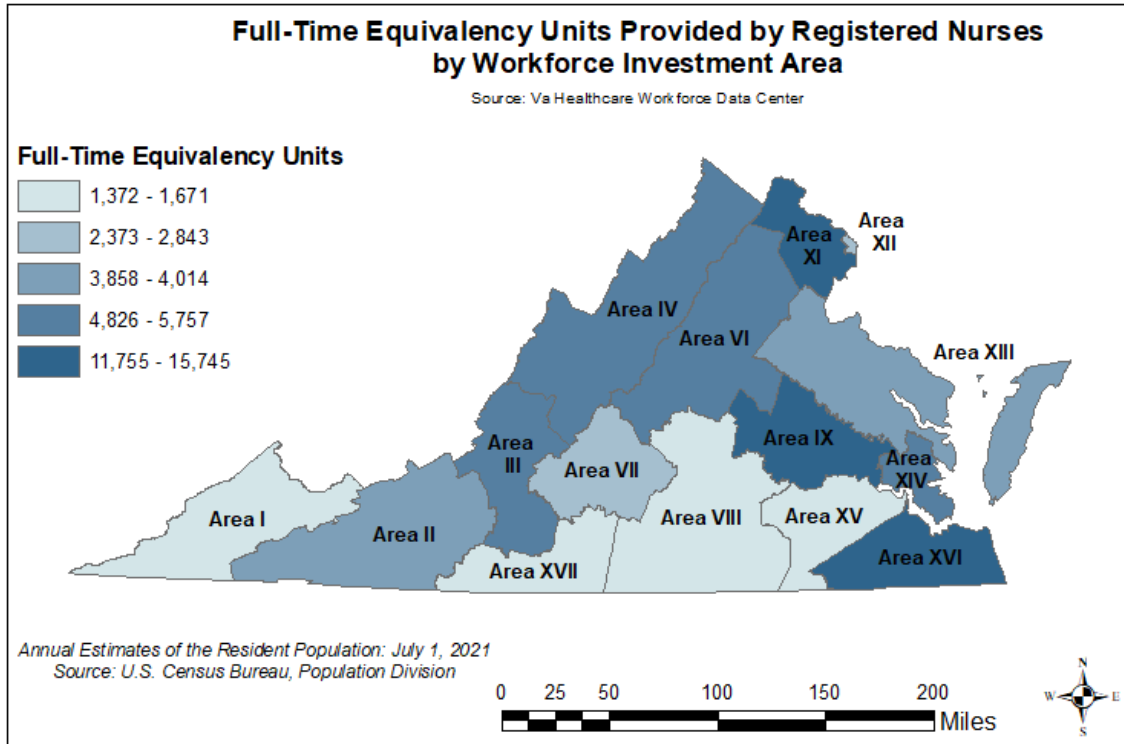
Source: Va. Healthcare Workforce Data Center

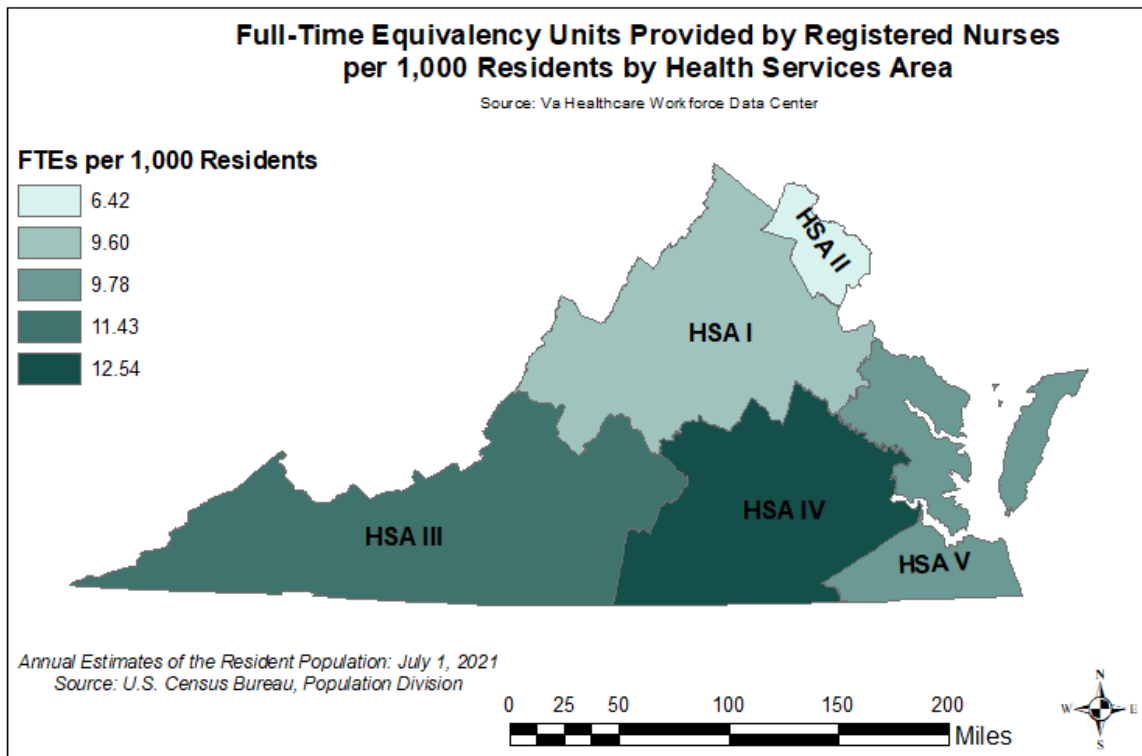
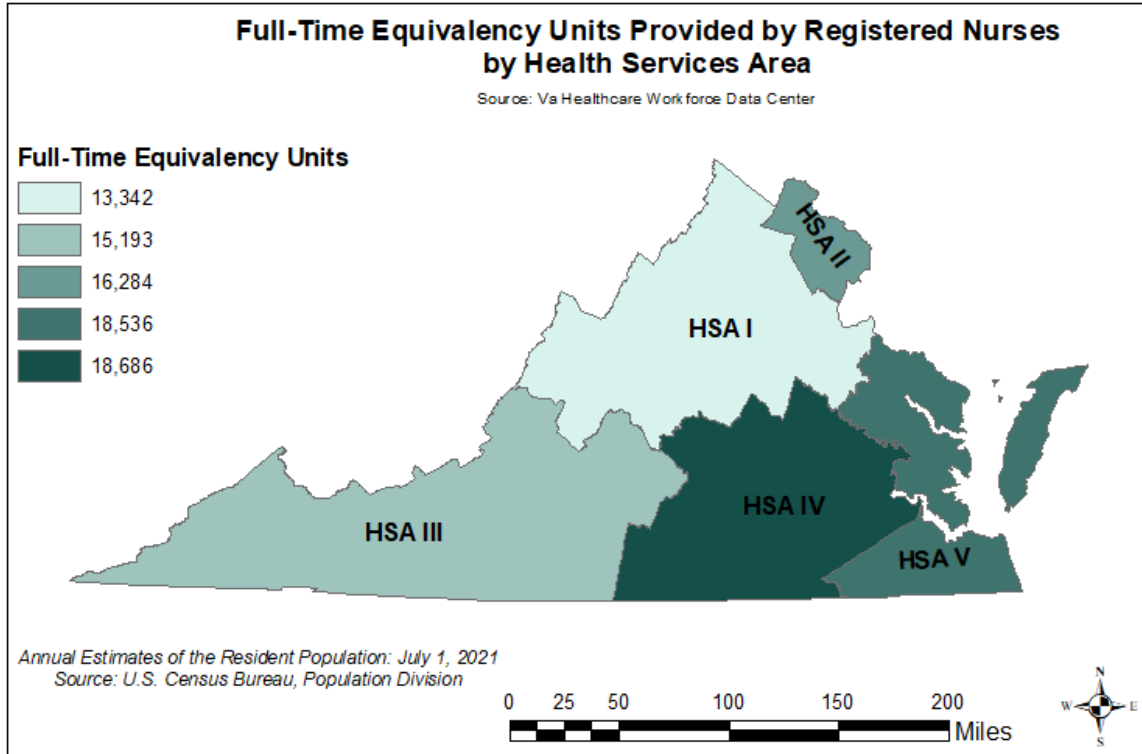
² Number of residents in 2021 was used as the denominator.

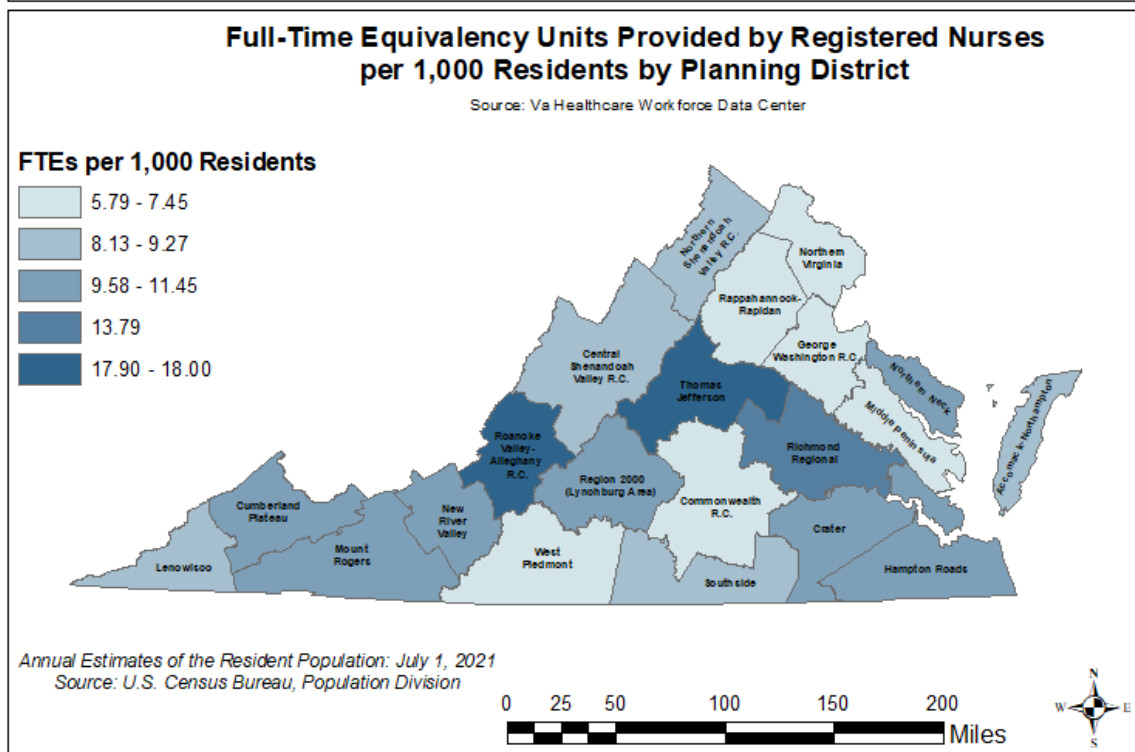
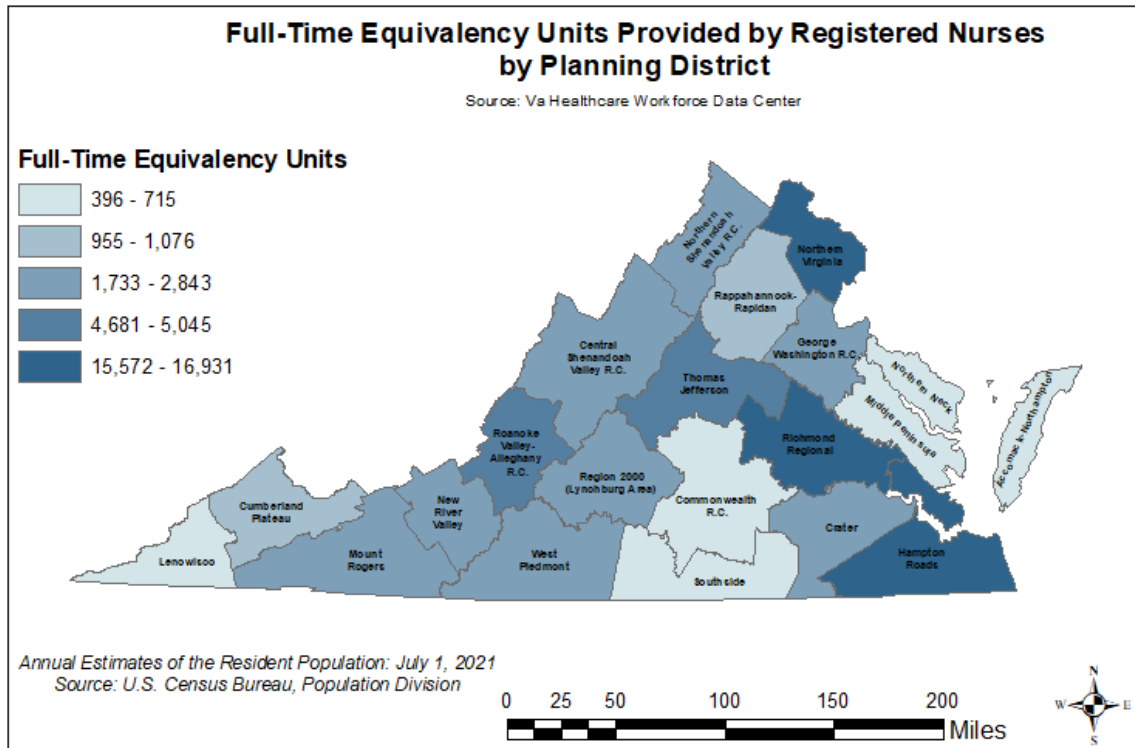
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	69,485	38.90%	2.571	2.109	3.610
Metro, 250,000 to 1 Million	10,649	38.91%	2.570	2.108	3.608
Metro, 250,000 or Less	11,191	39.34%	2.542	2.085	3.569
Urban, Pop. 20,000+, Metro Adj.	1,969	40.58%	2.464	2.022	3.460
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	4,709	38.42%	2.603	2.135	3.655
Urban, Pop. 2,500-19,999, Non-Adj.	3,078	39.90%	2.507	2.056	3.519
Rural, Metro Adj.	2,828	36.21%	2.762	2.266	3.878
Rural, Non-Adj.	1,273	38.41%	2.603	2.136	3.655
Virginia Border State/D.C.	2,786	28.32%	3.531	2.897	4.958
Other U.S. State	11,250	25.66%	3.897	3.197	5.471

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	14,435	26.64%	3.753	3.460	5.471
30 to 34	14,525	41.81%	2.392	2.205	3.486
35 to 39	15,069	33.37%	2.996	2.762	4.368
40 to 44	12,827	44.02%	2.271	2.094	3.311
45 to 49	11,651	34.80%	2.874	2.649	4.189
50 to 54	11,866	45.60%	2.193	2.022	3.197
55 to 59	11,242	35.93%	2.783	2.566	4.057
60 and Over	27,607	38.03%	2.629	2.424	3.833

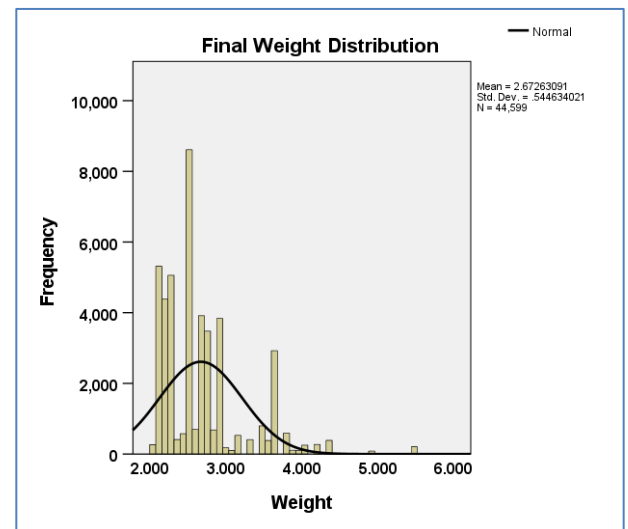
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.374084



Source: Va. Healthcare Workforce Data Center