

**REVISED DRAFT  
AGENDA**

**VIRGINIA BOARD OF HEALTH PROFESSIONS  
FULL BOARD MEETING  
August 18, 2016  
Board Room #2 11:00 a.m.**

<b>Call to Order</b>	<i>Mr. Catron</i>
<b>Public Comment</b>	<i>Mr. Catron</i>
<b>Approval of Minutes - page 2</b> <ul style="list-style-type: none"><li>• May 5, 2016</li></ul>	<i>Mr. Catron</i>
<b>Director's Report</b>	<i>Dr. Brown</i>
<b>Legislative and Regulatory Report</b> <ul style="list-style-type: none"><li>• Regulatory Action – Regulations for Dietitians &amp; Nutritionists – page 8</li><li>• Changes to Public Participation Guidelines – page 12</li></ul>	<i>Ms. Yeatts</i>
<b>DHP Budget</b>	<i>Mr. Giles</i>
<b>Executive Director's Report</b> <ul style="list-style-type: none"><li>• Agency Performance – page 16</li><li>• Board Budget – page 29</li><li>• Healthcare Workforce Data Center Update<ul style="list-style-type: none"><li>○ CLEAR Presentation</li><li>○ Health Workforce Innovations to Support Delivery System Transformation</li></ul></li></ul>	<i>Dr. Carter</i>
<b>Regulatory Research Committee Report</b>	<i>Mr. Wells</i>
<b>Board Reports</b>	<i>Mr. Catron</i>
<b>New Business</b>	<i>Mr. Catron</i>
<b>Adjournment</b>	



**May 5, 2016**

**10:00 a.m. - Board Room 2**

**9960 Mayland Dr, Henrico, VA 23233**

## **Full Board Meeting & Retreat**

**In Attendance**

Barbara Allison-Bryan, MD, Board of Medicine  
 Robert J. Catron, Citizen Member  
 Helene D. Clayton-Jeter, OD, Board of Optometry  
 Kevin Doyle, Ed.D., LPC, LSATP, Board of Counseling  
 James D. Watkins, DDS, Board of Dentistry  
 Allen R. Jones, Jr., DPT, PT  
 Robert H. Logan, III, Ph.D., Citizen Member  
 Martha S. Perry, MS, Citizen Member  
 Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language  
 J. Paul Welch, II, Board of Funeral Directors and Embalmers  
 James Wells, RPH, Citizen Member  
 Jacquelyn M. Tyler, RN, Citizen Member  
 Trula E. Minton, MS, RN, Board of Nursing

**Absent**

Ryan Logan, Board of Pharmacy  
 Yvonne Haynes, LCSW, Board of Social Work  
 Mark Johnson, DVM

**DHP Staff**

David E. Brown, D.C., Director DHP  
 Lisa R. Hahn, MPA, Chief Deputy Director DHP  
 Elizabeth A. Carter, Ph.D., Executive Director BHP  
 Elaine Yeatts, Senior Policy Analyst DHP  
 Yetty Shobo, Ph.D., Deputy Executive Director BHP  
 Sandy Reen, Executive Director Board of Dentistry  
 Leslie Knachel, Executive Director Boards of Optometry, Audiology and  
 Speech-Language Pathology, Veterinary Medicine  
 Diane Powers, Director of Communications DHP  
 Matt Treacy, Communications Associate DHP

**Attorney General Rep**

Charis Mitchell

**Emergency Egress**

Dr. Carter

**Observers**

Bruce Keen signed-in; two others did not.



## **Call to Order**

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**Acting Chair** Mr. Catron                      **Time** 10:00 a.m.  
**Quorum**                      Established

## **Public Comment**

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**Comment item:** Bruce Keeney commented in favor of BHP's review of examining Chiropractors' competence to conduct physical examination of commercial driver's licensure and learner's permit applicants. He offered to provide Dr. Carter and the board extensive documentation and will welcome working with BHP.

## **Approval of Minutes**

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**Presenter** Mr. Catron

### **Discussion**

The February 11, 2016 10:00 a.m. Full Board meeting minutes were approved and properly seconded. All members in favor, none opposed.

## **Directors Report**

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**Presenter** Dr. Brown

### **Discussion**

Dr. Brown discussed emerging issues in DHP's arena including a meeting by state taskforce involved in heroin and drug abuse prevention. Also, he noted that CDC is reviewing guidelines on opioid prescription for pain management. He shared that new legislation will mandate pharmacists and other dispensers to report prescribed opioids within 24 hours. Further, physicians who prescribe opioids for more than 14 days must check PMP. Investigations can be made for outliers. Board of Pharmacy and Board of Medicine are currently reviewing criteria to use to identify outliers. Other plans include education and awareness efforts. One will result in a website (VAways.com) to be launched July 1, 2016. This resource website will result from collaboration among several state agencies within the Health and Human Resources secretariat, including DHP. The Board of Medicine is providing funding for this project.

## **Legislative and Regulatory Report**

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**Presenter** Ms. Yeatts

### **Discussion**

Ms. Yeatts presented two documents; one including a list of emergency regulations, emergency regulatory actions, regulatory actions by APA, and non-regulatory actions related to DHP from the 2016



General Assembly and the other document included Board by Board status on regulatory actions from past legislative sessions. One exempt regulatory action under the purview of BHP was HB574 which had to do with changes in specifications of who can be considered as a dietician or nutritionist.

## **Communications Report**

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**Presenter** Ms. Powers and Mr. Treacy

Key to fulfilling DHP's mission is providing information to the public. Increasingly, this includes leveraging digital capabilities and developing media relations. The team presented information on new digital promotion and projects including a video highlighting the DHP Healthcare Workforce Data Center. The team is eager to work with BHP's Education Committee on recommendations for additional products.

## **Executive Directors Report**

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**Presenter** Dr. Carter

### **Agency Performance**

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition. Dr. Carter noted that an internal staff committee had been formed to explore potential causes for a recent drop in meeting the time to disposition 90 day goal. An update will be provided at the next Board meeting.

### **Healthcare Workforce Data Center**

Dr. Carter presented an overview of the Department's Healthcare Workforce Data Center. She discussed current and future projects including survey going out to Funeral Service Providers and formal membership in the Virginia Longitudinal Data System. Future projects include updating Virginia Careforce data on Tumblr site. Board members raised the need to consider ways to gather data on interns and apprenticeships formally, frequency of profession surveys, and other health professional groups to consider surveying. Dr. Carter indicated that DHP resources leverage existing licensure application and renewal processes to establish and maintain a standard census of licensed healthcare practitioners. Broader pipeline issues are addressed through the Virginia Health Workforce Development Authority in conjunction with Area Health Education Centers.

Dr. Carter noted that healthcare workforce research still remains in its infancy. There are few studies, and they are ad hoc, with inconsistent methodologies making it difficult to compare over time even within the same profession. The U.S. Health and Human Services Health Resources Services Administration (HRSA) advocates for a standard minimum data set collection approach and has funded some efforts by national-level profession-specific organizations. Problems with relatively low response rates and lack focus on the workforce in individual states and regions within states. DHP will be presenting at the September 2016 annual meeting of the Council on Licensure and Regulation on HWDC's approach and the need for states' licensing boards to consider replicating the minimum data set approach adopted in Virginia in order to improve response rates and make possible a standard census of healthcare workforce that could provide a key reference for the individual states and enable direct comparisons across states.



### **Sanction Reference Article**

An article titled "Implementing a Sanctioning Reference System for the Virginia Board of Nursing" written by Dr. Carter and Neal Kauder has been submitted and published by the *Journal of Nursing Regulation*.

### **Telehealth Review**

Dr. Carter discussed the comments received from the Directors of the Board of Pharmacy and the Board of Optometry, Audiology, Speech and Language Pathology, and Veterinary Medicine, on the Telehealth report submitted by Andrew Feagans and Andrea Peeks. Members discussed how to present the report on the agency's website. Dr. Jones made a motion to include a cover letter that provides a framing overview of the report, its purpose, and source and directs readers to an addendum containing comments from Executive Directors of the various boards. The motion was properly seconded by Dr. Watkins. All members were in favor, none opposed.

### **2016 Workplan**

Dr. Carter presented the 2016 workplan.

## **Chiropractic Commercial Truck Driver Physicals Review**

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**Presenter** Dr. Carter

Dr. Carter presented plans for the review and asked for at least two more Board members to join the Regulatory Research Committee.

## **Board Reports**

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**Presenter** Mr. Catron

No reports were offered at this time.

## **New Business**

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**Presenter** Mr. Catron

There was no new business to discuss.

## **Adjourned**

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**Adjourned** 11:40 a.m.

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## Retreat

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**Presenter** Dr. Carter

The main purpose of the afternoon session was to do administrative “housekeeping” for BHP relating to regulations, guidance documents, and bylaws and to provide recommendations for topic area focus going forward.

Chapter 90 of the 2016 Acts of the Assembly, HB574, will amend §54.1-2731 of the *Code of Virginia* regarding Dietitian and Nutritionist title protection to preclude the need for Board of Health Professions regulations. By acclamation, the Board recommended rescinding these existing “Regulations Governing Standards for Dietitians and Nutritionists” (§18VAC75-30-10) once the new law becomes effective July 1, 2016.

Dr. Carter discussed the Board’s existing Guidance Documents and By-Laws and requested feedback on any need for amendment. The members agreed to review and discuss suggestions at the next meeting.

Mr. Catron reported the need to fill certain committee seats. Dr. Clayton-Jeter volunteered to be the Chair of the Education Committee and Dr. Allison Bryan agreed to be a member. Dr Jones volunteered to chair the Enforcement Committee with Dr. Watkins, Mr. Wells, Dr. Doyle, Ms. Minton, and Ms. Verdun joining as members. Ms. Perry, Ms. Tyler, and Mr. Welch volunteered to be on the Regulatory Research Committee. Absent members are requested to contact Mr. Catron to indicate which committee they would like to join. An issue of concern is the potential impact of member turnover on the Committees. When asked whether committees could meet electronically, Board Counsel Ms. Mitchell office reminded that such meetings are possible but must ensure public accessibility from all locations.

Regarding future focus, the Board recommended updates to board member orientation and onboarding to incorporate Education Committee recommendations. Also recommended was that the respective boards communicate the importance of the HWDC survey data they provide.

It is understood that the current online HWDC surveys are incorporated into the licensure renewal process and cannot retain previous responses. Results are downloaded with each renewal and maintained separately. However, in to help reduce the burden of completing the full survey each time, it was recommended that technical options be explored that will allow the option for update rather than total completion each time.

The Board also recommended the Virginia Health Workforce Development Authority be consulted regarding a means to measure Virginia’s pipeline of future healthcare providers.

The Board encouraged reporting on telehealth-related activities by each board as well as sharing insights about emerging team approaches in primary care.



**Adjourned** 1:40pm.

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**Acting Chair** Robert Catron

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Board Executive Director** Elizabeth A. Carter, Ph.D.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING STANDARDS FOR**  
**DIETITIANS AND NUTRITIONISTS**

**VIRGINIA BOARD OF HEALTH PROFESSIONS**

**Title of Regulations: 18 VAC 75-30-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and Chapter 27.1 of Title 54.1  
of the *Code of Virginia***

**Revised Date: December 11, 1996**

Phone: (804) 367-4403

FAX: (804) 527-4466

email: [bhp@dhp.virginia.gov](mailto:bhp@dhp.virginia.gov)

## TABLE OF CONTENTS

TABLE OF CONTENTS .....	2
Chapter 27.1. Dietitians and Nutritionists .....	3
§ 54.1-2730. Scope of chapter .....	3
§ 54.1-2731. Prohibited terms; penalty .....	3
Regulations of the Board of Health Professions .....	4
18VAC75-30-10. Requirements for use of title of dietitian or nutritionist.....	4

# CODE OF VIRGINIA

## Chapter 27.1. Dietitians and Nutritionists.

### § 54.1-2730. Scope of chapter.

Nothing in this chapter shall preclude or affect in any fashion the ability of any person to provide any assessment, evaluation, advice, counseling, information or services of any nature that are otherwise allowed by law, whether or not such services are provided in connection with the marketing and sale of products.

(1995, c. 391.)

### § 54.1-2731. Prohibited terms; penalty.

A. No person shall hold himself out to be or advertise or permit to be advertised that such person is a dietitian or nutritionist unless such person:

1. Has (i) received a baccalaureate or higher degree in nutritional sciences, community nutrition, public health nutrition, food and nutrition, dietetics or human nutrition from a regionally accredited college or university and (ii) satisfactorily completed a program of supervised clinical experience approved by the Commission on Dietetic Registration of the American Dietetic Association;
2. Has active registration through the Commission on Dietetic Registration of the American Dietetic Association;
3. Has an active certificate of the Certification Board for Nutrition Specialists by the Board of Nutrition Specialists;
4. Has an active accreditation by the Diplomats or Fellows of the American Board of Nutrition;
5. Has a current license or certificate as a dietitian or nutritionist issued by another state; or
6. Has the minimum requisite education, training and experience determined by the Board of Health Professions appropriate for such person to hold himself out to be, or advertise or allow himself to be advertised as, a dietitian or nutritionist.

The restrictions of this section apply to the use of the terms "dietitian" and "nutritionist" as used alone or in any combination with the terms "licensed," "certified," or "registered," as those terms also imply a minimum level of education, training and competence.

B. Any person who willfully violates the provisions of this section shall be guilty of a Class 3 misdemeanor.

## **Regulations of the Board of Health Professions**

*(As authorized by § 54.1-2731 A 6 of the Code of Virginia)*

### **18VAC75-30-10. Requirements for use of title of dietitian or nutritionist.**

In addition to the criteria established in §54.1-2731 of the Code of Virginia, a person may hold himself out to be a dietitian or nutritionist who has met the following requirements:

1. Has a baccalaureate degree with a major in foods and nutrition or dietetics or has equivalent hours of food and nutrition course work;
2. Has two years of work experience in nutrition or dietetics concurrent with or subsequent to such degree; and
3. Is employed by or under contract to a governmental agency.

**Agenda Item: Board action on Public Participation Guidelines (PPG)**

**Included in your agenda package are:**

A copy of the applicable law in the Administrative Process Act (APA)

A copy of the applicable section of the Board's PPG regulations

**Staff Note:**

The action to conform the regulation to language in the Code.

**Board action:**

**To adopt the amendment to 18VAC75-11-50.**

Code of Virginia  
Title 2.2. Administration of Government  
Chapter 40. Administrative Process Act

## § 2.2-4007.02. Public participation guidelines.

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916; 2012, c. 795.

## BOARD OF HEALTH PROFESSIONS

### Conformity to Code

#### Part III

#### Public Participation Procedures

#### **18VAC75-11-50. Public comment.**

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a repropoed regulation.
4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

# Virginia Department of Health Professions

## Patient Care Disciplinary Case Processing Times:

### Quarterly Performance Measurement, Q4 2012 - Q4 2016

David E. Brown, D.C.  
Director

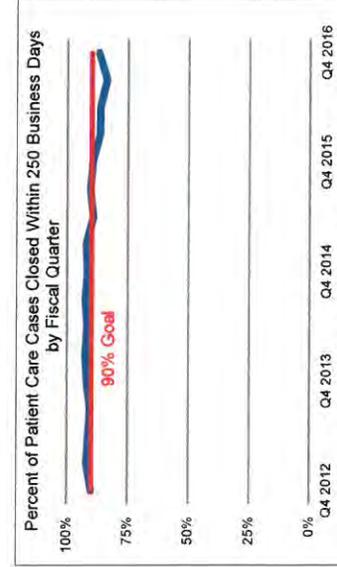
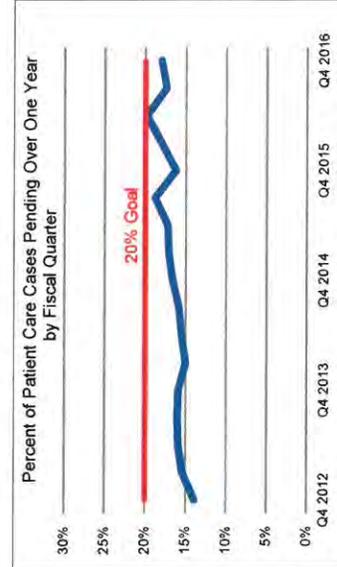
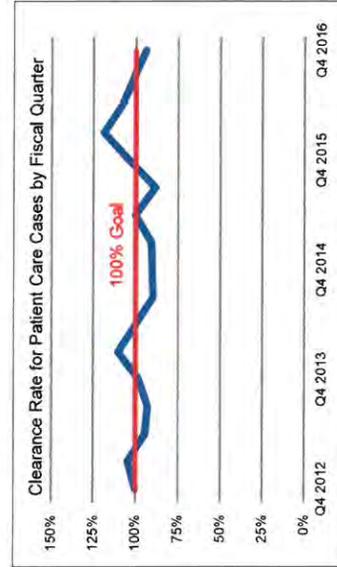
*"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."*  
**DHP Mission Statement**

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 94%, with 958 patient care cases received and 899 closed.

**Age of Pending Caseload** - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. The current quarter shows 18% patient care cases pending over 250 business days with 2,495 patient care cases pending and 449 pending over 250 business days.

**Time to Disposition** - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. The current quarter shows 87% percent of patient care cases being resolved within 250 business days with 874 cases closed and 760 closed within 250 business days.



Submitted: 7/5/2016

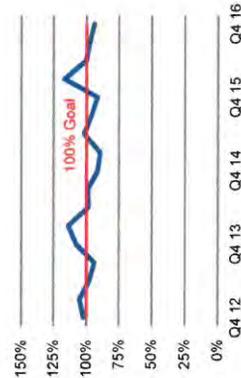
Prepared by: VisualResearch, Inc.

# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

**Nursing** - In Q4 2016, the clearance rate was 94%, the Pending Caseload older than 250 business days was 9% and the percent closed within 250 business days was 88%.

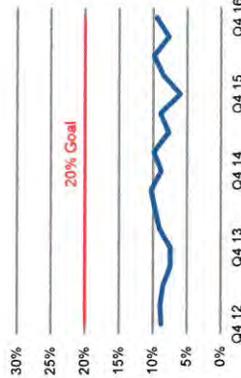
Q4 2016 Caseloads:  
 Received=466, Closed=438  
 Pending over 250 days=98  
 Closed within 250 days=383

## Clearance Rate



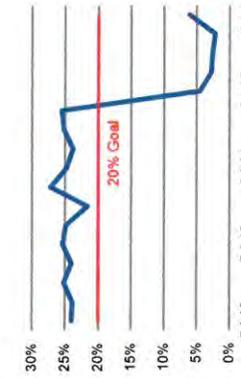
**Nurses** - In Q4 2016, the clearance rate was 105%, the Pending Caseload older than 250 business days was 10% and the percent closed within 250 business days was 86%.

Q4 2016 Caseloads:  
 Received=295, Closed=309  
 Pending over 250 days=77  
 Closed within 250 days=264

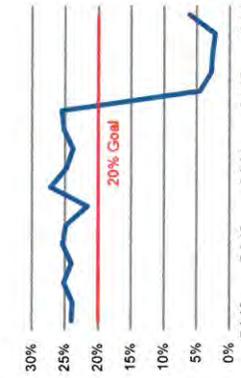
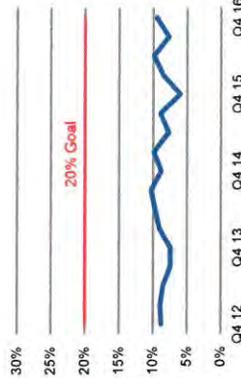
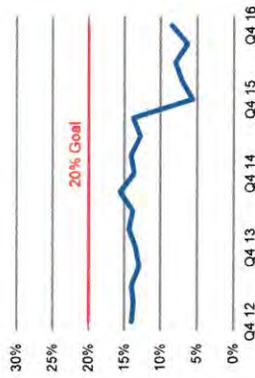


**CNA** - In Q4 2016, the clearance rate was 75%, the Pending Caseload older than 250 business days was 6% and the percent closed within 250 business days was 92%.

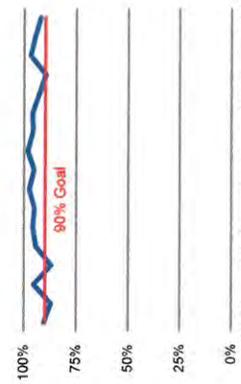
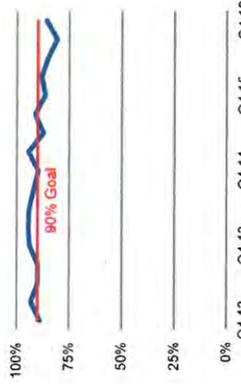
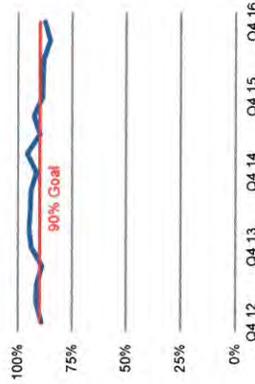
Q4 2016 Caseloads:  
 Received=171, Closed=129  
 Pending over 250 days=21  
 Closed within 250 days=119



## Age of Pending Caseload (percent of cases pending over one year)



## Percent Closed in 250 Business Days



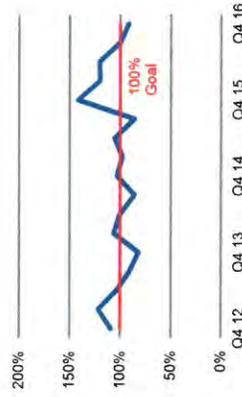
Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

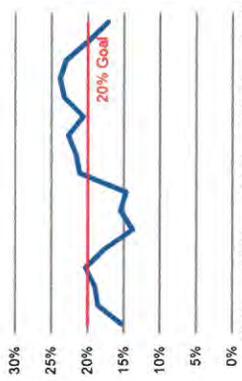
**Medicine** - In Q4 2016, the clearance rate was 92%, the Pending Caseload older than 250 business days was 17% and the percent closed within 250 business days was 96%.

Q4 2016 Caseloads:  
 Received=312, Closed=286  
 Pending over 250 days=93  
 Closed within 250 days=263

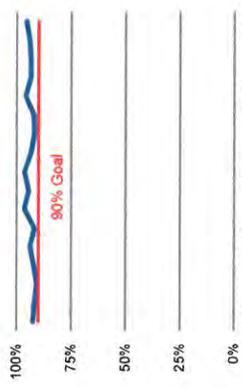
## Clearance Rate



## Age of Pending Caseload (percent of cases pending over one year)

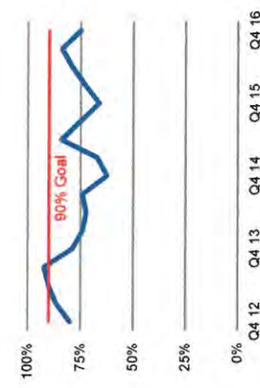
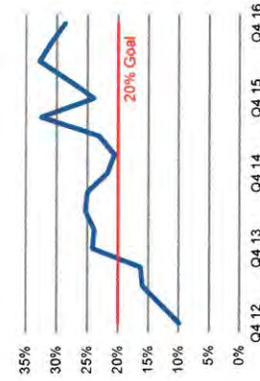
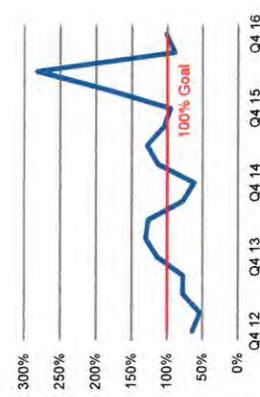


## Percent Closed in 250 Business Days



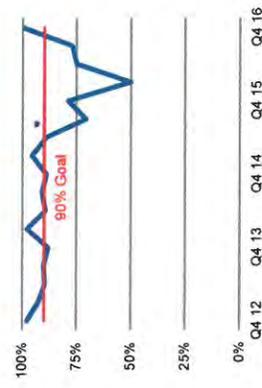
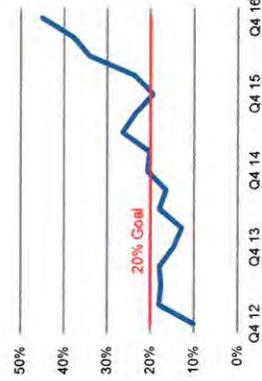
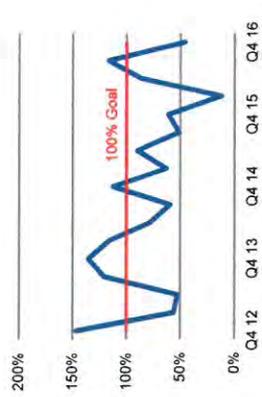
**Dentistry** - In Q4 2016, the clearance rate was 102%, the Pending Caseload older than 250 business days was 29% and the percent closed within 250 business days was 75%.

Q4 2016 Caseloads:  
 Received=65, Closed=66  
 Pending over 250 days=54  
 Closed within 250 days=45



**Pharmacy** - In Q4 2016, the clearance rate was 46%, the Pending Caseload older than 250 business days was 45% and the percent closed within 250 business days was 100%.

Q4 2016 Caseloads:  
 Received=35, Closed=16  
 Pending over 250 days=74  
 Closed within 250 days=14

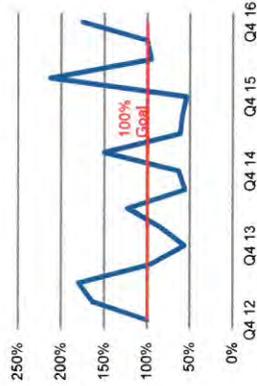


Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

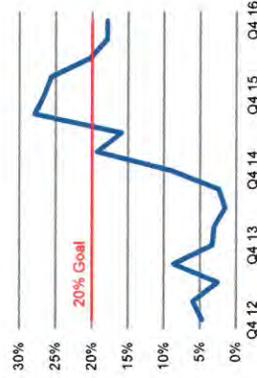
# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

**Veterinary Medicine** - In Q4 2016, the clearance rate was 175%, the Pending Caseload older 250 business days was 18% and the percent closed within 250 business days was 56%.  
 Q4 2016 Caseloads:  
 Received=16, Closed=28  
 Pending over 250 days=22  
 Closed within 250 days=14

**Clearance Rate**

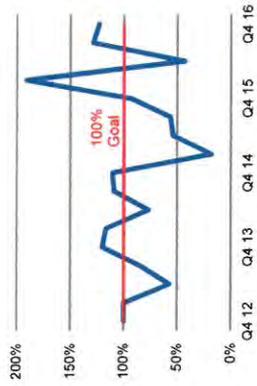


**Age of Pending Caseload**  
 (percent of cases pending over one year)

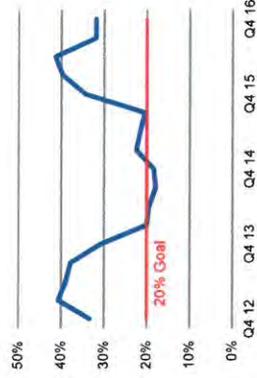


**Counseling** - In Q4 2016, the clearance rate was 123%, the Pending Caseload older than 250 business days was 32% and the percent closed within 250 business days was 40%.  
 Q4 2016 Caseloads:  
 Received=13, Closed=16  
 Pending over 250 days=22  
 Closed within 250 days=6

**Clearance Rate**

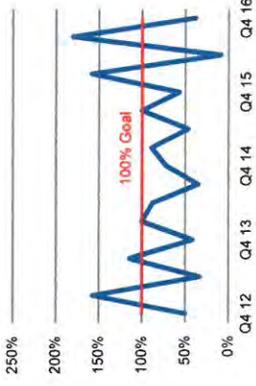


**Age of Pending Caseload**  
 (percent of cases pending over one year)

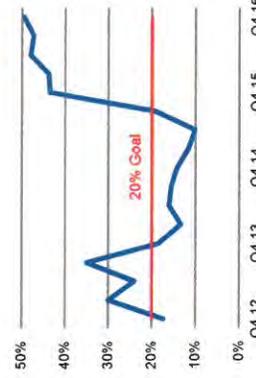


**Social Work** - In Q4 2016, the clearance rate was 38%, the Pending Caseload older than 250 business days was 50% and the percent closed within 250 business days was 100%.  
 Q4 2016 Caseloads:  
 Received=13, Closed=5  
 Pending over 250 days=50  
 Closed within 250 days=4

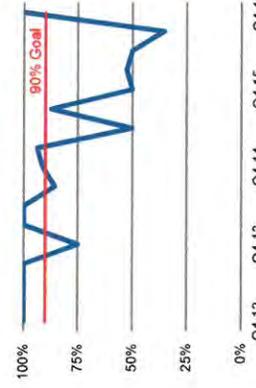
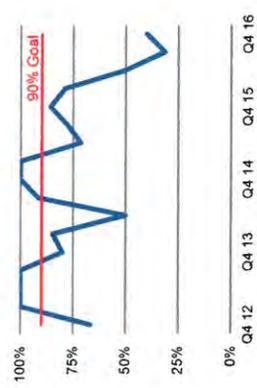
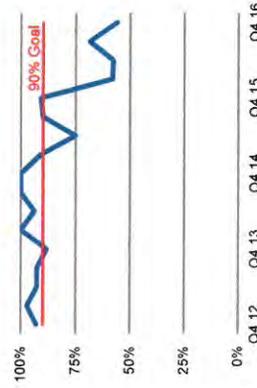
**Clearance Rate**



**Age of Pending Caseload**  
 (percent of cases pending over one year)



**Percent Closed in 250 Business Days**

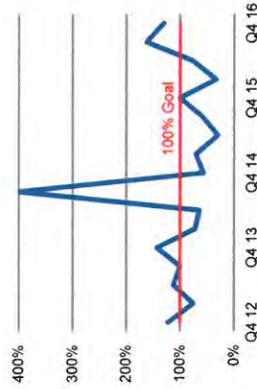


Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

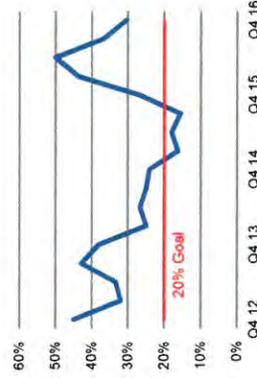
# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

**Psychology** - In Q4 2016, the clearance rate was 130%, the Pending Caseload older than 250 business days was 30% and the percent closed within 250 business days was 39%.  
 Q4 2016\_Caseloads:  
 Received=10, Closed=13  
 Pending over 250 days=17  
 Closed within 250 days=5

## Clearance Rate

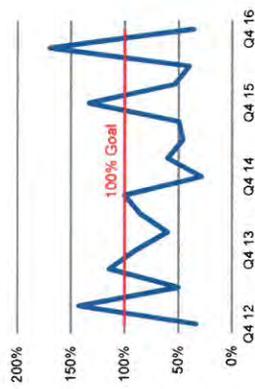


## Age of Pending Caseload (percent of cases pending over one year)

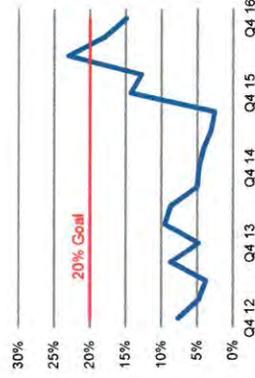


**Long-Term Care** - In Q4 2016, the clearance rate was 36%, the Pending Caseload older than 250 business days was 15% and the percent closed within 250 business days was 80%.  
 Q4 2016\_Caseloads:  
 Received=14, Closed=5  
 Pending over 250 days=7  
 Closed within 250 days=4

## Clearance Rate

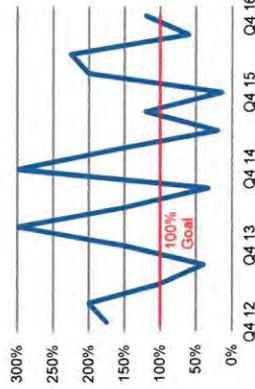


## Age of Pending Caseload (percent of cases pending over one year)

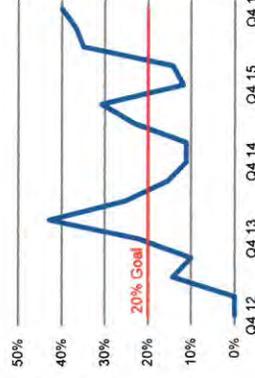


**Optometry** - In Q4 2016, the clearance rate was 120%, the Pending Caseload older than 250 business days was 40% and the percent closed within 250 business days was 83%.  
 Q4 2016\_Caseloads:  
 Received=5, Closed=6  
 Pending over 250 days=8  
 Closed within 250 days=5

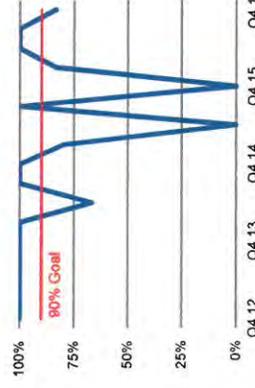
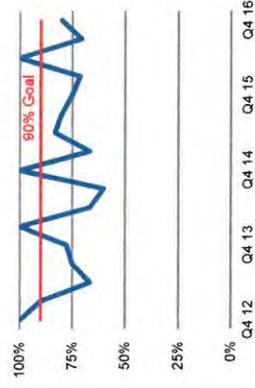
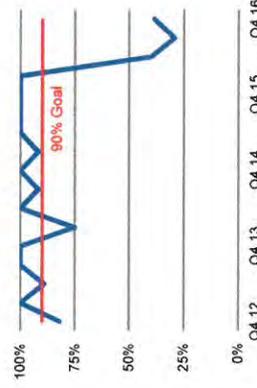
## Clearance Rate



## Age of Pending Caseload (percent of cases pending over one year)



## Percent Closed in 250 Business Days

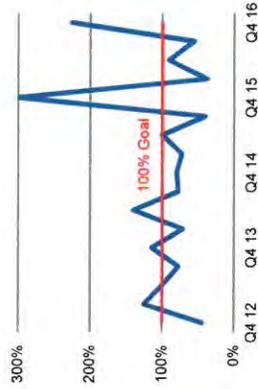


Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

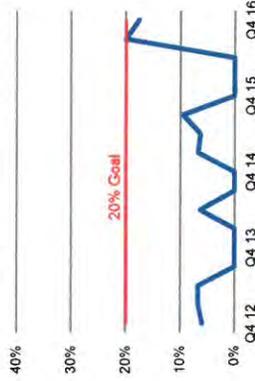
# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

**Physical Therapy** - In Q4 2016, the clearance rate was 225%, the Pending Caseload older than 250 business days was 18% and the percent closed within 250 business days was 78%.  
 Q4 2016 Caseloads:  
 Received=4, Closed=9  
 Pending over 250 days=3  
 Closed within 250 days=7

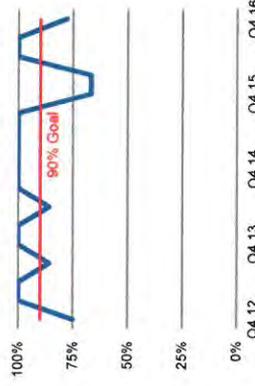
## Clearance Rate



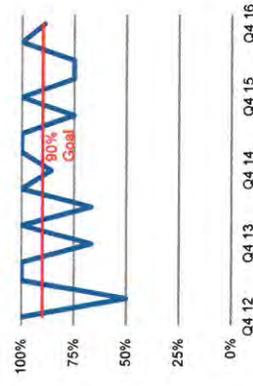
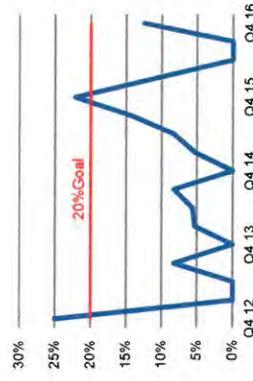
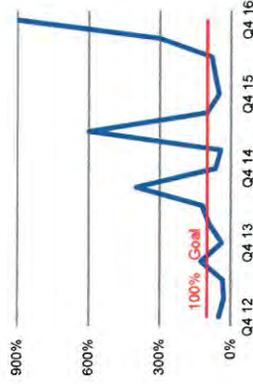
## Age of Pending Caseload (percent of cases pending over one year)



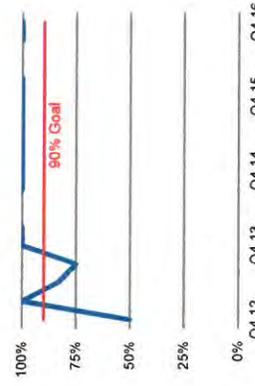
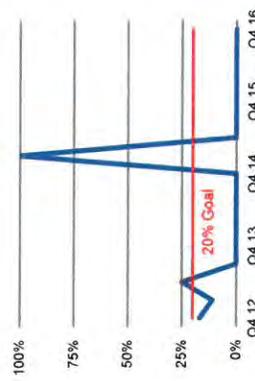
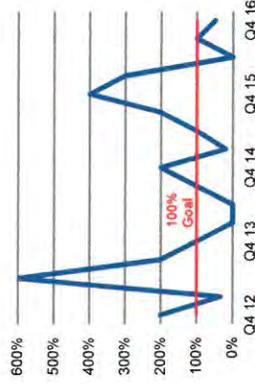
## Percent Closed in 250 Business Days



**Funeral** - In Q4 2016, the clearance rate was 900%, the Pending Caseload older than 250 business days was 13% and the percent closed within 250 business days was 89%.  
 Q4 2016 Caseloads:  
 Received=1, Closed=9  
 Pending over 250 days=1  
 Closed within 250 days=8



**Audiology** - In Q4 2016, the clearance rate was 50% the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.  
 Q4 2016 Caseloads:  
 Received=4, Closed=2  
 Pending over 250 days=0  
 Closed within 250 days=2



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

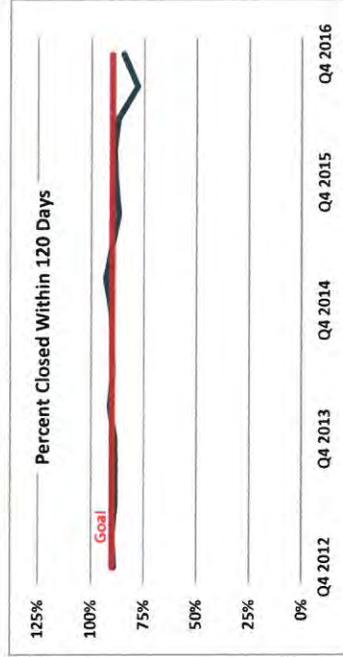
# Virginia Department of Health Professions

## Board Level Patient Care Case Processing Times:

### Quarterly Performance Measurement, Q4 2015 - Q4 2016

David E. Brown, D.C.  
Director

	Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Q4 2012	861	68	30	89%
Q1 2013	905	61	26	90%
Q2 2013	772	71	42	89%
Q3 2013	865	73	45	89%
Q4 2013	941	66	33	89%
Q1 2014	1017	65	34	91%
Q2 2014	1018	63	33	90%
Q3 2014	811	63	25	90%
Q4 2014	854	61	26	90%
Q1 2015	894	57	26	93%
Q2 2015	858	66	29	90%
Q3 2015	787	74	39	87%
Q4 2015	864	60	19	88%
Q1 2016	997	71	35	89%
Q2 2016	968	79	34	87%
Q3 2016	992	98	50	78%
Q4 2016	875	79	35	85%



Technical Notes: Board Level constitutes the sum of days in Probable Cause, Informal, Formal, and Pending. Percent Closed Within 120 Days (175 calendar days) is calculated using an 8 quarter moving window consisting of patient care cases closed within 120 business days that were received within the preceding eight quarters.

**Virginia Department of Health Professions**  
**Board Level Patient Care Case Processing Times:**  
**Quarterly Performance Measurement, Q4 2015 - Q4 2016**

David E. Brown, D.C.  
 Director

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
<b>Nursing</b>	Q4 2015	399	80	46	86%
	Q1 2016	472	83	68	90%
	Q2 2016	497	82	51	89%
	Q3 2016	484	111	87	74%
	Q4 2016	437	94	71	82%
<b>Nurses</b>	Q4 2015	249	7	65	80%
	Q1 2016	299	86	73	89%
	Q2 2016	360	93	76	85%
	Q3 2016	331	117	92	76%
	Q4 2016	308	104	86	83%
<b>CNA</b>	Q4 2015	150	53	21	95%
	Q1 2016	173	77	53	90%
	Q2 2016	137	53	23	98%
	Q3 2016	153	97	49	71%
	Q4 2016	129	70	14	79%
<b>Medicine</b>	Q4 2015	339	13	5	99%
	Q1 2016	325	19	4	98%
	Q2 2016	247	26	7	98%
	Q3 2016	287	26	7	97%
	Q4 2016	275	26	6	97%
<b>Dentistry</b>	Q4 2015	56	122	63	71%
	Q1 2016	100	122	97	79%
	Q2 2016	105	106	67	84%
	Q3 2016	62	82	31	87%
	Q4 2016	60	86	31	78%
<b>Pharmacy</b>	Q4 2015	19	87	43	79%
	Q1 2016	4	177	166	50%
	Q2 2016	32	123	95	75%
	Q3 2016	35	125	83	66%
	Q4 2016	14	41	20	93%
<b>Veterinary Medicine</b>	Q4 2015	11	172	199	46%
	Q1 2016	31	164	152	58%
	Q2 2016	38	215	204	37%
	Q3 2016	35	182	183	46%
	Q4 2016	25	178	174	56%
<b>Counseling</b>	Q4 2015	14	170	167	50%
	Q1 2016	19	146	64	74%
	Q2 2016	6	202	207	50%
	Q3 2016	16	292	263	31%
	Q4 2016	15	247	259	40%

**Virginia Department of Health Professions**  
**Board Level Patient Care Case Processing Times:**  
**Quarterly Performance Measurement, Q4 2015 - Q4 2016**

David E. Brown, D.C.  
 Director

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
<b>Social Work</b>	Q4 2015	4	199	203	50%
	Q1 2016	19	159	76	53%
	Q2 2016	2	258	258	50%
	Q3 2016	17	279	330	35%
	Q4 2016	4	81	37	75%
<b>Psychology</b>	Q4 2015	5	68	41	80%
	Q1 2016	4	51	52	100%
	Q2 2016	10	259	263	30%
	Q3 2016	24	326	351	25%
	Q4 2016	13	252	330	39%
<b>Long-Term Care</b>	Q4 2015	4	70	19	75%
	Q1 2016	7	111	104	71%
	Q2 2016	4	92	93	100%
	Q3 2016	17	132	126	82%
	Q4 2016	5	143	95	60%
<b>Optometry</b>	Q4 2015	1	253	253	0%
	Q1 2016	6	154	110	83%
	Q2 2016	9	54	41	100%
	Q3 2016	3	103	91	100%
	Q4 2016	6	70	56	83%
<b>Physical Therapy</b>	Q4 2015	6	151	100	50%
	Q1 2016	3	84	26	67%
	Q2 2016	10	48	13	90%
	Q3 2016	5	104	127	80%
	Q4 2016	9	111	88	89%
<b>Funeral</b>	Q4 2015	2	13	13	100%
	Q1 2016	4	66	64	100%
	Q2 2016				100%
	Q3 2016	6	18	18	100%
	Q4 2016	9	84	56	89%
<b>Audiology</b>	Q4 2015	4	30	30	100%
	Q1 2016	3	116	61	67%
	Q2 2016	0	0	0	0%
	Q3 2016	1	211	211	0%
	Q4 2016	2	30	30	100%

# Virginia Department of Health Professions

## Sanctioning Reference Points (SRP) Agreement Analysis

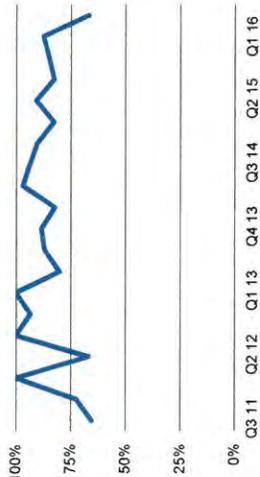
### Data through June 30, 2016

David E. Brown, D.C.  
Director

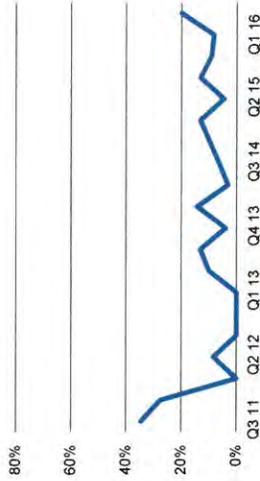
Board	Start Date	Completed Worksheets	Agreement		Departures		Agreement by Board		
			#	%	Aggravating #	Mitigating #			
Medicine	Aug-04	238	173	73%	10	4%	55	23%	73%
Nursing	Jul-05	1634	1280	78%	296	18%	58	4%	78%
CNA	Jul-05	927	892	96%	19	2%	16	2%	96%
RMA	Jun-13	52	38	73%	13	25%	1	2%	73%
Dentistry	Jun-06	222	168	76%	20	9%	34	15%	76%
Funeral Veterinary	May-07	38	31	82%	1	3%	6	16%	82%
Medicine	May-07	108	90	83%	14	13%	4	4%	83%
Pharmacy Pharmacy Technicians	Nov-07	109	77	71%	5	5%	27	25%	71%
Optometry	Jun-13	4	2	50%			2	50%	50%
Social Work	Dec-08	14	11	79%	2	14%	1	7%	79%
Psychology	Jun-09	14	7	50%	2	14%	5	36%	50%
Counseling Physical Therapy	Jun-09	10	8	80%			2	20%	80%
Long-Term Care	Jun-09	19	17	90%	1	5%	1	5%	90%
Audiology	Nov-09	6	4	67%	2	33%			67%
DHP Total	Mar-10	13	9	69%			4	31%	69%
	Jun-10	5	5	100%					100%
<b>DHP Total</b>		<b>3413</b>	<b>2812</b>	<b>82%</b>	<b>385</b>	<b>11%</b>	<b>216</b>	<b>6%</b>	<b>82%</b>

**SRP Agreement Rates by Quarter (July 1, 2011 - June 30, 2016)**  
 Board of Nursing, Nurses Only

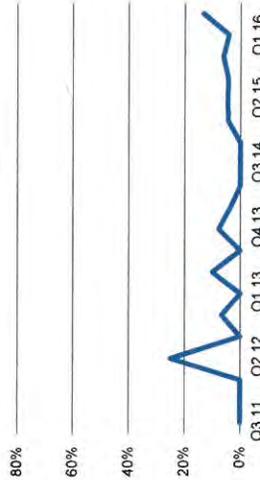
**Inability to Safely Practice Agreement**



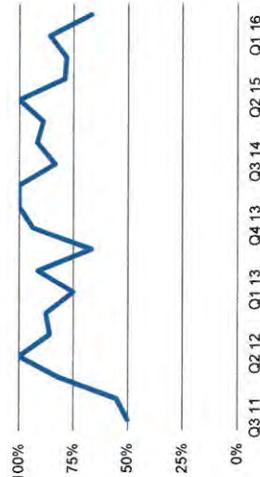
**Aggravating**



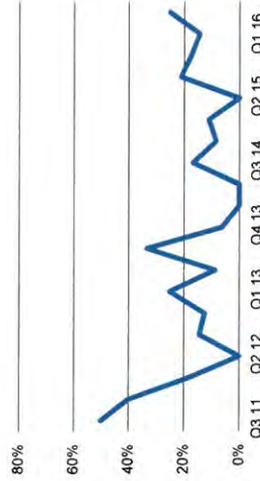
**Mitigating**



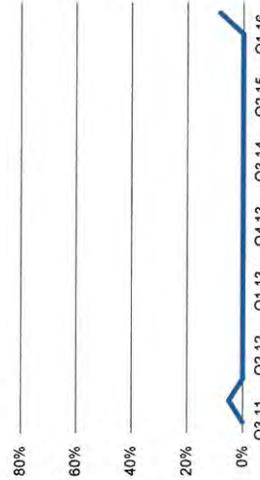
**Standard of Care Agreement**



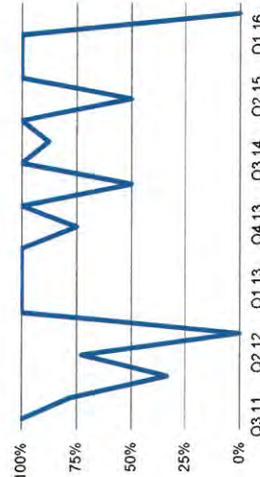
**Aggravating**



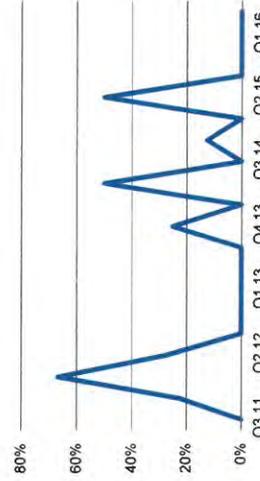
**Mitigating**



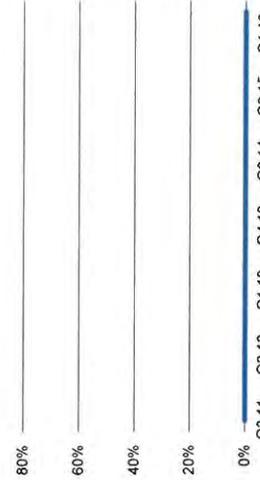
**Unlicensed Activity Agreement**



**Aggravating**

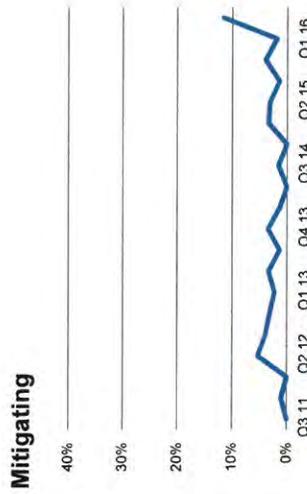
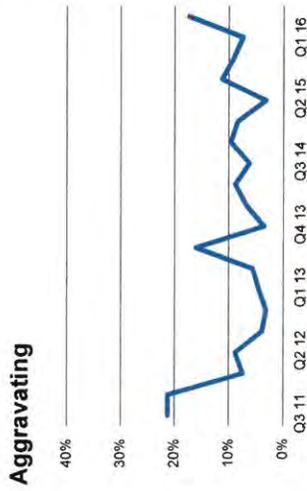
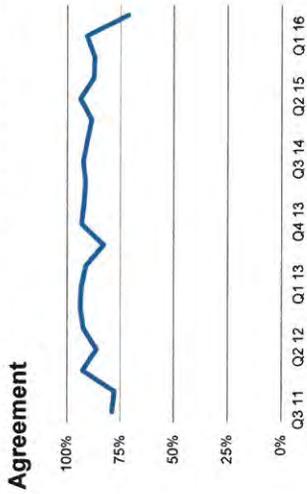


**Mitigating**

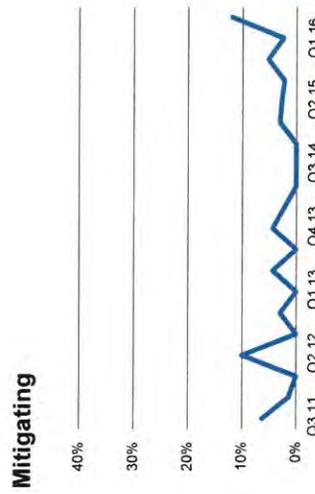
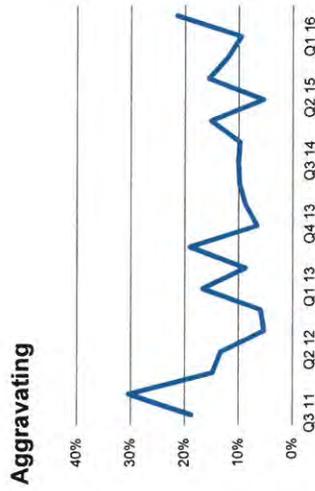
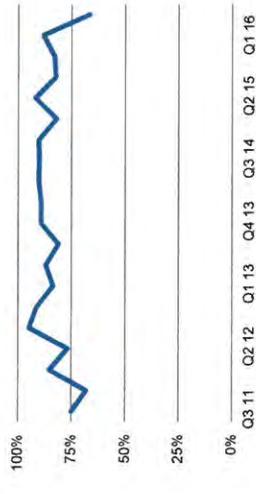


**SRP Agreement Rates by Quarter (July 1, 2011 - June 30, 2016)**  
Board of Nursing

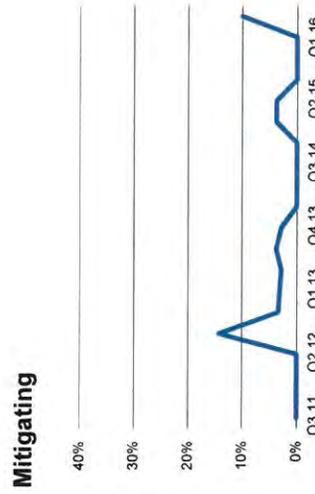
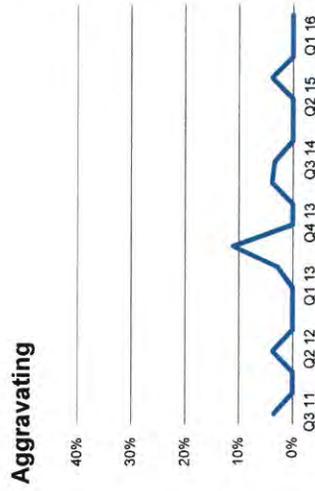
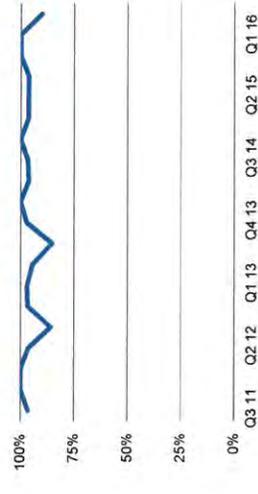
**Total Board of Nursing (Nurses, CNAs and RMAs)**



**Nurses Agreement**

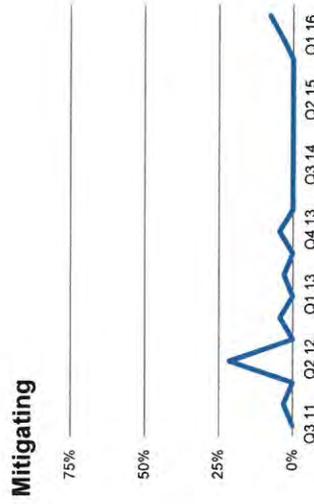
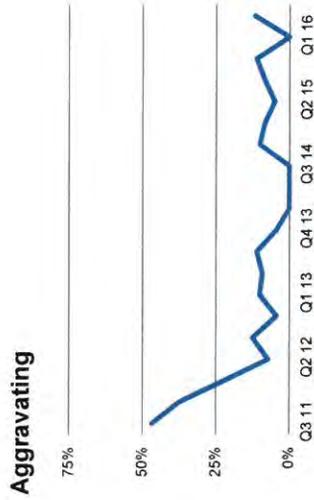
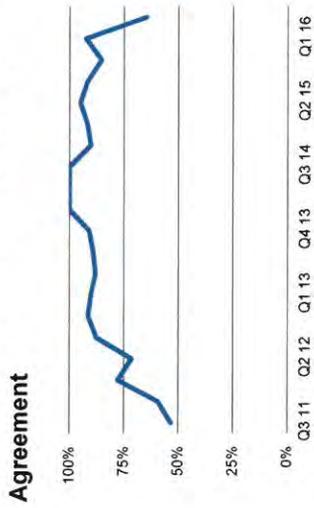


**CNAS Agreement**

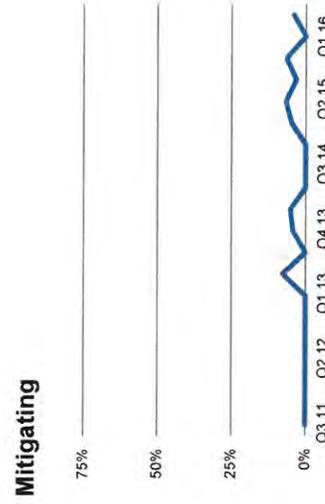
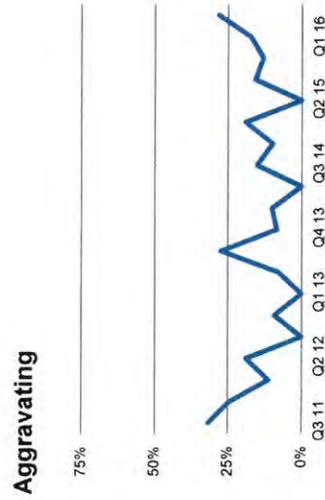
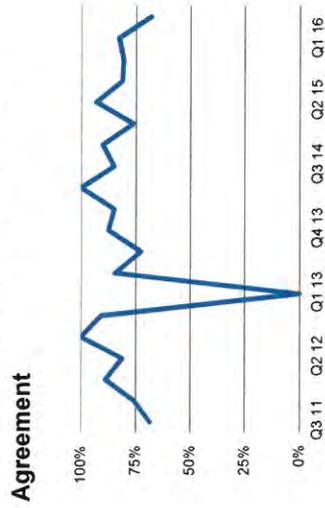


**SRP Agreement Rates by Quarter** (July 1, 2011 - June 30, 2016)  
**Board of Nursing, Nurses Only**  
 (vertical line indicates the time of revision)

**Nurses - Special Conference Committee**



**Nurses - Agency Subordinate**



Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 30900 - Board of Health Professions  
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue	500.00	-	(500.00)	0.00%
4002401	Application Fee	500.00	-	(500.00)	0.00%
	Total Fee Revenue	500.00	-	(500.00)	0.00%
	Total Revenue				
5011110	Employer Retirement Contrib.	26,368.22	31,326.00	4,957.78	84.17%
5011120	Fed Old-Age Ins- Sal St Emp	15,618.85	16,853.00	1,234.15	92.68%
5011130	Fed Old-Age Ins- Wage Earners	2,304.74	3,094.00	789.26	74.49%
5011140	Group Insurance	2,358.12	2,622.00	263.88	89.94%
5011150	Medical/Hospitalization Ins.	6,509.00	13,038.00	6,529.00	49.92%
5011160	Retiree Medical/Hospitalizatn	2,080.76	2,314.00	233.24	89.92%
5011170	Long term Disability Ins	1,308.03	1,454.00	145.97	89.96%
	Total Employee Benefits	56,547.72	70,701.00	14,153.28	79.98%
5011200	Salaries				
5011230	Salaries, Classified	201,455.57	220,292.00	18,836.43	91.45%
	Total Salaries	201,455.57	220,292.00	18,836.43	91.45%
5011300	Special Payments				
5011310	Bonuses and Incentives	93.36	-	(93.36)	0.00%
5011380	Deferred Compnstrn Match Pmnts	940.00	1,440.00	500.00	65.28%
	Total Special Payments	1,033.36	1,440.00	406.64	71.76%
5011400	Wages				
5011410	Wages, General	31,994.40	40,442.00	8,447.60	79.11%
	Total Wages	31,994.40	40,442.00	8,447.60	79.11%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,333.15	-	(1,333.15)	0.00%
	Total Terminatn Personal Svce Costs	1,333.15	-	(1,333.15)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	292,364.20	332,875.00	40,510.80	87.83%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	8.20	50.00	41.80	16.40%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 30900 - Board of Health Professions  
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012140	Postal Services	407.80	500.00	92.20	81.56%
5012150	Printing Services	14.00	-	(14.00)	0.00%
5012160	Telecommunications Svcs (VITA)	2,765.42	2,800.00	34.58	98.77%
5012170	Telecomm. Svcs (Non-State)	315.00	-	(315.00)	0.00%
5012190	Inbound Freight Services	3.98	20.00	16.02	19.90%
	Total Communication Services	3,514.40	3,370.00	(144.40)	104.28%
5012200	Employee Development Services	-	200.00	200.00	0.00%
5012210	Organization Memberships	568.00	50.00	(518.00)	1136.00%
5012220	Publication Subscriptions	390.00	3,500.00	3,110.00	11.14%
5012240	Employee Training/Workshop/Conf	958.00	3,750.00	2,792.00	25.55%
	Total Employee Development Services	413.00	1,200.00	787.00	34.42%
5012400	Mgmt and Informational Svcs	-	200.00	200.00	0.00%
5012470	Legal Services	413.00	1,400.00	987.00	29.50%
5012480	Media Services	-	600.00	600.00	0.00%
	Total Mgmt and Informational Svcs	806.94	750.00	(56.94)	107.59%
5012600	Support Services	-	50.00	50.00	0.00%
5012630	Clerical Services	-	20.00	20.00	0.00%
5012640	Food & Dietary Services	806.94	94,993.00	(8,482.00)	108.93%
5012660	Manual Labor Services	-	96,413.00	(7,868.94)	108.16%
5012670	Production Services	-	3,845.00	(3,845.00)	118.13%
5012680	Skilled Services	103,475.00	670.00	(643.34)	3.98%
	Total Support Services	104,281.94	1,100.00	928.00	15.64%
5012800	Transportation Services	4,542.18	550.00	439.75	20.05%
5012820	Travel, Personal Vehicle	26.66	6,165.00	1,313.91	78.69%
5012830	Travel, Public Carriers	172.00	111,098.00	(2,920.43)	102.63%
5012850	Travel, Subsistence & Lodging	110.25	-	-	-
5012880	Trvl, Meal Reimb- Not Rprtbl	4,851.09	-	-	-
	Total Transportation Services	114,018.43	-	-	-
5013000	Supplies And Materials	-	-	-	-

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 30900 - Board of Health Professions  
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013100	Administrative Supplies	3,708.94	30.00	(3,678.94)	12363.13%
5013120	Office Supplies	-	50.00	50.00	0.00%
5013130	Stationery and Forms	3,708.94	80.00	(3,628.94)	4636.18%
	Total Administrative Supplies				
5013300	Manufactg and Merch Supplies	-	25.00	25.00	0.00%
5013350	Packaging & Shipping Supplies	-	25.00	25.00	0.00%
	Total Manufactg and Merch Supplies				
5013600	Residential Supplies	-	50.00	50.00	0.00%
5013630	Food Service Supplies	-	50.00	50.00	0.00%
	Total Residential Supplies				
5013700	Specific Use Supplies	4,341.85	-	(4,341.85)	0.00%
5013730	Computer Operating Supplies	-	50.00	50.00	0.00%
5013740	Educational Supplies	4,341.85	50.00	(4,291.85)	8683.70%
	Total Specific Use Supplies	8,050.79	205.00	(7,845.79)	3927.21%
	Total Supplies And Materials				
5015000	Continuous Charges				
5015300	Operating Lease Payments	759.53	900.00	140.47	84.39%
5015340	Equipment Rentals	25.92	-	(25.92)	0.00%
5015350	Building Rentals	-	40.00	40.00	0.00%
5015360	Land Rentals	23,107.06	22,216.00	(891.06)	104.01%
5015390	Building Rentals - Non State	23,892.51	23,156.00	(736.51)	103.18%
	Total Operating Lease Payments	23,892.51	23,156.00	(736.51)	103.18%
	Total Continuous Charges				
5022000	Equipment				
5022100	Computer Hrdware & Sftware	8,976.00	-	(8,976.00)	0.00%
5022180	Computer Software Purchases	8,976.00	-	(8,976.00)	0.00%
	Total Computer Hrdware & Sftware				
5022200	Educational & Cultural Equip	-	500.00	500.00	8.55%
5022240	Reference Equipment	42.75		42.75	

Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 30900 - Board of Health Professions  
 For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Educational & Cultural Equip	42.75	500.00	457.25	8.55%
5022300	Electrnc & Photographic Equip	-	108.00	108.00	0.00%
5022320	Photographic Equipment	-	100.00	100.00	0.00%
5022330	Voice & Data Transmissn Equip	-	208.00	208.00	0.00%
	Total Electrnc & Photographic Equip				
5022600	Office Equipment	-	30.00	30.00	0.00%
5022630	Office Incidentals	-	30.00	30.00	0.00%
	Total Office Equipment				
	Total Equipment	9,018.75	738.00	(8,280.75)	1222.05%
	Total Expenditures	447,344.68	468,072.00	20,727.32	95.57%