

NURSING NOTES



Spring 2002

**Board of Nursing
2001—2002**
Reappointed to four year term:

Louise D. Hartz, Citizen Member
Secretary
Richmond

Janet B. Younger, R.N., P.N.P., Ph.D.
President
Richmond

New Members:

Louisa Lief, R.N.
Midlothian

JoAnn Tillett, R.N.
Midlothian

Continuing Members:

Marion Alderman, Citizen Member
Hillsville

Linda Ault, R.N., M.S.N.
Vice President
Charles City

Paulina Y. Campbell, Citizen Member
Shenandoah

Shelley F. Conroy, R.N., Ed.D.
Midlothian

Carol E. King, L.P.N., M.S.
Portsmouth

Judie A. Lilley, L.P.N.
Newport News

Isabelita Paler, R.N., M.S.N.
Norfolk

Dawn M. Sykes, R.N., B.S.N.
Richmond

Diane Tramel, L.P.N.
Dale City

Nancy K. Durrett, R.N., M.S.N.
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VIRGINIA BOARD OF NURSING CENTENNIAL 1903-2003
Regulating Nursing – Protecting the Public

The Virginia Board of Nursing will be 100 years old in 2003. A Centennial Committee chaired by Corinne Dorsey, past Executive Director of the Board of Nursing, has volunteered to plan appropriate observances of the 100th Anniversary of the Virginia Nurse Practice Act and the Board of Nursing. An educational event, hosted by the Virginia League for Nursing and the Board of Nursing on March 22, 2002 began the Centennial Celebration. Diann B. Uustal, RN, EdD, noted nurse ethicist, was the major presenter for the program. The Virginia Nurses Association will host a dinner on May 14, 2003 to honor the 78 registered nurses, 12 licensed practical nurses and 7 citizen (public) members who have volunteered untold numbers of hours in their efforts to protect the public and who deserve recognition for their dedicated commitment and service to the Commonwealth. Nineteen registered nurses who have been staff to the Board will also be honored.

In 1901, the Virginia State Association of Nurses (now the Virginia Nurses Association) was organized with one of its purposes to obtain "legal recognition as a professional body". Sadie Heath Cabaniss was the first president of this organization. Charles T. Lassiter of Petersburg, a cousin of Cabaniss and a member of the General Assembly of Virginia, worked with her to draft a proposed law to "regulate the professional nursing of the sick in Virginia". The bill was adopted by the General Assembly and was signed into law by Governor Andrew Jackson Montague on May 14, 1903. Thus, in 1903, Virginia joined North Carolina, New Jersey and New York as the first four states in the United States to enact such legislation. The Governor appointed five nurses to the Virginia State Board of Nurse Examiners (now the Virginia Board of Nursing): Sadie Heath Cabaniss, Nannie Minor, Leah deLancey, Jean Glasgow and Margaret Watkins. Cabaniss and deLancey were elected as President and Secretary-Treasurer, respectively, at the first Board meeting on October 14, 1903. Regulations and forms for registration applications were adopted. These accomplishments, in just over two years, attest to the strength and commitment of these nursing pioneers.

The original Virginia Nurse Practice Act authorized the Board to examine and issue certificates to qualified Registered Nurses, approve educational programs and take action against licensees for certain causes. Over the years, additional categories have been added to those regulated by the Board of Nursing. In 1918, Licensed Attendants were added, followed by Certified Tuberculosis Nurses in 1926 and Licensed Practical Nurses in 1946. In 1973, an amendment to the Medical Practice Act authorized the practice of nurses in expanded roles under regulations jointly promulgated by the Boards of Nursing and Medicine, leading to the regulation of Nurse Practitioners in 1975. In 1989, Clinical Nurse Specialists and Certified Nurse Aides were added and in 1996 Massage Therapists were added to those regulated by the Board of Nursing. Today there are over 150,000 individuals holding current credentials issued by the Board.

From the President

DIRECTIONS IN THE REGULATION OF ADVANCED PRACTICE

Janet B. Younger, R.N., P.N.P., Ph.D.
President, Virginia Board of Nursing

The Advanced Practice Task Force of the National Council of State Boards of Nursing is working to provide guidance to member boards on the regulation of advanced practice nurses. The major tenets of the National Council that have guided this work include these:

- (1) The purpose for regulation of advanced nursing practice is the protection of the public health, safety and welfare;
- (2) Regulation criteria for advanced nursing practice should reflect minimum requirements and be the least burdensome criteria consistent with public protection;
- (3) The public has a right to the access of health care, and to make informed choices regarding selection of health care options through knowledge of the area of expertise, qualifications and credentials of individuals who provide health care;
- (4) The public has a right to rely on the credentials of health care providers in making choices and decisions regarding health care; and
- (5) Boards of Nursing should regulate advanced nursing practice by licensure due to the nature of the practice, which requires advanced knowledge, clinical proficiency, independent decision-making and autonomy.

The risk of harm from unsafe and incompetent providers at this level of complex care is high (Position Paper on Regulation of Advanced Nursing Practice, 2002).

Major trends as evidenced by work at the National Council are listed below in bold. Then follows an explanation and the status of that trend in Virginia.

Combined with graduate nursing education, professional certification should be used as a qualification for licensure as long as the board of nursing has established criteria for accepting the certification and maintains control of the licensure process. When considering whether to accept certification examinations as partial fulfillment of regulatory requirements for advanced practice nursing, boards must assure the appropriateness of those examinations for regulatory purposes and not cede responsibility for those determinations to private entities. In 1995, the Delegate Assembly directed the National Council to collaborate with nurse practitioner certification organizations to determine that certification examinations were psychometrically sound and legally

defensible for regulatory purposes. The National Council met with nurse practitioner programs to work out a mutually acceptable process that would assure boards of nursing of the regulatory sufficiency of private APRN certification programs. Extensive negotiations with certification programs led to a process using the National Commission for Certifying Agencies (NCCA) accreditation supplemented with a review of additional criteria established by the National Council. A number of certifying organizations are now accredited by NCCA and have provided the data necessary to assure the appropriateness for regulation. Currently, the National Council's Advanced Practice Task Force has developed updated criteria for evaluating certification programs (*APRN Certification Examination Review Program, January, 2002*). Virginia now requires that applicants, "Submit evidence of professional certification by an agency identified in 18 VAC 90-30-90 as an agency accepted by the boards".

Licensure should be granted only if the concentration in the nursing education program and the area of the certification exam are congruent. In an earlier period of using certification examinations for regulatory purposes, problems arose when applicants who had not completed the relevant educational program were allowed to sit for examinations. Although that practice may be defensible when the examinations are for purposes other than regulatory, it was necessary to gain assurance of clarity on that issue. In the National Council's document, *APRN Certification Examination Review Program, (January, 2002)*, criteria to be used for accreditation specify that educational requirements are consistent with the requirements of the advanced practice specialty. Virginia regulations state that applicants must "Submit evidence of completion of an educational program designed to prepare nurse practitioners that is an approved program as defined in 18 VAC 90-30-10". Even if an applicant has taken a certification exam in an area of practice, if the educational program requirement is not met or is not congruent, the applicant will not be licensed.

Movement toward consistent educational requirements, titling and uniform use of terminology will improve public protection, more informed consumer health care decisions and more effective utilization of services provided by advanced practice nurses. Currently differences in requirements and titling are barriers to movement across state lines and to public reliance on advanced practice nursing. Although not specifically the concern of regulation, these differences are also barriers in reimbursement. To assist member boards in reducing these barriers, the Delegate Assembly of 2000 enacted the *Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements*.

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2002 Legislation

The following bills have passed the Senate and the House, and have been signed by the Governor:

House Bill 44 allows registered nurses, in situations meeting explicit criteria, to pronounce death when they are employed by a hospital or nursing home. State-operated hospitals are to be considered hospitals for these purposes. Registered nurses employed by home health organizations, hospices or the Department of Corrections may already pronounce death. Specific criteria are established in this law for those patients who may be pronounced dead by registered nurses, i.e., those patients whose deaths are expected, who had valid do not resuscitate orders and who were under the care of a physician who cannot be present within a reasonable amount of time. The nurse is required to notify the patient's attending and consulting physician as soon as practical.

House Bill 664 requires certain health care providers, including nurse practitioners to report to the State Police information about a patient that may indicate disease caused by exposure to an agent or substance that can be used as a weapon.

House Bill 665 allows licensure by endorsement for nurses who hold a valid, current unrestricted license in Canada provided they received their training at a nursing school in Canada where English was the primary language and have passed the Canadian Registered Nurse Examination.

House Bill 1079 allows part-time nursing students to be eligible for scholarship and loan repayment programs.

House Bill 1085 authorizes the Board of Nursing to accept private grants or donations for the purposes of collecting and utilizing nursing workforce information.

House Bill 1318 exempts nurses and certain other health care professionals from the need to obtain a Virginia license when they are licensed in another state, are volunteering in a free clinic in a medically underserved area, and meet certain other requirements.

Senate Bill 101 adds nurse practitioners as authorized in their practice protocols to the list of health care professionals who may order physical therapy services.

The following has passed both houses of the General Assembly, and at the time of publication is awaiting action on the Governor's amendments:

House Bill 294 requires all mandatory reporters of child abuse and neglect who maintain a record on the alleged victim to make information, records and reports that are relevant to the investigation available to the child protective services investigator. Nurses are mandatory reporters of child abuse and neglect.

The full text of all of the above bills may be located at <http://leg1.state.va.us>.

These laws become effective July 1, 2002.

Recognition of Service

Nancy K. Durrett, R.N., M.S.N., Executive Director of the Virginia Board of Nursing received a Service Recognition Award for 15 years of work in nursing regulation. The award was presented at the Annual Meeting of the National Council of State Boards of Nursing (NCSBN), held in Pittsburgh on August 7-11, 2001. In addition to conducting its regular business, NCSBN honored those members who have demonstrated substantial contributions to the improvement of nursing regulation.

Mrs. Durrett served on the NCSBN Board of Directors as the Area III Director for 4 years. She also served on a number on committees and represented NCSBN at meetings of other organizations.

License Verification

If you need the Virginia Board of Nursing to verify your license to another state Board, a \$25.00 fee will be charged for this service. Be sure to enclose a personal check or money order made payable to the *Treasurer of Virginia* with the verification form or your request.

2002 Board Meetings

- May 20—23
- July 15—18
- September 23—26
- November 18—21

All meetings are open to the public and are held at the Department of Health Professions, 5th Floor, 6606 West Broad Street, Richmond, Virginia unless announced otherwise.

Open Forum

The Board of Nursing holds an open forum at 11:00 A.M. on the Tuesday of each Board meeting. Open forums are held during each Board meeting so that individuals may express their concerns or make inquiries of the Board. No appointment is necessary to make a presentation; however, you should contact the Board office to confirm the time of the open forum or if you need special accommodations. If there are no presentations, the Board will conduct regular business.

Change of Name or Address

Every licensee and certificate holder is responsible for notifying the Board office **in writing** of any change of name or address within 30 days of such change. Name changes must be accompanied by legal documents. **All** requests for changes **MUST** include your social security number or Virginia license or certificate number. We will not be able to process these requests without this information.

Identification Badge Reminder

Board of Nursing Regulation 18 VAC 90-20-35 requires that any person regulated by the Virginia Board of Nursing who provides direct patient care, shall, while on duty wear identification which clearly indicates the person's name and the appropriate title for the license, certification or registration issued by the Board. This regulation was adopted to ensure the consumers know the credentials of those providing care. It is the professional responsibility of all who are so regulated to wear the identification badge which correctly identifies the type of licensure, certification or registration held. An employer cannot negate or override this responsibility. While the Board does not have staff patrolling facilities to identify those who are not complying with the regulation, a complaint may come to the board office through a variety of other sources and could result in disciplinary action by the Board.

Disclosure of Addresses

Some licensees have expressed concern that their residential address is accessible. Consistent with Virginia law and the mission of the Department of Health Professions addresses of licensees are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, the application of new technology makes such information more accessible.

In most cases it is permissible for an individual to provide an address of record other than a residence, such as a post office box or a practice location. Changes of address may be made at the time of renewal or at anytime by written notification to the appropriate health regulatory board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address provided.

Employment of New Nursing Graduates

Employers are understandably anxious to hire new nursing graduates as quickly as possible after graduation from their registered nursing or practical nursing programs. The nursing shortage has made the need even more urgent.

Regulation 18 VAC 90-20-190.G of the Board of Nursing regulations states that a new graduate *who has filed an application for licensure in Virginia* may practice nursing for a period not to exceed 90 days between completion of the nursing education program and the receipt of the results of the candidate's first licensing examination. Once the application for licensure is complete, the candidate is sent a letter which authorizes practice. The candidate *may not* practice until he has received the letter of authorization. The employer is urged to ask the candidate to show this letter from the Board of Nursing authorizing practice before allowing the person to practice as a registered nurse or licensed practical nurse applicant. **If a person fails the NCLEX, or if 90 days has lapsed since completion of the education program, he must immediately cease practice as a registered nurse or licensed practical nurse applicant.**

To ensure that the licensure process goes as quickly as possible, the candidate should do the following:

- Submit the licensure application and any required supporting documents to the Board two months before graduation. Review the application instructions carefully to ensure that all materials are complete.
- Submit the NCLEX registration form to the test vendor two months before graduation.
- Ensure that all tuition and fees have been paid to the nursing education program, so the official transcript can be released to the Board.
- Work closely with the nursing education program to ensure the transcript is released to the Board as soon as possible after graduation. Transcript must contain a graduation date.
- Call to make an appointment for a test date as soon as the Authorization to Test is received. Be willing to consider a variety of dates and times for the appointment.

The actual length of time between graduation and taking the licensure examination can vary. If the graduate has submitted a completed application and registration early and the program releases the transcript to the Board soon after graduation, then the graduate can often take the NCLEX examination and receive his license very early. However, at peak testing times, the graduate may not be able to make an appointment for testing immediately. Prometric Testing Centers, which is where graduates currently test, has a contractual obligation to offer the graduate an appointment within thirty (30) days of the graduate's telephone call. Prometric has usually been able to meet this obligation. Still, graduates often would like to be able to test immediately, which may not be possible. Other common reasons for delays in testing include: failure to submit the application until after graduation; submission of incomplete materials; failure to submit court or treatment records when necessary; delay in receipt of the transcript; and failure to submit the NCLEX registration.

Candidates are notified of their examination results by the Board of Nursing. Candidates who are successful on the examination will be listed as licensed on the telephone verification system (804-662-7636) 4 to 6 days following the examination. Posting of licensure to the License Look-up on the web page takes 7 to 10 days (www.dhp.state.va.us).

Advanced Practice Corner

Statistics

There are 4,336 licensed nurse practitioners in Virginia; 2,132 of those hold prescriptive authority. Thirty-one complaints were received against nurse practitioners in fiscal year 2000 and three were found in violation of the law or regulations. Twenty-four complaints were received regarding the authorization to prescribe and two nurse practitioners with prescriptive authority were found to have violated the law or regulation.

There are 455 clinical nurse specialists registered with the Board of Nursing. In fiscal year 2001, four complaints were received against clinical nurse specialists. None were found in violation of the law or regulations.

Protocols Required

It has come to the attention of the Board of Nursing and Medicine that not all physicians and nurse practitioners are aware that 18 VAC 90-30-120.A and B of the Regulations Governing the Licensure of Nurse Practitioners require that a nurse practitioner practice in collaboration with and under the medical direction and supervision of a physician and in accordance with a written protocol. "Medical direction and supervision" means "participation in the development of a written protocol including provision for periodic review and revision; development of guidelines for availability and ongoing communications which provide for and define consultation among the collaborating parties and the patient; and periodic joint evaluation of services provided, e.g., chart review, case review, and review of patient care outcomes. Guidelines for availability shall address at a minimum the availability of the collaborating physician proportionate to such factors as practice setting, acuity, and geography". "Protocol" is defined as a "written statement, jointly developed by the collaborating physician and the licensed nurse practitioner, that directs and describes the procedures to be followed and the delegated medical acts appropriate to the specialty practice area to be performed by the licensed nurse practitioner (s) in the care and management of patients". Many practitioners reference standards or text books in the protocol to cover the procedures and the delegated medical acts instead of attempting to cover the management of each disease condition which may be encountered. It is the responsibility of all nurse practitioners to be familiar with the regulations that govern their practice and to ensure that they are in compliance. The regulations may be found at www.dhp.state.va.us.

Change in Prescriptive Authority

Effective January 1, 2002 nurse practitioners may prescribe Schedule IV drugs, provided they have submitted a new practice agreement to the Board of Nursing and have submitted a modification to the DEA to include the expanded schedule. Statutory authority for prescribing Schedule III drugs will become effective July 3, 2003, and again, those wishing to prescribe these drugs must submit new practice agreements and DEA modifications.

Guidance Document 90-18 entitled Prescriptive Authority in Virginia was written by Elizabeth Russell, Executive Director of the Virginia Board of Pharmacy and summarizes what category of license may prescribe, what each may prescribe and what each may do regarding dispensing. The document is on the website at the address given above. Please note that the requirement for a state controlled substance registration from the Board of Pharmacy was eliminated in 2001.

Changes to Regulations

On March 19, 2002, the Board of Nursing and on February 7, 2002, the Board of Medicine adopted final amendments to the Regulations Governing Licensure of Nurse Practitioners and the Regulations Governing Prescriptive Authority to implement requirements for evidence of continued competence. The regulations were adopted in response to a need to provide assurance to the public that nurse practitioners who have the authority to prescribe controlled substances have continued to be competent to provide patient care. The Board of Medicine, in response to a statutory mandate in §54.1-2912.1 of the *Code of Virginia* that the Board "prescribe by regulation such requirements as may be necessary to ensure continued practitioner competence which may include continuing education, testing, and/or any other requirement" has promulgated regulations for evidence of continued competence for all other professions that it regulates. In addition, House Bill 818 passed by the 2000 General Assembly included a provision requiring that the Boards of Nursing and Medicine promulgate regulations pursuant to prescriptive authority that "ensure continued nurse practitioner competency" which may include the use of new pharmaceuticals, patient safety, and appropriate communication with patients.

The substance of the proposed amendments for 18 VAC 90-30-10 et seq., Regulations Governing the Licensure

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of Nurse Practitioners is a requirement that evidence of continuing competency be provided in order to renew licensure. After the effective date of the regulation, newly licensed nurse practitioners will be required to maintain current professional certification. Nurse practitioners licensed prior to that date will be required to maintain current professional certification or acquire a minimum of 40 hours of continuing education each biennium in the area of specialty practice in which they hold licensure.

The substance of the proposed amendments for 18 VAC 90-30-10 et seq., Regulations for Prescriptive Authority for Nurse Practitioners, is a requirement for at least eight hours of continuing education each biennium in pharmacology or pharmacotherapeutics. Further, there is a proposal to require at least four hours of continuing education for each year in which a practitioner license has been lapsed, not to exceed 16 hours.

Other amendments in both regulations provide for compliance requirements, requests for extensions or exemptions from all or part of the regulations, and retention of records. **The regulations will become effective May 8, 2002.**

The Boards of Nursing and Medicine have completed the periodic review of the Regulations for Nurse Practitioners and Prescriptive Authority. As a result several amendments are proposed to provide for more consistency between practice in public or non-profit clinics and other types of practice settings. Site visits would no longer need to be monthly but must occur no less frequently than once per quarter. An amendment is recommended to clarify that the "authorization number" which must be included on each prescription written means the Prescriptive Authority number issued by the boards and the Drug Enforcement Agency (DEA) number when applicable. Amendments are also recommended to clarify the rule about dispensing of drugs to be consistent with the law which state that a nurse practitioner may dispense only those manufacturers' samples of drugs for drugs included in the written practice agreement on file with the Board. It is anticipated that the written public comment period and public hearing on these proposed regulations will occur Fall, 2002.

2002 Legislation

Senate Bill 101, which passed both the House and the Senate, amends §54.1-593 of the *Code of Virginia* to authorize licensed nurse practitioners to refer and direct the practice of physical therapists, effective July 1, 2002.

Directions to the Board of Nursing Office 6606 West Broad Street, 4th Floor Richmond, Virginia

From Downtown Richmond: (2 options)

1. Take Broad Street West to the GE Financial Assurance office park. Turn right at GE Financial Assurance entrance and proceed to Southern States building at rear of complex.
2. If taking I-64 west from downtown, exit at 183-B, proceed east on Broad Street to GE Financial Assurance and turn left. Proceed to Southern States building at rear of office park.

From Points West:

Take I-64 east; exit at Exit 183 (which splits into two ramps), take 183-B (Broad Street East), proceed east on Broad Street, turn left at GE Financial Assurance entrance and proceed to Southern States building at rear of office park.

From Points East:

Take I-64 west; exit at Exit 183-B, proceed east on Broad Street, turn left at GE Financial Assurance entrance and proceed to Southern States building at rear of office park.

From Points North:

Take I-95 South, continue to Exit 79 to I-64 West. (Do not divert to I-295 or I-95.) Proceed on I-64 west to Exit 183-B, proceed east on Broad Street, turn left at GE Financial Assurance entrance and proceed to Southern States building at rear of office park.

From Points South:

Take I-95 North to I-64 west. Proceed west on I-64 to Exit 183-B, then east on Broad Street; turn left at GE Financial Assurance entrance and proceed to Southern States building at rear of office park.

**The Board of Nursing Hours
8:15 A.M - 5:00 P.M.
tel: (804) 662-9909**



These requirements included: (1) unencumbered RN license; (2) graduation from a graduate level advanced practice program accredited by a national accrediting body; (3) currently certified by a national certifying body in the advanced practice specialty appropriate to educational preparation; and (4) maintenance of certification or evidence of maintenance of competence. Although many states already have these requirements, some jurisdictions have allowed variation, particularly in education or certification to exist. It is clear from the experience in some states that the failure to hold to the above educational requirement has been used in their legislature of those states as a rationale for restricting practice. From a regulatory standpoint, although some clinicians may be quite skilled without the educational preparation specified or the certification, the majority of clinicians need those qualifications to be competent. Also important, the public relies upon a predictable preparation as a pre-requisite for all major professions.

Licensure should be based on relatively broad categories of practice and not sub-specialty areas. Comparatively broad preparation for advanced practice nursing should be considered the minimum preparation for legal recognition. This preparation will give the advanced practice nurse a basis on which to recognize a range of commonly occurring health problems and to practice safely. Regulators must recognize, in their public protection efforts, that advanced practice nurses who are certified in a subspecialty, such as specific disease entities, have a narrow scope of practice. This becomes problematic when they are faced with a wide variety of health disorders in practice and regulators must restrain that sub-specialty APRN to practice within a narrow, specified scope of practice. It is also difficult to evaluate the validity and reliability of certification examinations administered to only a small number of candidates, which is typical of sub-specialty categories. These examinations are not suitable for regulatory purposes. Additional specialized certifications may be used to expand the scope of practice within the limits of the category of practice in which the license is granted. This trend suggests that the place for disease-specific certifications is post-licensure and therefore, post-masters educationally. Virginia regulations currently do not recognize any disease-specific categories for licensure.

Prescriptive authority should be consistent with the licensed practice and based upon substantial pharmac-therapeutic course work and clinical supervision of prescribing in the master's program. Prescribing is a complex therapeutic activity. As states

began to enact legislation to grant prescriptive authority to nurse practitioners, criteria was often written for course work, but not master's level clinical supervision of prescribing. As we move forward, it is clear that this component should be present to provide nurse practitioners with the requisite skills. The principle is the same as requiring clinical hours, rather than didactic preparation alone, for advanced practice nursing. In Virginia, we currently rely on nurse practitioner programs to assure that experience is included in the clinical hours.

Nurses already practicing at an advanced level when new regulation is proposed should be permitted to continue practicing in the advanced nursing category through "grandfathering" provisions. The wisdom of regulatory approaches is to acknowledge that nothing we have done in the past should limit the vision we might have for the future. As we add requirements and expectations, we provide for those already licensed and functioning competently to continue.

References:

National Council of State Boards of Nursing. Position Paper on Regulation of Advanced Nursing Practice. 2002. Unpublished work in progress.

National Council of State Boards of Nursing. Position Paper on Regulation of Advanced Nursing Practice. 1987, 1993.

National Council of State Boards of Nursing. *APRN Certification Examination Review Program, January 2002.*

National Council of State Boards of Nursing. *Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements. August 2000.*

****Author's Note:** The ideas above are not represented as my own, but are the work of the National Council of State Boards of Nursing as represented in and liberally taken from the works cited, for which the National Council holds the copyrights thereunto and which are used with permission granted by the National Council to Member Boards. As the National Council completes work on the 2002 position paper, some of the directions cited above may change.

Periodic Review of Regulations Governing the Practice of Nursing

The Board adopted the review of the regulations and a Notice of Intended Regulatory Action in September 2001. It is recommending amendments to clarify regulations that have been confusing to applicants, regulants or educational programs. Amendments to nursing and nurse aide education program address concerns about the quality of instruction, the reporting of changes in the program, and other issues related to meeting the educational needs of students. Additional requirements

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are proposed to provide specificity about evidence of continued competency necessary for reinstatement of a license, to specify the number of hours of training necessary in a medication administration training program, to update the protocol for adult immunizations, and to state in regulation a policy of the Board on the delegation of tasks in an operating room.

Also proposed are additions to the definitions of unprofessional conduct which describe grounds for disciplinary actions against nurses and nurse aides. The behaviors have been noted in testimony before the Board in disciplinary proceedings but have not been definitive in the regulations.

Those grounds would include: 1) entering into an inappropriate relationship with a patient that violates professional boundaries; 2) giving or accepting money or property for any reason other than fee for service; 3) obtaining money or property from a patient by fraud, misrepresentation or duress; 4) violating the privacy of clients or confidentiality of patient records unless required to do so by law; and 5) falsifying of student or educational records. Similar grounds are established by the Board in the regulations governing the certification of massage therapists.

The Board will consider the adoption of proposed language in May 2002. Public comments will be accepted at a later date. Public comments will be accepted at a later date.

NCLEX® Testing News

Denise Jeffries, R.N., Newport News, Virginia participated in the NCLEX® item development panel in the past year. The Board would like to thank Ms. Jeffries for taking part in this important process.

Participating In NCLEX® Item Development

The NCLEX-RN® and NCLEX-PN® are developed by many nursing professionals and testing specialists. There are three different panels:

- ☐ ITEM WRITERS – nurses who write the questions (items) with the assistance of the test service
- ☐ ITEM REVIEWERS - nurses who review the questions and answers submitted by the item writers
- ☐ PANEL OF JUDGES – nurses who recommend the passing standard to the Board of Directors

By participating as an NCLEX® writer, item reviewer or panel judge, you will:

- ☐ Promote excellence in nursing
- ☐ Network with other nurses from across the country
- ☐ Learn how the licensure examinations are developed and have input into the process

- ☐ Have an excellent addition to your resume/curriculum vitae
- ☐ Have all your expenses paid (airfare, airport transportation, hotel and meals)

You may qualify to serve on an NCLEX® Development Panel if you work in a clinical setting with newly licensed nurses or are a faculty member, and meet the academic requirements. The sessions are ongoing throughout the year and last three to five days. The item development panels are assembled one to two months before the session takes place. Your application will remain active for two years from the date of approval.

To learn more about the NCLEX® Development Panels or access an online application:

Access the National Council of State Boards of Nursing website www.ncsbn.org; Click NCLEX® NEWS; Click Testing Services; Click NCLEX® Development Panels; Click Volunteer Opportunities and Application; Click Printable Application Form (PDF 47F).

Print the application, fill it out, attach your narrative and mail it to the address listed on the application. You may also e-mail nclexinfo@ncsbn.org or call the Item Development Hotline at 312-787-6555, ext. 496 and leave a message with your name and phone number.

NEW TEST SERVICE TRANSITION

Pearson Professional Testing is the new test vendor for the NCLEX-PN and the NCLEX-RN, replacing Chauncey-Prometric, beginning October 1, 2002.

As the time for the actual change draws closer, a resource for questions and updates will be the National Council of State Boards of Nursing website: www.ncsbn.org. The Testing Services area of the website will have current information. Please review the subsection of the website entitled "NCLEX® Test Service Transition Update" for detailed information.

The Chauncey Candidate Bulletin will be used by candidates who register with Chauncey for the NCLEX® examination through August 15, 2002. The candidate must schedule testing with Chauncey through September 30, 2002.

The NCLEX® Examination Candidate Bulletin published by the new test service, Pearson Professional Testing, will be used by all candidates who register for the exam after August 15, 2002. These candidates must schedule the testing date with Pearson beginning October 1, 2002.

Nursing education programs will be sent the new Bulletin in late Spring 2002 as soon as it arrives in the board office.

The Virginia Nurse Aide Registry in 2001...

- The number of Certified Nurse Aides remained fairly stable at approximately 34,000 during the year of 2001. There were 4,239 new applicants that became certified in 2001.
- As of March 26, 2002, there were 35,238 current, active C.N.A.s. Of these persons, 2,701 have out-of-state addresses, 5 are on probation, and 46 have Adverse Findings.**
- Currently, there are 235 approved nurse aide education programs in Virginia: 89 located in nursing homes or hospitals; 84 in public schools; 30 in community colleges; and 27 in other proprietary schools. (5 approved programs have requested inactive status.)
- In 2001, 633 complaints were received about the practice of C.N.A.s or C.N.A. applicants.
- A total of 553 disciplinary cases were closed during 2001.
- Following an investigation and administrative proceedings, the following actions were taken against C.N.A.s in 2001: 30 Revocations; 23 Suspensions; 5 placed on Probation; 8 placed on Terms for continued practice; and 72 received Reprimands. Additionally, 71 Adverse Findings** were made against C.N.A.s including: 42 Findings of Abuse; 14 Findings of Neglect; and 15 Findings of Misappropriation of resident property.

** *An adverse finding prohibits the C.N.A.'s employment in a long-term care facility that receives Medicare or Medicaid funding.*

A NEW NAME....and ENHANCED SERVICE

Assessment Systems Inc. (ASI) has been our contractor to develop and administer the nurse aide competency exam for certification by exam since 1997. In the anticipation of the contract expiring in June 2002, the Board issued a Request for Proposal to solicit responses and award the contract to the most competitive bidder that met its needs. In March 2002, the contract was again awarded to ASI.....only now it has a new name! It is now CAT*ASI.

Enhancements to service expected under the new contract include a lower cost for the exam (\$78 instead of \$80) and quicker test results to candidates (8 business days instead of 10).

A Look at Nurse Aide Testing in 2001

In Virginia, the examination for certification is called the National Nurse Aide Assessment Program (NNAAP). It is the same exam used in the majority of states across the country. CAT*ASI is responsible for the development, administration, and scoring of the exam. The exam involves both a written and manual skills portion and is given in 18 test sites across Virginia. In 2001, a total of 4,270 written exams and 4,692 skills exams were administered in Virginia. The overall pass rate was 75% for the written portion of the exam and 63% for the skills portion of the exam.



WANTED !

RNs interested in becoming

Raters for NNAAP testing.

If interested in this

part-time employment,

Call

Dorothy Fiorino,

with Ohio Nurses Testing Service,

at 1-800-929-8287 ext. 1045.

The Virginia Board of Nursing met on November 27, 2001 and voted unanimously to discontinue testing for the skill "Takes and Records Oral Temperature" on the NNAAP exam (Skill 14). This decision was made due to health hazards of mercury and accessibility issues since most nursing homes do not use mercury glass thermometers. This skill was removed from the exam beginning with the December 15, 2001 test date. Even though Virginia does not test for this skill, measuring and recording patient temperature will still be part of the curriculum of nurse aide education programs approved in Virginia [18 VAC 90-20-330.D.1.b.(2)]. The programs can use whatever type of thermometer they choose, as long as the skill is taught.

The testing company continues to review and revise the examination on an ongoing basis. There was a change in the cut score for both the written and skills portions of the exam that went into effect on November 1, 2001. Subsequently, Virginia exam results for December 2001 showed an increase in the pass rate for the written portion of the exam (94%) and in the skills portion of the exam (71%). There will be a subject matter expert meeting at CAT*ASI headquarters in Philadelphia in April 2002 to revise the

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critical elements and steps of the skills exam. Virginia will be represented at this meeting. As always, we will keep all nurse aide education programs and employers posted in advance of any changes that occur with the NNAAP exam.

Advanced Certification for Nurse Aides IS Coming

In 2001, legislation was passed requiring an advanced level of certification for nurse aides. The Board of Nursing put together an Advisory Committee including board members, staff, employers, educators, C.N.A.s and other representatives from the long-term care community to work on developing proposed regulations and requirements of this program. The Committee met twice in 2001 and completed its work in February 2002.

On March 19, 2002, the full Board of Nursing considered and adopted proposed regulations for the advanced certification program. Upon receiving approval of the Secretary of Health and Human Resources and the Governor, the proposed language will be published and the Board will receive written public comment and hold a public hearing. After considering public input, the Board will then adopt the final regulations.

At this time, the *proposed* regulations include the following concepts. Eligibility to be an advanced C.N.A. requires:

- * certification as a C.N.A. for at least 3 years;
- * never having a finding of abuse, neglect, or misappropriation of patient property and not having any other disciplinary action taken by the Board within the prior 5 years;
- * a recommendation from a licensed nurse who has supervised the C.N.A. providing direct patient care for at least 6 months in the past year; and
- * completion of an approved advanced C.N.A. education program.

An approved advanced C.N.A. education program would be at least 120 hours in length, with curriculum content in the areas of leadership and mentoring skills, care of the cognitively impaired client, restorative care, and wound care. The advanced certification would be in addition to the basic C.N.A. and renewed biennially on the same renewal cycle. Competency requirements include 3 hours of continuing education each year for renewal and reinstatement.

Stay tuned and stay informed on this matter, by accessing proposed regulation language and dates of the public comment period and public hearing on the Virginia Regulatory Town Hall @ www.townhall.state.va.us.

Nursing Workforce Data Study

This article is a summary of the Nursing Workforce Data Survey that was conducted by the Center for Survey Research at Virginia Tech. The survey was in response to the increasing shortage of both nurses and nurse aides (the two largest groups of health care workers) in Virginia, as well as nationally. Staff shortages have been found in hospitals, nursing homes, and in home care. It is estimated that there will be a 40% decline in the health care labor pool between 2010 and 2030. A major reason for the current shortage and the projected shortage is an aging work force combined with an aging population and less people interested in a nursing career.

As a result of concern for the continuing shortage of nursing personnel, the 2000 Virginia General Assembly amended the *Code of Virginia* by adding a section relating to nursing workforce information. Section 54.1-3012.1 of the *Code of Virginia* directs the Virginia Board of Nursing to collect information regarding various categories of nurses certified, licensed or registered by the Virginia Board of Nursing, with such funds as are appropriated for this purpose. To comply with the code requirement, the Virginia Board of Nursing contracted with the Virginia Tech Center for Survey Research to conduct a survey of nursing workforce in Virginia.

Alan E. Bayer, Ph.D. and Susan M. Willis-Walton, M.S. W., of Virginia Tech, conducted the workforce survey during the summer and fall of 2001. The survey instrument was developed by the Virginia Tech Center for Survey Research in collaboration with staff members of the Virginia Board of Nursing. The survey instrument was constructed to be applicable to all types of nurses and nurse aides, in all practice/administrative/teaching settings, and to be inclusive of those who are not presently in the workforce as well as those who are presently working outside the nursing field. Information collected included demographic data, level of education, employment status, employment setting, geographic location of employment, type of nursing position or area of specialty, number of hours worked per week, and non-nursing employment. The Survey instruments were mailed to a sampling of Certified Nurse Aides (CNAs), Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Clinical Nurse Specialists (CNSs), and Licensed Nurse Practitioners (LNPs) who are currently licensed or certified and reside in Virginia. The sample was drawn from 116,368 individuals who fit into one of the five categories identified above.

Since the number of nurses/nurse aides was highly variable for each of the categories, a stratified disproportionate random sampling design was implemented in order to adequately represent each of the five types of licensees with a current license, registration or certification. In order to account for regional variation within the state and assure

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proportional representation by region, the five types of licensees were classified into one of six regions. For each type of licensee, the same proportion was sampled for survey inclusion in each of the six Virginia regions. Overall, 5.2 percent of all Virginia resident licensees (as identified above) were surveyed. The final sample size surveyed was 6,058 with an exceptional response rate of 76.1 percent.

Dr. Bayer and Ms. Willis-Walton presented their results on the workforce survey before the Virginia Board of Nursing on November 27, 2001. A copy of the survey results, the survey instrument, and a power-point presentation are available on our website at www.dhp.state.va.us. Once at the DHP Home Page, select Licensing Boards, then select Board of Nursing, then Workforce Data Survey. The data is presented in the aggregate to ensure confidentiality of those licensees who responded to the survey instrument.

TIPS FOR RENEWAL

Paying in Person

When coming to the Board of Nursing office to pay a fee, please ensure that you have the exact amount if paying in cash. The Board does not keep cash and is unable to make change. Checks or money orders need to be made payable to "Treasurer of Virginia".

You need to have a picture ID with you to receive your license or certificate.

Renewal by Mail

When renewing your license or certificate, do not send overnight or certified letters to the Post Office Box contained on the renewal form. This actually delays the renewal process. Instead, send overnight or certified letters to the Board office at 6606 W. Broad Street, 4th Floor, Richmond, VA 23230-1717.

Healthcare Practitioners Intervention Program

ESTABLISHED: By the 1997 General Assembly in Chapter 25.1 of the *Code of Virginia*.

PURPOSES:

1. To provide investigation, intervention, assessment, evaluation, referral to treatment and continuous monitoring to impaired professionals.
2. To encourage concerned practitioners to seek assistance.
3. To establish a non-punitive alternative for impaired practitioners who are eligible.
4. To provide help, encouragement and assistance to suffering practitioners.
5. To provide services to practitioners who previously had no peer assistance program to help them.
6. To provide statewide mental health and substance abuse education within the professions.
7. To enhance public safety.

ELIGIBILITY:

All health practitioners regulated by any of the health regulatory boards within the Department of Health Professions (250,000), including applicants and practitioners whose credentials have been suspended or revoked.

OPERATION:

The seven-member Health Practitioners Intervention Committee, comprised of licensed health care providers who are not Board members, is appointed by the Director of the Department of Health Professions to oversee the program.

As required by law, Virginia Monitoring, Inc. was awarded the contract to provide the services available through the Impaired Practitioners Intervention Program and report to the Committee.

The Committee is authorized by law to approve a request for stay of disciplinary action that meets the eligibility requirements when submitted by the contractor on behalf of a participant.

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FAQ's ABOUT THE HEALTH PRACTITIONERS INTERVENTION PROGRAM:

Q: What are the eligibility requirements for a stay of disciplinary action?

A: Per §54.1-2516 of the *Code of Virginia*, disciplinary action shall be stayed upon entry of the practitioner in the program under the following conditions:

1. No report of a possible violation of law or regulation other than impairment or the diversion of controlled substances for personal use and such use does not constitute a danger to public or patients or clients.
2. The practitioner has entered the program by written contract with the Intervention Program Committee.
3. Disciplinary action has not previously been stayed.
4. The practitioner remains in compliance with the terms and conditions of the contract with the committee.
5. The Intervention Program Committee has consulted with the designated representative of the relevant Health Regulatory Board.

Q: How many persons received stays in 2001?

A: In the year 2001, 49 stays of disciplinary action were granted for licensees of the Board of Nursing and 29 stays were vacated.

Q: How many Board of Nursing licensees are currently in the program?

A: As of March 1, 2002, 477 representing the following categories:

Registered Nurses	66%
Licensed Practical Nurses	23%
Certified Nurse Aides	7%
Certified Massage Therapists	0
Certified Registered Nurse Anesthetists	2.3%
Licensed Nurse Practitioners	1.5%

Q: If a practitioner contacts Virginia Monitoring, Inc. and agrees to participate in the program, is the Board of Nursing notified?

A: The Board of Nursing is only aware of those practitioners that have been ordered into the program or are currently under investigation by the Department of Health Professions. Upon entry into the program, a participant would be reported to The Board only if non-compliant with the contract and considered a danger to the public. Statistics provided by Virginia Monitoring, Inc. indicate that 42.5% of nurses in the program are participating voluntarily and do not have current disciplinary action.

If you have reason to believe that someone regulated by one of the boards in the Department of Health Professions is impaired, be a friend and contact:

Virginia Monitoring, Incorporated
2101 Executive Drive
Hampton, Virginia 23666

757-827-6600 1-888-827-7559 - toll free 757-827--8864 – fax
e-mail: Mac@vamonitoring.com

Virginia Monitoring can intervene and assist that person in obtaining needed help.

Be Informed About The Regulatory Work Of The Board Of Nursing

The Virginia Department of Planning and Budget has designed a Regulatory Town Hall for anyone interested in the proposal of regulations or meetings of regulatory boards. Access to the Town Hall website is:

www.townhall.state.va.us.

Using the Town Hall, you will be able to:

- Track regulations
 - * You can follow a regulation through the process from the Notice of Intended Regulatory Action (NOIRA) to the publication of the regulation in its final form.
- Read regulatory documents
 - * The agency's discussion of a proposed change, the proposed text and the Economic Impact Assessment will all be available.
- Access the Town Hall Calendar
 - * Information about all public meetings related to regulations will be available. You will be able to see announcements of any meetings associated with regulations.
- Sign up for the Town Hall E-mail Notification Service
 - * You can sign up to receive an e-mail automatically whenever a regulations status has changed, meetings are announced and meetings are rescheduled or changed.

Board of Nursing Website

The Department of Health Professions has redesigned its website to provide more information in a user friendly format. The Board of Nursing page contains:

- The law and regulations governing nursing and those governing all health professions
- Guidance documents developed by the Board of Nursing
- Applications and other forms that can be downloaded
- Lists of Board members and staff
- Meeting dates
- Newsletters
- Disciplinary actions lists
- Approved schools of nursing
RN—LPN—CNA

An online service at the website for employers as well as citizens wishing to check on a specific nurse or other health professional is the "On-Line License Lookup". By entering the license number, social security number or the first and last name of the licensee, the user will be provided with the license number, name, address of record, initial license date and license expiration date. The database contains information about current, unexpired licensees as well as records of licensees whose licenses has expired during the past five years

Visit us at
[Http://www.dhp.state.va.us](http://www.dhp.state.va.us)
today!

To file a complaint about any health care
professional regulated by the
Department of Health Professions:

TOLL FREE COMPLAINT LINE
1-800-533-1560

The Department of Health Professions has a new
mail box for receiving complaints by e-mail.
The address is:

Complaints@dhp.state.va.us

Massage Therapy News

Facts about Virginia Certified Massage Therapists:

- There are 2,371 Certified Massage Therapists as of March 15, 2002.
- In fiscal year 2001, there were 13 complaints against Certified Massage Therapists. One Certified Massage Therapist was found in violation of the law or regulation and had disciplinary action taken.

Proposed Regulatory Changes

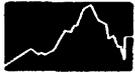
The Board is recommending amendments to its regulations for the certification of massage therapists in order to address concerns about competency of certificate holders by requiring re-certification by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or obtaining at least 25 hours of continuing education in the biennium before renewal. The Board will also amend regulations to further specify the requirements for certification by endorsement, to delete outdated "grandfathering" provisions and unnecessary rules for provisional certification, and to incorporate by reference the code of ethics and standards of practice of the NCBTMB.

YOUR BOARD OF NURSING STAFF

Nancy K. Durrett, R.N., M.S.N.	Executive Director	(804) 662-7054
Jay Douglas, R.N., M.S.M., CSAC	Assistant Executive Director - Disciplinary Programs for Licensed Nurses and Massage Therapists	(804) 662-9952
Grace Johnson, R.N., M.A., M.S.N.	Assistant Executive Director - RN & LPN Education Programs and Exams	(804) 662-9951
Jodi P. Power, R.N, J.D.	Assistant Executive Director /Nurse Aide Program Manager and Disciplinary for CNA's	(804) 662-7311
Paula B. Saxby, R.N., Ph.D.	Nurse Aide Education Program Coordinator	(804) 662-7315
Charlotte F. Creed	Office Manager - Licensed Nurse Practitioners and Prescriptive Authority	(804) 662-9946
Kimberly Blanchard	Clerical support for disciplinary program for licensed nurses and massage therapists	(804) 662-9950
Amy Davis	Massage Therapists and Clinical Nurse Specialists	(804) 662-9949
Grace Floyd	Renewals, verifications for other states, duplicate licenses, reinstatements	(804) 662-7666
Francine Greer	Nurse Aide Registry initial certification by examination and endorsements, renewals and reinstatements	(804) 662-7312
Maria Holt	Employer verifications, name & address changes, mailing lists, assists with licensure	(804) 662-9488
Beverly Hutson-Bryan	Licensure by endorsement (RN and LPN)	(804) 662-9572
Dorcas Lett	Assists with discipline	(804) 662-9948
Jeanette Meade	Clerical support for Nurse Aide disciplinary program	(804) 662-7165
Laura Mueller	Licensure by examination (RN and LPN)	(804) 662-9947
Sandy Tatum	Receptionist	(804) 662-9909
Virginia Williamson	Assists with licensure	(804) 662-7660
LaVerne Winston	Receptionist, verifications for Nurse Aide Registry, name & address changes	(804) 662-7310

Board of Nursing
Department of Health Professions
6606 W. Broad Street, 4th Floor
Richmond, VA 23230-1717

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