MINUTES OF THE MEETING
of the NEBRASKA
BOARD OF NURSING

May 10, 2018

CALL TO ORDER

The meeting of the Nebraska Board of Nursing was called to order by Dawn Straub, Board President, at 8:30 a.m., May 10, 2018, at the Staybridge Room, Staybridge Suites Lincoln I-80, 2701 Fletcher Ave, Lincoln NE 68504. Copies of the agenda were mailed in advance to the Board members, emailed to interested parties, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health & Human Services website. Straub announced the location of an available copy of the Open Meetings Act within the room.

ROLL CALL

The following board members were present to answer roll call:

- Janet Andrew, LPN, *Board Vice-President*
- Anne Dey, RN
- Maxine Guy, LPN
- Patricia Motl, RN
- Kristin Ruiz, RN
- Dawn Straub, RN, *Board President*
- Rita Thalken, *Public Member*

The following Board member arrived after roll call: LaFonda Tanner, *Public Member* (arrived at 8:36 a.m.).

The following Board members were absent: Louise LaFramboise, RN, Kristene Perrin, RN, Karen Weidner, RN, and Katherine Werth, RN.

The following staff members from the Department and the Attorney General's Office were also present during all or part of the meeting:

- Ann Oertwich, RN, *Executive Director*
- Sherri Joyner, *Health Licensing Coordinator*
- Kathy Hoebelheinrich, RN, *Nursing Practice Consultant*
- Jacci Reznicek, RN, *Nursing Education Consultant*
- Anna Harrison, *Compliance Monitor*
- Lisa Anderson, *Assistant Attorney General*
- Ami Huff, *Assistant Attorney General*
- Susan Aerni, *Investigator*
- Sharon Fitts, *Investigator*
- Patricia Lemke, *Investigator*
- Mendy Mahar-Clark, *Investigator*

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Guy made the motion, seconded by Andrew, to adopt the agenda for the May 10, 2018, Board of Nursing meeting.

Voting Yes: Andrew, Dey, Guy, Motl, Ruiz, Straub, and Thalken. Voting No: None. Abstain: None. Absent: LaFramboise, Perrin, Tanner, Weidner, and Werth. Motion carried.

APPROVAL OF THE MINUTES

MOTION: Guy made the motion, seconded by Andrew, to approve the consent agenda.

These minutes were approved by the Board of Nursing on June 14, 2018.

Voting Yes: Andrew, Dey, Guy, Motl, Ruiz, Straub, and Thalken. Voting No: None. Abstain: None. Absent: LaFramboise, Perrin, Tanner, Weidner, and Werth. Motion carried.

CLOSED SESSION

MOTION: Andrew made the motion, seconded by Guy, for the Board to go into closed session for the purpose of reviewing and discussing investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals.

Voting Yes: Andrew, Dey, Guy, Motl, Ruiz, Straub, and Thalken. Voting No: None. Abstain: None. Absent: LaFramboise, Perrin, Tanner, Weidner, and Werth. Motion carried.

8:36 a.m. *Tanner arrived to the meeting.*
8:37 a.m. *Meeting went into closed session.*
9:23 a.m. *Meeting went into recess.*
9:27 a.m. *Meeting reconvened.*
10:01 a.m. *Meeting returned to open session.*

LICENSURE RECOMMENDATIONS

TETYANA I. LEDUC – LPN APPLICANT

MOTION: Thalken made the motion, seconded by Guy, to deny Tetyana LeDuc's application for a LPN license based on misdemeanor convictions and misrepresentation of material facts on a license application.

Voting Yes: Andrew, Dey, Guy, Motl, Ruiz, Straub, Tanner, and Thalken. Voting No: None. Abstain: None. Absent: LaFramboise, Perrin, Weidner, and Werth. Motion carried.

RACHAEL M. DIAZ – LPN REINSTATEMENT (NonDisciplinary)

MOTION: Andrew made the motion, seconded by Guy, to table Rachael Diaz's reinstatement application in order to obtain additional information.

Voting Yes: Andrew, Dey, Guy, Motl, Ruiz, Straub, Tanner, and Thalken. Voting No: None. Abstain: None. Absent: LaFramboise, Perrin, Weidner, and Werth. Motion carried.

SUSAN J. STANDISH – RN REINSTATEMENT (NonDisciplinary)

MOTION: Motl made the motion, seconded by Ruiz, to request a pre-reinstatement investigation in order to make a more informed decision based on licensure discipline in another state.

Voting Yes: Andrew, Dey, Guy, LaFramboise, Motl, Perrin, Ruiz, Straub, Tanner, Thalken, Weidner, and Werth. Voting No: None. Abstain: None. Absent: None. Motion carried.

NCLEX REPORTS

Members reviewed the NCLEX pass rates for Nebraska nursing programs during the first quarter of 2018. Reznicek reported that Nebraska's statewide pass rate for the RN exam was the highest in the nation during the first quarter, while twenty states had higher pass rates on the PN exam. Reznicek also reported that the NCLEX pass rate for graduates of foreign nursing schools is 40% on the first attempt and 22% for repeat test takers.

LICENSURE GUIDELINES

Members reviewed the guidelines used by staff to determine if a licensure application needs to be forwarded to Board members for a recommendation in cases where the applicant has had criminal convictions or

disciplinary action. Straub noted that the Board reviews these guidelines annually and can recommend changes. Members did not recommend any changes. Tanner, noting that applicants with only one DUI could be cleared by staff without a Board recommendation, asked if the Board was able to track how many of those applicants had subsequent DUI convictions. Oertwich said that the data is not currently being tracked.

On the topic of disciplinary action, Dey asked if the Department's website could provide more specific information on when employers are required to report terminations. She noted that many terminations, such as terminations for poor attendance, seemed to fall into a gray area in regard to mandatory reporting.

NCSBN COMMITTEE VACANCIES

The National Council of State Boards of Nursing has not yet announced which committees will be accepting applications for new committee members in 2019. Staff will email Board members when the information is made available.

10:33 a.m. *Meeting went into recess.*
10:40 p.m. *Meeting reconvened*.

STRATEGIC PLANNING

Straub summarized the Board's progress on developing a new strategic plan. At previous strategic planning sessions, the Board developed a mission statement - "Protect the health, safety, and welfare of the public related to the provision of nurse care" – and a vision statement – "Advancing nursing regulatory excellence for Nebraska." Straub asked members if they wanted to continue working on a list of core values and make the values a formal part of the Board's strategic plan. Oertwich and Ruiz noted that a list of core values might be a helpful when orienting new members to the Board. Members, however, wanted to focus first on honing the Board's goals. Members revised the previously developed goals and tactics as follows:

<u>Goal # 1: Promote a Unified Professional Identity for All Nursing Roles</u>

A. Combine regulation of all nursing licenses under one board.
    1. Revise Board membership to reflect inclusion of APRNs.
    2. Implement Consensus Model for APRNs.
B. Educate nurses regarding role, career, and scope with evidence-based practices for regulation.
C. Ensure nurses delegate, direct, and assign care as members of the healthcare team and provide leadership in management of care.
D. Promote nursing practice to the highest level of education and training (continuing competency), reflective practice, service, research, satisfaction, and scope of practice.

<u>Goal # 2 Enhance Public Safety</u>

A. Streamline the discipline process for nurses. (Oertwich noted that some aspects of this tactic could best be accomplished by the Department internally through a process improvement program.)
B. Complete literature review for current evidence-based discipline guidance.
C. Benchmark with other umbrella state boards of nursing.
D. Develop a case review template to guide board members.
E. Collect data regarding case disposition (in addition to discipline logs).

<u>Goal # 3: Promote Regulatory Effectiveness</u>

A. Alternative to discipline.
B. Safe re-entry into nursing practice.
C. Targeted communication to nurses to promote knowledge and safe practice.
D. Develop minimum standards for new hire orientation.
E. Base Nebraska discipline recommendations on state data and evidence in literature.
F. Review/update nursing regulations for effectiveness.

Straub summarized the following next steps:

1) Further develop tactics for each goal;
2) Identify the "who, what, and when" for each tactic;
3) Consider possible collaborators, such as the Center for Nursing, other nursing organizations, the APRN Board, the Attorney General's Office, the Investigations Unit, and the Compliance Monitor.
4) Develop a communication plan.

11:20 a.m. Ruiz left.

COMMUNICATION

2018 Legislative Updates – Oertwich reported that the Licensure Unit Administrator, Becky Wisell, is working on an implementation plan for LB299, the Occupational Board Reform Act. Information will be shared with the Board when it becomes available. Oertwich also noted that LB1034, which includes a provision authorizing criminal background checks for nursing license reinstatements, will go into effect on July 19, 2018.

Staff Updates – Reznicek reported that the initial processing of licensure applications from spring graduates in going well. Oertwich said that staff plan to send out customer satisfaction surveys to new graduates after their licenses are issued.

Nursing News – Oertwich reported that the next edition of *Nursing News* is expected to be published later in May and will include an article on mandatory reporting. Oertwich plans to include educational information on delegation in future issues.

CENTER FOR NURSING

Lisa Walters, Center for Nursing Board President, reviewed the Center's recent activities, including putting up a new website and acquiring a nursing workforce supply and demand model. Walter's presented the Center's request for $130,000.00 in funding for the 2018/19 fiscal year. In addition to covering the costs for board meeting expenses, a statistician consultant, and attendance at the National Forum of State Nursing Workforce Centers, the Center's proposed budget for the next fiscal year includes expenses for publicizing the workforce model and publishing a biennial report. Craig Moore, who developed the workforce model with assistance from Center consultant Juan Ramirez, will visit approximately eight different areas of Nebraska this summer to demonstrate the model. The Center plans to hold a summit in the fall with stakeholders regarding the workforce model. Walters noted that she, Oertwich, and Ramirez, will also connect with other states who are implementing nursing workforce models at the National Forum conference. Dey noted that Ramirez and Oertwich gave a presentation on the model at Children's Hospital at the request of staff there who wanted a better understanding of the impact of the hospital's expansion on the nursing workforce.

MOTION: Andrew made the motion, seconded by Motl, to approve the allocation of $130,000.00 to fund the Nebraska Center for Nursing during the 2018/19 fiscal year.

Voting Yes: Andrew, Dey, Guy, Motl, Straub, Tanner, and Thalken. Voting No: None. Abstain: None. Absent: LaFramboise, Perrin, Ruiz, Weidner, and Werth. Motion carried.

11:50 a.m. Meeting went into recess.
12:30 p.m. Meeting reconvened.

REGULATIONS GOVERNING THE PROVISION OF NURSING CARE

Members reviewed proposed changes to the Regulations Governing the Provision of Nursing Care (172 NAC 99). The proposed changes primarily deal with the LPN scope of practice regarding intravenous therapy. Under the activities that LPNs cannot perform, members suggested changing "administration of intravenous fluids to pediatric clients" to "administration of intravenous fluids to pediatric clients as defined

by facility." Members and staff thought this change could help with the difficulties imposed by using weight-based definitions of "pediatric client" in the regulations. Oertwich said she would research the origin of the 35 kg benchmark for a pediatric client.

Oertwich asked members if they thought there were any other intravenous activities or routes not listed in the draft regulations that should be off-limits to LPNs. Motl noted that her facility would say "no" to LPNs accessing ports and central lines due to the level of risk. Oertwich noted that those limitations are appropriate with acute patients but wondered if they really wanted to make central lines off-limits to LPNs working in long term care facilities.

Hoebelheinrich suggested eliminating the word "monitoring" in the reference in section 99-007 to a "Registered Nurse providing direction and monitoring" in order to avoid confusion with the "direction and monitoring" of medication aides.

Motl suggested that the reference in section 99-007.01 to "solutions deemed high risk" be changed to "solutions deemed high risk by the facility."

12:53 p.m. *Dey left the meeting.*
1:00 p.m. *Andrew left the meeting*.

APRN CONSENSUS MODEL

Maureen Cahill and Nicole Livanos from the National Council of State Boards of Nursing (NCSBN) gave a presentation via webinar on the NCSBN's APRN Consensus Model. Work on the Consensus Model began in the mid-2000s in response to the high level of variations in APRN practice from state to state. The Consensus Model consists of seven regulatory elements:

1. Use of the title Advanced Practice Registered Nurse (APRN);
2. Recognition of four APRN roles – Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and Certified Nurse Practitioner (CNP);
3. APRNs are required to have a graduate degree or post-graduate certificate;
4. APRNs are required to maintain a national certification;
5. The APRN license is issued separately from the RN license;
6. APRNs are able to practice independently; and
7. APRNs have independent prescriptive authority.

States are considered to be in full alignment with the Consensus Model if their state regulations incorporate all seven elements of the model. Sixteen states are considered to be in full alignment. NCSBN considers Nebraska to be aligned with the first five elements of the model. Cahill said Nebraska is not in alignment with the independent practice element because of Nebraska's requirement that Certified Nurse Midwives have a collaborative agreement with a physician. Nebraska is not fully aligned with the independent prescriptive authority element because Certified Nurse Midwives cannot prescribe independently and Certified Nurse Specialists have no prescriptive authority. Cahill also noted the Nebraska is unique in that it has four separate practice acts for each APRN role.

Cahill and Livanos also described the three components of APRN education. There is a core education that is common for all four APRN roles, followed by preparation for a specific role, such as CRNA or CNP, followed by preparation for a specific population, such as pediatrics or psychiatric mental health. This educational preparation is then followed by professional certification in a specialty. Cahill noted that problems can arise when APRNs switch jobs and are no longer practicing in the core competencies for which they were trained. She recommended that APRNs who wish to change roles or populations attend a post-graduate certification program for additional training.

REGULATIONS GOVERNING THE PROVISION OF NURSING CARE (Continued)

Oertwich briefly discussed the Department's current policy for approving new regulations. The Department has identified eighteen sets of regulations for which changes are urgent or important. Of these eighteen, the Regulations Governing the Provision of Nursing Care are ranked sixteenth in terms of priority.

Oertwich also noted the important role of facility policy in determining which IV activities a LPN can and cannot do.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 2:05 p.m.

Respectfully submitted,

Sherri Joyner
Health Licensing Coordinator