

Delegation of Authority to Board of Nursing RN Education and Discipline Staff

I. The Board of Nursing delegates to professional education staff the authority to:

- Approve nursing education programs with curriculum changes that relate to decreasing the number of clinical hours across the life cycle as long as the hours meet Board regulation 18VAC90-20-120 E.
- Approve quarterly reports from nursing education programs that meet all regulation requirements.
- Approve nurse aide education programs that meet requirements as determined by a review of a nurse aide education program application, an on-site review and/or a program evaluation report.
- Approve a change of location or additional locations for nurse aide education programs that meet Board of Nursing requirements.

II. The Board of Nursing delegates to professional discipline staff the authority to conduct probable cause review, issue Advisory Letters, offer Prehearing Consent Orders (PHCO's) and Confidential Consent Agreements (CCA's), or close a case, in the following circumstances:

- A. Probable Cause Review** – Professional discipline staff are delegated the authority to determine if there is probable cause to initiate proceedings or action on behalf of the Board of Nursing, including the authority to close a case if staff determines probable cause does not exist, the conduct does not rise to the level of disciplinary action by the Board, or the Board does not have jurisdiction. Additionally, staff may review a case with a Special Conference Committee for advice to determine if the case should be closed, a proceeding initiated, or an alternative disposition offered. Specifically, staff may:
- B. Close cases in the following circumstances:**
- Insufficient evidence of a violation of law or regulation, or not rising to the level of disciplinary action by the Board
 - Undetermined for reconsideration should another similar complaint be received

- Undetermined until the lapsed/suspended/revoked licensee applies to reinstate or late renew

C. Advisory Letters - Professional discipline staff are delegated the authority by the Board to issue an Advisory Letter to the person who was the subject of a complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined a disciplinary proceeding will not be instituted.

D. Initial and Reinstatement Applicants:

For initial and reinstatement applicants, professional staff may offer the following where there is cause for denial of licensure/certification/registration, in lieu of instituting a proceeding:

- PHCO to approve with sanction or terms consistent with that of another state
- PHCO to approve and require HPMP participation and compliance for applicants whose only causes for denial are related to impairment issues.
- PHCO to reinstate and comply with HPMP when a lapsed licensee was under a prior order to participate and comply with HPMP
- PHCO to reinstatement with same terms of probation for a probationer who allowed their license to lapse while under terms
- PHCO to Reprimand and approve, for failing to reveal a criminal conviction on a current or prior application for licensure/certification/registration (except for cases resulting in mandatory suspension).
- PHCO to Reprimand and approve, if applicant has only one misdemeanor conviction involving moral turpitude, that conviction is less than 5 years old, and the applicant has satisfied all court requirements – consistent with Guidance Document # 90-10.

E. Disciplinary Cases : For disciplinary cases, professional discipline staff may offer the following, in lieu of instituting a proceeding

1. General PHCOs:

- PHCOs for discipline cases for all occupations regulated by the Board of Nursing for sanctions consistent with the approved Sanction Reference Worksheet Guidelines (see Guidance Document 90-7) and as delegated in this document.

- PHCO to Accept Voluntary Surrender for Indefinite Suspension during any type of investigated case when licensee indicates to the investigator the desire to surrender, or individual mails in license during course of the investigation
- PHCO for similar sanction consistent with another state board of nursing action
- PHCO for similar terms/conditions (Probation or HPMP) for cases based upon action taken by another state board of nursing.

2. Practice on Expired license/certificate/registration:

- PHCO for monetary penalty ranging from \$100 – \$500 and possible Reprimand for Nurses practicing on expired license, consistent with Guidance Document # 90-38
- Advisory Letter or PHCO for monetary ranging from \$50 - \$150 and possible Reprimand for CNAs, CMTs, and/or RMAs practicing on expired certificates or registrations, consistent with Guidance Document # 90-61

3. Impairment

- Either a PHCO for Reprimand or a CCA (in lieu of scheduling an informal conference), depending on the facts of the case, for cases involving a positive urine drug screen on duty for a substance not prescribed to the licensee.
- Either PHCO to Take No Action contingent upon entry into and/or remaining in compliance with HPMP, or offer CCA with terms (i.e. quarterly reports from treating provider) for cases resulting from mandatory reports or self reports of admission to hospitals for mental health issues where there are no practice issues. (Additionally, staff are authorized to close such cases undetermined if deemed appropriate.)
- PHCO to Take No Action contingent upon HPMP compliance in lieu of an IFC for disciplinary cases with Health Practitioner Monitoring Program (HPMP) participation and no prior Board history, no prior stay granted, the licensee is compliant with HPMP contract and no issues other than impairment.
- PHCO to Take No Action contingent upon continued HPMP compliance for cases with report received from PMP committee wherein stay of disciplinary action was vacated, but the individual was not dismissed from HPMP, and is now fully compliant with contract. (Include in the PHCO's findings of fact that stay was vacated.)

- PHCO to Accept Voluntary Surrender for Indefinite Suspension for cases involving HPMP participant that was ordered into program, but is now unable to participate due to medical reasons and HPMP committee dismisses or accepts individual's resignation

4. Standard of Care

- PHCO for Reprimand for a one time failure to provide acceptable standard of care.
- PHCO for Reprimand for abandonment of patients by licensees in a nursing home or other healthcare facility and where this is the only alleged issue.
- PHCO for Reprimand based upon unprofessional conduct for allegations of verbal/physical abuse with mitigating circumstances

F. Compliance

For cases involving noncompliance with prior board orders, professional discipline staff are authorized to do the following in the circumstances below, in lieu of instituting a proceeding:

- Offer PHCOs consistent with Guidance Document # 90-35 based upon noncompliance with a prior board order.
- Have authority to modify probation orders.
- Close undetermined any (non)compliance case where the licensee on probation has allowed the license to lapse (not working). Board of Nursing database would be flagged so staff could offer PHCO with same terms as initial probation orders, once the license is being made current.
- Issue Orders of successful completion of HPMP, when participation was board-ordered.
- Issue Orders of successful completion of probation with terms (effective November 15, 2011, consistent with the way the Board handles successful completion of board-ordered HPMP participation).

[NOTE: Said Orders related to HPMP and Probation completion shall be scanned onto the agency website and provide consistency to the public in Board of Nursing documentation in the future.]

G. Confidential Consent Agreements (CCA's):

In the following scenarios, professional disciplinary staff are delegated authority to offer CCA's:

1. Impairment and/or HPMP:

- Pre-employment positive drug screen without evidence it has affected practice
- Possible impairment without evidence that it has affected practice (i.e. coming to work with alcohol on breath & sent home; hospitalized for psychiatric or substance abuse treatment)
- HPMP participant not eligible for a stay, but with minimal practice issues

2. Standard of Care:

- Single medication error with no patient harm.
- Standard of care violation “with little or no injury”
- Standard of care violation that may be in part due to systems issues.
- Single incident of exceeding scope of practice – accepting assignment or agreeing to do a task without adequate training obtained or competency maintained and no patient harm.
- Unintentional/inadvertent Practice Agreement violations for LNP’s with Prescriptive Authority.

3. Abuse / Neglect / Misappropriation / Boundary violation:

- Single boundary violation with no patient harm (i.e., getting involved with patient finances) and not resulting in criminal conviction.
- Vague “rough handling” where there is no patient harm and does not rise to the level of abuse
- Inappropriate verbal response that does not rise to the level of verbal abuse (i.e., “shut up”)

4. Falsification / Fraud:

- Unintentional falsification of employment application.
- Unintentional falsification of initial licensure and/or reinstatement application (regarding past action, criminal convictions), where applicant misunderstood question and believed the Board already knew.

5. Miscellaneous:

- CE violations for CMT’s and LNPs.
- Technical probation violations (i.e., late reports, etc.) that do not rise to the level of Noncompliance cited in Guidance Document 90-35.
- A single misdemeanor conviction involving moral turpitude but unrelated to practice, with no other issues (ex. Worthless check; shoplifting).

Replaces Guidance Documents 90-33, 90-35, 90-39, 90-47, 90-48, 90-49, 90-50, 90-51
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