

**VIRGINIA BOARD OF
NURSING
Final Agenda**

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

Tuesday, March 19, 2019

**9:00 A.M. - Business Meeting of the Board of Nursing – Quorum of the Board -
Conference Center Suite 201 – Board room 2**

Call to Order: Louise Hershkowitz, CRNA, MSHA; President

Establishment of a Quorum.

Announcement

- Lelia “Claire” Morris, RN, LNHA started the RN Discipline Case Manager position on February 11, 2019
- Jacquelyn Wilmoth, RN, MSN started the Nursing Education Program Manager on February 11, 2019
- Paula Saxby’s retirement celebration is scheduled for Friday, April 26, 2019, starting at 2:00 pm

A. Upcoming Meetings:

- NLC Midyear Meeting is scheduled for March 25, 2019 in San Antonio, TX –Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III
- NCSBN Midyear Meeting is scheduled for March 26-28, 2019 in San Antonio, TX – Ms. Phelps, Ms. Douglas and Ms. Power will attend
- 2019 NCSBN APRN Roundtable Meeting is scheduled for April 9, 2019 in Rosemont, IL – Ms. Hershkowitz, Ms. Douglas and Dr. Hills will attend
- APRN Consensus Forum is scheduled for April 10, 2019 in Rosemont, IL – Ms. Hershkowitz and Ms. Douglas will attend
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, April 10, 2019 at 9:00 am in Board Room 2
- NCSBN Board of Directors Meeting is scheduled for May 6-8, 2019 Rosemont, IL – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III

Review of the Agenda: (Except where times are stated, items not completed on March 19, 2019 will be completed on March 20, 2019.)

- Additions, Modifications
- Adoption of a Consent Agenda
- **Consent Agenda**
 - B1** January 28, 2019 Board of Nursing Officer Meeting – Ms. Hershkowitz*
 - B2** January 28, 2019 Panel – Ms. Phelps*
 - B3** January 29, 2019 Board of Nursing Business Meeting – Ms. Hershkowitz*
 - B4** January 29, 2019 CORE Committee Meeting minutes - Dr. McQueen-Gibson**
 - B5** January 30, 2019 Possible Summary Suspension Consideration – Ms. Hershkowitz*
 - B6** January 30, 2019 Panel A – Ms. Hershkowitz*

- B7** January 30, 2019 Panel B – Ms. Gerardo*
- B8** January 31, 2019 Panel – Ms. Hershkowitz*
- B9** February 20, 2019 Summary Suspension Telephone Conference Call – Ms. Hershkowitz*
- B10** February 25, 2019 Reconsideration of a Board Order Telephone Conference Call – Ms. Hershkowitz**
- B11** February 28, 2019 Summary Suspension Telephone Conference Call – Ms. Hershkowitz**
- C1** Agency Subordinate Tracking Log*
- C2** Financial Report as of January 31, 2019*
- C3** Board of Nursing Monthly Tracking Log*
- C5** The Committee of the Joint Boards of Nursing and Medicine February 13, 2019 Business Meeting and Formal Hearing Minutes – Ms. Gerardo*

Dialogue with DHP Director – Dr. Brown

B. Disposition of Minutes:

None

C. Reports:

- C4** Executive Director Report – Ms. Douglas
 - **C4a** Board of Nursing January 1 – December 31, 2018 Licensure and Discipline Statistic**
 - **C4b** NCSBN Board of Directors Post-Board Meeting Update**
- C6** Special NLC Commission February 22-23, 2019 Meeting Report – Ms. Willinger**

D. Other Matters:

- Board Counsel Update – Charis Mitchell (oral report)
 - D1** CORE Committee Reports and Recommendations Memo – Ms. Minton/Ms. Ridout**
 - **D1a** CORE Summary 2016: Licensure**
 - **D1b** CORE Summary 2016: Discipline**
 - **D1c** CORE Summary 2016: Education**
 - **D1d** CORE Summary 2016: Practice**
 - D2** Review of Guidance Documents Recommendations Memo – Ms. Speller-Davis/Ms. Douglas**
 - **D2a** 90-34: *Requests for Review and Challenges of NCLEX*
 - **D2b** 90-41: *Patient Abandonment by Care Providers*
 - **D2c** 90-48: *Guidance on the Use of Social Media*
 - **D2d** 90-52: *Removal of Venous and Arterial Sheaths by Unlicensed Personnel*

E. Education:

- E1** Education Informal Conference Committee March 6, 2019 Minutes and Recommendations
 - Education Staff Report (oral report)

10:00 A.M. - Public Comment

Policy Forum: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

- Virginia's Certified Nurse Aide Workforce: 2018*
- Virginia's Licensed Practical Nurse Workforce: 2018*
- Virginia's Registered Nurse Workforce: 2018*
- Virginia's Licensed Nurse Practitioner Workforce: 2018*
- Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty*

F. Legislation/Regulations – Ms. Yeatts

F1 Status of Regulatory Actions*

F2 Adoption of Proposed Regulations for Autonomous Practice for Nurse Practitioners*

F3 Adoption of Guidance Documents for Nurse Practitioners

- **Guidance Document 90-33:** Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR Orders)*
- **Guidance Document 90-53:** Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases*

F4 Report of the 2019 General Assembly*

G. Consent Orders: (Closed Session)

G1 Christopher Quick, LPN*

G2 Kimberly Vandergriff, RN**

G3 Nancy Perry Marrs, LPN

12:00 P.M. – Lunch

1:00 P.M. – Possible Summary Suspension Consideration

Case numbers 192049 and 193010

H. 1:30 P.M. – Board Member Training

- Agency Subordinate Process – Ms. Douglas and Ms. Power
 - **H1** Regulations Governing Delegation to an Agency Subordinate (18VAC90-15)
 - **H2** Guidance Document 90-54 – Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the DHP

ADJOURNMENT

3:00 P.M. – Probable Cause Case review in **Board Room 2** – all Board Members

(* mailed 2/27) (** mailed 3/6)

Virginia Board of Nursing

Officer Meeting

January 28, 2019 Minutes

Time and Place: The meeting of the Board of Nursing Officer meeting was convened at 8:00 A.M. on January 28, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

Board Members Present: Louise Hershkowitz, CRNA, MSHA, President, Chairperson
Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, Rn, ANP-BC, Second Vice President

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

1. Resignation of Board members

Ms. Douglas has been in touch with Secretary of Commonwealths office regarding need for replacement Board members, Ms. Hereford and Dr. Thapa. They are working on this however this process has been delayed by the retirement of Lana Westfall wo has handled the appointment process in the past.

2. Updates on Business Meeting Agenda

Ms. Douglas reviewed the business meeting agenda

3. Nurse Aide Curriculum Regulations

Ms. Douglas addressed the use of thumb drives for Board members due to the large volume of the curriculum. Based on feedback from Board Members will use this mechanism again.

4. NCSBN Meetings for 2019

Dr. McQueen-Gibson expressed interest in attending NCSBN Midyear as did Ms. Phelps. Decision made by Ms. Hershkowitz to send Ms. Phelps as she is an officer, has not attended an NCSBN meeting and was signed up before and could not attend.

5. Approaches to disciplinary hearings; IFC schedules

General discussion regarding Board member workload and personal /professional commitments exploring possibility of alternate scheduling of Formal hearings and

business meetings. Ms. Gerardo suggested perhaps reducing business meetings to March, May, September and November meeting four times a year instead of six. Ms. Hershkowitz expressed some reluctance as this would reduce available time for Board member development/training. Ms. Phelps expressed concern for all Board members and indicated willingness to look at alternate scheduling. The Officers directed Ms. Douglas to survey Board members regarding scheduling alternatives and to bring results back to Board in March.

Difficulty scheduling Summary Suspension calls due to BM availability was discussed

6. Board member training: January (HPMP) and beyond

General discussion regarding January Board Training session involving the HPMP personnel, and looking forward to hearing about current approaches and specifically, the issue of Medication Assisted Treatment (MAT) for health care providers..

The meeting was adjourned at 9:00 A.M.

B2

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 28, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:09 A.M., on January 28, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Laura F. Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP
Meenakshi Shah, BA, RN

STAFF PRESENT: Jodi P. Power, RN, JD, Senior Deputy Executive Director – **left the meeting at 10:00 A.M.**
Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice – **joined the hearings at 10:00 A.M.**
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing Students from Bon Secours Memorial College
Senior Nursing Students from Rappahannock Community College

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

FORMAL HEARINGS: **Teresa G. Phillippi, LPN** **0002-074401**
Ms. Phillippi did not appear.

Holly Woodcock, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Robin Carroll, Senior Investigator, Department of Health Professions, and Gretchen Miller, Health Practitioners' Monitoring Program Case Manager, testified via telephone.

CLOSED MEETING: Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:33 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Phillippi.

Additionally, Ms. Cei moved that Ms. Power, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:55 A.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Woodcock and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Dr. Hahn moved that the Board of Nursing reprimand Teresa G. Phillippi and indefinitely suspend her license practice practical nursing in the Commonwealth of Virginia until such time she can appear before the Board and demonstrate that she is safe and competent to practice. The motion was seconded and carried unanimously.

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

Ms. Power left the meeting at 10:00 A.M.

Dr. Hills joined the meeting at 10:00 A.M.

FORMAL HEARINGS:

Linda Glover, CNA

1401-042424

Ms. Glover appeared and was accompanied by Niesha Brown.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Marian McLean, Senior Investigator, Department of Health Professions, and Niesha Brown, were present and testified.

CLOSED MEETING:

Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:03 A.M., for

the purpose of deliberation to reach a decision in the matter of Ms. Glover. Additionally, Ms. Cei moved that Dr. Hills, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:36 P.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Dr. Hahn moved that the Board of Nursing reinstate the certification of Linda Glover to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS:

Sherrica Gaskins Battle, CNA
Ms. Battle appeared.

1401-132443

David Kazzie, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Steve Keene, Senior Investigator, Department of Health Professions, Martha Canul, Housekeeping Supervisor at Fredericksburg Health and Rehabilitation, and Jacqueline Berry, Housekeeper at Fredericksburg Health and Rehabilitation, were present and testified.

CLOSED MEETING:

Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:08 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Battle. Additionally, Ms. Cei moved that Dr. Hills, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the

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

RECONVENTION: The Board reconvened in open session at 1:38 P.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Dr. Hahn moved that the Board of Nursing revoke the certificate of Sherrica Gaskin Battle to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried with four votes in favor of the motion. Ms. Phelps and Dr. Gleason opposed the motion.

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

RECESS: The Board recessed at 1:40 P.M.

RECONVENTION: The Board reconvened at 2:20 P.M.

FORMAL HEARINGS: **Carey L. Trimble, RN** **0001-260510**
Ms. Trimble did not appear.

Lavanya Jagadish, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Alan Burton, Senior Investigator, Department of Health Professions, and Christopher Bowers, Health Practitioners' Monitoring Program Case Manager, testified via telephone.

CLOSED MEETING: Dr. Hahn moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:51 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Trimble. Additionally, Dr. Hahn moved that Dr. Hills, Ms. Graham, and Ms.

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

RECONVENTION:

The Board reconvened in open session at 2:58 P.M.

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

Ms. Shah moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jagadish and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. Cei moved that the Board of Nursing reprimand Carey L. Trimble and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia until such time that she can appear before the Board and prove she is competent and safe to practice. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS:

Christopher Harvey, CNA
Mr. Harvey did not appear.

1401-188923

Lavanya Jagadish, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Nikki Dvorak, Senior Investigator, Department of Health Professions, testified via telephone.

CLOSED MEETING:

Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:20 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Harvey. Additionally, Ms. Cei moved that Dr. Hills, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:29 P.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jagadish. The motion was seconded and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing continue the certificate of Christopher Harvey to practice as a nurse aide in the Commonwealth of Virginia on indefinite suspension until such time that he can appear before the Board and prove he is safe and competent to practice. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 3:31 P.M.

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

B3

**VIRGINIA BOARD OF NURSING
MINUTES
January 29, 2019**

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:00 A.M. on January 29, 2019, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Louise Hershkowitz, CRNA, MSHA; President

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHPA; First Vice President
Marie Gerardo, MS, RN, ANP-BC; Second Vice President
Laura Freeman Cei BS, LPN, CCRP
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP
Dixie L. McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN

MEMBERS ABSENT:

Trula Minton, MS, RN
Michelle D. Hereford, MSHA, RN, FACHE – **resigned as of 12/31/2019**
Grace Thapa, DNP, FNP-BC, AE-E – **resigned as of 12/31/2019**

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD; Senior Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Paula B. Saxby, PhD, RN; Deputy Executive Director for Education
Stephanie Willinger; Deputy Executive Director for Licensing
Patricia L. Dewey, RN, BSN; Discipline Case Manager
Ann Tiller, Compliance Manager
Huong Vu, Executive Assistant

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy
– **joined the meeting at 12:17 P.M.**
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE:

Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA)
Jerry J. Gentile, Department of Planning Budget (DPB)

ESTABLISHMENT OF A QUORUM:

Ms. Hershkowitz asked Board Members and Staff to introduce themselves. With 11 members present, a quorum was established.

Ms. Hershkowitz noted that Dr. Daniel Carey, Secretary of Health and Human Resources will visit and address the Board later on. She added that Dr. Brown and Dr. Allison-Bryan are not available due to General Assembly.

Ms. Douglas stated that Ms. Heisler is leaving the Virginia Hospital and Healthcare Association (VHHA) and thanked Ms. Heisler for her help and support by convening Chief Nursing Officers (CNOs) to meet with Board staff regarding licensing processes.

- UPCOMING MEETINGS: The upcoming meetings listed on the agenda:
- The NCSBN Board of Directors Meeting is scheduled for February 11-12, 2019 in Chicago. Ms. Douglas will attend the meeting.
 - The Committee of the Joint Boards of Nursing and Medicine business meeting is scheduled for Wednesday, February 13, 2019 at 9:00 am in Board Room 2, Discipline proceedings will follow the meeting.
 - Special Called Meeting of the NLC Commission on February 22 & 23, 2019 in Dallas Texas. Stephanie Willinger to attend.
 - The NLC Commission Meeting and NCSBN Midyear Meeting are scheduled for March 26-28, 2019 in San Antonio, TX – Attendees for the Midyear Meeting to be determined.

ORDERING OF AGENDA: Ms. Hershkowitz asked staff to provide additions and/or modifications to the Agenda.

Ms. Douglas noted that Dr. Saxby's retirement celebration is set for Friday, March 22, 2019. All Board members are invited.

Ms. Douglas reminded all Board members to complete the Conflict of Interest which is due February 1, 2019.

Ms. Douglas noted the following items on the Agenda:

Under Other Matters – additional items:

- Badges for Board members
- Security assistance

Under Consent Orders:

G6 Deborah Faye Barrack, RN – revised version

Additional Consent Orders:

G9 Christine Marie Harper, RN

G10 Toni Brewster Adams, RN

G11 Nicole Renee Cofer, RN

G12 James Jackson Warner, RN

G13 Kaitlyn Elizabeth Bruce, RN

G14 Timothy Michael O'Donnell, Jr., RN

Wednesday, January 30, 2019:

Panel A:

Andrea Rebecca Crigger, RN (#3) has submitted written response.
Tiffany Snell, RN (#7) has submitted written response
19 should be Hannah Lockhart, RMA instead of Nicholas Turner, CNA

The formal hearing for Kelly Crowell, LMT Applicant has been continued.
Board members on this panel will do probable cause review.

Panel B:

Rebecca Marie Bowen, RMA (#20) has submitted written response
Rebecca Marie Bowen, CNA (#21) has submitted written response

Possible cancellation of the formal hearing for Kaitly Bruce, RN if the Board accepts the consent order.

Thursday, January 31, 2019:

The formal hearings for Amanda Pagan, LPN and Asha Hite, LPN have been continued.

Possible cancellation of the formal hearing for Timothy Michael O'Donnell, Jr., RN if the Board accepts the consent order.

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

Mr. Monson moved to accept the consent agenda as presented. The motion was seconded and carried unanimously.

Consent Agenda

- | | | |
|------------|--|---|
| B1 | November 13, 2018 | Board of Nursing Business Meeting |
| B2 | November 13, 2018 | Nurse Aide Curriculum Meeting |
| B3 | November 13, 2018 | CORE Committee Meeting |
| B5 | November 14, 2018 | Board of Nursing Officer Meeting |
| B6 | November 14, 2018 | Nominating Committee Meeting |
| B7 | November 14, 2018 | Panel A |
| B8 | November 14, 2018 | Panel B |
| B9 | November 15, 2018 | Panel A |
| B10 | November 15, 2018 | Panel B |
| B11 | November 5, 2018 | Massage Therapy Advisory Board Meeting |
| B12 | December 19, 2018 | Summary Suspension Telephone Conference
Call |
| C1 | Agency Subordinate Tracking Log | |
| C3 | Board of Nursing Monthly Tracking Log | |
| C5 | Criminal Background Check Unit Annual Report | |

C6 HPMP Quarterly Report

**DISPOSITION OF
MINUTES:**

B4 - November 13, 2018 Discipline Committee Meeting Minutes

Ms. Gerardo thanked the Committee members for their participation and deferred the review of recommendations to Ms. Power.

Ms. Power stated the Discipline Committee met to discuss monetary penalties as a sanction, to review existing Guidance Documents (GDs) that contemplate the use of monetary penalties and GDs that are due for periodic review.

Imposing Monetary Penalties pursuant to Va. Code §54.1-2401

Recommendation # 1 and # 2 – Ms. Power said that the Committee recommended imposing monetary penalties, the range may be from \$2,000 - \$5,000 depending on the severity of noncompliance/violation, on nursing education programs in cases of:

- Noncompliance with prior Board Order,
- Violations of regulations involving fraudulent activities

Ms. Power noted that if the Board adopts these recommendations, a GD will be developed in accordance and a revision made to existing *GD 90-35 (Non-compliance with Prior Board Orders)*. Ms. Power added that the Board will also need to consider a legislative amendment to Va. Code §54.1-2401 which only states that the Board has authority to impose monetary penalties to individual licensee, not the nursing education program.

Dr. Hahn moved to request legislative amendment to Va. Code §54.1-2401 to authorize monetary penalties on education programs. The motion was seconded and carried unanimously.

Recommendation # 3 and # 4 – Ms. Power said that the Committee recommended imposing a monetary penalty in cases of:

Intentional conduct determined to be abuse by a licensee that does not result in the suspension or revocations of the license, certificate or registration
Intentional conduct determined to be neglect by a licensee that does not result in the suspension or revocations of the license, certificate or registration

Ms. Power noted that if the Board adopts these recommendations, a GD will be developed in accordance and a revision made to existing *GD 90-12 (Delegation of Authority to Board of Nursing RN Education and Discipline Staff)*

Mr. Monson moved to adopt Recommendation # 3 and # 4 as presented. The motion was seconded and carried unanimously.

Review and Consideration of Existing GDs

Ms. Yeatts reminded the Board that 2018 legislation requires any revisions of the GDs will be subject to a 30-day public comment period and will require approval beyond the Board effective January 1, 2019. She added that she will further ask for clarification if editorial changes are subject to the same requirement.

Recommendation # 5 – re-adopting *GD 90-3 (Continuing Competency Violations for Nurses)* – Ms. Power stated that the Committee recommended replacing the word “Continuing” with the word “Continued” to be consistent with terminology used in the Board regulations. Mr. Monson moved to re-adopt GD 90-3 as recommended. The motion was seconded and carried unanimously.

Recommendation # 6 – re-adopting *GD 90-38 (Disposition of Disciplinary Cases against Nurses and Massage Therapists Practicing on Expired Licenses)* – Ms. Power stated that the Committee recommended doubling the amount of each monetary penalty per time frame cites and making massage therapist(s) plural in the title and stem sentence. Ms. Gerardo moved to re-adopt GD 90-38 as recommended. The motion was seconded and carried unanimously.

Recommendation # 7 – re-adopting *GD 90-61 (Disposition of Disciplinary Cases against Certified Nurse Aides and Registered Medication Aides Practicing on Expired Certificates or Registrations)* as is with no changes. Ms. Gerardo moved to re-adopt GD 90-61 as recommended. The motion was seconded and carried unanimously.

Recommendation # 8 – revising *GD 90-12 (Delegation of Authority to Board of Nursing RN Education and Discipline Staff)*. Ms. Power stated that the Committee recommended authorizing staff to offer prehearing consent orders (PHCOs) to impose monetary penalties for existing case types as contained in GDs #90-3, #-38, #90-61 and new case types. Dr. Hahn moved to revise GD 90-12 as recommended. The motion was seconded and carried unanimously.

Recommendation # 9 – revising GD 90-12 (section II.E.4). Ms. Power stated that the Committee recommended authorizing staff to offer PHCO for reprimand in cases of failure to provide acceptable standard of care with patient injury (removing any reference to “one time” failure) and authorizing staff to offer a Confidential Consent Agreement (CCA) when there is “little to no injury” or related to a system issue (section II.G.2). Dr. Hahn moved to revise GD 90-12 in # 9 as recommended. The motion was seconded and carried unanimously.

VISIT FROM
DR. CAREY:

Dr. Daniel Carey, Secretary of Health and Human Resources, joined the meeting at 9:50 A.M.

Ms. Hershkowitz welcomed Dr. Carey and asked him to introduce the himself and provide comments to the Board.

Dr. Carey shared his background including:

- Worked for over 20 years as cardiologist in Lynchburg
- Served as Senior Vice President and Chief Medical Officer of Centra Health

Dr. Carey noted that in his current role he missed clinical practice and staff but feels blessed to be working for the Commonwealth. He added that he appreciates Board members for their time and works.

Dr. Carey stated the philosophy of the Northam Administration is:

- Care of individual – quality and service
- Care of population
- Per capital cost to care

Dr. Carey said the three priorities of the Administration are:

1. Strengthen economic foundation
2. Ensure every child/individual have chance for safe healthy life
3. Maximize the impact of taxpayer money

Dr. Carey then added the five focus areas of the Administration:

- A. **Medicaid expansion and implementation** – cutting insurance rate in half and whole family approach
- B. **Behavioral Health Care System** – not a true system in place yet. By the end of first quarter in 2019, same day access will be in place in all 40 Community Service Boards (CSB)
- C. **Addiction Crisis** – ARTS benefit as of 2017 with Medicaid from 15K to 26K. Opioid prescribing is down by 50% and number of narcotic prescription for Medicaid patient is down by 25%
- D. **Women Health** – 65% of Medicaid expansion are women with chronic condition. Long acting and reversible contraception are available (TAANP)
- E. **Children Care and Services** – Children’s Cabinet will develop solutions to address early childhood development and school readiness.

Ms. Hershkowitz asked Board members and staff to introduce themselves.

Dr. Carey thanked Board members for their service.

Dr. Carey left the meeting at 10:25 A.M.

RECESS:

The Board recessed at 10:25 A.M.

RECONVENTION:

The Board reconvened at 10:40 A.M.

DISPOSITION OF
MINUTES (cont.):

The Board continued discussion.

B4 - November 13, 2018 Discipline Committee Meeting Minutes

Recommendation # 10 – revising *GD 90-35 (Noncompliance with Board Orders)*. Ms. Power noted that the Committee’s recommendations are presented in GD 90-35. Ms. Friedenbergh moved to revised GD 90-35 as recommended. The motion was seconded and carried unanimously.

Ms. Willinger asked if the term “*chemical dependency*” is still appropriate. Dr. Hills noted that the term “**substance misuse**” is used in the opioid regulations. Dr. Hahn added that the “*probation*” should be stricken from #9 in Typical Board Actions. Mr. Monson moved to further amend the GD 90-35 to replace “*chemical dependency*” with “**substance misuse**” and strike the word “*probation*” from #9 in Typical Board Actions. The motion was seconded and carried unanimously.

Recommendation # 11 – re-adopting *GD 90-39 (Indefinite Suspension Timeframes)* as is with no change. Mr. Monson moved to re-adopt GD 90-39 as recommended. The motion was seconded and carried unanimously.

Mr. Monson moved to accept the November 13, 2018 Discipline Committee Meeting Minutes as presented. The motion was seconded and carried unanimously.

REPORTS:

Executive Director Report:

Ms. Douglas highlighted her written report noting:

- NURSIS Discipline data entry by Board staff begins on February 1, 2019. Melvina Baylor, Discipline staff, will assume these duties with Sylvia Tamayo-Suijk, Discipline Coordinator, assigned as back up staff
- Ms. Douglas stated that she met with Michelle Schmitz, Enforcement Director, to discuss duplicate copies of evidence and whether efficiencies methodical approach to quality improvement and training
- Badges/Security issues- Ms. Douglas advised that there is a new policy regarding badges as a result of a security assessment being conducted. DHP is no longer issuing permanent badges to Board

members. Temporary badges will be issued to Board members on the day that they are here to conduct business. Board staff will collect these badges back at the end of the day. Dr. McQueen-Gibson comments that it is inconvenient for Board member since they have to carry cases to meeting. Ms. Douglas said she will relay the comment back to Dr. Brown.

ANNOUNCEMENTS:

Ms. Hershkowitz highlighted the announcements on the agenda.

- New Staff
 - Ms. Power announced that Lelia “Claire” Morris has accepted the RN Discipline Case Manager position and will start on February 11, 2019. Ms. Power added that Patricia Dewy started on October 1, 2018 as Discipline Case Manager RN for the Nurse Aide, Medication Aide and Massage Therapy Program position.
 - Dr. Saxby announced that Jacqueline Wilmoth has accepted the Nursing Education Program Manager, Ms. Ridout’s former position, and she will start on February 11, 2019. Dr. Saxby added that Rosa Wilson started on January 7, 2019 as Nursing Education Program Evaluator and she will evaluate nurse aide education programs.
- Board Member Resignations – Ms. Douglas stated that Lana Westfall has retired as Director of the Appointments to Boards and Commission. She noted that the replacement for Board members will be delayed
 - Michelle Hereford, MSHA, RN, FACHE
 - Grace Thapa, DNP, FNP-BC, AE-C

PUBLIC COMMENT:

There was no public comment made.

REPORTS (cont.):

C7 NLC Commission Strategic Planning Meeting, November 27-29, 2018, Report:

Ms. Douglas highlighted issues raised with the enhanced NLC implementation as listed in C7. She added that Ms. Willinger will attend the NLC Commissioner Summit on her behalf in Dallas, TX on February 22-23, 2019.

C4 NCSBN Board of Directors Meeting, December 3-4, 2018, Report:

Ms. Douglas highlighted the letter from the President.

Status of Implementation HB793 Nurse Practitioner Autonomous Practice Process:

Ms. Willinger reported the following:

- Applications went live on January 7, 2019, along with link to laws and regulations
- The Board sent blast email to nurse practitioners (NPs) and stakeholders in advance

- 74 applications received since January 7, 2019, no issue was noted yet
- 4000 NPs are eligible based on years of licensure so staff anticipate more applications will be submitted
- Not many questions received regarding the “how to” complete the process
- Good feedback received so far
- Virginia Council of Nurse Practitioners (VCNP) held two meetings to encourage NPs to apply

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell reported that she represented the Board at the appeal hearing on December 14, 2018 in Fairfax County Circuit Court. The Board denied the application for licensure because the applicant did not have LPN education in the U.S. She noted that the Judge voted in favor of the Board’s decision. The applicant’s lawyer filed a motion for reconsideration. The Judge suspended the Order and the case is still under review.

D1 Presentation of Slate of Candidates and Election of Officers:

In the absence of Ms. Minton, Ms. Hershkowitz presented the Slate of Candidates for Officers for 2019 by the Nominating Committee:

President: Louise Hershkowitz, CRNA, MSHA
(2nd term expires 2021)

First Vice President: Jennifer Phelps, LPN, QMHPA
(2nd term expires 2021)

Second Vice President: Marie Gerardo, MS, RN, ANP-BC
(2nd term expires 2022)
Mark Monson, Citizen Member
(2nd term expires 2022)
Ann Tucker Gleason, PhD, Citizen Member
(2020 Unexpired Term)

Ms. Hershkowitz asked for nominations from the floor for the office of President, First Vice President and Second Vice President; none was received.

Ms. Hershkowitz called for a vote for Ms. Hershkowitz for the office of President and received 11 votes. Ms. Hershkowitz was elected as President.

Ms. Hershkowitz called for a vote for Ms. Phelps for the office of First Vice President and received 11 votes.

Ms. Hershkowitz called for a vote for Ms. Gerardo for the office of Second Vice President and received nine votes. Ms. Hershkowitz called for a vote

for Mr. Monson for the office of Second Vice President and received two votes. Ms. Hershkowitz called for a vote for Dr. Gleason for the office of Second Vice President and received no vote. Ms. Gerardo was elected as Second Vice President.

Ms. Hershkowitz thanked the Nominating Committee for the work and contributions of all Board members.

Summary Suspension Process:

Ms. Power described changes in anticipated process regarding establishing a good faith effort to assemble a quorum of Board members to meet in person in Richmond, which must fail first. In order to meet by telephone conference call, staff expect and need “yes” or “no” answer from each Board member in order to determine in advance that a good faith effort fails.

In response to concerns raised regarding difficulty establishing quorum to meet by telephone conference, Board member indicated various times for their availability. Ms. Hershkowitz asked Board members to provide to Ms. Vu the best dates and times of their availability.

Some Board members raised concerns regarding length and detail of presentation by the Assistant Attorneys General during possible summary suspensions consideration and wondered if they can get summary in advance to decrease the amount of time involved in the telephone conference call. Ms. Mitchell advised that any Board member can make a motion for summary suspension at any time they feel sufficient information was presented/heard instead of waiting to hear the entire presentation.

D2 NLC Memorandum – Letter to Employers: Compact Requirement of Acceptance of Multistate License:

Ms. Douglas said that this memo was in response to some situations where nurses are directed by employers in NLC member states to apply for new license in the state(s) where the employer is located, even though the nurse already holds a multistate license in another compact state.

Review of Guidance Documents (GD):

Ms. Douglas reviewed the GDs in the absence of Ms. Speller-Davis. Ms. Douglas noted that the Board of Pharmacy has reviewed and made recommendations on some of the GDs.

The Board reviewed and took action on the following GDs:

D3 90-2: Transmittal of Third Party Orders

- Replaced “third party” with “*authorized agent*” in the first paragraph and also in the title

Mr. Monson moved to adopted GD 90-2 as presented and amended. The motion was seconded and carried unanimously.

D4 90-22: Requests for Accommodations for NCLEX and NNAAP Testing and Medication Aide Examination for Registration

- Deleted the word “*consultant*” in the second paragraph.

Dr. Hahn moved to adopted GD 90-22 as presented. The motion was seconded and carried unanimously.

D5 90-28: Clinical Hours for LPN to pre-licensure RN Transition/Bridge Programs

Dr. Hahn moved to withdraw GD 90-28 because language already included in the Regulations for Nursing Education Programs at 18VAC90-27-100.B. The motion was seconded and carried unanimously.

D6 90-31: Whether a Nurse May Administer a Medication That Has Been transmitted Orally Or In Writing By a Pharmacist Acting as the Prescriber’s Agent

- Replaced “third party” with “*authorized agent*” in the last paragraph

Mr. Monson moved to adopted GD 90-31 as presented and amended. The motion was seconded and carried unanimously.

EDUCATION:

Education Staff Report:

Dr. Saxby reported that in addition to new staff reported earlier, her position has been advertised with a close date of February 1, 2019.

E1 Status of Nurse Aide Exam Contract:

Dr. Saxby stated that previous concern regarding significant increase in fees for National Nurse Aide Assessment Program (NNAAP), so the fees have renegotiated and will be effective on February 1, 2019. The new fees for the exam will be:

- Written Examination & Skills Evaluation (both) \$120
- Oral Examination & Skills Evaluation (both) \$120
- Written Examination Only \$45
- Oral Examination Only \$45
- Skills Evaluation Only \$95

Dr. Saxby added that emails have been sent to Nurse Aide Education Programs and this information is posted on the Board’s website.

LEGISLATION/
REGULATION:

F1 Status of Regulatory Action:

Ms. Yeatts reviewed the chart of regulatory actions provided in the agenda with update that Elimination of Separate License for Prescriptive Authority is now at the Secretary's Office for review.

F2 Adoption of Final Regulatory for Nurse Practitioners – Direction and Supervision of Laser Hair Removal by Nurse Practitioners(18VAC90-30-124):

Ms. Yeatts stated that no comment was received between October 29, 2019 to December 28, 2018 regarding the final proposed regulations as provided in the handout. Ms. Yeatts noted that the Board's action is not an exempt action.

Mr. Monson motioned to adopt the final regulations as presented. The motion was seconded and carried unanimously.

General Assembly 2019 Update:

Ms. Yeatts reviewed the 2019 Legislative Report provided in the handout noting that DHP followed 75 bills.

EDUCATION (cont.):

E2 Revised Nurse Aide Education Curriculum:

Dr. Saxby reviewed activities of the Nurse Aide Education Curriculum Committee as result of Delegate Robert D. Orrock's bill. She noted that eight meetings were held from July 2016 to 2018 with broad participation of stakeholders. She stated that NOIRA for NAEP regulations indicates this curriculum be required for approved NAEP.

Dr. Hahn added new format lays out the regulations it relates to and allows programs to tailor it to them. Dr. Hahn noted that Department of Education and other stakeholders support changes in format and its use.

Ms. Hershkowitz thanked the Committee and stakeholders for extraordinary work on the curriculum.

Mr. Monson moved to accept the Revised Nurse Aide Curriculum as presented. The motion was seconded and carried unanimously.

RECESS:

The Board recessed at 12:29 P.M.

RECONVENTION:

The Board reconvened at 12:40 P.M.

Dr. Allison-Bryan and Ms. Yeatts left the meeting at 12:40 P.M.

E3 NCSBN Member Board Feedback Draft 2020 NCLEX-PN Test Plan:

CLOSED MEETING:

Ms. Friedenberg moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 12:40 P.A.M. for the purpose of considering the NCSBN Member Board Feedback Draft 2020 NCLEX-PN Test Plan. Additionally, Ms. Friedenberg moved that Ms. Douglas, Dr. Hills, Ms. Power, Dr. Saxby, Ms. Ridout, Ms. Willinger, Ms. Dewey, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 12:42 P.M.

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

Dr. Hahn moved to accept the proposed 2020 NCLEX-PN Test Plan and Timeline for Implementation. The motion was seconded and carried unanimously.

RECESS:

The Board recessed at 12:43 P.M.

RECONVENTION:

The Board reconvened at 1:30 P.M.

Dr. Allison-Bryan rejoined the meeting at 1:30 P.M.

**BOARD MEMBER
TRAINING:**

Health Practitioners' Monitoring Program (HPMP) overview to include incorporation of Medication-Assisted Treatment – Wendy Welch, MD, CPE, CHCQM, HPMP Medical Director and Janet Knisely, HPMP Administrative Director

Dr. Welch and Ms. Knisely provided the following information regarding HPMP:

- Has one full-time intake manager
- Determines who referred the licensee and why. Roughly, 7% - 8% referred themselves
- If the participant is practicing, HPMP will determine if they can still practice while they are in the program. About 15% of participants are practicing while in HPMP
- If the participant is readmitted, HPMP will determine why

- The Contract is for five years, but an overall review for each case is scheduled at the third year mark
- If participants relapse, it is typically within three or four years of entry
- Average cost of drug screening is \$900 per year for non-working participants and \$1100 per year for working participants
- Participants can request HPMP to change in Case Manager assigned and to start early completion

- Dr. Welch provided the following information regarding Medication Assisted Treatment of Opioid Addiction:
 - Three FDA approved options to treat opioid use disorder (OUD) that can impair cognition are vivitrol, suboxone and methadone.
 - Less than 2% participants at HPMP are on Suboxone. These participants won't return to practice while on Suboxone unless full neuropsychological evaluation indicates otherwise.
 - Cognitive ability data is collected and used in determination if participant is safe to return to practice
 - HPMP cannot use CBD Oil because sometimes participants reported use are tested positive for THC

Ms. Hershkowitz thanked Ms. Knisely and Dr. Welch for their presentation.

Dr. Allison-Bryan left the meeting at 2:41 P.M.

RECESS: The Board recessed at 2:46 P.M.

RECONVENTION: The Board reconvened at 2:51 P.M.

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:58 P.M. for the purpose of considering the Consent Orders. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, Ms. Power, Dr. Saxby, Ms. Ridout, Ms. Willinger, Ms. Dewey, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:25 P.M.

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

the closed meeting was convened. The motion was seconded and carried unanimously.

G1 Melisha Ann Scruggs, CNA **1401-168115**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Melisha Ann Scruggs' certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G2 Cabria Sheron Banks, LPN **0002-077724**

Ms. Shah moved to accept the consent order to suspend the license of Cabria Sheron Banks to practice practical nursing in the Commonwealth of Virginia. The suspension is stayed upon proof of Ms. Banks' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

G3 Yong Liu, LMT **0019-012866**

Ms. Shah moved to accept the consent order to indefinitely suspend the license of Yong Liu to practice massage therapy in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G4 Emily Lauren Stone, RMA **0031-006089**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Emily Lauren Stone's registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G5 Emily Lauren Stone, CNA **1401-146919**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Emily Lauren Stone's certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G6 Deborah Faye Barrack, RN **0001-172807**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Deborah Faye Barrack's license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G7 Sondra Marie Walters, RN **0001-218745**

Ms. Shah moved to accept the consent order to indefinitely suspend the license of Sondra Marie Walters to practice professional nursing in the Commonwealth of Virginia. The suspension is stayed upon proof of Ms. Walters' re-entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions

of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

G8 Jason Catalan, RN **0001-258385**

Ms. Shah moved to accept the consent order to reinstate the license of Jason Catalan to practice professional nursing in the Commonwealth of Virginia and to take no further action contingent on Mr. Catalan's compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

G9 Christine Marie Harper, RN **0001-078130**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Christine Marie Harper's license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G10 Toni Brewster Adams, RN **0001-128532**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Toni Brewster Adams' license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G11 Nicole Renee Cofer, RN **0001-218055**

Ms. Shah moved to accept the consent order to indefinitely suspend the license of Nicole Renee Cofer to practice professional nursing in the Commonwealth of Virginia. The suspension is stayed contingent upon Ms. Cofer's compliance all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

G12 James Jackson Warner, RN **0001-270194**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of James Jackson Warner's license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G13 Kaitlyn Elizabeth Bruce, RN **0001-253250**

Ms. Shah moved to accept the consent order to take no action against Kaitlyn Elizabeth Bruce at this time, contingent upon Ms. Bruce's continued compliance all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

G14 Timothy Michael O'Donnell, Jr., RN **0001-250363**

Ms. Shah moved to accept the consent order to indefinitely suspend the license of Timothy Michael O'Donnell, Jr, to practice practical nursing in the Commonwealth of Virginia. The suspension is stayed upon proof of Mr. O'Donnell's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

DEBRIEF:

The following were well received by Board Members:

- Visit from Dr. Carey
- HPMP Training
- Numbering system for the Business meeting package
- Information on thumb drive

The following needs improvement per Board Members:

- Temporary badges for Board Members
- Tabs in the cases

The Board suggested Agency Subordinate Process for the next training.

ADJOURNMENT:

The Board adjourned at 3:39 P.M.

Louise Hershkowitz, CRNA, MSHA
President

B4

**Virginia Board of Nursing
CORE Committee Meeting
January 29, 2019**

Time and Place: The meeting of the Board of Nursing CORE Committee was convened at 3:47 P.M. on January 29, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia 23233.

Board Members Present: Ethyn McQueen-Gibson, DNP, MSN, RN, BC
Peggy Friedenber, Citizen Member

Staff Members Present: Charlette Ridout, RN, MS, CNE, Deputy Executive Director

The Practice Summary Report was discussed and approved with minor editorial corrections.

Meeting adjourned at 4:05 PM

BS

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION MEETING
January 30, 2019**

A possible summary suspension meeting of the Virginia Board of Nursing was called to order at 8:30 A.M. January 30, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia 23233.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair
Margaret J. Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-B
Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP

Dixie L. McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member
Meenakshi Shah, BA, RN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Wayne Halbleib, Assistant Attorney General
David Kazzie, Adjudication Specialist
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD, Senior Deputy Executive Director
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
Charlette N. Ridout, RN, MS, CNE; Deputy Executive Director
Patricia Dewey, RN, BSN; Discipline Case Manager
Darlene Graham, Senior Discipline Specialist
Sylvia Tamayo-Suijk, Discipline Team Coordinator
Huong Vu, Executive Assistant

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

Wayne Halbleib, Assistant Attorney General presented evidence that the continued practice of nursing by Thomas K. Nganga, LPN 0002- 089277 may present a substantial danger to the health and safety of the public.

Ms. Gerardo moved to summarily suspend the license of Thomas K. Nganga to practice practical nursing pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 8:50 A.M.

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

B6

**VIRGINIA BOARD OF NURSING
MINUTES**

January 30, 2019

Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:25 A.M. on November 14, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Jennifer Phelps, BS, LPN, QMHPA
Dixie L. McElfresh, LPN
Mark Monson, Citizen Member
Meenakshi Shah, BA, RN

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
Patricia Dewey, RN, BSN; Discipline Case Manager
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Erin Barrett, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Lindsay Renee Cowden, RN
Ms. Cowden appeared.

0001-228283

CLOSED MEETING:

Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:14 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Cowden. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Dewey, Ms. Graham and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:17 A.M.

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

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Lindsay Renee Cowden to practice professional nursing in the Commonwealth of Virginia. The suspension shall be stayed upon proof of Ms. Cowden's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

CLOSED MEETING:

Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:25 A.M., for the purpose of consideration of the remaining agency subordinate recommendations. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Dewey, Ms. Graham and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:39 A.M.

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

Tammy Renee Henderson Martin, RN

0001-133694

Ms. Martin did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Tammy Renee Henderson Martin to practice professional nursing in the Commonwealth of Virginia from the date of entry of the Order. The suspension shall be stayed upon proof of Ms. Martin's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Andrea Rebecca Crigger, RN **0001-190548**

Ms. Crigger did not appear but submitted written response.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Andrea Rebecca Crigger to practice professional nursing in the Commonwealth of Virginia from the date of entry of the Order. The suspension is stayed contingent upon Ms. Crigger's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded and carried unanimously.

Holly Collins Bowes, LPN **0002-065178**

Ms. Bowes did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Holly Collins Bowes and to indefinitely suspend her license to practice a practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Tiffany Snell, RN **Missouri License Number: 2004024370 with Multistate Privileges**

Ms. Snell did not appear but submitted written response.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the privilege of Tiffany Snell to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the date on entry of the Order. The motion was seconded and carried unanimously.

Katherine Jane Schmieder, RN **0001-257004**

Ms. Schmieder did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Katherine Jane Schmieder. The motion was seconded and carried unanimously.

Melissa M. Epperly Smith, RN **0001-170211**

Ms. Smith did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend license of Melissa M. Epperly Smith to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Brianna Stevens, CNA

1401-180729

Ms. Stevens did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Brianna Stevens to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded and carried unanimously.

Banning Michael Auty, CNA

1401-182119

Mr. Auty did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Banning Michael Auty to practice as a nurse aide in the Commonwealth of Virginia. The suspension is stayed upon proof of Mr. Auty's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded and carried unanimously.

Colton Noble, CNA

1401-190392

Mr. Noble did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Colton Noble to practice as a nurse aide in the Commonwealth of Virginia. The suspension is stayed upon proof of Mr. Noble's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Hannah Alice Lockhart, RMA

0031-001361

Ms. Lockhart did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of Hannah Alice Lockhart to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Nicholas Turner, CNA

1401-173647

Mr. Turner did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Nicholas Turner to practice as a nurse aide in the Commonwealth of Virginia and to

enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Lakiea N. Bradley, CNA **1401-096373**
Ms. Bradley did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Lakiea N. Bradley to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Tasha Tomika Flood, CNA **1401-126323**
Ms. Flood did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Tasha Tomika Flood. The motion was seconded and carried unanimously.

Jacqueline Nicole Handly, RN **0001-251675**
Ms. Handly did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Jacqueline Nicole Handly to practice professional nursing in the Commonwealth of Virginia. The suspension is stayed contingent upon Ms. Handly's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Chamia White, RMA **0031-006279**
Ms. White did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate revoke the registration of Chamia White to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Chamia White, CNA **1401-131229**
Ms. White did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate revoke the certificate of Chamia White to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding

of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:40 A.M.

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

DRAFT

B7

**VIRGINIA BOARD OF NURSING
MINUTES
January 30, 2019
Panel - B**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on January 30, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Ann Tucker Gleason, PhD, Citizen Member
Margaret Friedenberg, Citizen Member
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Laura F. Cei, BS, LPN, CCRP

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette N. Ridout, RN, MS, CNE; Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
One nursing student from University of Virginia

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING:

Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:02 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Cei moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:26 A.M.

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

Jasmine D. Woods, RN **0001-257137**

Ms. Woods did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time against the license of Jasmine D. Woods to practice professional nursing in the Commonwealth of Virginia, contingent upon Ms. Woods' continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Amy Marie Lam, RN **0001-246358**

Ms. Lam did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Amy Marie Lam and indefinitely suspend Ms. Lam's license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded and carried unanimously.

Joy Diane McLean, LPN **0002-081517**

Ms. McLean did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Joy Diane McLean and indefinitely suspend Ms. McLean's license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Kelly Marie Gregory, LPN **0002-083453**

Ms. Gregory did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend Kelly Marie Gregory's right to renew her license to practice practical nursing in the Commonwealth of Virginia. Said suspension is to be stayed upon proof of Ms. Gregory's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Jennifer Gray Vukmer, RN **0001-162832**

Ms. Vukmer did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jennifer Gray Vukmer and indefinitely suspend the right of Ms. Vukmer to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Randi Puckett, CNA **1401-186723**

Ms. Puckett did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Randi Puckett. The motion was seconded and carried unanimously.

Larieshia Levette Evans, RMA **0031-007624**

Ms. Evans did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to assess Larieshia Levette Evans a monetary penalty of \$100 to be paid within 90 days from the date of entry of the Order. The motion was seconded and carried unanimously.

Arsheia N. Davis, CNA **1401-135172**

Ms. Davis did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Arsheia N. Davis to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

John C. Valencia, CNA **1401-162427**

Mr. Valencia did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand John C. Valencia. The motion was seconded and carried unanimously.

Rebecca Marie Bowen, RMA **0031-009112**

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

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of Rebecca Marie Bowen to practice as a medication aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded and carried unanimously.

Rebecca Marie Bowen, CNA **1401-066948**

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

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Rebecca Marie Bowen to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry, based on a single occurrence. The motion was seconded and carried unanimously.

Katharine Carmel Houff, CNA **1401-152274**
Ms. Houff did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Katharine Carmel Houff to practice as a nurse aide in the Commonwealth of Virginia. Said suspension is to be stayed contingent upon Mr. Houff's entry and compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Jalisa Kay Ingram, CNA **1401-157694**
Ms. Ingram did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jalisa Kay Ingram. The motion was seconded and carried unanimously.

Nellie Suzanne Beckner, RMA **0031-002187**
Ms. Beckner did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend Nellie Suzanne Beckner's right to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Granika Kinney, CNA **1401-181970**
Ms. Kinney did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Granika Kinney to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Kindell Yvette Young, LPN **0002-092537**
Ms. Young did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Kindell Yvette Young to practice practical nursing in the Commonwealth of Virginia. Said suspension is to be

stayed upon proof of Ms. Young's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:29 A.M.

Jodi P. Power, RN, JD
Senior Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 30, 2019
Panel – B**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:01 A.M. on January 30, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Ann Tucker Gleason, PhD, Citizen Member
Margaret Friedenberg, Citizen Member
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Laura F. Cei, BS, LPN, CCRP

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette N. Ridout, RN, MS, CNE; Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Renee White, DHP, Enforcement Division
Anne Joseph, Adjudication Proceedings Division
Grace Stewart, Adjudication Proceedings Division
One nursing student from University of Virginia

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Stephanie Cook-Belmer, LPN Reinstatement Applicant 0002-090845
Ms. Cook-Belmer appeared.

Lana Jagadish, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

CLOSED MEETING:

Ms. Friedenberg moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:29 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Cook-Belmer. Additionally, Ms. Friedenberg moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:40 A.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting

requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Hahn moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jagadish and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. Cei moved that the Board of Nursing approve the application of Stephanie Cook-Belmer for reinstatement and issue an unrestricted license to practice as a licensed practical nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

RECESS:

The Board recessed at 10:43 A.M.

Anne Joseph, Grace Stewart, and the nursing student left the meeting.

RECONVENTION:

The Board reconvened at 1:09 P.M.

Lana Jagadish joined the meeting.

FORMAL HEARINGS:

LaShunda Meshell Jones, LPN Reinstatement Applicant 0002-083986
Ms. Jones appeared.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Sarah Rogers, Senior Investigator, Department of Health Professions, and Kelli Moss, former Senior Investigator with Department of Health Professions, were present and testified.

CLOSED MEETING:

Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:10 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. LaShunda Jones. Additionally, Dr. Gleason moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:49 P.M.

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

Dr. McQueen-Gibson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Tammie Jones, and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Dr. Hahn moved that the Board of Nursing reprimand Ms. LaShunda Jones and approve Ms. Jones' application for reinstatement to practice as a licensed practical nurse in the Commonwealth of Virginia and place her on probation with terms for one year of active employment as a Licensed Practical Nurse. The motion was seconded and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 2:52 P.M.

Jodi P. Power, RN, JD
Senior Deputy Executive Director

B8

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 31, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M. on January 31, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA, President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Dixie McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark D. Monson, Citizen Member

STAFF PRESENT:
Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Jodi P. Power, RN, JD, Senior Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
Nurse Aide Students from Southside Virginia Community College
Senior Nursing Students from Rappahanock Community College

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

FORMAL HEARINGS: **Desiree M. Lewis, LPN** **0002-087689**
Ms. Lewis appeared, accompanied by her attorney, Nathan Mortier.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Dwayne Cromer, Senior Investigator, Department of Health Professions Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the *Code of Virginia* at 9:40 A.M., for the purpose of consideration and discussion of medical records of Ms. Lewis that are excluded from the Freedom of Information Act by Virginia Code Section 1 of 2.2-3705.5. Additionally, Ms. Gerardo moved that Ms. Douglas, Ms. Power, Ms. Tamayo-Suijk, Ms. Mitchell, Ms. Jones, Ms. Lewis, Mr. Mortier and Ms. Taylor, court reporter, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:18 A.M.

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

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:48 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Lewis. Additionally, Ms. Gerardo moved that Ms. Douglas, Ms. Power, Ms. Tamayo-Suijk, Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:00 A.M.

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

ACTION: Mr. Monson moved the Board of Nursing dismiss the case due to a lack of clear and convincing evidence of a violation of laws and regulations governing nursing practice. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 11:05 A.M.

Ms. Tamayo-Suijk left the meeting.

RECONVENTION: The Board reconvened at 11:20 A.M.

Ms. Tamayo-Suijk joined the meeting at 11:25 A.M.

FORMAL HEARINGS: **Noelle Jennifer Black, RN** **0001-139473**
Ms. Black did not appear.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Steve Keene, Senior Investigator, Department of Health Professions, Krystal Breeden, neighbor of respondent, Kevin Wolfe, Senior Investigator, Department of Health Professions, Joshua Boggan, Case Intake Manager, Department of Health Professions, Christine Shaw, RN, Novant Health UVA Prince William Medical Center, and Shelby Magyar, RN, Assistant Nurse Manager, Emergency Department Novant Health UVA Prince William Medical Center, were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:08 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Black. Additionally, Ms. Gerardo moved that Ms. Douglas, Ms. Power, Ms. Tamayo-Suijk, Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:45 P.M.

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

Mr. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing indefinitely suspend the license of Noelle Jennifer Black to practice professional nursing in the Commonwealth of Virginia with the suspension stayed contingent upon her entry into the Health Practitioners' Monitoring Program (HPMP) and remaining in compliance thereafter. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 12:48 P.M.

Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E.
Executive Director

B9

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
February 20, 2019**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 20, 2019 at 4:30 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair	Dixie L. McElfresh, LPN
Margaret Friedenber, Citizen Member	Trula Minton, MS, RN
Marie Gerardo, MS, RN, ANP-BC	Mark Monson, Citizen Member
A Tucker Gleason, PhD, Citizen Member	Jennifer Phelps, BS, LPN, QMHPA
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN	Meenakshi Shah, BA, RN

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
James Schilessmann, Assistant Attorney General
Grace Stewart, Adjudication Specialist
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director
Jodi Power, RN, JD; Senior Deputy Executive Director
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Lelia Claire Morris, RN, LNHA; Discipline Case Manager
Sylvia Tamayo-Suijk, Discipline Team Coordinator

The meeting was called to order by Ms. Hershkowitz. With ten members of the Board of Nursing participating, a quorum was established.

James Schilessmann, Assistant Attorney General presented evidence that the continued practice of nursing by Aimee Lynn Poldy, RN 0001- 204307 may present a substantial danger to the health and safety of the public.

CLOSE MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:45 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Poldy. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Power, Ms. Ridout, Ms. Morris, Ms. Tamayo-Suijk and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:58 P.M.

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

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
February 20, 2019

Ms. Phelps moved to summarily suspend the nursing license of Aimee Lynn Poldy pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously with nine votes in favor of the motion. Mr. Monson opposed the motion.

The meeting was adjourned at 5:00 P.M.

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

B10

**VIRGINIA BOARD OF NURSING
RECONSIDERATION OF A BOARD ORDER TELEPHONE CONFERENCE CALL
February 25, 2019**

A panel of the Virginia Board of Nursing was convened via telephone conference call on February 25, 2019 at 3:15 P.M pursuant to §54.1-2400(13) regarding a request to reconsider a Board Order entered November 30, 2018 in the matter of Terri Medleta Jackson, LPN.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair	Dixie L. McElfresh, LPN
Laura F. Cei, BS, LPN, CCRP	Trula Minton, MS, RN
Margaret Friedenberg, Citizen Member	Meenakshi Shah, BA, RN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director
Jodi Power, RN, JD; Senior Deputy Executive Director
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
Terri M. Jackson, LPN, Respondent
Nathan C. Mortier, Esq., Mellette PC Attorney at Law, Ms. Jackson's legal counsel

The meeting was called to order by Ms. Hershkowitz. With six members of the Board of Nursing participating, a panel was established.

Nathan C. Mortier, Esq. summarized the request to reconsider the Board Order entered November 30, 2018 in the matter of Terri Medleta Jackson, LPN.

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

RECONVENTION: The Board reconvened in open session at 3:55 P.M.

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

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Virginia Board of Nursing

Reconsideration of a Board Order Telephone Conference Call

February 25, 2019

Ms. Minton moved to vacate the November 30, 2018 Order and remand case number 181605 to a new informal conference upon receipt of a certified court order of a voluntary dismissal of the appeal filed in Wythe County, Virginia. The motion was seconded and carried unanimously.

The meeting was adjourned at 3:55 P.M.

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

B11

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
February 28, 2019**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 28, 2019 at 4:30 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair
Laura F. Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
Dixie L. McElfresh, LPN

Trula Minton, MS, RN
Mark Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHPA
Meenakshi Shah, BA, RN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Julia Bennett, Assistant Attorney General
Anne Joseph, Deputy Executive Director, Administrative Proceedings Division
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director
Jodi Power, RN, JD; Senior Deputy Executive Director
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Advanced Practice
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Lelia Claire Morris, RN, LNHA; Discipline Case Manager
Sylvia Tamayo-Suñk, Discipline Team Coordinator

The meeting was called to order by Ms. Hershkowitz. With nine members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week has failed.

Julia Bennett, Assistant Attorney General presented evidence that the continued practice of nursing by Wakeisha De-nay Culler, LPN 0002- 084406 may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the nursing license of Wakeisha De-nay Culler pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:42 P.M.

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

Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

Considered		Accepted		Modified*				Rejected				Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	# present	# ↑	# ↓	Total %	# present	# Ref to FH	# Dismissed	↑	↓	Same	Pending	N/A
Total to Date:	2988	2642	88.4%	255				93				72	79	94	1	
CY2019 to Date:	33	33	100.0%	0	0	0	0	0	0.0%	0	0	0	10	0	N/A	
Nov-19																
Sep-19																
Jul-19																
May-19																
Mar-19																
Jan-19	33	33	100.0%	0	0	0	0	0	0.0%	0	0	0	0	0		
Annual Totals:																
Total 2018	201	172	85.6%	25		4	17	7	12.4%	0	4	4	10	7	N/A	
Total 2017	230	220	95.7%	8		0	5	3	3.5%	0	2	2	4	6	N/A	
Total 2016	241	227	94.2%	9		0	8	0	3.7%	2	4	4	8	2	N/A	
Total 2015	240	218	90.8%	14		2	12	2	5.8%	3	6	9	6	5	N/A	
Total 2014	257	235	91.4%	17		2	8	9	6.6%	1	3	2	3	7	N/A	
Total 2013	248	236	95.2%	10					4.0%				3	2	N/A	
Total 2012	229	211	92.1%	15					6.6%				4	9	N/A	
Total 2011	208	200	96.2%	6					2.9%				4	12	N/A	
Total 2010	194	166	85.6%	21					10.8%				7	9	N/A	
Total 2009	268	217	81.0%	40					14.9%				11	6	N/A	
Total 2008	217	163	75.1%	29					13.4%				11	11	3	N/A
Total 2007	174	130	74.7%	30					17.2%				8	7	4	N/A
Total 2006	76	62	81.6%	6					7.9%				2	2	N/A	

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

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

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Virginia Department of Health Professions
Cash Balance
As of January 31, 2019

	Nursing
Board Cash Balance as June 30, 2018	10,401,356
YTD FY18 Revenue	6,473,891
Less: YTD FY18 Direct and Allocated Expenditures	<u>7,911,943</u> *
Board Cash Balance as January 31, 2019	<u><u>8,963,304</u></u>

* Includes \$35,566 deduction for Nurse Scholarship Fund

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,159,753.00	2,088,425.00	928,672.00	55.53%
4002406	License & Renewal Fee	4,157,029.50	6,691,497.00	2,534,467.50	62.12%
4002407	Dup. License Certificate Fee	15,815.00	23,750.00	7,935.00	66.59%
4002408	Board Endorsement - In	33,660.00	64,790.00	31,130.00	51.95%
4002409	Board Endorsement - Out	15,189.00	18,270.00	3,081.00	83.14%
4002421	Monetary Penalty & Late Fees	169,371.00	231,415.00	62,044.00	73.19%
4002432	Misc. Fee (Bad Check Fee)	560.00	1,750.00	1,190.00	32.00%
	Total Fee Revenue	5,551,377.50	9,119,897.00	3,568,519.50	60.87%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,819.00	-	(1,819.00)	0.00%
	Total Sales of Prop. & Commodities	1,819.00	-	(1,819.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	19,800.00	26,500.00	6,700.00	74.72%
	Total Other Revenue	19,800.00	26,500.00	6,700.00	74.72%
	Total Revenue	5,572,996.50	9,146,397.00	3,573,400.50	60.93%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	92,198.40	156,851.00	64,652.60	58.78%
5011130	Fed Old-Age Ins- Wage Earners	1,819.00	31,899.00	30,080.00	5.70%
5011140	Group Insurance	14,670.22	26,860.00	12,189.78	54.62%
5011150	Medical/Hospitalization Ins.	236,108.00	490,776.00	254,668.00	48.11%
5011160	Retiree Medical/Hospitalizatn	13,110.03	23,989.00	10,878.97	54.65%
5011170	Long term Disability Ins	6,546.02	12,712.00	6,165.98	51.49%
5011190	Employer Retirement Contrib	5,843.70	9,350.00	3,506.30	62.50%
	Total Employee Benefits	506,005.61	1,020,293.00	514,287.39	49.59%
5011200	Salaries				
5011220	Salaries, Appointed Officials	68,749.95	-	(68,749.95)	0.00%
5011230	Salaries, Classified	1,038,474.93	2,050,344.00	1,011,869.07	50.65%
5011250	Salaries, Overtime	10,756.66	-	(10,756.66)	0.00%
	Total Salaries	1,117,981.54	2,050,344.00	932,362.46	54.53%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	4,870.00	16,320.00	11,450.00	29.84%
	Total Special Payments	4,870.00	16,320.00	11,450.00	29.84%
5011400	Wages				
5011410	Wages, General	111,108.98	307,996.00	196,887.02	36.07%
	Total Wages	111,108.98	307,996.00	196,887.02	36.07%
5011530	Short-trm Disability Benefits				
	Total Disability Benefits	34,762.67	-	(34,762.67)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	14,918.40	-	(14,918.40)	0.00%
5011640	Salaries, Cmp Leave Balances	177.60	-	(177.60)	0.00%
5011660	Defined Contribution Match - Hy	6,501.85	-	(6,501.85)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Terminatn Personal Svce Costs	21,597.85	-	(21,597.85)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	1,796,326.65	3,394,953.00	1,598,626.35	52.91%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	339.05	4,395.00	4,055.95	7.71%
5012120	Outbound Freight Services	-	10.00	10.00	0.00%
5012130	Messenger Services	1,434.46	-	(1,434.46)	0.00%
5012140	Postal Services	73,400.63	85,633.00	12,232.37	85.72%
5012150	Printing Services	1,779.66	1,322.00	(457.66)	134.62%
5012160	Telecommunications Svcs (VITA)	9,151.68	21,910.00	12,758.32	41.77%
5012170	Telecomm. Svcs (Non-State)	337.50	-	(337.50)	0.00%
5012190	Inbound Freight Services	197.61	17.00	(180.61)	1162.41%
	Total Communication Services	86,640.59	113,287.00	26,646.41	76.48%
5012200	Employee Development Services				
5012210	Organization Memberships	6,380.00	8,764.00	2,384.00	72.80%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Trainng/Workshop/Conf	2,113.00	482.00	(1,631.00)	438.38%
	Total Employee Development Services	8,493.00	9,366.00	873.00	90.68%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
	Total Health Services	-	4,232.00	4,232.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	81,075.92	197,340.00	116,264.08	41.08%
5012440	Management Services	1,362.24	370.00	(992.24)	368.17%
5012460	Public Infrmtnl & Relatn Svcs	54.95	49.00	(5.95)	112.14%
5012470	Legal Services	5,010.12	5,616.00	605.88	89.21%
5012480	Media Services	1,695.20	-	(1,695.20)	0.00%
	Total Mgmnt and Informational Svcs	89,198.43	203,375.00	114,176.57	43.86%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Svc	8,740.13	3,001.00	(5,739.13)	291.24%
5012560	Mechanical Repair & Maint Svc	382.50	369.00	(13.50)	103.66%
	Total Repair and Maintenance Svcs	9,122.63	3,370.00	(5,752.63)	270.70%
5012600	Support Services				
5012630	Clerical Services	139,564.87	317,088.00	177,523.13	44.01%
5012640	Food & Dietary Services	7,072.79	-	(7,072.79)	0.00%
5012660	Manual Labor Services	28,240.07	38,508.00	10,267.93	73.34%
5012670	Production Services	96,653.09	158,515.00	61,861.91	60.97%
5012680	Skilled Services	553,987.14	1,164,774.00	610,786.86	47.56%
	Total Support Services	825,517.96	1,678,885.00	853,367.04	49.17%
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	565.10	-	(565.10)	0.00%
5012790	Computer Software Dvp Svcs	74,300.63	31,000.00	(43,300.63)	239.68%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description			Amount	
		Amount	Budget	Under/(Over)	% of Budget
	Total Technical Services	74,865.73	31,000.00	(43,865.73)	241.50%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,668.80	5,260.00	3,591.20	31.73%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	1,691.46	6,635.00	4,943.54	25.49%
5012880	Trvl, Meal Reimb- Not Rprtbl	1,532.75	3,597.00	2,064.25	42.61%
	Total Transportation Services	4,893.01	17,947.00	13,053.99	27.26%
	Total Contractual Svcs	1,098,731.35	2,061,462.00	962,730.65	53.30%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	14,831.97	11,696.00	(3,135.97)	126.81%
5013130	Stationery and Forms	-	3,790.00	3,790.00	0.00%
	Total Administrative Supplies	14,831.97	15,486.00	654.03	95.78%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	37.31	29.00	(8.31)	128.66%
	Total Repair and Maint. Supplies	37.31	29.00	(8.31)	128.66%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	577.92	408.00	(169.92)	141.65%
5013630	Food Service Supplies	106.44	1,108.00	1,001.56	9.61%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	Total Residential Supplies	684.36	1,538.00	853.64	44.50%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	133.65	182.00	48.35	73.43%
	Total Specific Use Supplies	133.65	182.00	48.35	73.43%
	Total Supplies And Materials	15,687.29	17,334.00	1,646.71	90.50%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	598.77	504.00	(94.77)	118.80%
	Total Insurance-Fixed Assets	598.77	667.00	68.23	89.77%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	4,940.05	9,014.00	4,073.95	54.80%
5015350	Building Rentals	277.20	-	(277.20)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	96,985.78	167,873.00	70,887.22	57.77%
	Total Operating Lease Payments	102,203.03	177,162.00	74,958.97	57.69%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	2,149.16	1,897.00	(252.16)	113.29%
5015540	Surety Bonds	126.81	112.00	(14.81)	113.22%
	Total Insurance-Operations	2,275.97	2,009.00	(266.97)	113.29%
	Total Continuous Charges	105,077.77	179,843.00	74,765.23	58.43%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2,376.00	-	(2,376.00)	0.00%
5022180	Computer Software Purchases	1,136.10	-	(1,136.10)	0.00%
	Total Computer Hrdware & Sftware	3,512.10	-	(3,512.10)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	500.00	1,123.00	623.00	44.52%
	Total Educational & Cultural Equip	500.00	1,123.00	623.00	44.52%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	3,382.02	26,097.00	22,714.98	12.96%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	3,382.02	26,374.00	22,991.98	12.82%
5022700	Specific Use Equipment				
5022710	Household Equipment	269.95	133.00	(136.95)	202.97%
	Total Specific Use Equipment	269.95	133.00	(136.95)	202.97%
	Total Equipment	7,664.07	29,296.00	21,631.93	26.16%
	Total Expenditures	3,023,487.13	5,682,888.00	2,659,400.87	53.20%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	57,939.58	125,243.96	67,304.38	46.26%
30100	Data Center	1,043,864.23	1,751,568.88	707,704.65	59.60%
30200	Human Resources	79,999.57	186,175.44	106,175.87	42.97%
30300	Finance	403,718.67	833,208.04	429,489.38	48.45%
30400	Director's Office	184,646.64	320,509.34	135,862.69	57.61%
30500	Enforcement	1,291,724.31	2,475,688.70	1,183,964.39	52.18%
30600	Administrative Proceedings	347,353.14	671,720.15	324,367.01	51.71%
30700	Impaired Practitioners	49,347.52	103,065.97	53,718.45	47.88%
30800	Attorney General	129,530.50	144,643.41	15,112.91	89.55%
30900	Board of Health Professions	134,350.38	266,543.69	132,193.30	50.40%
31100	Maintenance and Repairs	-	22,782.34	22,782.34	0.00%
31300	Emp. Recognition Program	604.87	4,130.59	3,525.71	14.64%
31400	Conference Center	1,600.68	1,993.25	392.57	80.31%
31500	Pgm Devlpmnt & Implmentn	117,403.68	193,512.57	76,108.89	60.67%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10100 - Nursing
 For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Allocated Expenditures	<u>3,842,083.78</u>	<u>7,100,786.34</u>	<u>3,258,702.56</u>	<u>54.11%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (1,292,574.41)</u>	<u>\$ (3,637,277.34)</u>	<u>\$ (2,344,702.93)</u>	<u>35.54%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
4002400	Fee Revenue							
4002401	Application Fee	179,230.00	159,105.00	136,420.00	179,640.00	176,270.00	158,973.00	170,115.00
4002406	License & Renewal Fee	697,566.00	604,213.00	566,016.00	631,888.00	540,898.50	457,023.00	659,425.00
4002407	Dup. License Certificate Fee	2,415.00	2,400.00	1,800.00	2,565.00	1,965.00	1,980.00	2,690.00
4002408	Board Endorsement - In	5,950.00	5,780.00	6,120.00	4,590.00	4,080.00	2,380.00	4,760.00
4002409	Board Endorsement - Out	1,665.00	2,575.00	2,595.00	2,125.00	2,940.00	1,155.00	2,134.00
4002421	Monetary Penalty & Late Fees	26,616.00	24,878.00	24,615.00	27,760.00	20,635.00	19,977.00	24,890.00
4002432	Misc. Fee (Bad Check Fee)	105.00	140.00	35.00	-	105.00	70.00	105.00
	Total Fee Revenue	913,547.00	799,091.00	737,601.00	848,568.00	746,893.50	641,558.00	864,119.00
4003000	Sales of Prop. & Commodities							
4003020	Misc. Sales-Dishonored Payments	120.00	170.00	200.00	-	1,149.00	50.00	130.00
	Total Sales of Prop. & Commodities	120.00	170.00	200.00	-	1,149.00	50.00	130.00
4009000	Other Revenue							
4009060	Miscellaneous Revenue	6,600.00	-	2,200.00	4,400.00	2,200.00	-	4,400.00
	Total Other Revenue	6,600.00	-	2,200.00	4,400.00	2,200.00	-	4,400.00
	Total Revenue	920,267.00	799,261.00	740,001.00	852,968.00	750,242.50	641,608.00	868,649.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	27,936.70	17,778.32	16,662.72	17,782.16	18,302.12	18,517.86	18,730.36
5011120	Fed Old-Age Ins- Sal St Emp	17,300.03	11,781.35	12,672.66	13,056.73	12,566.11	12,484.86	12,336.66
5011130	Fed Old-Age Ins- Wage Earners	1,819.00	-	-	-	-	-	-
5011140	Group Insurance	3,015.36	1,928.88	1,828.06	1,935.32	1,983.28	1,989.66	1,989.66
5011150	Medical/Hospitalization Ins.	46,551.00	31,346.00	30,659.00	31,888.00	31,888.00	31,888.00	31,888.00
5011160	Retiree Medical/Hospitalizatn	2,700.77	1,722.74	1,632.68	1,728.48	1,771.32	1,777.02	1,777.02
5011170	Long term Disability Ins	1,370.76	856.10	808.38	859.16	881.86	884.88	884.88
5011190	Employer Retirement Contrib	1,168.74	779.16	779.16	779.16	779.16	779.16	779.16
	Total Employee Benefits	101,862.36	66,192.55	65,042.66	68,029.01	68,171.85	68,321.44	68,385.74

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5011200	Salaries							
5011220	Salaries, Appointed Officials	13,749.99	9,166.66	9,166.66	9,166.66	9,166.66	9,166.66	9,166.66
5011230	Salaries, Classified	202,698.61	137,804.56	124,457.68	152,368.67	142,928.96	139,239.24	138,977.21
5011250	Salaries, Overtime	4,011.45	899.86	388.02	1,518.08	516.09	1,851.18	1,571.98
	Total Salaries	220,460.05	147,871.08	134,012.36	163,053.41	152,611.71	150,257.08	149,715.85
5011380	Deferred Compnstrn Match Pmts	930.00	640.00	620.00	640.00	680.00	680.00	680.00
	Total Special Payments	930.00	640.00	620.00	640.00	680.00	680.00	680.00
5011400	Wages							
5011410	Wages, General	23,777.78	11,482.20	14,087.53	13,047.91	17,994.99	16,074.35	14,644.22
	Total Wages	23,777.78	11,482.20	14,087.53	13,047.91	17,994.99	16,074.35	14,644.22
5011500	Disability Benefits							
5011530	Short-trm Disability Benefits	15,859.55	1,234.10	9,050.08	1,398.65	-	3,688.49	3,531.80
	Total Disability Benefits	15,859.55	1,234.10	9,050.08	1,398.65	-	3,688.49	3,531.80
5011600	Terminatn Personal Svce Costs							
5011620	Salaries, Annual Leave Balanc	-	-	14,918.40	-	-	-	-
5011640	Salaries, Cmp Leave Balances	-	-	177.60	-	-	-	-
5011660	Defined Contribution Match - Hy	1,240.29	826.86	826.86	926.96	926.96	876.96	876.96
	Total Terminatn Personal Svce Costs	1,240.29	826.86	15,922.86	926.96	926.96	876.96	876.96
	Total Personal Services	364,130.03	228,246.79	238,735.49	247,095.94	240,385.51	239,898.32	237,834.57
5012000	Contractual Svcs							
5012100	Communication Services							
5012110	Express Services	339.05	222.88	(222.88)	-	-	-	-
5012130	Messenger Services	-	-	634.78	226.75	313.49	108.73	150.71
5012140	Postal Services	10,787.49	11,835.61	15,576.38	9,400.32	6,603.70	12,493.88	6,703.25
5012150	Printing Services	-	-	1,614.16	117.50	48.00	-	-
5012160	Telecommunications Svcs (VITA)	1,099.10	2,279.96	1,122.61	1,104.04	1,103.85	1,181.48	1,260.64
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00	45.00
5012190	Inbound Freight Services	4.75	-	61.09	11.07	25.89	-	94.81

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
	Total Communication Services	12,297.89	14,383.45	18,831.14	10,904.68	8,139.93	13,829.09	8,254.41
5012200	Employee Development Services							
5012210	Organization Memberships	6,000.00	-	-	-	105.00	-	275.00
5012240	Employee Training/Workshop/Conf	-	-	140.00	5,273.00	(3,300.00)	-	-
	Total Employee Development Services	6,000.00	-	140.00	5,273.00	(3,195.00)	-	275.00
5012400	Mgmt and Informational Svcs							
5012420	Fiscal Services	21,694.97	200.00	12,550.29	24,063.48	365.00	11,703.46	10,498.72
5012440	Management Services	-	686.82	-	346.80	-	328.62	-
5012460	Public Infrmtl & Relatn Svcs	-	-	-	-	-	54.95	-
5012470	Legal Services	-	1,755.00	-	1,560.00	-	1,140.00	555.12
5012480	Media Services	-	-	-	-	-	1,695.20	-
	Total Mgmt and Informational Svcs	21,694.97	2,641.82	12,550.29	25,970.28	365.00	14,922.23	11,053.84
5012500	Repair and Maintenance Svcs							
5012530	Equipment Repair & Maint Srvc	-	-	-	-	10,841.32	(1,814.39)	(286.80)
5012560	Mechanical Repair & Maint Srvc	-	-	-	-	-	212.50	170.00
	Total Repair and Maintenance Svcs	-	-	-	-	10,841.32	(1,601.89)	(116.80)
5012600	Support Services							
5012630	Clerical Services	22,316.86	22,637.73	20,133.71	11,330.27	28,110.89	15,138.50	19,896.91
5012640	Food & Dietary Services	153.86	1,702.39	711.39	1,774.89	1,420.85	1,129.57	179.84
5012660	Manual Labor Services	3,476.65	2,413.28	10,041.75	1,829.64	5,901.32	2,128.78	2,448.65
5012670	Production Services	22,745.44	11,497.61	16,391.79	9,398.52	12,750.34	11,648.44	12,220.95
5012680	Skilled Services	93,646.45	76,975.36	76,704.32	78,330.56	77,687.41	77,462.24	73,180.80
	Total Support Services	142,339.26	115,226.37	123,982.96	102,663.88	125,870.81	107,507.53	107,927.15
5012700	Technical Services							
5012780	VITA InT Int Cost Goods&Svs	-	-	-	565.10	-	-	-
5012790	Computer Software Dvp Svcs	10,408.91	8,718.57	10,053.05	19,557.48	-	10,171.67	15,390.95
	Total Technical Services	10,408.91	8,718.57	10,053.05	20,122.58	-	10,171.67	15,390.95
5012800	Transportation Services							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5012820	Travel, Personal Vehicle	-	393.89	-	14.72	230.69	501.96	527.54
5012850	Travel, Subsistence & Lodging	-	169.17	-	193.92	444.03	325.22	559.12
5012880	Trvl, Meal Reimb- Not Rprtbl	-	91.50	-	108.25	317.00	550.75	465.25
	Total Transportation Services	-	654.56	-	316.89	991.72	1,377.93	1,551.91
	Total Contractual Svcs	192,741.03	141,624.77	165,557.44	165,251.31	143,013.78	146,206.56	144,336.46
5013000	Supplies And Materials							
5013100	Administrative Supplies							
5013120	Office Supplies	2,554.05	2,169.79	3,140.75	1,471.49	1,996.40	1,728.36	1,771.13
	Total Administrative Supplies	2,554.05	2,169.79	3,140.75	1,471.49	1,996.40	1,728.36	1,771.13
5013500	Repair and Maint. Supplies							
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	37.31
	Total Repair and Maint. Supplies	-	-	-	-	-	-	37.31
5013600	Residential Supplies							
5013620	Food and Dietary Supplies	-	93.09	165.03	-	319.80	-	-
5013630	Food Service Supplies	-	106.44	-	-	-	-	-
	Total Residential Supplies	-	199.53	165.03	-	319.80	-	-
5013700	Specific Use Supplies							
5013730	Computer Operating Supplies	-	-	88.65	-	45.00	-	-
	Total Specific Use Supplies	-	-	88.65	-	45.00	-	-
	Total Supplies And Materials	2,554.05	2,369.32	3,394.43	1,471.49	2,361.20	1,728.36	1,808.44
5015000	Continuous Charges							
5015100	Insurance-Fixed Assets							
5015160	Property Insurance	598.77	-	-	-	-	-	-
	Total Insurance-Fixed Assets	598.77	-	-	-	-	-	-
5015300	Operating Lease Payments							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5015340	Equipment Rentals	689.58	660.71	776.38	805.25	455.37	776.38	776.38
5015350	Building Rentals	-	138.60	-	-	138.60	-	-
5015390	Building Rentals - Non State	13,544.69	13,606.39	13,155.34	13,155.34	14,319.80	14,675.05	14,529.17
	Total Operating Lease Payments	14,234.27	14,405.70	13,931.72	13,960.59	14,913.77	15,451.43	15,305.55
5015500	Insurance-Operations							
5015510	General Liability Insurance	2,149.16	-	-	-	-	-	-
5015540	Surety Bonds	126.81	-	-	-	-	-	-
	Total Insurance-Operations	2,275.97	-	-	-	-	-	-
	Total Continuous Charges	17,109.01	14,405.70	13,931.72	13,960.59	14,913.77	15,451.43	15,305.55
5022000	Equipment							
5022170	Other Computer Equipment	1,646.00	-	-	-	-	730.00	-
5022180	Computer Software Purchases	-	-	-	-	-	-	1,136.10
	Total Computer Hrdware & Sftware	1,646.00	-	-	-	-	730.00	1,136.10
5022200	Educational & Cultural Equip							
5022240	Reference Equipment	-	-	-	-	-	-	500.00
	Total Educational & Cultural Equip	-	-	-	-	-	-	500.00
5022600	Office Equipment							
5022620	Office Furniture	773.02	570.00	1,729.00	-	-	-	310.00
	Total Office Equipment	773.02	570.00	1,729.00	-	-	-	310.00
5022710	Household Equipment	-	269.95	-	-	-	-	-
	Total Specific Use Equipment	-	269.95	-	-	-	-	-
	Total Equipment	2,419.02	839.95	1,729.00	-	-	730.00	1,946.10
5023000	Plant and Improvements							
5023200	Construction of Plant and Improvements							
5023280	Construction, Buildings Improvements	-	-	-	-	-	-	-
	Total Construction of Plant and Improvements	-	-	-	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
	Total Plant and Improvements	-	-	-	-	-	-	-
	Total Expenditures	578,953.14	387,486.53	423,348.08	427,779.33	400,674.26	404,014.67	401,231.12
	Allocated Expenditures							
20100	Behavioral Science Exec	-	-	-	-	-	-	-
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	8,804.98	10,437.97	9,716.94	8,866.37	7,097.94	4,368.48	8,646.91
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Data Center	213,549.74	136,307.02	136,681.90	207,670.23	58,424.75	145,261.12	145,969.47
30200	Human Resources	11,627.59	1,351.67	1,405.21	54,327.57	8,718.03	1,240.13	1,329.35
30300	Finance	70,798.13	56,062.38	51,594.15	51,216.68	57,230.37	51,850.74	64,966.21
30400	Director's Office	37,830.33	24,836.52	24,308.72	24,539.02	24,858.27	23,963.85	24,309.93
30500	Enforcement	245,161.39	165,881.48	161,325.24	168,629.47	184,733.81	176,584.00	189,408.92
30600	Administrative Proceedings	56,881.35	48,782.22	60,036.41	47,837.96	34,747.53	47,850.78	51,216.89
30700	Impaired Practitioners	8,672.85	5,815.36	5,618.20	8,224.04	5,729.18	5,649.73	9,638.15
30800	Attorney General	-	-	43,176.83	43,176.83	-	-	43,176.83
30900	Board of Health Professions	23,840.04	21,623.66	17,971.23	20,687.69	19,420.41	12,274.13	18,533.21
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	31.13	-	-	144.66	41.31	387.78	-
31400	Conference Center	68.64	230.69	113.26	69.33	178.49	48.79	891.48
31500	Pgm Dvlpmnt & Implmntn	27,444.32	16,190.17	18,278.25	14,143.48	18,309.57	12,472.85	10,565.04
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	704,710.50	487,519.14	530,226.34	649,533.34	419,489.66	481,952.38	568,652.42
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (363,396.64)	\$ (75,744.67)	\$ (213,573.42)	\$ (224,344.67)	\$ (69,921.42)	\$ (244,359.05)	\$ (101,234.54)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
4002400	Fee Revenue	
4002401	Application Fee	1,159,753.00
4002406	License & Renewal Fee	4,157,029.50
4002407	Dup. License Certificate Fee	15,815.00
4002408	Board Endorsement - In	33,660.00
4002409	Board Endorsement - Out	15,189.00
4002421	Monetary Penalty & Late Fees	169,371.00
4002432	Misc. Fee (Bad Check Fee)	560.00
	Total Fee Revenue	<u>5,551,377.50</u>
4003000	Sales of Prop. & Commodities	
4003020	Misc. Sales-Dishonored Payments	1,819.00
	Total Sales of Prop. & Commodities	<u>1,819.00</u>
4009000	Other Revenue	
4009060	Miscellaneous Revenue	19,800.00
	Total Other Revenue	<u>19,800.00</u>
	Total Revenue	<u>5,572,996.50</u>
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	135,710.24
5011120	Fed Old-Age Ins- Sal St Emp	92,198.40
5011130	Fed Old-Age Ins- Wage Earners	1,819.00
5011140	Group Insurance	14,670.22
5011150	Medical/Hospitalization Ins.	236,108.00
5011160	Retiree Medical/Hospitalizatn	13,110.03
5011170	Long term Disability Ins	6,546.02
5011190	Employer Retirement Contrib	5,843.70
	Total Employee Benefits	<u>506,005.61</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
5011200	Salaries	
5011220	Salaries, Appointed Officials	68,749.95
5011230	Salaries, Classified	1,038,474.93
5011250	Salaries, Overtime	10,756.66
	Total Salaries	1,117,981.54
5011380	Deferred Compnstrn Match Pmts	4,870.00
	Total Special Payments	4,870.00
5011400	Wages	-
5011410	Wages, General	111,108.98
	Total Wages	111,108.98
5011500	Disability Benefits	
5011530	Short-trm Disability Benefits	34,762.67
	Total Disability Benefits	34,762.67
5011600	Terminatn Personal Svce Costs	
5011620	Salaries, Annual Leave Balanc	14,918.40
5011640	Salaries, Cmp Leave Balances	177.60
5011660	Defined Contribution Match - Hy	6,501.85
	Total Terminatn Personal Svce Costs	21,597.85
	Total Personal Services	1,796,326.65
5012000	Contractual Svs	-
5012100	Communication Services	-
5012110	Express Services	339.05
5012130	Messenger Services	1,434.46
5012140	Postal Services	73,400.63
5012150	Printing Services	1,779.66
5012160	Telecommunications Svcs (VITA)	9,151.68
5012170	Telecomm. Svcs (Non-State)	337.50
5012190	Inbound Freight Services	197.61

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
	Total Communication Services	86,640.59
5012200	Employee Development Services	
5012210	Organization Memberships	6,380.00
5012240	Employee Trainng/Workshop/Conf	2,113.00
	Total Employee Development Services	8,493.00
5012400	Mgmnt and Informational Svcs	
5012420	Fiscal Services	81,075.92
5012440	Management Services	1,362.24
5012460	Public Infrmntl & Relatn Svcs	54.95
5012470	Legal Services	5,010.12
5012480	Media Services	1,695.20
	Total Mgmnt and Informational Svcs	89,198.43
5012500	Repair and Maintenance Svcs	
5012530	Equipment Repair & Maint Svc	8,740.13
5012560	Mechanical Repair & Maint Svc	382.50
	Total Repair and Maintenance Svcs	9,122.63
5012600	Support Services	
5012630	Clerical Services	139,564.87
5012640	Food & Dietary Services	7,072.79
5012660	Manual Labor Services	28,240.07
5012670	Production Services	96,653.09
5012680	Skilled Services	553,987.14
	Total Support Services	825,517.96
5012700	Technical Services	
5012780	VITA InT Int Cost Goods&Svs	565.10
5012790	Computer Software Dvp Svcs	74,300.63
	Total Technical Services	74,865.73
5012800	Transportation Services	

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
5012820	Travel, Personal Vehicle	1,668.80
5012850	Travel, Subsistence & Lodging	1,691.46
5012880	Trvl, Meal Reimb- Not Rprtble	<u>1,532.75</u>
	Total Transportation Services	<u>4,893.01</u>
	Total Contractual Svs	1,098,731.35
5013000	Supplies And Materials	
5013100	Administrative Supplies	-
5013120	Office Supplies	<u>14,831.97</u>
	Total Administrative Supplies	14,831.97
5013500	Repair and Maint. Supplies	
5013520	Custodial Repair & Maint Matrl	<u>37.31</u>
	Total Repair and Maint. Supplies	37.31
5013600	Residential Supplies	
5013620	Food and Dietary Supplies	577.92
5013630	Food Service Supplies	<u>106.44</u>
	Total Residential Supplies	684.36
5013700	Specific Use Supplies	
5013730	Computer Operating Supplies	<u>133.65</u>
	Total Specific Use Supplies	<u>133.65</u>
	Total Supplies And Materials	15,687.29
5015000	Continuous Charges	
5015100	Insurance-Fixed Assets	-
5015160	Property Insurance	<u>598.77</u>
	Total Insurance-Fixed Assets	598.77
5015300	Operating Lease Payments	

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
5015340	Equipment Rentals	4,940.05
5015350	Building Rentals	277.20
5015390	Building Rentals - Non State	<u>96,985.78</u>
	Total Operating Lease Payments	102,203.03
5015500	Insurance-Operations	
5015510	General Liability Insurance	2,149.16
5015540	Surety Bonds	<u>126.81</u>
	Total Insurance-Operations	<u>2,275.97</u>
	Total Continuous Charges	105,077.77
5022000	Equipment	
5022170	Other Computer Equipment	2,376.00
5022180	Computer Software Purchases	<u>1,136.10</u>
	Total Computer Hrdware & Sftware	3,512.10
5022200	Educational & Cultural Equip	
5022240	Reference Equipment	<u>500.00</u>
	Total Educational & Cultural Equip	500.00
5022600	Office Equipment	
5022620	Office Furniture	<u>3,382.02</u>
	Total Office Equipment	3,382.02
5022710	Household Equipment	<u>269.95</u>
	Total Specific Use Equipment	<u>269.95</u>
	Total Equipment	7,664.07
5023000	Plant and Improvements	
5023200	Construction of Plant and Improvements	
5023280	Construction, Buildings Improvements	<u>-</u>
	Total Construction of Plant and Improvements	<u>-</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
	Total Plant and Improvements	-
	Total Expenditures	<u>3,023,487.13</u>
	Allocated Expenditures	
20100	Behavioral Science Exec	-
20200	Opt\Vet-Med\ASLP Executive Dir	-
20400	Nursing / Nurse Aid	57,939.58
20600	Funeral\LTCA\PT	-
30100	Data Center	1,043,864.23
30200	Human Resources	79,999.57
30300	Finance	403,718.67
30400	Director's Office	184,646.64
30500	Enforcement	1,291,724.31
30600	Administrative Proceedings	347,353.14
30700	Impaired Practitioners	49,347.52
30800	Attorney General	129,530.50
30900	Board of Health Professions	134,350.38
31000	SRTA	-
31100	Maintenance and Repairs	-
31300	Emp. Recognition Program	604.87
31400	Conference Center	1,600.68
31500	Pgm Devlpmnt & Implmentn	117,403.68
98700	Cash Transfers	-
	Total Allocated Expenditures	<u>3,842,083.78</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u><u>\$ (1,292,574.41)</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	975.00	300.00	(675.00)	325.00%
4002406	License & Renewal Fee	635,825.00	1,174,080.00	538,255.00	54.16%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	245.00	700.00	455.00	35.00%
	Total Fee Revenue	637,045.00	1,175,410.00	538,365.00	54.20%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	263,769.27	541,000.00	277,230.73	48.76%
4003020	Misc. Sales-Dishonored Payments	80.00	-	(80.00)	0.00%
	Total Sales of Prop. & Commodities	263,849.27	541,000.00	277,150.73	48.77%
4009000	Other Revenue				
	Total Revenue	900,894.27	1,716,410.00	815,515.73	52.49%
5011110	Employer Retirement Contrib.	7,633.73	10,057.00	2,423.27	75.90%
5011120	Fed Old-Age Ins- Sal St Emp	8,490.25	5,690.00	(2,800.25)	149.21%
5011130	Fed Old-Age Ins- Wage Earners	787.16	5,223.00	4,435.84	15.07%
5011140	Group Insurance	772.04	974.00	201.96	79.26%
5011150	Medical/Hospitalization Ins.	17,063.00	22,992.00	5,929.00	74.21%
5011160	Retiree Medical/Hospitalizatn	689.82	870.00	180.18	79.29%
5011170	Long term Disability Ins	366.73	461.00	94.27	79.55%
	Total Employee Benefits	35,802.73	46,267.00	10,464.27	77.38%
5011200	Salaries				
5011230	Salaries, Classified	57,695.99	74,383.00	16,687.01	77.57%
5011250	Salaries, Overtime	2,224.08	-	(2,224.08)	0.00%
	Total Salaries	59,920.07	74,383.00	14,462.93	80.56%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	300.00	960.00	660.00	31.25%
	Total Special Payments	300.00	960.00	660.00	31.25%
5011400	Wages				
5011410	Wages, General	65,419.97	118,269.00	52,849.03	55.31%
	Total Wages	65,419.97	118,269.00	52,849.03	55.31%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	333.43	-	(333.43)	0.00%
	Total Terminatn Personal Svce Costs	333.43	-	(333.43)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	161,776.20	239,879.00	78,102.80	67.44%
5012000	Contractual Svs				
5012100	Communication Services				
5012140	Postal Services	28,355.88	32,117.00	3,761.12	88.29%
5012150	Printing Services	221.69	276.00	54.31	80.32%
5012160	Telecommunications Svcs (VITA)	214.32	2,500.00	2,285.68	8.57%
5012190	Inbound Freight Services	4.75	-	(4.75)	0.00%
	Total Communication Services	28,796.64	34,893.00	6,096.36	82.53%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	13,211.59	24,920.00	11,708.41	53.02%
5012440	Management Services	213.87	530.00	316.13	40.35%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	13,425.46	25,460.00	12,034.54	52.73%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	1,546.95	-	(1,546.95)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	1,546.95	72.00	(1,474.95)	2148.54%
5012600	Support Services				
5012660	Manual Labor Services	914.26	2,454.00	1,539.74	37.26%
5012670	Production Services	5,780.73	10,300.00	4,519.27	56.12%
5012680	Skilled Services	13,139.63	48,303.00	35,163.37	27.20%
	Total Support Services	19,834.62	61,057.00	41,222.38	32.49%
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	2,435.63	-	(2,435.63)	0.00%
	Total Technical Services	2,435.63	-	(2,435.63)	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,224.89	6,893.00	3,668.11	46.78%
5012830	Travel, Public Carriers	141.93	-	(141.93)	0.00%
5012840	Travel, State Vehicles	442.10	310.00	(132.10)	142.61%
5012850	Travel, Subsistence & Lodging	248.08	912.00	663.92	27.20%
5012880	Trvl, Meal Reimb- Not Rprtbl	90.25	528.00	437.75	17.09%
	Total Transportation Services	4,147.25	8,643.00	4,495.75	47.98%
	Total Contractual Svcs	70,186.55	130,250.00	60,063.45	53.89%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,343.35	1,092.00	(251.35)	123.02%
5013130	Stationery and Forms	-	1,203.00	1,203.00	0.00%
	Total Administrative Supplies	1,343.35	2,295.00	951.65	58.53%
5013200	Energy Supplies				
5013230	Gasoline	48.74	-	(48.74)	0.00%
	Total Energy Supplies	48.74	-	(48.74)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	6.60	-	(6.60)	0.00%
	Total Repair and Maint. Supplies	6.60	-	(6.60)	0.00%
5013600	Residential Supplies				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	1,398.69	2,621.00	1,222.31	53.36%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	105.98	106.00	0.02	99.98%
	Total Insurance-Fixed Assets	105.98	106.00	0.02	99.98%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	7.94	-	(7.94)	0.00%
5015350	Building Rentals	31.20	-	(31.20)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	17,685.74	29,916.00	12,230.26	59.12%
	Total Operating Lease Payments	17,724.88	29,966.00	12,241.12	59.15%
5015500	Insurance-Operations				
5015510	General Liability Insurance	380.39	399.00	18.61	95.34%
5015540	Surety Bonds	22.45	24.00	1.55	93.54%
	Total Insurance-Operations	402.84	423.00	20.16	95.23%
	Total Continuous Charges	18,233.70	30,495.00	12,261.30	59.79%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
	Total Equipment	-	166.00	166.00	0.00%
	Total Expenditures	251,595.14	403,411.00	151,815.86	62.37%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	21,905.72	40,816.04	18,910.32	53.67%
30100	Data Center	130,700.88	235,350.61	104,649.73	55.53%
30200	Human Resources	8,676.56	14,710.94	6,034.38	58.98%
30300	Finance	94,194.43	185,299.57	91,105.14	50.83%
30400	Director's Office	43,007.05	71,279.01	28,271.96	60.34%
30500	Enforcement	327,248.44	655,749.93	328,501.49	49.90%
30600	Administrative Proceedings	72,423.64	194,419.56	121,995.92	37.25%
30700	Impaired Practitioners	1,156.19	2,139.57	983.37	54.04%
30800	Attorney General	1,042.49	1,696.58	654.09	61.45%
30900	Board of Health Professions	31,233.87	59,277.43	28,043.56	52.69%
31100	Maintenance and Repairs	-	4,059.95	4,059.95	0.00%
31300	Emp. Recognition Program	79.36	326.38	247.03	24.31%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11200 - Certified Nurse Aides
 For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
31400	Conference Center	271.71	355.21	83.50	76.49%
31500	Pgm Devlpmnt & Implmntn	27,270.69	43,035.83	15,765.14	63.37%
	Total Allocated Expenditures	<u>759,211.02</u>	<u>1,508,516.60</u>	<u>749,305.58</u>	<u>50.33%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (109,911.89)</u>	<u>\$ (195,517.60)</u>	<u>\$ (85,605.71)</u>	<u>56.22%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
4002400	Fee Revenue							
4002401	Application Fee	175.00	175.00	100.00	150.00	125.00	75.00	175.00
4002406	License & Renewal Fee	121,770.00	96,570.00	90,460.00	90,680.00	77,840.00	65,390.00	93,115.00
4002432	Misc. Fee (Bad Check Fee)	35.00	100.00	5.00	35.00	35.00	-	35.00
	Total Fee Revenue	121,980.00	96,845.00	90,565.00	90,865.00	78,000.00	65,465.00	93,325.00
4003000	Sales of Prop. & Commodities							
4003007	Sales of Goods/Svces to State	58,079.35	-	34,636.33	-	-	171,053.59	-
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	50.00	-	30.00
	Total Sales of Prop. & Commodities	58,079.35	-	34,636.33	-	50.00	171,053.59	30.00
	Total Revenue	180,059.35	96,845.00	125,201.33	90,865.00	78,050.00	236,518.59	93,355.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	1,214.34	810.18	810.18	1,199.75	1,199.76	1,199.76	1,199.76
5011120	Fed Old-Age Ins- Sal St Emp	672.53	718.37	780.77	1,410.45	1,735.13	1,655.62	1,517.38
5011130	Fed Old-Age Ins- Wage Earners	787.16	-	-	-	-	-	-
5011140	Group Insurance	121.80	81.20	81.20	121.96	121.96	121.96	121.96
5011150	Medical/Hospitalization Ins.	2,819.00	1,916.00	1,916.00	2,603.00	2,603.00	2,603.00	2,603.00
5011160	Retiree Medical/Hospitalizatn	109.09	72.52	72.52	108.93	108.92	108.92	108.92
5011170	Long term Disability Ins	58.90	38.44	38.44	57.73	57.74	57.74	57.74
	Total Employee Benefits	5,782.82	3,636.71	3,699.11	5,501.82	5,826.51	5,747.00	5,608.76
5011200	Salaries							
5011230	Salaries, Classified	9,158.52	6,082.46	5,780.54	8,743.93	9,310.18	9,310.18	9,310.18
5011250	Salaries, Overtime	324.76	-	797.12	118.09	295.23	688.88	-
	Total Salaries	9,483.28	6,082.46	6,577.66	8,862.02	9,605.41	9,999.06	9,310.18
5011380	Deferred Compnstrn Match Pmnts	60.00	40.00	40.00	40.00	40.00	40.00	40.00
	Total Special Payments	60.00	40.00	40.00	40.00	40.00	40.00	40.00
5011400	Wages							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5011410	Wages, General	10,289.34	3,773.79	4,094.53	10,185.84	13,687.08	12,254.03	11,135.36
	Total Wages	10,289.34	3,773.79	4,094.53	10,185.84	13,687.08	12,254.03	11,135.36
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	41.79	27.86	27.86	58.98	58.98	58.98	58.98
	Total Terminatn Personal Svce Costs	41.79	27.86	27.86	58.98	58.98	58.98	58.98
	Total Personal Services	25,657.23	13,560.82	14,439.16	24,648.66	29,217.98	28,099.07	26,153.28
5012000	Contractual Svcs							
5012100	Communication Services							
5012140	Postal Services	5,379.85	4,766.18	3,730.34	4,067.61	3,787.07	4,416.67	2,208.16
5012150	Printing Services	-	-	221.69	-	-	-	-
5012160	Telecommunications Svcs (VITA)	26.28	52.56	26.28	27.30	27.30	27.30	27.30
5012190	Inbound Freight Services	-	-	4.75	-	-	-	-
	Total Communication Services	5,406.13	4,818.74	3,983.06	4,094.91	3,814.37	4,443.97	2,235.46
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	4,852.88	50.00	1,865.16	3,382.80	30.00	1,674.34	1,356.41
5012440	Management Services	-	94.33	-	61.38	-	58.16	-
	Total Mgmnt and Informational Svcs	4,852.88	144.33	1,865.16	3,444.18	30.00	1,732.50	1,356.41
5012500	Repair and Maintenance Svcs							
5012530	Equipment Repair & Maint Srvc	-	-	-	-	1,918.85	(321.14)	(50.76)
	Total Repair and Maintenance Svcs	-	-	-	-	1,918.85	(321.14)	(50.76)
5012600	Support Services							
5012660	Manual Labor Services	37.19	291.70	176.93	85.35	228.19	23.69	71.21
5012670	Production Services	474.32	1,352.69	826.28	648.49	1,665.55	254.78	558.62
5012680	Skilled Services	2,298.03	1,897.28	1,897.28	1,897.28	1,897.28	1,897.28	1,355.20
	Total Support Services	2,809.54	3,541.67	2,900.49	2,631.12	3,791.02	2,175.75	1,985.03
5012700	Technical Services							
5012780	VITA InT Int Cost Goods&Svs	-	-	2,435.63	-	-	-	-
	Total Technical Services	-	-	2,435.63	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	287.73	392.96	78.48	397.31	667.95	600.75	799.71
5012830	Travel, Public Carriers	-	-	-	-	-	-	141.93
5012840	Travel, State Vehicles	29.26	-	-	-	158.20	-	254.64
5012850	Travel, Subsistence & Lodging	1.05	-	-	215.20	26.00	3.00	2.83
5012880	Trvl, Meal Reimb- Not Rprtbl	-	-	-	90.25	-	-	-
	Total Transportation Services	318.04	392.96	78.48	702.76	852.15	603.75	1,199.11
	Total Contractual Svs	13,386.59	8,897.70	11,262.82	10,872.97	10,406.39	8,634.83	6,725.25
5013000	Supplies And Materials							
5013100	Administrative Supplies							
5013120	Office Supplies	32.17	261.38	306.36	147.71	290.89	242.27	62.57
	Total Administrative Supplies	32.17	261.38	306.36	147.71	290.89	242.27	62.57
5013200	Energy Supplies							
5013230	Gasoline	-	-	-	-	17.14	-	31.60
	Total Energy Supplies	-	-	-	-	17.14	-	31.60
5013500	Repair and Maint. Supplies							
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	6.60
	Total Repair and Maint. Supplies	-	-	-	-	-	-	6.60
	Total Supplies And Materials	32.17	261.38	306.36	147.71	308.03	242.27	100.77
5015000	Continuous Charges							
5015100	Insurance-Fixed Assets							
5015160	Property Insurance	105.98	-	-	-	-	-	-
	Total Insurance-Fixed Assets	105.98	-	-	-	-	-	-
5015300	Operating Lease Payments							
5015340	Equipment Rentals	3.97	-	-	3.97	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5015350	Building Rentals	-	15.60	-	-	15.60	-	-
5015390	Building Rentals - Non State	2,413.83	2,967.16	2,413.38	2,413.38	2,627.00	2,437.61	2,413.38
	Total Operating Lease Payments	2,417.80	2,982.76	2,413.38	2,417.35	2,642.60	2,437.61	2,413.38
5015500	Insurance-Operations							
5015510	General Liability Insurance	380.39	-	-	-	-	-	-
5015540	Surety Bonds	22.45	-	-	-	-	-	-
	Total Insurance-Operations	402.84	-	-	-	-	-	-
	Total Continuous Charges	2,926.62	2,982.76	2,413.38	2,417.35	2,642.60	2,437.61	2,413.38
	Total Expenditures	42,002.61	25,702.66	28,421.72	38,086.69	42,575.00	39,413.78	35,392.68
	Allocated Expenditures							
20100	Behavioral Science Exec	-	-	-	-	-	-	-
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	2,151.94	4,696.10	5,299.19	1,108.17	2,208.39	5,823.95	617.97
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Data Center	31,119.62	17,022.44	16,035.95	23,981.51	7,583.03	18,180.21	16,778.13
30200	Human Resources	983.24	98.37	113.56	5,902.21	1,240.26	176.32	162.59
30300	Finance	16,062.40	12,481.18	11,596.51	11,874.34	14,019.17	12,674.08	15,486.74
30400	Director's Office	8,582.80	5,529.36	5,463.72	5,689.26	6,089.29	5,857.58	5,795.04
30500	Enforcement	66,154.84	47,781.16	45,935.26	38,653.26	41,211.34	42,066.91	45,445.66
30600	Administrative Proceedings	14,811.12	9,735.14	8,762.33	12,832.92	11,058.42	3,777.69	11,446.02
30700	Impaired Practitioners	213.77	143.84	136.08	204.87	142.72	104.62	210.29
30800	Attorney General	-	-	347.50	347.50	-	-	347.50
30900	Board of Health Professions	5,408.74	4,814.08	4,039.29	4,796.34	4,757.23	3,000.21	4,417.97
31000	SRTA	-	-	-	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	2.63	-	-	15.72	5.88	55.13	-
31400	Conference Center	12.23	41.11	20.18	12.35	29.65	8.10	148.08
31500	Pgm Devlpmnt & Implmentn	6,226.46	3,604.42	4,108.29	3,279.10	4,485.12	3,048.79	2,518.51
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	151,729.79	105,947.21	101,857.86	108,697.55	92,830.50	94,773.62	103,374.49
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (13,673.05)	\$ (34,804.87)	\$ (5,078.25)	\$ (55,919.24)	\$ (57,355.50)	\$ 102,331.19	\$ (45,412.17)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
4002400	Fee Revenue	
4002401	Application Fee	975.00
4002406	License & Renewal Fee	635,825.00
4002432	Misc. Fee (Bad Check Fee)	245.00
	Total Fee Revenue	<u>637,045.00</u>
4003000	Sales of Prop. & Commodities	
4003007	Sales of Goods/Svces to State	263,769.27
4003020	Misc. Sales-Dishonored Payments	80.00
	Total Sales of Prop. & Commodities	<u>263,849.27</u>
	Total Revenue	900,894.27
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	7,633.73
5011120	Fed Old-Age Ins- Sal St Emp	8,490.25
5011130	Fed Old-Age Ins- Wage Earners	787.16
5011140	Group Insurance	772.04
5011150	Medical/Hospitalization Ins.	17,063.00
5011160	Retiree Medical/Hospitalizatn	689.82
5011170	Long term Disability Ins	366.73
	Total Employee Benefits	<u>35,802.73</u>
5011200	Salaries	
5011230	Salaries, Classified	57,695.99
5011250	Salaries, Overtime	2,224.08
	Total Salaries	<u>59,920.07</u>
5011380	Deferred Compnsth Match Pmts	300.00
	Total Special Payments	<u>300.00</u>
5011400	Wages	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
5011410	Wages, General	65,419.97
	Total Wages	<u>65,419.97</u>
5011600	Terminatn Personal Svce Costs	
5011660	Defined Contribution Match - Hy	333.43
	Total Terminatn Personal Svce Costs	<u>333.43</u>
	Total Personal Services	161,776.20
5012000	Contractual Svcs	-
5012100	Communication Services	-
5012140	Postal Services	28,355.88
5012150	Printing Services	221.69
5012160	Telecommunications Svcs (VITA)	214.32
5012190	Inbound Freight Services	4.75
	Total Communication Services	<u>28,796.64</u>
5012400	Mgmnt and Informational Svcs	
5012420	Fiscal Services	13,211.59
5012440	Management Services	213.87
	Total Mgmnt and Informational Svcs	<u>13,425.46</u>
5012500	Repair and Maintenance Svcs	
5012530	Equipment Repair & Maint Srvc	1,546.95
	Total Repair and Maintenance Svcs	<u>1,546.95</u>
5012600	Support Services	
5012660	Manual Labor Services	914.26
5012670	Production Services	5,780.73
5012680	Skilled Services	13,139.63
	Total Support Services	<u>19,834.62</u>
5012700	Technical Services	
5012780	VITA InT Int Cost Goods&Svs	2,435.63
	Total Technical Services	<u>2,435.63</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	3,224.89
5012830	Travel, Public Carriers	141.93
5012840	Travel, State Vehicles	442.10
5012850	Travel, Subsistence & Lodging	248.08
5012880	Trvl, Meal Reimb- Not Rprtble	90.25
	Total Transportation Services	<u>4,147.25</u>
	Total Contractual Svs	70,186.55
5013000	Supplies And Materials	
5013100	Administrative Supplies	-
5013120	Office Supplies	1,343.35
	Total Administrative Supplies	<u>1,343.35</u>
5013200	Energy Supplies	
5013230	Gasoline	48.74
	Total Energy Supplies	<u>48.74</u>
5013500	Repair and Maint. Supplies	
5013520	Custodial Repair & Maint Matrl	6.60
	Total Repair and Maint. Supplies	<u>6.60</u>
	Total Supplies And Materials	1,398.69
5015000	Continuous Charges	
5015100	Insurance-Fixed Assets	-
5015160	Property Insurance	105.98
	Total Insurance-Fixed Assets	<u>105.98</u>
5015300	Operating Lease Payments	
5015340	Equipment Rentals	7.94

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
5015350	Building Rentals	31.20
5015390	Building Rentals - Non State	17,685.74
	Total Operating Lease Payments	17,724.88
5015500	Insurance-Operations	
5015510	General Liability Insurance	380.39
5015540	Surety Bonds	22.45
	Total Insurance-Operations	402.84
	Total Continuous Charges	18,233.70

Total Expenditures 251,595.14

Allocated Expenditures

20100	Behavioral Science Exec	-
20200	Opt\Vet-Med\ASLP Executive Dir	-
20400	Nursing / Nurse Aid	21,905.72
20600	Funeral\LTCA\PT	-
30100	Data Center	130,700.88
30200	Human Resources	8,676.56
30300	Finance	94,194.43
30400	Director's Office	43,007.05
30500	Enforcement	327,248.44
30600	Administrative Proceedings	72,423.64
30700	Impaired Practitioners	1,156.19
30800	Attorney General	1,042.49
30900	Board of Health Professions	31,233.87
31000	SRTA	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Total
31100	Maintenance and Repairs	-
31300	Emp. Recognition Program	79.36
31400	Conference Center	271.71
31500	Pgm Devlpmnt & Implmentn	27,270.69
98700	Cash Transfers	-
	Total Allocated Expenditures	<u>759,211.02</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u><u>\$ (109,911.89)</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	2,627.18	-	(2,627.18)	0.00%
5011130	Fed Old-Age Ins- Wage Earners	524.30	3,095.00	2,570.70	16.94%
	Total Employee Benefits	3,151.48	3,095.00	(56.48)	101.82%
5011300	Special Payments				
5011340	Specified Per Diem Payment	6,800.00	24,550.00	17,750.00	27.70%
	Total Special Payments	6,800.00	24,550.00	17,750.00	27.70%
5011400	Wages				
5011410	Wages, General	41,195.86	74,423.00	33,227.14	55.35%
	Total Wages	41,195.86	74,423.00	33,227.14	55.35%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	51,147.34	102,068.00	50,920.66	50.11%
5012000	Contractual Svs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	5,400.00	10,000.00	4,600.00	54.00%
	Total Support Services	5,400.00	20,598.00	15,198.00	26.22%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	9,573.99	16,757.00	7,183.01	57.13%
5012830	Travel, Public Carriers	-	39.00	39.00	0.00%
5012850	Travel, Subsistence & Lodging	9,414.22	13,828.00	4,413.78	68.08%
5012880	Trvl, Meal Reimb- Not Rprtbl	4,309.75	6,546.00	2,236.25	65.84%
	Total Transportation Services	23,297.96	37,170.00	13,872.04	62.68%
	Total Contractual Svs	28,697.96	61,878.00	33,180.04	46.38%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022000	Equipment				
5022600	Office Equipment				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	Total Office Equipment	-	2,100.00	2,100.00	0.00%
	Total Equipment	-	2,100.00	2,100.00	0.00%
	Total Expenditures	79,845.30	166,060.00	86,214.70	48.08%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October
5011000	Personal Services				
5011100	Employee Benefits				
5011120	Fed Old-Age Ins- Sal St Emp	-	512.01	329.95	442.30
5011130	Fed Old-Age Ins- Wage Earners	524.30	-	-	-
	Total Employee Benefits	524.30	512.01	329.95	442.30
5011300	Special Payments				
5011340	Specified Per Diem Payment	800.00	1,700.00	1,300.00	800.00
	Total Special Payments	800.00	1,700.00	1,300.00	800.00
5011400	Wages				
5011410	Wages, General	6,853.61	6,693.14	4,312.83	5,781.90
	Total Wages	6,853.61	6,693.14	4,312.83	5,781.90
	Total Personal Services	8,177.91	8,905.15	5,942.78	7,024.20
5012000	Contractual Svs				
5012600	Support Services				
5012680	Skilled Services	-	-	5,400.00	-
	Total Support Services	-	-	5,400.00	-
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,230.08	2,200.73	1,692.78	1,581.50
5012850	Travel, Subsistence & Lodging	953.93	2,891.44	1,159.07	914.34
5012880	Trvl, Meal Reimb- Not Rprtble	595.00	1,136.75	821.50	454.50
	Total Transportation Services	2,779.01	6,228.92	3,673.35	2,950.34
	Total Contractual Svs	2,779.01	6,228.92	9,073.35	2,950.34
	Total Expenditures	10,956.92	15,134.07	15,016.13	9,974.54

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	November	December	January	Total
5011000	Personal Services				
5011100	Employee Benefits				
5011120	Fed Old-Age Ins- Sal St Emp	581.34	209.14	552.44	2,627.18
5011130	Fed Old-Age Ins- Wage Earners	-	-	-	524.30
	Total Employee Benefits	581.34	209.14	552.44	3,151.48
5011300	Special Payments				
5011340	Specified Per Diem Payment	300.00	1,850.00	50.00	6,800.00
	Total Special Payments	300.00	1,850.00	50.00	6,800.00
5011400	Wages				-
5011410	Wages, General	7,599.06	2,733.93	7,221.39	41,195.86
	Total Wages	7,599.06	2,733.93	7,221.39	41,195.86
	Total Personal Services	8,480.40	4,793.07	7,823.83	51,147.34
5012000	Contractual Svs				-
5012600	Support Services				
5012680	Skilled Services	-	-	-	5,400.00
	Total Support Services	-	-	-	5,400.00
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	600.59	2,221.98	46.33	9,573.99
5012850	Travel, Subsistence & Lodging	100.84	1,999.88	1,394.72	9,414.22
5012880	Trvl, Meal Reimb- Not Rprtble	124.50	1,177.50	-	4,309.75
	Total Transportation Services	825.93	5,399.36	1,441.05	23,297.96
	Total Contractual Svs	825.93	5,399.36	1,441.05	28,697.96
	Total Expenditures	9,306.33	10,192.43	9,264.88	79,845.30

2019 Monthly Tracking Log

License Count	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec
Nursing													
Pres Auth	7,904	7,975											
Massage Therapy	8,674	8,617											
Medication Aide	6,460	6,522											
Clinical Nurse Spec	415	414											
Nurse Practitioner	11,087	11,189											
Practical Nurse	28,735	28,727											
Registered Nurse	109,275	109,454											
Total for Nursing	172,550	172,898	0	0	0	0	0	0	0	0	0	0	0
Nurse Aide	52,171	52,533											
Advanced Nurse Aide	52	49											
Total for Nurse Aide	52,223	52,582	0	0	0	0	0	0	0	0	0	0	0
License Count Grand Total	224,773	225,480	0	0	0	0	0	0	0	0	0	0	0
Open Cases Count													
Nursing	1202	1236											
Nurse Aide	246	247											
Open Cases Total	1,448	1,483	0	0	0	0	0	0	0	0	0	0	0
Case Count by Occupation													
Rec'd RN	54	75											129
Rec'd PN	25	32											57
Rec'd NP, AP, CNS	26	25											51
Rec'd LMT	6	2											8
Rec'd RMA	6	4											10
Rec'd Edu Program	2	3											5
Total Received Nursing	119	141	0	0	0	0	0	0	0	0	0	0	260
Closed RN	55	33											88
Closed PN	35	25											60
Closed NP, AP, CNS	30	32											62
Closed LMT	8	6											14
Closed RMA	19	19											38
Closed Edu Program	2	0											2
Total Closed Nursing	149	115	0	0	0	0	0	0	0	0	0	0	264
Case Count - Nurse Aides													
Received	38	40											78
Rec'd Edu Program	0	0											0
Total Received CNA	38	40	0	0	0	0	0	0	0	0	0	0	78
Closed	86	43											129
Closed Edu Program	0	0											0
Total Closed CNA	86	43	0	0	0	0	0	0	0	0	0	0	129
All Cases Closed	235	158	0	0	0	0	0	0	0	0	0	0	393
All Cases Received	157	181	0	0	0	0	0	0	0	0	0	0	338
Difference	78	-23	0	0	0	0	0	0	0	0	0	0	55

C3

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 13, 2019**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 13, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Chair
Louise Hershkowitz, CRNA, MSHA
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP
Kevin O'Connor, MD
Kenneth Walker, MD

MEMBERS ABSENT: Lori Conklin, MD

ADVISORY COMMITTEE

MEMBERS PRESENT: Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
Thokozeni Lipato, MD
Janet L. Setnor, CRNA

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel
David E. Brown, DO; Department of Health Professions Director
Barbara Allison-Bryan, MD; Department of Health Professions Chief Deputy
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Jacquelyn Wilmoth, RN, MSN; Board of Nursing Education Program Manager
Leila "Claire" Morris, RN, LNHA; Board of Nursing RN Discipline Case Manager
Marie Molner, Board of Nursing Licensing Supervisor
Joseph Corley, Board of Nursing Licensing Staff

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
February 13, 2019

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda:

- NCSBN APRN Roundtable Meeting is scheduled for April 9, 2019 in Rosemont, IL – Ms. Hershkowitz, Ms. Douglas and Dr. Hills will attend
- NCSBN APRN Compact Consensus Meeting is scheduled for April 10, 2019 in Rosemont, IL – Ms. Hershkowitz and Ms. Douglas will attend

REVIEW OF MINUTES:

The minutes of October 10, 2018 Business Meeting and Informal Conference were reviewed. Ms. Hershkowitz moved to accept all of the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

There was no public comment received.

DIALOGUE WITH
AGENCY DIRECTOR:

Dr. Brown reported the following:

- DHP will be unveiling the new and improved website soon starting with Board of Nursing website.
- Legislation:

SB1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol (THC-A) oil, regulation of pharmaceutical – production of cannabidiol oil is regulated by the Board of Pharmacy and a person can possess the oil if it is prescribed by physicians for any conditions. This year the bill will include authorization to licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations.

HB 1839 Industrial Hemp; Federal Farm Bill - conforms Virginia law to the provisions of the federal 2018 Farm Bill by amending the definitions of cannabidiol oil, marijuana, and tetrahydrocannabinol (THC) to exclude industrial hemp in the possession of a registered person, hemp products, or an oil containing no more than 0.3% THC. The bill defines "industrial hemp" as any part of the plant *Cannabis sativa* that has a concentration of THC that is no greater than that allowed by federal law, and it defines "hemp product" as any finished product that is otherwise lawful and that contains industrial hemp. Dr. Brown noted that lots of hemp used to produce CBD products that are sold over the counter but not all consumers are aware of that. He added that DHP is involved in the development of regulations and this is an ongoing discussion.

HB 1970 Telemedicine Services; payment and coverage of services – requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. Dr. Brown added that a workgroup with broad stakeholders will convene to review and make recommendations. Ms. Hershkowitz asked who will be on the workgroup. Dr. Brown assumed representatives from regulatory community, experts in telemedicine, representatives from Southwest Virginia, and representatives from Medical Society in Northern Virginia.

POLICY FORUM:

Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. She added that approximately half of all nurse practitioners (NPs) have access to the survey in any given year. Dr. Carter noted that the survey respondents represent 28% of the 10,772 NPs who are licensed in the state but 68% of renewing practitioners.

Virginia's Licensed Nurse Practitioner Workforce: 2018

Dr. Shobo reported the following:

- The number of licensed NPs in the state has grown by 39%
- The number in state's workforce has grown by 41%
- The Full-time equivalency units (FTEs) provided has increased by 37%
- The response rate declined, in 2017 81% of renewing NPs responded to the survey, only 68% did in 2018
- Diversity index for NPs under 40 years of age increased to 39% from 38% in 2017
- Median age is currently stable at 46 years
- Only a tenth of NPs reported working in rural areas in all the surveys
- Percent with a doctorate increased from 4% in 2014 to 8% in 2018
- Percent with a master's degree declined to 76% from 79% in 2017 survey
- 46% carry debt compared to 40% in 2014
- Median debt now \$50K - \$60K from \$40K - \$50K

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty – a revised version of the report was provided at the meeting

Dr. Carter noted that this is a special report created for the Committee of the Joint Boards of Nursing and Medicine which uses data from the 2017 and 2018 Nurse Practitioners Survey. Dr. Carter added that the 2017 survey occurred between October 2016 and September 2017; the 2018

survey occurred between October 2017 and September 2018. She commented that the survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their license online.

Dr. Shobo reported the following:

- There are 11,438 NPs licensed in 2017 and 2018 – 2,191 (19%) Certified Registered Nurse Anesthetists (CRNAs), 353 (3%) Certified Nurse Midwives (CNMs), and 8,894 (78%) Certified Nurse Practitioners (CNP)
- Only 9,234 (81%) were in the state's workforce; produced 8,206 FTEs
- 22% of CRNAs, 19% of CNMs, and 17% of NPs not in VA workforce
- Nine out of 10 NPs are female. CNMs are all female
- Median age of all NPs as well as CRNAs is 46, 49 for CNMs and 45 for CNPs
- Diversity index – 29% for CNMs, 33% for CRNAs, and 34% for CNPs
- Overall, 10% of NPs work in rural areas – 11% of CNPs, 6% of CRNAs, and 4% of CNMs
- 24% of CNMs have above a master's degree compared to 19% of CNPs and 14% of CRNAs
- CRNAs reported the highest education debt (\$80K - \$90K); CNMs (\$60K – 70K), and CNPs (\$50K – 60K)
- Median income was \$100K - \$110K overall; CRNA reported more than \$120K
- 5% of CRNAs, 8% of CNMs, and 9% of CNPs worked for state/local government
- 37% of CRNAs, 23% of CNMs, and 33% of CNPs worked in the non-profit sector
- 25% of CRNAs, 29% of CNMs, and 20% of CNPs plan to retire within a decade
- 5% of CRNAs, 12% of CNMs, and 9% of CNPs plan to increase patient hours within two years

Drs. Carter and Shobo stated that they will answer any questions of the Committee members regarding the reports.

Dr. Walker asked why only 68% of NPs responded to the survey and not all renewal NPs. Dr. Carter noted that the survey is volunteer option, not mandatory. Ms. Douglas added that the Board appears to make it clear that licensees need to complete the survey. Ms. Douglas noted that staff can review the survey questions internally.

Ms. Setnor asked how the data are collected. Dr. Carter stated that nurses renew their RN and NP licenses at the same time but only completing the survey after RN license renewal. Ms. Setnor suggested requesting NPs to complete the survey for the renewal of NP license only. Dr. Carter said staff can take that into consideration.

Ms. Gerardo asked why RN survey is not populated in the NP population. Dr. Carter said the current system does not populate the survey from RN to NP.

Dr. Hahn asked if a combined survey is available if you are an RN, NP or CRNA. Dr. Shobo said it is worth looking into.

Ms. Dotson suggested to encourage licensees to complete the survey if they are working as NPs instead of completing RN survey.

Ms. Hershkowitz asked if it is possible to get the data of demand side. Dr. Carter said staff can look into it.

Mr. Coles commented that the Virginia Council of Nurse Practitioners (VCNP) think that the data is very useful.

With no additional questions asked, Dr. Hahn moved to approve the reports for posting. The motion was seconded and carried unanimously.

LEGISLATION/
REGULATIONS:

B1 Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions as of February 5, 2019 provided in the Agenda.

B2 Consideration of Comments received for NOIRA Autonomous Practice and Adoption of Proposed Regulations to Replace Emergency Regulations

Ms. Yeatts said that the proposed regulations identical to current emergency regulations are presented for the Committee's action. Ms. Yeatts added that the there was no comment on the NOIRA as of February 5, 2019

Ms. Hershkowitz moved to recommend adoption of proposed regulations to the Boards of Medicine and Nursing as presented. The motion was seconded and passed unanimously.

B3 General Assembly 2019 Report

Ms. Yeatts reviewed the report as provided in the Agenda noting:

HB 2228 – alters the composition of the Board of Nursing for the third LPN position which can be an RN and replaces the requirement that the

Board of Nursing meet each January with the requirement to meet at least annually.

HB 2557 – classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern.

HB 2559 – provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. Ms. Yeatts added that the Committee of the Joint Boards of Nursing and Medicine will consider this at a later date.

SB 1439 – authorizes Board of Medicine to discipline practitioners when failure to file a medical certification of death electronically through the Electronic Death Registration System.

SB 1778 – conversion therapy bill is put to rest and was referred back to the Committee that is not longer meeting

Dr. O'Connor asked for clarification on the meaning of "Engrossed." Ms. Yeatts said that Engrossed means the bill is in a form that is ready for the body to vote and any amendments have been incorporated into the bill.

NEW BUSINESS:

Board of Nursing Executive Director Report:

- **NBCSN APRN Compact** – Ms. Douglas said that three states have passed legislations regarding APRN Compact. She added that the NCSBN Board of Directors established a task force to review the APRN Compact due to some conflicts between state laws and compact language.
- **Virginia Council of Nurse Practitioners (VCNP)** – Ms. Douglas state that she and Dr. Hills will present Autonomous Practice presentation to the VCNP on March 8, 2019.
- **Virginia Association of Nurse Anesthetist (VANA) Conference** – Ms. Douglas said she attended this conference on January 23, 2019, and Ms. Hershkowitz was also in attendance. At the request of participants, Ms. Douglas provided an overview of how the Joint Boards function.

Review of Guidance Documents (GDs):

Ms. Douglas said that the following GDs are presented to the Committee as part of a periodic review for a recommendation to amend or readopt without changes.

C1 GD 90-33: Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR orders)

Ms. Douglas noted the addition ***bold italic underlined*** languages have been added to GD 90-33 for consideration by the Committee.

Ms. Hershkowitz moved to adopt the amended GD 90-33 as presented. The motion was seconded and carried unanimously.

C2 GD 90-53: Treatment by Woman’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

Ms. Douglas stated no change was recommended for GD 90-53.

Dr. O’Connor moved to readopt GD 90-53 as presented. The motion was seconded and carried unanimously.

Status of Implementation HB793 Autonomous Practice Process:

Ms. Willinger reported the following:

- Applications went live on January 7, 2019, along with link to laws and regulations
- The Board sent blast email to nurse practitioners (NPs) and stakeholders back in October 2018
- 146 applications received as of February 8, 2019, no issue was noted yet. 44 Nurse Practitioners have been issued Autonomous Practice Authority
- 4000 NPs are eligible based on years of licensure
- Not many questions received regarding the “how to” complete the process
- Good feedback received so far
- It takes about 24 to 48 hours for the licenses to show up under License Lookup after issuing

Ms. Gerardo asked the length of time it takes from application to licensing. Ms. Willinger said about two to three weeks.

Dr. O’Connor asked if staff have the sense of geography. Ms. Willinger said not at the moment. Ms. Douglas added that currently staff is working on basic process at this time. Mr. Coles notes that VCNP will be interest in the data if available. Ms. Douglas indicated that as required in the enactment clause, additional data will be collected regarding practice locations.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 10:32 A.M.

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

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING MINUTES
February 13, 2019**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:50 A.M., February 13, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

CHAIR: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN; Chair

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:
Trula Minton, MS, RN, Board of Nursing Member
Kevin O'Connor, MD, Board of Medicine Member
David Giammittorio, MD, Board of Medicine Member

STAFF PRESENT:
Jodi P. Power, RN, JD; Senior Deputy Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Darlene Graham, Senior Discipline Specialist; Board of Nursing

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

ESTABLISHMENT OF A QUORUM: With two members of the Committee of the Joint Boards, one Board of Nursing member, and one Board of Medicine member present, a quorum was established.

FORMAL HEARING: **Adrienne Lynn Dunning Goodknight, LNP 00024-166680**

Ms. Goodknight appeared and was accompanied by Douglas Coleman, Esquire, and Amy Kiley, RN, former co-worker.

Julia Bennett, Assistant Attorney General, and Emily Tatum, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Committee of Joint Boards. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Sarah Burton King, Senior Investigator, Department of Health Professions; Amy Kiley, RN and Barbara Kirkland, RN, CNM, MS, were present and testified. Marianne Fark, CNM, testified via telephone.

RECESS: The Committee recessed at 12:47 P.M.

RECONVENTION: The Committee reconvened at 1:35 P.M.

Virginia Board of Nursing
Committee of Joint Boards of Nursing and Medicine Minutes – Formal Hearing
February 13, 2019

RECESS: The Committee recessed at 2:05 P.M.

RECONVENTION: The Committee reconvened at 2:15 P.M.

RECESS: The Committee recessed at 6:20 P.M.

RECONVENTION: The Committee reconvened at 6:30 P.M.

CLOSED MEETING: Ms. Minton moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 7:05 P.M., for the purpose to reach a decision in the matter of Ms. Goodknight. Additionally, Ms. Minton moved that Ms. Power, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 8:26 P.M.

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

ACTION: Dr. O'Connor moved that the Committee of the Joint Boards of Nursing and Medicine suspend the license of Adrienne Lynn Dunning Goodknight to practice as a nurse practitioner in the category of certified nurse midwife in the Commonwealth of Virginia for a period of not less than one year or until completion of a 12 hours face to face hands on CME course and completion of a clinical competency assessment program approved by the Committee of the Joint Boards of Nursing and Medicine, both of which will be submitted to the Committee of the Joint Boards of Nursing and Medicine for consideration at an informal conference in order for the suspension to be lift . The motion was seconded and carried unanimously.

ADJOURNMENT: The meeting was adjourned at 8:30 P.M.

Jodi P. Power, RN, JD
Senior Deputy Executive Director

Virginia Board of Nursing
Executive Director Report

March 19, 2019

C4

Meetings/Speaking Engagements

- **National Council of State Boards of Nursing (NCSBN) Global Leadership Academy of Regulatory Excellence (GLARE) Conference Call** - Dr. Paula Saxby, Deputy Executive Director, for the Virginia Board of Nursing was asked to participate in the above call by staff of NCSBN on January 30, 2019. This group is developing a training module on the role of nursing education specialists. The plan is to provide this training to new, as well as experienced, education program specialists and/or consultants. NCSBN may also develop a certificate program for education specialist/consultants. Once the training module is developed, Dr. Saxby will share the information with the Board members.
- Jay P. Douglas, Executive Director for the Virginia Board of Nursing, attended the NCSBN Board of Directors meeting on February 11-12, 2019 as Area III Director for Virginia and surrounding states. Matters related to the NCLEX exam, strategic plan and national legislative issues pertaining to nursing were discussed.
- Stephanie Willinger, Deputy Executive Director for Licensing for the Virginia Board of Nursing, attended the Nurse Licensure Compact (NLC) Commissioner Summit on behalf of Jay Douglas, Board of Nursing Executive Director and NLC Commissioner, on February 22-23, 2019. Agreement was reached during this meeting regarding options for new states implementing the Compact.
- Paula Saxby, Deputy Executive Director for Education for the Virginia Board of Nursing, conducted an orientation session for people interested in applying for a nursing education program on February 28, 2019. Dr. Saxby also conducted a nursing education program update on the same day.
- Paula Saxby, Deputy Executive Director for Education for the Virginia Board of Nursing, conducted an all day annual meeting/training of all the education program inspectors on March 1, 2019. All 13 P-14 staff were in attendance, as well as Jacquelyn Wilmoth, Nursing Education Program Manager for Virginia Board of Nursing, and Beth Yates, Nursing and Nurse Aide Education Coordinator for the Virginia Board of Nursing. Jay Douglas, Board of Nursing Executive Director, also provided a Board update.
- On March 6, 2019, an Education Informal Conference Committee of the Board of Nursing convened to review requests from registered nursing and practical nursing education programs and NCLEX pass rates.
- Jay Douglas, Executive Director, and Robin Hills, Deputy Executive Director for Advanced Practice for the Virginia Board of Nursing, presented to the Virginia Council of Nurse Practitioners (VCNP) on March 8, 2019 in Roanoke, status of regulatory actions affecting nurse practitioner practice generally in the Commonwealth of Virginia and the changes to the law regarding nurse practitioner autonomous practice.
- **National Council of State Boards of Nursing (NCSBN) Education Consultant Conference Call** - Dr. Paula Saxby and Dr. Robin Hills, Deputy Executive Directors and Jacquelyn Wilmoth, Nursing Education Program Manager for the Virginia Board of Nursing participated in the above call on March 13, 2019. There was discussion about foreign educated nurses seeking licensure in the United States.

Most States require a Commission of Foreign Nursing Schools (CGFNS) credentials review prior to being deemed eligible to take the NCELX exam. Dr. Nancy Spector (NCSBN staff) presented information about **Global Leadership Academy of Regulatory Excellence (GLARE)**, an upcoming course and certification program for Education Consultants. Dr. Spector will be presenting details of the new course at the NCSBN mid-year meeting. The course should be available in October 2019. Board staff will be able to complete the course and certification at no cost.

- **Train-the-Trainer for Nurse Aide Educators** – Dr. Paula Saxby, Deputy Executive Director of the Virginia Board of Nursing, presented information at the above training on March 12, 2019 in Richmond. Topics of the presentation included: OBRA requirements for nurse aide education programs, Board of Nursing information and regulations for nurse aide education programs, updates on PearsonVUE and the testing process for the NNAAP exam (certification exam), and resources for testing and the Board of Nursing. Also, attending the training were the following Board staff members: Dr. Robin Hills, Deputy Executive Director for Advanced Practice, Jacquelyn Wilmoth, Nursing Education Program Manager; and Beth Yates, Nursing and Nurse Aide Program Coordinator.

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Board of Nursing January 1 - December 31, 2018 Licensure & Discipline Statistics**License/Certification/Registration Application Count**

Nurse Practitioner	1,579	Nurse Aide	9,028
Authorization to Prescribe	1,081	Advanced Certified Nurse Aide	97
Clinical Nurse Spec	10		
Registered Nurse	8,404	Total for Nurse Aide	9,125
Repeat Registered Nurse	178		
Practical Nurse	1,705		
Repeat Practical Nurse	60		
Licensed Massage Therapy	891		
Medication Aide	1,572		
Total for Nursing	15,481		

Grand Total - 24,606**Issued License Count**

Nursing		Nurse Aide	7,840
Nurse Practitioner	1,442	Advanced Certified Nurse Aide	3
Authorization to Prescribe	1,038	Total for Nurse Aide	7,843
Clinical Nurse Spec	10		
Registered Nurse	7,667		
Practical Nurse	1,556		
Licensed Massage Therapy	850		
Medication Aide	893		
Total for Nursing	13,466		

Grand Total - 21,299**Informal Conference and Formal Hearing Count**

Nurse Aide IFC	203
Nursing IFC	411
Total IFC	614
Nurse Aide FH	32
Nursing FH	100
Total FH	132

Case Received and Closed Counts

Rec'd RN	893	Nurse Aide	
Rec'd PN	530	Received	557
Rec'd NP, AP, CNS	339	Rec'd Edu Program	2
Rec'd LMT	55	Total Rec'd CNA	559
Rec'd RMA	135		
Rec'd Edu Program	21	Closed	748
Total Rec'd Nursing	1,973	Closed Edu Program	4
		Total Closed CNA	724
Closed RN	834		
Closed PN	490		
Closed NP, AP, CNS	315		
Closed LMT	53		
Closed RMA	141		
Closed Edu Program	15		
Total Closed Nursing	1,848		

Letter from the President

POST-BOARD MEETING UPDATE

March 1, 2019

Dear Colleagues,

Your Board of Directors (BOD) met in Chicago Feb. 11-12. We had a very productive meeting and I want to share our work with all of you.

We always begin the BOD meeting with an environmental scan. Most states are in early 2019 legislative sessions, with many states having new governors. We are beginning to hear of legislative efforts related to cannabis bills, APRN scope, the Nurse Licensure Compact (NLC) and mandatory continuing education for opioid prescribers.

NCSBN staff in Washington, D.C. did a phenomenal job in establishing stakeholder relationships and capitalizing on those connections in 2018. Our efforts included close work with the Veterans' Affairs (VA) system, work on opioid and telehealth bills, work with the FTC and with the White House. Having a presence in D.C. is essential for our organization.

Going forward, consistent with our strategic plan, our 2019 focus in D.C. will be aimed at:

- The NLC;
- APRN Consensus model; and
- Evidence-based regulation supporting public protection.

The BOD received an update on the APRN Compact Task Force: There will be some recommendations brought forth from this group for an enhanced APRN Compact that we hope will address some key sticking points. Stay tuned for our Midyear Meeting and further information.

One of the primary governance duties of a board of directors is their fiduciary duty to the organization. Consistent with this, your BOD received financial reports for Q1 FY19. In spite of the market downturn in the last quarter of the year, our financial position remains strong and our investment policy serves us well, both in bull and bear markets.

Maryann Alexander, chief officer, Nursing Regulation, reported the progress of our research agenda. We currently have research projects related to substance use disorder (SUD) (3), workforce (2), discipline (3), education (2) and practice (5).

We received an excellent preliminary report about the "Nursing Education Outcomes and Metrics Committee" from Nancy Spector, director, Regulatory Innovations. An interim update on this will be presented at our Midyear Meeting. This work will give nursing regulatory bodies (NRBs) valuable information about success and risk factors (other than NCLEX® scores) for education programs.

We reviewed the survey feedback regarding mission, vision, values and strategic initiatives. Many of you responded to the survey and thank you for your participation. We were pleased to see the degree of support of the membership. We took all feedback into consideration, and we'll have a presentation at Midyear and the opportunity for further discussion in our Area meetings.

We approved policies for incident reporting of both data security 13.3 and finance 8.1.

We were updated on efforts to collect nurse workforce data. There are 27 members now participating in providing workforce data and half of those boards have already transitioned to the updated minimum data set (MDS).

ORBS deployment is going nicely. Staff recently surveyed the New Mexico and Nevada NRBs to evaluate the effectiveness of ORBS in efficiency of processes, cost reductions, etc. We are going to compile these success stories in hopes of giving interested NRBs factual information to help them "sell" their requests for ORBS.

I speak for the entire BOD in saying that we look forward to seeing many of you in San Antonio for the Midyear Meeting this month. NCSBN staff have worked incredibly hard to design a meeting that will be informative, provocative and helpful for members.

Please let me know if you have questions or would like clarification of this report. Feel free to contact me any time.

All my Best,

Julia George, MSN, RN, FRE

President

919-782-3211 ext. 250

Julie@ncsbn.com



C6

COMMONWEALTH of VIRGINIA

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Director

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Virginia Board of Nursing
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Executive Director

Board of Nursing (804) 367-4515
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TO: Board Members

FROM: Stephanie H. Willinger 
Deputy Executive Director

DATE: March 5, 2019

RE: Take Aways from the NLC Commissioner Summit (February 22-23, 2019)

I appreciated the opportunity to attend the NLC Commissioner Summit ('the Summit') on behalf of Jay Douglas. Although the Summit was sponsored by the National Council of State Boards of Nursing (NCSBN) it was facilitated by Leonard J. Marcus, Ph.D., Director of the Program for Health Care Negotiation and Conflict Resolution at the Harvard School of Public Health and Co-Director of the National Preparedness Leadership Initiative¹. The focus of the Summit was to get the Commissioners together to openly identify and resolve any outstanding issues or conflicts related to implementation and operation of the Enhanced Nurse Licensure Compact (eNLC). The agenda covered topics that also included a presentation by the NLC Special Counsel, Rick Masters that covered the: overview and implications of inter-state compacts as contracts, role of the Commission for the NLC, legal implications of offering MSL and SSL options.

Dr. Marcus provided a re-cap of the issues and methodology that he used during a previous *Walk in the Woods* with the Executive Officers that helped Boards formulate strategies and solutions moving forward with the eNLC. The basic strategies used in the *Walk in the Woods* involves identification of problem(s), process(es) and solution(s). The process for moving through the 'conflict' (from problem to solution) is to recognize some common ground which leads to a good result (common problem requires common solution). Additionally, Dr. Marcus promoted the principles of *SWARM* (e.g. 'hive' behavior) to frame the discussions which were:

1. Unity of mission.
2. Generosity of spirit and action.
3. Stay in lanes/help others succeed.
4. No ego – no blame.
5. Foundation of trusting relationships.

Dr. Marcus led the Summit with a very relevant statement: "If you don't know where you are going, chances are you won't get there." While the relevance of this statement could be important in a variety

¹ Dr. Marcus pioneered development of the *Walk in the Woods* (negotiation and conflict resolution program).

Board of Audiology & Speech - Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
Board of Long-Term Care Administrators – Board of Medicine - Board of Nursing – Board of Optometry – Board of Pharmacy
Board of Physical Therapy – Board of Psychology – Board of Social Work – Board of Veterinary Medicine - Board of Health Professions

of ways, I chose to connect it to the underlying question of the Summit: why are we here? After numerous and productive group exercises, Dr. Marcus assisted the Commissioners in identifying some of the key unresolved issues. These issues appeared to center around: (1) 'new' states in the NLC – vetting existing licenses (premise: not everyone needs/wants Multi-State License or MSL); (2) MSL 'default' option vs Single-State License or SSL option; and (3) issuing a SSL license to someone who qualifies for MSL (who decides licensee or state?). Other issues also included, educating stakeholders about the NLC, the 'brand' of the NLC, etc. The Commissioners worked together as a *SWARM* to find out rather quickly that they had more common ground than was originally thought or perceived regarding the key issues. The key issues agreed upon by the Commissioners are indicated in the attached Advisory Opinion of the NLC Commission.

After attending the Summit, I realized that of course there should be respect given to the 'old' hats way of thinking and problem solving (aka the 'old compact' vs. the 'new compact'). However, the road map(s) for the eNLC were created together for a common purpose. By entering the NLC, collectively, we stand behind the NLC and we are the faces of the NLC. While there is still flexibility at the state level regarding (state) licensure, all participating (31) states should be committed to the success of the NLC through uniformity and consistency.



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312.525.3600 nursecompact.com

Feb 23, 2019

Advisory Opinion of the NLC Commission in Consultation with Legal Counsel

- 1. A home state may issue a single state license to an applicant who applies for a single state license.**

Example: an applicant with primary state of residence in Wisconsin may be issued a single state license subject to state licensure requirements

- 2. The party state may issue a single state license to an applicant who does not qualify for a multistate license in the primary state of residence.**

Example: a nurse with primary state of residence in Idaho who holds a single state license due to ineligibility for a multistate license may be issued a single state license in another party state, subject to state licensure requirements.

- 3. A licensee may elect not to apply for a multistate license in the primary state of residence.**

Example A: a nurse with primary state of residence in Arkansas has an encumbered single state license, upon completion of conditions, may elect to maintain the single state license.

Example B: a nurse with primary state of residence in Florida, held a single state license in Florida upon implementation of the NLC, may elect to maintain the single state license.

Example C: a nurse with primary state of residence in Arizona, does not meet grandfathering criteria, is not required to apply for a multistate license.

- 4. A single state licensee who declares primary state of residence in a compact state and wishes to practice in a party state should obtain a multistate license in the home state.**

Example: a nurse with primary state of residence in South Carolina has always worked in North Carolina and holds a single state license in North Carolina, should apply for a South Carolina multistate license.



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MEMORANDUM

To: Board of Nursing

From: Charlette Ridout, RN, MS, CNE
Deputy Executive Director

Date: March 4, 2019

Subject: CORE Committee Reports

In May of 2017, the Board accepted the CORE Summary 2016: Licensure. This report did not contain recommendations.

In January 2018, the Board accepted the CORE Discipline Report Summary 2016. This report did not contain recommendations.

The CORE Committee has finalized recommendations based on the 2016 Licensure and Discipline 2016 summary reports. These recommendations are being presented for consideration by the Board.

The 2016 Education Report Summary with recommendations and the 2016 Practice Report Summary with recommendations have been completed by the CORE Committee and are being presented for consideration by the Board.

Enclosed:

- Previously accepted licensure and discipline reports
- Recommendations for the 2016 Licensure Report
- Recommendations for the 2016 Discipline Report
- Education Summary Report 2016 with recommendations
- Practice Summary Report 2016 with recommendations.

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Commitment to Ongoing Regulatory Excellent (CORE) Report Summary 2016: Licensure

Virginia Board of Nursing CORE Committee:

Trula Minton, Kelly McDonough, Rebecca Poston

Board Staff: Brenda Krohn

Introduction

The NCSBN CORE report is the result of a *'comparative performance measurement and benchmarking process'* based on collated survey data from key stakeholders in nursing regulation to include Boards of Nursing, Nurses, Employers and Educators. The CORE report aims to provide a snapshot of results related to performance measures in 4 key areas of nursing regulation: nursing practice, nursing education, nursing licensure and discipline. Evaluating effectiveness and efficiency in nursing regulation overall, both at the national level and at the individual Board of Nursing level, is the focus of CORE survey. Survey data allows individual Boards of Nursing to monitor their performance on key measures over time as well compare their performance to the national average and to like sized Boards of Nursing included in the survey. (Source: NCSBN CORE Aggregate Report FY 2014 & 2016)

COMMITMENT TO ONGOING REGULATORY EXCELENCE (CORE)

COMMITTEE REPORT

LICENSURE 2016

VA State BON VOL.2: Licensure

I. Data Collection and Processing

a. Survey was conducted between July and September of 2016 to the following groups;

1. RN with active license, 2. Boards of Nursing, 3. Employers and 4. Educators.

i. RN with Active License: In Virginia, random sample of 1,500 were sent hard copy of survey and 157 responded.

ii. BONs: Nationally, 54 were sent hard copies and 38 BONs responded. Virginia responded.

iii. Employers: In Virginia, 300 were sent hard copies and 18 responded.

iv. Educators: In Virginia, 151 were sent hard copies and 22 responded.

b. Note that while hard copies were sent, a reminder letter was sent out to complete survey then the survey was also available electronically.

- c. Outside data sources used were: NCLEX-RN/PN examination data, Nursys disciplinary data, and Member Board Profiles data.

II. Limitations

- a. Includes missing or incomplete data
- b. Uncertainty on how data is reported among BONs due inconsistencies which include but not limited to the following; maintain own information system, do not track data same way, interpretation of definitions of the measures, and computation of the data.
- c. Sampling error as there were low response rates for individual states.
- d. Results in the report are descriptive data only. The data are indicators only and subject to possible problems with the validity and reliability.
- e. The report should be looked at face value and not overly interpreted.

Points of Pride: Virginia Board of Nursing Licensure

I. Longer Term Outcomes: Consumers Received Safe and Competent Care from Nurses

In Virginia, 83.1% of nurses indicated that over 90% of the nurses they work with provide safe and competent care which is higher than the national average of 80%.

Among Nurses in Virginia, 73% report that they seldom or never work with or receive reports about nurses committing near misses or patient harm – which is higher than the national average of 70.8%.

83.3% of Employers in Virginia report that they seldom or never receive reports about nurses committing near misses or patient harm which is significantly higher than the national average of 58.7% (Keep in mind that only 18 employers responded to the survey).

86.4% of Educators surveyed in Virginia report that they ‘seldom or never’ work with or receive reports about nurses committing near misses or patient harm which is comparable to the national average of 86.4% (keep in mind that only 22 educators responded)

II. Intermediate Outcomes: Only Qualified Nurses are Practicing

The percent of nurses in Virginia with an active license with no action against their license in Nursys is 98.5% which is comparable to the national average of 98.7% and as expected when compared to similar sized boards. The % of nurses with an active license in Virginia with no action against their license in Nursys has remained steady over time in Virginia with little variability from 2009-2016.

III. Outputs: Initial and Renewal Licenses and Certificates Issues or Denied

Number of Applications for Licensure by Initial Exam: this is lower in Virginia when compared to similar sized boards with 3,179 applications for initial licensure by exam received in 2016 (National Average 4,199). The number of applicants by initial exam has steadily dropped from 2012 (N=5,816) to 2016 (N=3,179) in Virginia.

Number of Applications for Licensure by Endorsement: at 5,104 in 2016 this is as expected when compared to similar sized boards and in line with the national average of 4,112. The number of applicants by endorsement has steadily increased from 3,777 in 2012 to 5,104 in 2016 in Virginia.

Number of Applications for Licensure by Renewal: at 58,867 in 2016 this is a bit lower than expected when compared to similar sized boards but exceeds the national average of 51,771. Applications by renewal decreased from 56,012 in 2012 to 51,397 in 2014 and increased to 58,867 in 2016.

The number of denials for licensure steadily decreased in Virginia from 2012 (16/1000) to 2014 (10/1000) and sharply increased in 2016 (16/1000).

IV. Processes & Activities: Reviewing Initial and Renewal Applications, Following Up on Incomplete Applications

The Virginia BON does conduct audits of the licensure process biannually which is much more frequently than most BONs who report that they conduct an audit process every 2 to 4 years.

93.9% of nurses surveyed in Virginia were satisfied with the initial licensure process which is in line with the national average at 95.4%. (keep in mind only 33 nurses responded to this question).

97.7% of nurses surveyed in Virginia were satisfied with the renewal process which parallels the national average of 95.6% (128 nurses responded to this question in Virginia)

V. Processes & Activities: Establish Philosophy, Policy, Standards, etc.

Of the 154 nurses who responded to the survey in Virginia, 83.2% felt that the Nurse Practice Act was excellent or good in terms of being current and reflecting state of the art nursing in the area of licensure. Interestingly, of the 18 employers in Virginia who responded, 94.4% felt that the Nurse Practice Act was excellent or good in terms of being current and reflecting state of the art nursing in the area of licensure. Only 85.7% of the educators who responded felt that the Virginia Nurse Practice Act was

excellent or good in terms of being current and reflecting stat of the art nursing in the area of licensure.

VI. Program Components & Resources: Licensure Staff & Dollars

Budget allocation for licensure in Virginia was \$1,200,654 at 15% of the total budget. When examining total dollars spent on licensure, Virginia is in the middle range when compared to similar sized Boards of Nursing and slightly higher than the national average at \$953,836. Nationally, Boards of Nursing average 23.7% of the budget allocated to licensure and Virginia falls in the lower range when looking at similar sized boards.

Virginia had a significant increase in the average dollars per application from 2012 at \$12 to 2014 at \$40. By 2016 the average dollars per application in Virginia were again trending down at \$18 and within line with the national average at \$19.

Licensure staff in Virginia measured as FTEs is at 7 in 2016 and this is lower than the national average of 9.

OPPORTUNITIES

1. Longer Term Outcomes

-Consumers receive safe and competent care from nurses

Overall, 80% of nurses from all boards indicated that over 90% of nurses they work with provide safe and competent care. In VA, 83.1% of nurses indicated that over 90% of the nurses they work with provide safe and competent care which is slightly above the aggregate.

-Frequency of Nurses, Employers, and Educators Who Worked with or Received Reports About Nurses Committing Near Misses or Patient Harm in 2016

Nurses-VA 73.1%; all Boards 70.8%

Employers-VA 83.3%; All Boards 58.7%

Educators (reporting student nurses)-VA 86.4%; All Boards 87.4%

2. Intermediate Outcomes

-Only qualified nurses are practicing

Average Percent of Active Nurses without Action against License in Nursys in 2016

VA 98.5%; All Boards 98.7%

**Average Percent of Active Nurses without Action against License in Nursys in 2009,
2012, 2014 and 2016**

2009-VA 98.8%; All Boards 96.2%

2012-VA 98.5%; All Boards 98.6%

2014-VA 98.5%; All Boards 98.8%

2016-VA 98.5%; All Boards 98.7%

3. Outputs

Initial and renewal licenses and certificates issued or denied

**Average Number of Applications for Nursing Licensure Received by Initial Exam,
Endorsement, and Renewal in 2016**

Initial VA 3,179; All Boards 4,199

Endorsement VA 5,104; All Boards 4,112

Renewal VA 58,867; All Boards 51,771

The number of nursing applications received by initial exams as reported by the VA BON is in the lower end of the range for other similar size boards, and it is lower than what would be expected given the overall association of initial applications to total. Endorsement is in the middle range for same size boards and would be expected. The renewals is in the middle to lower range for similar size boards and is slightly lower than what would be expected given the total.

In Virginia, the average number of application received for nursing licensure by initial exam decreased steadily from 2012 to 2016.

2012 VA 5,816; All Boards 4,693

2014 VA 4,677; All Boards 4,877

2016 VA 3,179; All Boards 4,199

In Virginia, the number of applications received for nursing licensure by endorsement decreased slightly in 2014 then increased considerably in 2016

2012 VA 3,777; All Boards 2,825

2014 VA 3,482; All Boards 3,557

2016 VA 5,104; All Boards 4,112

In Virginia, the average number of applications received for nursing licensure by renewal decreased in 2014 and then increased in 2016

2012 VA 56,012; All Boards 52,663

2014 VA 51,397; All Boards 53,511

2016 VA 58,867; All Boards 51,771

In Virginia, the average number of denials in 2016 was higher than the overall aggregate at 0.16 per 1,000 nurses as compared to All Boards 0.10 per 1,000 nurses

In Virginia, the number of denials for licensure decreased steadily from 2009 to 2014 and then increased in 2016

2009 VA 0.16; All Boards 0.08

2012 VA 0.13; All Boards 0.06

2014 VA 0.10; All Boards 0.13

2016 VA 0.16; All Boards 0.10

4. Processes and Activities

Reviewing initial and renewal applications; following up on incomplete applications

Percent of Boards of Nursing Who Perform Audits of Their Nurse Licensure Process in 2016

VA 100%; All Boards 70.3%

Percentage of Nurses Satisfied with the Initial Licensure Process in 2016

VA 93.9%; All Boards 95.4%

Percentage of Nurses Satisfied with the Renewal Licensure Process in 2016

VA 97.7%; All Boards 95.6%

5. Processes and Activities

Establish philosophy, policy, standards

Nurses, Employers and Educators Ratings Regarding Their State Nursing Practice Act in Terms of Being Current and Reflecting State-of-the-Art Nursing in the Area of Licensure in 2016

VA 40.3% Excellent; All Boards 38.5% (Nurses)

VA 33.3% Excellent; All Boards 29.7% (Employers)

VA 66.7% Excellent; All Boards 49.7% (Educators)

2014

VA 40.3% Excellent; All Boards 38.5% (Nurses)

VA 33.3% Excellent; All Boards 29.7% (Employers)

VA 66.7% Excellent; All Boards 49.7% (Educators)

6. Program Components and Resources

Staff and Dollars

VA Budget Allocation for Licensure, 2016 \$1,200,654; All Boards \$953,836

Average Percent of Total Budget Allocated to Licensure in 2014

VA 15% All Boards 23.7%

Average Percent of Total Budget Allocated to Licensure in 2009, 2012, 2014 and 2016

2009 VA No Data; All Boards 19.2%

2012 VA 9.4%; All Boards 16%

2014 VA 13.8%; All Boards 18.8%

2016 VA 15.0%; All Boards 23.7%

Average Dollars per Application Received for Nurse Licensure in 2016

VA 18\$; All Boards \$19

2012 VA \$12; All Boards \$18

2014 VA \$40; All Boards \$25

2016 VA \$18; All Boards \$19

Average FTE's involved in the Licensure Process in 2016

VA 5.5; All Boards 7.7

7. Comment Themes

Employers believe they are not sure that "new" nurses who graduate are consistently safe and competent to practice. Identified need to improve assessment skills. Employers also noted that more stringent sanctions happen for "repeat offenders". Also comments relative to schools preparing graduates relative to expectations for attendance, professional interactions and realistic expectations for scheduling.

Educators believe that the regulations provide clear guideline for supervision of students. Two (2) comments regarding educational regulations "too stringent" and question the adoption of the state-wide curriculum. Also positive comments related to the information sharing from the VBON to Program Directors, particularly around changes and responsiveness. There was one comment from an educator to have "closer monitoring of impaired nurses and strong discipline measures".

Nurses comments relative to not understanding the scope of practice for advanced practice nurses. There were comments regarding: clarification of CBU requirements; understanding

where to find the nurse practice act; process for student complaints and resolution; and the most frequent was easier website with updated materials. There was a comment related to the VBON working to institute mandatory staffing ratios.

Along with easier to navigate and informative website they recommended podcasts to update nurses on new regulations, issues related to nursing, etc. They would also like to see some type of publications from VBON (same information as noted with podcast).

Recommendations for the CORE Report Summary 2016: Licensure

- **Recommendation: Evaluate the number of full time employees dedicated to the licensure processes.**
- **Recommendation:**
 - **Board will encourage nursing program directors to share with faculty, staff and students data regarding near misses occurring in nursing education programs**
 - **Board will disseminate information and encourage nursing program involvement with the Safe Student Reports Research Study being conducted by NCSBN. Information regarding participation in the research study can be found at <https://www.ncsbn.org/safe-student-reports.htm>**
- **Recommendation: Continue to monitor annual data received from the Workforce Data Center to identify trends in initial licensure, licensure renewal and licensure by endorsement.**
- **Recommendation: Board will disseminate information to employers, nurses and educators regarding Laws and Regulations, Guidance Documents through more prominent notices on the Board website and exploring opportunities with the VNA publication.**
- **Staff will participate in the improvement of the Board of Nursing and DHP websites and recommend that enhancements include the use of social media, interactive options and podcast.**

**Commitment to Ongoing Regulatory Excellent (CORE)
Discipline Report Summary 2016**

Virginia Board of Nursing CORE Committee:

Trula Minton	Chair
Kelly McDonough	Board Member
Rebecca Poston	Board Member
Brenda Krohn	Board Staff

Introduction

The NCSBN CORE report is the result of a '*comparative performance measurement and benchmarking process*' based on collated survey data from key stakeholders in nursing regulation to include Boards of Nursing, Nurses, Employers and Educators. The CORE report aims to provide a snapshot of results related to performance measures in 4 key areas of nursing regulation: nursing practice, nursing education, nursing licensure and discipline. Evaluating effectiveness and efficiency in nursing regulation overall, both at the national level and at the individual Board of Nursing level, is the focus of CORE survey. Survey data allows individual Boards of Nursing to monitor their performance on key measures over time as well compare their performance to the national average and to like sized Boards of Nursing included in the survey. (Source: NCSBN CORE Aggregate Report FY 2014 & 2016)

VA State BON VOL. 2: Discipline

I. Data Collection and Processing

- a. Survey was conducted between July and September of 2016 to the following groups:
 - i. *RNs with Active License*: In Virginia, a random sample of 1,500 RNs were sent a hard copy of the survey and 157 responded.
 - ii. *Boards of Nursing*: Nationally, 54 BONs were sent hard copies and 38 responded. Virginia responded.
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II. Limitations

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- b. Uncertainty on how data is reported among BONs due inconsistencies which include but not limited to the following;

- i. Maintain own information system,
 - ii. Do not track data same way,
 - iii. Interpretation of definitions of the measures, and
 - iv. Computation of the data.
- c. Sampling error as there were low response rates for individual states.
 - d. Results in the report are descriptive data only. The data are indicators only and subject to possible problems with the validity and reliability.
 - e. The report should be reviewed considering low number of responses.

Points of Pride: Virginia Board of Nursing Discipline

- Employers commented that there is great communication with the Executive Director in understanding the role of BON in VA
- Educators commented that VBON is an excellent partner, resource and advocate for nursing education
- Educators commented that VBON keeps them informed of important information and offers educational updates to Program Directors
- 95% of nurses in VA indicated the BON's disciplinary process deters nurses from violating regulations
- Nurses, employers and educators in VA report that regarding the nurse practice act is current and reflects state of the art in disciplinary actions are above all board in the survey
- Nurses, employers and educators in VA report that VBON emphasize a culture of safety and promotes the reporting of errors above those of all Boards

Section X. Program Components & Resources

Budget Allocation

- Virginia BON average budget allocated for discipline was \$4,082,770 in FY2016 which is considerably higher than the average budget for all umbrella boards which was \$3,488,917. When considering the discipline budget allocation in context related to the size of the board as defined by number of licensees, Virginia is an outlier and falls outside of the expected range in terms of spending per complaint when compared to similar size boards.
- Budget allocation related to discipline accounts for 51% of the total budget for the Virginia BON which is comparable to the national average of 48.7% for umbrella boards.
- The average cost per investigation in FY2016 for Virginia BON was \$2,700 which is comparable to the national average for umbrella boards at \$2,578.

- The national average for number of FTE BON employees involved in the investigative process was 10.3 overall and 5.7 in states with an umbrella board. This measure is not reported by the Virginia BON.

Delegated Authority

- Virginia BON has delegated authority to close cases in all areas measured in the survey. The highest number of boards who indicated their BON staff has delegated authority was for expediting the closure of cases where a violation was not established (30 BONs overall).

Discipline Tools/Practices

- The Virginia BON utilizes the following practices related to discipline: online complaint submission (17 umbrella boards report they use this practice), case assignment to particular investigators (11 umbrella boards report they use this practice), interview templates (8 umbrella boards report they use this practice), report templates (12 umbrella boards report they use this practice), expedited process for admitted allegations (7 umbrella boards report they use this practice), approved guidelines, policies, or matrix for discipline (9 umbrella boards report they use this practice), delegation to subcommittee for resolution of cases (7 umbrella boards report they use this practice), and automatic suspension for noncompliance order (8 umbrella boards report they use this practice).

Qualitative Comments from Respondents

I. More information needed to more fully understand BON role in their state

a. Nurses' comments:

- i. Better clarification of CEU requirements for RNs
- ii. Board Member roles/responsibilities
- iii. Copies of Nurse Practice Act Available
- iv. Easier website
- v. Utilize e-mail communication more to provide updates, current news in the field/related information
- vi. Need more prominent role in supporting nurses professional judgement, dealing with unsafe work environments

b. Employers Comments:

- i. Publications/magazines for updates
- ii. Great direct communication with the Executive Director – presentations were timely and effective

c. Educators Comments:

- i. Communicate more effectively
- ii. More clarity regarding specifics of nurse practice regulations and scope of practice

- iii. BON in Virginia is TOP NOTCH! Excellent partner, resource and advocate for nursing education
- iv. Virginia BON keeps us well aware of important information and offers educational updates to Program Directors to keep us informed of any changes and updates. The VBON are always helpful and very responsive to my needs.

II. Activities to improve the protection of the public

a. Nurses Comments:

- i. Have podcasts related to different subjects monthly, travel to hospital to provide presentations and updates, email updates on changes in laws, educational opportunities for nurses to protect themselves legally
- ii. More publications
- iii. Be more visible to the public
- iv. Extend presence in the workplace
- v. Improve timely turn around on discipline cases with updates to website – seems to take too long (i.e. 6 months)
- vi. More organized service during busy times
- vii. More roles/opportunities to volunteer with the BON
- viii. Improve rules about nurse to patient ratios in nursing homes/address safe staffing in nursing homes
- ix. Entry to nursing practice must be BSN
- x. BON should have role in working with challenges related to clinical placements for nursing students – particularly BSN students

d. Employers' comments:

- i. APRNs should be permitted to practice to the full extent of their licensure
- ii. More stringent sanctions for repeat offenders
- iii. Improve School of Nursing curricula content related to professional behaviors, etc.

e. Educators' comments:

- i. Allow teaching at all levels to count as credit towards continuing education
- ii. Be more pro-active and guide new programs better.
- iii. Closer monitoring of impaired nurses & strong discipline measures

Summary of Status/Opportunities

LONGER TERM OUTCOMES

Consumers receive safe and competent care from nurses:

- In Virginia, 83.1% of nurses indicated that over 90% of the nurses they work with provide safe and competent care which was higher than the national aggregate (79%).
- Frequency that Nurses, Employers, and Educators worked with or received reports about nurses committing near misses or patient harm in 2016:
 - Nurses: VA 73.1%; All Boards 70.8%
 - Employers: VA 83.3%; All Boards 58.7%
 - Educators: VA 86.4%; All Boards 87.4%

INTERMEDIATE OUTCOMES

Nurses are deterred from violating regulations:

- In Virginia 94.8% of nurses indicated the board of nursing's disciplinary process deters nurses from violating regulations which is slightly higher than the aggregate. The percentage of employers in agreement with this state was 77.8% in VA which was slightly lower than the aggregate.
- Percent of Nurses and Employers in Agreement with the statement that the Board of Nursing's disciplinary process deters nurse from violating regulations.
 - Nurses: VA 95% strongly agree/somewhat agree; All Boards 93%
 - Employers: VA 78% strongly agree/somewhat agree; All Boards 80%
- Average number of nurses who successfully completed discipline for the same case per 1,000 nurses as reported in NURSYS
 - VA 0.77;
 - All Boards 0.64
- Average number of nurses who successfully completed discipline for the same case peer 1,000 nurses as reported in NURSYS since 2009.
 - 2009: VA 0.25; All Boards 0.47
 - 2012: VA 0.35; All Boards 0.63
 - 2014: VA 0.78; All Boards 0.71
 - 2016: VA0.77; All Boards 0.64
- In VA, the number of nurses who successfully completed discipline increased in both 2012 and 2014 while remaining steady between 2014 and 2016.
- Percent of active nurses without action against license in NURSYS in 2016
 - 2009: VA 98.8%; All Boards 96.2%
 - 2012: VA 98.5%; All Boards 98.6%
 - 2014: VA 98.5%; All Boards 98.8%

- 2016: VA 98.5%; All Boards 98.7%
- Overall, among all boards, the percent of nurses without action against their license increased in 2012 and remained steady throughout 2014 and 2016. In VA, the percent of nurses without action against their license remained steady throughout 2009, 2012, 2014 and 2016.

IMMEDIATE OUTCOMES

Unsafe or incompetent practitioners are removed from practice:

- Average number of nurses removed from practice per 1,000 nurses in NURSUS in 2016
 - VA 1.7;
 - All Boards 1.4
- In VA the average number of nurses removed from practice was slightly higher than the aggregate at 1.7
- Average number of nurses removed from practice per 1,000 nurses in NURSUS 2009-2016
 - 2009: VA 1.5; All Boards 1.3
 - 2012: VA 1.8; All Boards 1.6
 - 2014: VA 1.5; All Boards 1.4
 - 2016: VA 1.7; All Boards 1.4
- While all board removal of nurses in practice remained steady 2009-2016, VA's removal increased in 2012, decreased slightly in 2014 and increased in 2016.

Unsafe or incompetent practitioners are denied licensure:

- Average number of denial for licensure per 1,000 nurses recorded in NURSUS 2009-2016
 - 2009: VA 0.16; All Boards 0.08
 - 2012: VA 0.13; All Boards 0.06
 - 2014: VA 0.10; All Boards 0.13
 - 2016: VA 0.16; All Boards 0.10
- In VA the number of denials for licensure decreased steadily from 2009 to 2014 and then increased in 2016.

Nurses are remediated.

- Average number of nurses with an initial discipline per 1,000 nurses in NURSUS 2009-2016
 - 2009: VA 4.3; All Boards 2.9
 - 2012: VA 3.4; All Boards 3.0
 - 2014: VA 2.6; All Boards 2.5

- 2016: VA 2.6; All Boards 2.5

Overall, the average number of nurses with an initial discipline from all boards was steady 2009-2016. In VA, the number of nurses with an initial discipline decreased 2009-2014 and remained steady 2014-2016,

OUTPUTS

- Board actions taken; cases dismissed; nurses disciplined; nurses remediated without discipline.
 - Average percentage of investigative cases resolved in reportable action, non-reportable action and no action in 2016:
 - Reportable action: VA 38%; All Boards 31%
 - Non-Reportable action: VA 15%; All Boards 22%
 - No Action: VA 45%; All Boards 45%
 - Average number of calendar months from receipt of complaints to resolution of cases 2009-2016
 - 2009: VA 8.7; All Boards 7.1
 - 2012: VA 5.7; All Boards 6.5
 - 2014: VA 5.8; All Boards 5.9
 - 2016: VA 6.7; All Boards 6.4
- Percent of cases resolved by Boards within 6 months, 7-12 months, 13 months-2 years and over 2 years
 - This measure not reported by VABON
 - All Boards:
 - 6 months 67.2%
 - 7-12 months 14.8%
 - 13 months-2 years 13.6%
 - Over 2 years 4.4%
- Average number of calendar months from receipt of complaints to the final action date of formal hearing cases conducted in 2016
 - This measure was not reported by VABON
 - All Boards 14.3 months
- Average number of calendar months from receipt of complaints to the final action date of formal hearing cases conducted 2012-2016
 - This measure was not reported by VABON
 - All Boards:
 - 2012: 12

- 2014: 12.3
- 2016: 14.3
- Percent agreement and disagreement by nurses, employers and educators with the statement that the Board of Nursing acted in a timely manner with the disciplinary process in 2016
 - Nurses: VA 100%; All Boards 63%
 - Employers: VA 80%; All Boards 62%
 - Educators: VA 80%; All Boards 90%
- Percent agreement and disagreement by nurses, employers and educators with the statement that the board of nursing's process used to investigate and resolve the problem regarding the complaint/discipline process was fair in 2016
 - Nurses: VA 100%; All Boards 78%
 - Employers: VA 100%; All Boards 87%
 - Educators: VA 80%; All Boards 88%

PROCESSES AND ACTIVITIES

Establish philosophy, policy, standards, etc.

- Nurses, Employers, and Educators ratios regarding their state's nurse practice act in terms of being current and reflecting state-of-the-art in the area of discipline in 2016
 - Nurses (excellent and good): VA 76%; All Boards 75%
 - Employers (excellent and good): VA 89%; All Boards 74%
 - Educators: VA 76%; All Boards 85%
- Percent of Nurses', Employers', and Educators' nursing organizations or nursing programs that emphasize a culture of safety that promotes the report of errors without the fear of retribution in 2016
 - Nurses: VA 73%; All Boards 73%
 - Employers: VA 89%; All Boards 84%
 - Educators: VA 91%; All Boards 88%

Triaging cases to determine risk and course of action; conducting investigations; reviewing complaints with subjects and complainants

- Percent of nurses', employers', and educators' nursing organizations or programs that emphasize the culture of safety that promotes the report of errors without the fear of retribution in 2016
 - Nurses: VA 73%; All Boards 73%
 - Employers: VA 89%; All Boards 84%
 - Educators:

- Average number of cases assigned to investigations 2009-2016
 - 2009: VA 1,264; All Boards 1,216
 - 2012: VA 1,188; All Boards 1,501
 - 2014: VA 1,346; All Boards 1,586
 - 2016: VA 1,435; All Boards 1,261
- Average number of formal hearings conducted by the board of nursing or by the administrative law judge 2012-2016
 - 2012: VA 107; All Boards 81
 - 2014: VA 70; All Boards 57
 - 2016: VA 85; All Boards 66
- Percent agreement and disagreement by nurses, employers and educators with the statement that the board of nursing kept them informed throughout the disciplinary process in 2016
 - Nurses: VA 75%; All Boards 54%
 - Employers: VA 60%; All Boards 53%
 - Educators: VA 80%; All Boards 95%

PROGRAM COMPONENTS AND RESOURCES

Staff and Dollars

- Average budget allocated to discipline in 2016
 - VA \$4,082,770;
 - All Boards \$1,883,100
- Average percent of total budget allocated to discipline 2012-2016
 - 2012: VA 29%; All Boards 40%
 - 2014: VA 56%; All Boards 31%
 - 2016: VA 51%; All Boards 40%
- Average cost per investigation 2016
 - VA \$2,700;
 - All Boards \$1,580
- Average FTE's involved in the investigative process that are board of nursing employees and contracted personnel in 2016
 - VA Not Reported;
 - All Boards 10

Delegated authority for the following tasks in 2015:

- Closure of complaints through approved guidelines and policies for allegations that fall below threshold to investigate (VA and 26 all boards).
- Expediting the closure of cases where a violation has not been established (VA 30 all boards).
- Determine priority or risk level at time of assignment (VA and 26 all boards)
- Offer consent agreements in particular instances (VA and 26 all boards)

Number of BON's who indicated that they provide or utilize the following practices in 2015

- Online complaint submissions (VA and 30 all boards)
- Case assignment to particular investigators (VA and 26 all boards)
- Interview templates (VA and 23 all boards)
- Report templates (VA and 30 all boards)
- Expedited process for admitted allegations (VA and 18 all boards)
- Approved guidelines, policies or matrix for discipline (VA and 26 all boards)
- Delegation to subcommittee for resolution of cases (VA and 16 all boards)
- Automatic suspension for noncompliance with order (VA and 25 all boards)

Recommendations for the CORE Report Summary 2016: Discipline

- **Recommendation:** Staff will participate in the improvement of the Board of Nursing and DHP websites and recommend that enhancements include the use of social media, interactive options and podcast.
 - **Recommendation:** Explore options for how to best educate licensees on the mission of the Board of Nursing.
 - **Recommendation:** Continue to monitor the length of time it takes for disciplinary cases to be resolved, using data to determine the need for additional process assessments and evaluation.
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Commitment to Ongoing Regulatory Excellence (CORE)

Education Report Summary 2016

Virginia Board of Nursing CORE Committee:

Trula Minton	Chair
Ethlyn McQueen-Gibson	Board Member
Margaret Friedenber	Board Member
Charlette Ridout	Board Staff

Introduction

The NCSBN CORE report is the result of a '*comparative performance measurement and benchmarking process*' based on collated survey data from key stakeholders in nursing regulation to include Boards of Nursing, Nurses, Employers and Educators. The CORE report aims to provide a snapshot of results related to performance measures in 4 key areas of nursing regulation: nursing practice, nursing education, nursing licensure and discipline. Evaluating effectiveness and efficiency in nursing regulation overall, both at the national level and at the individual Board of Nursing level, is the focus of CORE survey. Survey data allows individual Boards of Nursing to monitor their performance on key measures over time as well compare their performance to the national average and to like sized Boards of Nursing included in the survey. (Source: NCSBN CORE Aggregate Report FY 2014 & 2016)

Commitment to Ongoing Regulatory Excellence (CORE) Committee Report Education 2016

VA State BON VOL. 3: Education

I. Data Collection and Processing

- a. Survey was conducted between July and September of 2016 to the following groups:
 - i. *RNs with Active License*: In Virginia, a random sample of 1,500 RNs were sent a hard copy of the survey and 157 responded.
 - ii. *Boards of Nursing*: Nationally, 54 BONs were sent hard copies and 38 responded. Virginia responded.
 - iii. *Employers*: In Virginia, 300 employers were sent hard copies and 18 responded.
 - iv. *Educators*: In Virginia, 151 educators (program directors) were sent hard copies and 22 responded.
- b. Note that while hard copies were sent, a reminder letter was sent out to complete survey then the survey was also available electronically.

- c. Outside data sources used were: NCLEX-RN/PN examination data, Nursys disciplinary data, and Member Board Profiles data.

II. Limitations

- a. Includes missing or incomplete data
- b. Uncertainty on how data is reported among BONs due to inconsistencies which include but not limited to the following;
 - i. Maintain own information system,
 - ii. Do not track data in the same way,
 - iii. Interpretation of definitions of the measures, and
 - iv. Computation of the data.
- c. Sampling error as there were low response rates for individual states.
- d. Results in the report are descriptive data only. The data are indicators only and subject to possible problems with the validity and reliability.
- e. The report should be reviewed considering low number of responses.
 - i. Nurses, 13%
 - ii. Employers, 10%
 - iii. Educators, 22%

Points of Pride: Virginia Board of Nursing Education

- In Virginia, 83.1% of nurses indicated that over 90% of the nurses they work with provide safe and competent care, which was slightly higher than the aggregate.
- In Virginia, 97% of nurses indicated that their entry-level nursing education was excellent or good at preparing them to provide safe and competent care, which was higher than the overall aggregate.
- In Virginia, 93.8% of employers and 95.5% of nursing educators indicated the guidelines and regulations regarding the supervision of student nurses were adequate.
- In Virginia, 90.8% of nursing educators indicated the board of nursing's performance in promoting quality education was excellent or good.
- In Virginia, 90.8% of nursing educators indicated the board of nursing's performance in conducting the program review or approval as excellent or good.
- In Virginia, 95.4% of educators indicated the board's performance in regards to notification of board visits as excellent or good.
- In Virginia, 91% of educators indicated that the board's performance in the initial and ongoing review and approval process with regards to usefulness of feedback provided was excellent or good.
- Educator comments indicated the board keeps the educators and program directors informed of changes and the board is an "excellent partner, resource and advocate for nursing education".

Summary of Status/Opportunities

LONG TERM OUTCOMES

Consumers receive safe and competent care from nurses:

Percent of nurses you work with who provide safe and competent care:

- All BON's 80%; VA 83.1%

Nurses, employers and educators worked with or received reports about nurses with near misses or patient harm, seldom or never:

- Nurses-All BON's 70.8%; VA 73.1%
- Employers-All BON's 58.7%; VA 83.3%
- Educators-All BON's 87.4%; VA 86.4%

INTERMEDIATE OUTCOMES

Nursing programs graduate competent and safe practitioners

Nurses-Their programs prepare them for safe and competent care:

- ALL BON's 92.5%; VA 97%
- Employers-All BON's 81.5%; VA 62.5%

Consumers receive safe and competent care from student nurses:

Percent employers and educators agree with BON guidelines and regulations regarding the supervision of student nurses are adequate to assure safe and competent nursing care

- Employers-All BON's 92.4%; VA 93.8%
- Educators-All BON's 89.3%; VA 95.5%

Percent employers agree that education programs are high quality

- All BON's 89.9%; VA 88.8%

Students are adequately supervised

- All BON's 82.2%; VA 76.5%

OUTPUTS

Average number of approved programs, PN/RN/APRN

- All BON's 81.4; VA 141
- PN All BON's 23.4; VA 60
- RN All BON's 40.1; VA 81

- APRN All BON's 8; VA 0 (not regulated)

Average approved number of programs

- 2009 All BON's 67.7; VA 110
- 2012 All BON's 77.6; VA 159
- 2014 All BON's 81.4; VA 145
- 2016 All BON's 67.5; VA 141

Average number of programs with conditional, provisional or probation status

- PN All BON's 1.4; VA 1
- RN All BON's 2.4; VA 3

Average number of programs closed

- PN All BON's 0.4; VA 1
- RN All BON's 0.5; VA 0

Average number of programs denied initial approval

- PN All BON's 0.2; VA 3
- RN All BON's 0.1; VA 0

Average number of programs pending application

- PN All BON's 0.8; VA 6
- RN All BON's 1.1; VA 4

PROCESSES AND ACTIVITIES

Philosophy, policy and standards

Agree that nurse practice act is current and reflects state-of-the-art in nursing education

- Nurses All BON's 32.5%; VA 35.7%
- Employers All BON's 20.5%; VA 22.5%
- Educators All BON's 38.5%; VA 47.7%

Percent agreement with process used by BON to investigate and resolve a problem related to sanctions and/or monitoring

- All BON's 88.2%; VA 80%

BON performance in promoting quality education

- Nurses All BON's 75.9% VA 80%
- Employers All BON's 68.5%; VA 77.8%
- Educators All BON's 89.1%; VA 90.8%

BON performance in responding to innovation in education

- Nurses All BON's 70.2%; VA 71.1%
- Employers All BON's 62%; VA 77.8%

BON performance regarding program review or approval process

- Educators All BON's 89%; VA 90.8%

BON performance in initial and ongoing review or approval regarding consultation re rules, regulations, policies

- Educators All BON's 87.8%; VA 86.4%

BON performance in initial and ongoing approval process regarding notification of BON visits

- Educators All BON's 82.8%; VA 95.4%

BON performance regarding communication with BON staff

- Educators All BON's 81.7%; VA 86.4%

BON performance regarding timeliness of feedback from BON staff

- Educators All BON's 77.4%; VA 81.8%

BON performance regarding usefulness of feedback from BON staff

- Educators All BON's 82.9%; VA 91%

BON performance regarding fairness/objectivity

- Educators All BON's 83.6%; VA 86.4%

BON performance regarding plan of correction due process

- Educators All BON's 80.2%; VA 59.1%

PROGRAM COMPONENTS AND RESOURCES

Budget for education

- ALL BON's \$192,966; VA \$192,622

Percent of budget for education

- All BON's 6.1%; VA 2.4%

Budget per approved program

- 2012 All BON's \$3,553; VA \$1,391

- 2014 All BON's \$3,469; VA \$1,328
- 2016 All BON's \$4,109; VA \$1,366

FTE's for education programs

- All BON's 3.1; VA 2.5

Recommendations

- **Recommendation:**
 - Board will encourage nursing program directors to share with faculty, staff and students data regarding near misses occurring in nursing education programs
 - Board will disseminate information and encourage nursing program involvement with the Safe Student Reports Research Study being conducted by NCSBN. Information regarding participation in the research study can be found at <https://www.ncsbn.org/safe-student-reports.htm>
- **Recommendation:**
 - Suggest nursing programs implement changes based on the feedback obtained from employers of graduates
 - Notify Board of nursing onsite reviewers of the data obtained regarding outcomes.
- **Recommendation:** Board will disseminate information to employers, nurses and educators regarding Laws and Regulations, Guidance Documents through more prominent notices on the Board website and exploring opportunities with the VNA publication.
- **Recommendation:** Board of Nursing will evaluate current number of employees working with the nursing education programs as well as work flow processes.

**Commitment to Ongoing Regulatory Excellence (CORE)
Practice Report Summary 2016**

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Ethlyn McQueen-Gibson	Board Member
Margaret Friedenber	Board Member
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**Commitment to Ongoing Regulatory Excellence (CORE) Committee Report
Practice 2016**

VA State BON VOL. 4: Practice

I. Data Collection and Processing

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- d. Results in the report are descriptive data only. The data are indicators only and subject to possible problems with the validity and reliability.
- e. The report should be reviewed considering low number of responses.
 - i. Nurses, 13%
 - ii. Employers, 10%
 - iii. Educators, 22%

Points of Pride: Virginia Board of Nursing Practice

- VA leads all BON's in performance in responding to health care changes for nurses, employers and educators.
- VA leads all BON's in addressing emerging issues (nurses, employers and educators).
- VA leads all BON's in assuring competence of practicing nurses (nurses, employers and educators).
- VA leads all BON's in the understanding of how to report suspected violations of nursing statutes and rules (nurses, employers and educators).
- VA leads all BON's re the usefulness of information provided by the BON during presentations, webinars, workshops and BON meetings.
- Employers report seldom or never having near misses or patient harm. In VA 83.3% all Boards 58.7%
- 100% of nurses, employers and educators indicated information obtained while attending Board of Nursing

Summary of Status/Opportunities

LONG TERM OUTCOMES

Consumers receive safe and competent care from nurses:

Percent of nurses you work with who provide safe and competent care:

All BON's, 80%; VA, 83.1%

Nurses, employers and educators worked with or received reports about nurses with near misses or patient harm, seldom or never:

- Nurses-All BON's, 70.8%; VA, 73.1%
- Employers-All BON's, 58.7%; VA, 83.3%
- Educators-All BON's, 87.4%; VA, 86.4%

INTERMEDIATE OUTCOMES

Nursing regulations are current and reflect state-of-the-art of nursing practice:

- **BON's performance responding to health care changes:**
 - Nurses-All BON's, 72.7%; VA, 74.4%
 - Employers-All BON's, 67.6%; VA, 100%
 - Educators-All BON's, 78.9%; VA, 90.8%
- **BON's performance addressing emerging issues:**
 - Nurses-All BON's, 70.3%; VA, 74.3%
 - Employers-All BON's, 64.6%; VA, 100%
 - Educators-All BON's, 75.5%; VA, 86.4%
- **BON's assuring competence of practicing nurses:**
 - Nurses-All BON's, 75.1%; VA, 78.1%
 - Employers-All BON's, 69.5%; VA, 83.3%
 - Educators-All BON's, 88.6%; VA, 90.9%

Nurses and other stakeholders knowledge about regulations and the role of the BON:

- **Understanding of difference between role of BON versus professional nursing associations:**
 - Nurses-All BON's, 79.2%; VA, 74.3%
 - Employers-All BON's, 89.8%; VA, 83.3%
 - Educators-All BON's, 99.1%; VA, 100%
- **Understanding of obligation to report conduct they believe may violate nursing statutes:**
 - Nurses-All BON's, 94.3%; VA, 91.7%
 - Employers-All BON's, 97.8%; VA, 100%
 - Educators-All BON's, 98.8%; VA, 100%
- **Understanding of the scope/legal limits of nursing practice as determined by the nurse practice act and related state statutes and rules:**
 - Nurses-All BON's, 62.9%; VA, 62.6%
 - Employers-All BON's, 73.8%; VA, 61.1%
 - Educators-All BON's, 87.4%; VA, 95.5%

- **Understanding of how to report suspected violations of nursing statutes and rules:**
 - Nurses-All BON's, 78.2%; VA, 78.9%
 - Employers-All BON's, 95%; VA, 94.4%
 - Educators-All BON's, 95%; VA, 100%

OUTPUTS

Advice and clarification provided by BON and information disseminated:

- **Statutes/rules that govern nursing practice are readily accessible:**
 - Nurses-All BON's, 75.1%; VA, 72.6%
 - Employers-All BON's, 85.3%; VA, 83.3%
 - Educators-All BON's, 95.1%; VA, 95.5%
- **Reference when making practice decisions:**
 - Nurses, Nurse Practice law and rules- All BON's, 71.9%; VA, 68.2%
 - Nurses, Board Website- All BON's, 49.75; VA, 54.1%
 - Employers, Nurse Practice law and rules-All BON's, 85.9%; VA, 100%
 - Employers, Board Website-All BON's, 60.6%; VA,77.8%
 - Employers, Association Website-All BON's, 22.0%; VA, 55.6%
 - Employers, Personal Communication with Board staff-All BON's, 28.2%; VA, 50%
 - Educators, Nurse Practice law and rules-ALL BON's, 96.2%; VA, 95.5%
 - Educators, Board Website-All BON's, 83.1%; VA, 100%
 - Educators, Personal Communication with Board Staff-All BON's, 70.6%; VA,68.2%
- **Ratings regarding timeliness of BON response to email inquiry:**
 - Nurses-All BON's, 75%; VA, 72.1%
 - Employers-All BON's, 79%; VA, 100% (2 responses)
 - Educators-All BON's, 90.1%; VA, 95.2%
- **Ratings regarding ease of navigating BON website:**
 - Nurses-All BON's, 74.8%; VA, 76.8%
 - Employers-All BON's, 74%; VA, 85.7%
 - Educators-All BON's, 84%; VA, 80%
- **Ratings regarding ease of use of telephone inquiry to BON:**
 - Nurses-All BON's, 74.6%; VA, 75%
 - Employers-All BON's, 77.7%; VA, No responses**
 - Educators-All BON's, 80%; VA, 89.4%

- **Ratings regarding timeliness of telephone response from BON positive:**
 - Nurses-All BON's, 69.1%; VA, 70%
 - Employers-All BON's, 74.7%; VA, No responses**
 - Educators-All BON's 77.8%; VA, 88.9%

- **Ratings regarding helpfulness of response to telephone inquiry to BON**
 - Nurses-All BON's, 85.7%; VA, 75%
 - Employers-All BON's, 78.7%; VA, No responses**
 - Educators-All BON's, 71.9%; VA, 94.5%

- **Ratings regarding usefulness of BON publications/magazines:**
 - Nurses-All BON's, 51.6%; VA, 45.5%
 - Employers-All BON's, 61.1%; VA, 50%
 - Educators-All BON's, 72.8%; VA, 54.4%

- **Ratings regarding usefulness of information provided by BON during presentations, webinars, workshops and BON meetings:**
 - Nurses-All BON's, 95.5%; VA, 100%
 - Employers-All BON's, 94.5%; VA, 100%
 - Educators-All BON's, 96.9%; VA, 100%

PROCESSES AND ACTIVITIES

Responding to inquiries

Communication with nurses and other stakeholders

- **Ratings regarding nurse practice act being current and reflecting state-of-the-art nursing in their area:**
 - Nurses-All BON's, 80%; VA, 79.9%
 - Employers-All BON's, 80%; VA, 77.8%
 - Educators-All BON's, 84.3%; VA, 77.3%

- **Ratings regarding helpfulness of response received from BON re a practice issue:**
 - Nurses-All BON's, 79.4%; VA, 71.4%
 - Employers-All BON's, No response; VA, No response**
 - Educators-All BON's, No response; VA, No response**

COMPONENTS AND INPUTS

Questions, issues and practice issues

- **Percent nurses who asked BON about practice issues:**
 - All BON's, 8.1%; VA, 9.6%

- **Percent nurses, employers and educators who attended a BON presentation, webinar, workshop, conference or meeting:**
 - Nurses-All BON's, 8%; VA, 9.7%
 - Employers-All BON's, 17.5%; VA, 16.7%
 - Educators-All BON's, 74.6%; VA, 86.4%

Recommendations:

Recommendation: Explore opportunities to increase awareness and knowledge of nurse practice act by licensees. Suggest partnering with VNA to disseminate information and use of video or Youtube, podcast on the BON website

Recommendation: Participate in development of the new DHP website, exploring use of social media.

Recommendation: Complete a current tracking of the length of time callers are on hold waiting for staff to answer call and address questions.



D2

COMMONWEALTH of VIRGINIA

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

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Nurse Aide Registry (804) 367-4569
FAX (804) 527-4455

Memo

To: Board Members
From: Lisa Speller, RN, BSN
CC: Jay P. Douglas, MSM, RN, CSAC, FRE
Re: Guidance Documents
Date: March 4, 2019

Attached are Guidance Documents from the Board of Nursing currently due for review.

Staff completed a review and made the following recommendations:

- D2a 90-34** (*Requests for Review and Challenges of NCLEX*) – to discuss and to repeal
- D2b 90-41** (*Patient Abandonment by Care Providers*) – to re-adopt with no change
- D2c 90-48** (*Guidance on the Use of Social Media*) – to amend with removal of reference to “About.com”
- D2d 90-52** (*Removal of Venous and Arterial Sheaths by Unlicensed Personnel*) – to re-adopt with no change

D2a

Requests for Review and Challenges of NCLEX

The Board prohibits the review and challenge of the NCLEX Exam by candidates who have failed the exam.

Adopted: July 20, 1999
Reviewed: November 18, 2003
Reviewed: May 21, 2013

026

Virginia Board of Nursing

Patient Abandonment by Care Providers*

For the purposes of this guidance document, care providers* are persons licensed, certified or registered by the Board of Nursing, to include registered nurses, licensed practical nurses, certified nurse aides or registered medication aides.

The Board has received numerous inquiries regarding what constitutes patient abandonment and the imposition of mandatory overtime by employers. These inquiries usually are the result of situations encountered by care providers in relation to their work assignments. Patient abandonment is not defined in the Virginia Nurse Practice Act. For patient abandonment to be a violation of the Nurse Practice Act, it must be determined to “unprofessional conduct” (#2 of § 54.1-3007) or “practicing in a manner contrary to the standards of ethics or in such a manner as to make his practice a danger to the health and welfare of patients or to the public” (#5 of § 54.1-3007). The term abandonment is referred to in the Board regulations as a cause for discipline for nurses in 18 VAC 90-20-300, for certified nurse aides in 18 VAC 90-25-100, and for registered medication aides in 18VAC90-60-120.

Mandatory overtime usually refers to situations when the employer requires the care providers to remain on the job after the end of their scheduled work hours. It has also been imposed to require employees to come in to the workplace on unscheduled work days or hours. This is usually a result of staffing shortages at the facility. Care providers often ask if the employer can actually require them to remain on the job, and what will happen if they refuse to stay or come in to work. It is frequently reported that they have been told if they refuse to work, they will be fired, and reported to the Board for “patient abandonment.”

The term “patient abandonment” should be differentiated from the term “employment abandonment,” which becomes a matter of the employer-employee relationship and not that of the Board of Nursing. It should be noted that from a regulatory perspective, in order for patient abandonment to occur, the care provider must have first accepted the patient assignment and established a provider-patient relationship, then severed that provider-patient relationship without giving reasonable notice to the appropriate person (supervisor, employer) so that arrangements can be made for continuation of care by others. Providing appropriate personnel to care for patients is the responsibility of the employer. Failure of a care provider to work beyond his/her scheduled shift, refusal to accept an assignment, refusal to float to another unit, refusal to report to work, and resigning without notice, are examples of employment issues, and not considered by the Board to constitute patient abandonment.

The nurse manager/supervisor is accountable for assessing the capabilities of personnel in relationship to client needs and delegating or assigning care functions to qualified personnel. The nurse manager/supervisor’s responsibility also includes making judgments about situational factors (e.g., fatigue, lack of sleep, lack of orientation and

training to a particular unit) that would influence the provider's capability to deliver safe, effective care. The nurse manager should be aware that he/she could be subject to disciplinary action by the Board for assigning patient care responsibilities to staff when the manager knows, or should reasonably know, that the assignment may affect the competency of the care provider. Additionally, Joint Commission on Accreditation of Healthcare Organization Standards say that a nurse must be provided an orientation to the unit they are assigned, as well as training and credentialing in the specialized skills of the particular unit.

Care providers are accountable for the care they provide. Before accepting an assignment, it is most important that the provider have the knowledge, skills, and abilities to safely perform the tasks assigned. If a provider arrives for work and determines it would be unsafe to provide the care assigned, the provider should immediately contact the supervisor, explain him/her concerns, and request assistance in planning and providing safe, effective care based upon the available resources in the agency. Such assistance might include additional staff, additional assistance by other individuals for specific activities, prioritizing care or activities and notifying others regarding limitations to be imposed on providing optimal care delivery during the period of understaffing. Regardless of the staffing situation, when a care provider accepts an assignment, he/she will be held to the standard of delivering safe care, protecting patients from harm, monitoring client responses to medical and nursing interventions, communication with other professionals regarding patient status and accurate documentation for care that has been delivered.

To summarize, patient abandonment can only occur after the care provider has come on duty for the shift and accepted his/her assignment. If the care provider leaves the area of assignment during his/her tour of duty prior to the completion of the shift and without adequate notification to the immediate supervisor, it is possible the Board would consider taking disciplinary action. However, when a care provider refuses to remain on duty for an extra shift beyond his/her established schedule, it is not considered patient abandonment should the provider choose to leave at the end of the regular shift, provided he/she has appropriately notified the supervisor and reported off to another provider.

Adopted: March 20, 2001 (Initially authored by Shelley Conroy, RN, PhD)

Reviewed: November 18, 2003

Revised: September 11, 2012

Virginia Board of Nursing

D2C

Guidance on the Use of Social Media**Applicability**

This guidance document of the Board of Nursing applies to all *practitioners* regulated by the Board - including registered nurses, licensed practical nurses, certified massage therapists, certified nurse aides and registered medication aides.

Definition

What, exactly, is social media? Merriam-Webster defines social media as:

...forms of electronic communication...through which users create online communities to share information, ideas, personal messages, and other content...

~~About.com clarifies that:~~

~~...social media would be a social instrument of communication...a website that doesn't just give you information, but interacts with you while giving you that information...a two-way street that gives you the ability to communicate too. Any website that invites you to interact with the site and with other visitors falls into the definition of social media.~~

Background

The use of Social Media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Practitioners often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by practitioners have been reported to boards of nursing and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to practitioners using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Practitioners are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the practitioner's use of social media outside of the workplace. It is in this context that the practitioner may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the practitioner during the course of treatment must be safeguarded by that practitioner. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the practitioner's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective practitioner-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the practitioner. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular practitioner-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Practitioners may breach confidentiality or privacy with information he or she posts via social media.

Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients.

Board of Nursing Implications

Instances of inappropriate use of social and electronic media may be reported to the Board, and it may investigate reports of inappropriate disclosures on social media by a practitioner on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the practitioner may face disciplinary action by the Board, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure, certification or registration.

A 2010 survey of Boards of Nursing conducted by the National Council of State Boards of Nursing indicated an overwhelming majority of board responding (33 of the 46 respondents) reported receiving complaints of practitioners who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) reported taking disciplinary actions based on these complaints. Actions taken included censure of the practitioner, issuing a letter of concern, placing conditions on the practitioner's license or suspension of the practitioner's license.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a practitioner are varied. The potential consequences will depend, in part, on the particular nature of the practitioner's conduct.

Improper use of social media by practitioners may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A practitioner may face personal liability. The practitioner may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the practitioner's conduct violates the policies of the employer, the practitioner may face employment consequences, including termination. Additionally, the actions of the practitioner may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a practitioner regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line

between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the practitioner.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a practitioner inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The practitioner may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content. The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy. □ A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

Guiding Principles and Tips

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Practitioners and students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession. The following information includes principles for Social Networking provided by the American Nurses Association (ANA).

- Practitioners must not transmit or place online individually identifiable patient information.

- Practitioners must observe ethically prescribed professional patient — practitioner boundaries.
- Practitioners should understand that patients, colleagues, institutions, and employers may view postings.
- Practitioners should take advantage of privacy settings and seek to separate personal and professional information online.
- Practitioners should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
- Practitioners should participate in developing institutional policies governing online conduct

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, practitioners can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- Recognize the ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Do not transmit by way of any electronic media any patient-related image. In addition, practitioners are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the practitioner-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.

- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Practitioners need to be aware of the potential ramifications of disclosing patient-related information via social media. Practitioners should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, practitioners may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

References:

- American Nurses Association. (2011, September). Silver Spring, MD: Author.
 - Principles for social networking and the nurse.
 - Fact Sheet: Navigating the world of social media.
 - 6 Tips for nurses using social media.

- **National Council of State Boards of Nursing. (2011, August). White Paper: A Nurse's Guide to the Use of Social Media. Chicago, IL: Author.**

D2d

Virginia Board of Nursing

Removal of Venous and Arterial Sheaths by Unlicensed Personnel

The Board of Nursing Regulation on delegation to unlicensed personnel [18 VAC 90-20-440 (1) (f)] requires that the task to be delegated “have predictable results and for which the consequences of performing the task or procedure improperly are minimal and not life-threatening.”

The Board’s interpretation is that the delegation to unlicensed personnel of the task of removal of venous and arterial sheaths is **NOT** consistent with the regulations on delegation of nursing tasks to unlicensed persons.

Adopted: September 24, 2003

Reviewed: November 18, 2003

Revised: September 11, 2012

E 1

**VIRGINIA BOARD OF NURSING
EDUCATION INFORMAL CONFERENCE COMMITTEE
MINUTES
March 6, 2019**

**TIME AND
PLACE:**

The meeting of the Education Informal Conference Committee was convened at 9:08 a.m. in Suite 201, Department of Health Professions 9960 Mayland Drive, Second Floor, Board Room 1, Henrico, Virginia.

**MEMBERS
PRESENT:**

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, Chair
Laura Freeman Cei, BS, LPN, CCRP

**STAFF
PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director
Paula B. Saxby, RN, Ph.D., Deputy Executive Director
Robin Hills, RN, DNP, WHNP, Deputy Executive Director
Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager
Beth Yates, Nursing and Nurse Aide Education Coordinator

CONFERENCES SCHEDULED:

REGISTERED NURSING AND PRACTICAL NURSING EDUCATION PROGRAMS

Chamberlain University, BSN Program, Arlington, US28500600

Dr. Diane Smith-Levine, Senior Manager State Licensing and Regulation and Julie Siemers, DNP, RN, Campus President, were in attendance.

At 9:22 a.m. Ms. Cei moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Chamberlain University, BSN program. Additionally, she moved that Ms. Douglas, Dr. Saxby, Dr. Hills, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 9:27 a.m.

Ms. Cei moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend to accept their intended change in location as information.

Medical Solutions Academy, PN Program, Danville, US28110700

Lakesha Reed-Curtis, MSN, RN, Owner and Mary Williamson, MSN, RN, Program Director, were in attendance.

At 9:55 a.m. Ms. Cei moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Medical Solutions Academy, PN Program. Additionally, she moved that, Ms. Douglas, Dr. Saxby, Dr. Hills, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 10:18 a.m.

Ms. Cei moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend to deny the request to increase enrollment at Medical Solutions Academy due to failure to provide evidence that meets the requirements of 18VAC-90-27-30 (3) (d) as evidenced by the initial enrollment plan has not yet been met.

Fairfax County Public Schools, PN Program, Springfield, US28108600

Jennifer Alpers, Program Manager, HMS, and Jacqueline Portnoy, Program Director were in attendance.

At 10:41 a.m. Ms. Cei moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Fairfax County Public Schools, PN Program. Additionally, she moved that, Ms. Douglas, Dr. Saxby, Dr. Hills, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 10:46 a.m.

Ms. Cei moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend to approve the request to restructure the nursing pathway and increase the length of the program for Fairfax County Public Schools Practical Nursing Program.

Bryant & Stratton College, ADN, Program, Hampton, US28409900

There were no representatives for the program in attendance.

Action: Recommend to defer the request from Bryant & Stratton College to change from a day to evening program as no representative was present.

Public Comment

There was no public comment.

Applications to Establish Nursing Education Programs: Update

Staff provided a status report for the following applications:

Practical Nursing Programs:

Salvation Academy, Alexandria

American National University, Salem

Registered Nursing Programs:

Stratford University, BSN, Virginia Beach

Regent University, BSN, Virginia Beach

American National University, ADN, Salem

ECPI University, BSN, Norfolk

The Board held an Education Program Orientation session on February 28, 2019. Representatives from nine (9) prospective programs attended the session for Establishing a Nursing Education Program.

Action: Recommend to accept the report as information.

NCLEX Pass Rates Below 80% for 1 Year

Staff provided a status report for the following programs with NCLEX pass rates below 80% for 2018.

Practical Nursing Programs

America School of Allied Health

Fairfax County Public Schools

Petersburg Public Schools

Ultimate Health School

Registered Nursing Programs

Fortis College, Norfolk, ADN

Hampton University School of Nursing, BSN

George Mason University Accelerated BSN program can be removed from the list of below 80% for one year after making an adjustment to their pass rates due to students choosing an incorrect program code. With the corrections the pass rate is above 90%.

Action: Recommend to accept the report as information (with edits.)

NCLEX Pass Rates Below 80% for 2 Years

Staff provided a status report for the following programs with NCLEX pass rates below 80% for 2 years (2017 and 2018) who have been placed on Conditional Approval.

Eastern Virginia Career College, ADN

Fortis College, Richmond, ADN

Action: Recommend to place Eastern Virginia Career College and Fortis College, Richmond on Conditional Approval with terms and conditions; submit an updated NCLEX plan of correction; schedule an NCLEX site visit; and submit a site visit fee.

NCLEX Pass Rates Below 80% for 3 Years

Staff reported on current status for the following programs with NCLEX pass rates below 80% for 3 or more years (2015, 2016, 2017, 2018.)

Centura College Midlothian, program closed on September 30, 2018.

Centura College Norfolk, pursuant to a current Board Order, needed to be 80% or above for 2018. Compliance received notification that the program would like to voluntarily close September 30, 2019.

Paul D. Camp Community College, PN program's pass rate is below 80% for Four years. The current Board Order states the Board will review the 2019 NCLEX results.

Global Health College was closed by Board Order December 31, 2018.

Paul D. Camp Community College, ADN program's pass rate is below for three years.

Action: Recommend to accept the report as information and accept Centura College Norfolk's request to voluntarily close.

Virginia and National NCLEX Pass Rates 2018 for RN and PN Programs

Board staff presented an update on the NCLEX pass rates from 2012 to 2018. Overall, Virginia's NCLEX pass rate is higher than the National Pass Rate for Registered Nursing Education Programs.

Action: Recommended to accept as information.

Nurse Aide Education Program Application

Grace Health and Rehabilitation Center of Greene County – Application for a Hybrid Nurse Aide Education Program.

There were no representatives for the program in attendance.

Dr. Saxby presented information regarding the status of the application.

Action: Recommend to defer the request to establish a hybrid nurse aide education program at Grace Health and Rehabilitation Center of Greene County as no representative for the program was present.

Meeting adjourned at 11:20 a.m.

Paula B. Saxby, R.N., Ph.D.

Paula B. Saxby, R.N., Ph.D.
Deputy Executive Director

Jacquelyn Wilmoth, RN, MSN

Jacquelyn Wilmoth, RN, MSN
Education Program Manager

DRAFT

Virginia's Certified Nurse Aide Workforce: 2018

Healthcare Workforce Data Center

November 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

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

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

30,653 Certified Nursing Aides voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

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The Certified Nurse Aide Workforce: At a Glance:

The Workforce

Licensees:	60,295
Virginia's Workforce:	57,072
FTEs:	51,167

Background

Rural Childhood:	49%
HS Degree in VA:	71%
Prof. Degree in VA:	88%

Current Employment

Employed in Prof.:	86%
Hold 1 Full-time Job:	57%
Satisfied?:	94%

Survey Response Rate

All Licensees:	51%
Renewing Practitioners:	79%

Education

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

Job Turnover

New Location:	39%
Employed over 2 yrs:	48%

Demographics

Female:	94%
Diversity Index:	58%
Median Age:	38

Finances

Med. Income: \$12-\$13/hr.	
Health Benefits:	55%
Retirement Benefits:	43%

Establishment Type

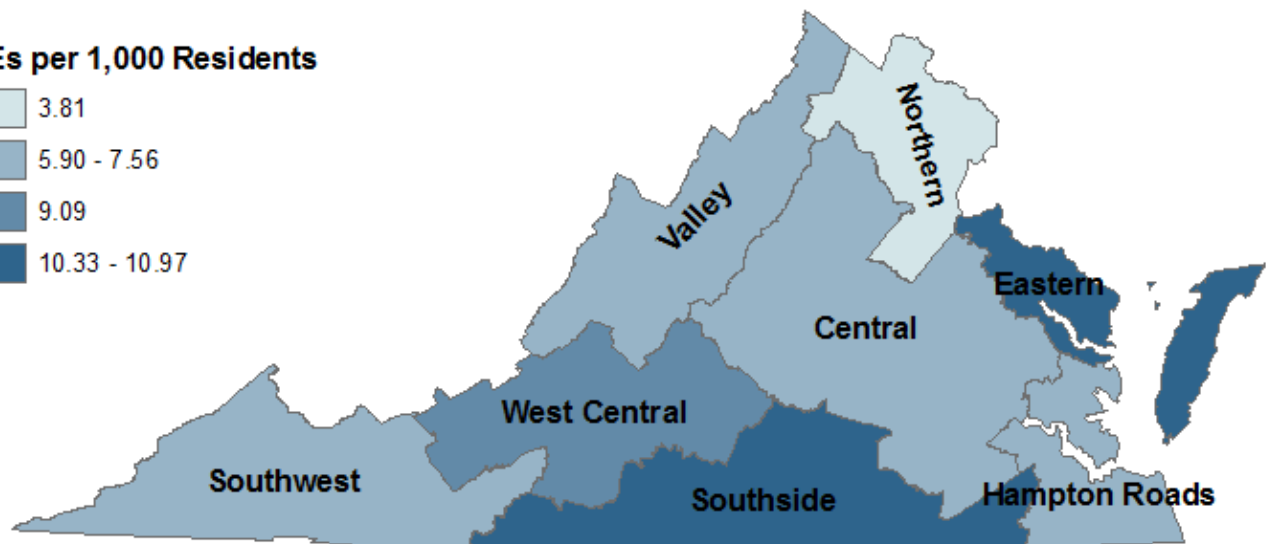
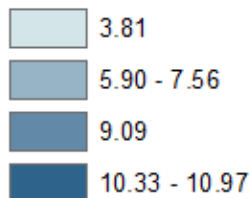
Nursing Home:	30%
Home Health Care:	16%
Assisted Living:	15%

Source: Va. Healthcare Workforce Data Center

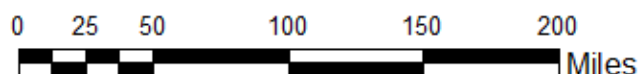
Full Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



More than 30,000 Certified Nurse Aides (CNAs) voluntarily took part in the 2018 Certified Nurse Aide Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the license issuance month of each respondent. These survey respondents represent 51% of the 60,295 CNAs who are licensed in the state and 79% of renewing practitioners.

The HWDC estimates that 57,072 CNAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 51,167 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

More than 90% of all CNAs are female, and the median age of the CNA workforce is 38. In a random encounter between two CNAs, there is a 58% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's CNA workforce more diverse than the state's overall population, where there is a 56% chance that two randomly chosen people would be of different races or ethnicities. Nearly half of all CNAs grew up in a rural area, and 29% of these professionals currently work in a non-metro area of the state. In total, 19% of all CNAs work in non-metro areas of Virginia. With respect to education, 10% of all CNAs are currently enrolled in a nursing program, including 6% who are enrolled in a RN program.

While 86% of CNAs are currently employed in the profession, another 4% of CNAs are involuntarily unemployed. Among those CNAs who are employed, 57% hold one full-time position and 39% work between 40 and 49 hours per week. Nursing homes employ 30% of all CNAs in the state, while another 16% work in home health care establishments. The median hourly wage for Virginia's CNA workforce is between \$12.00 and \$13.00. In addition, 74% receive at least one employer-sponsored benefit, including 55% who receive health insurance. Most CNAs are satisfied with their current employment situation, including 65% who indicate they are "very satisfied".

Summary of Trends

Over the past year, there was a small decline in the number of respondents to the CNA workforce survey (30,653 vs. 31,266). This decline occurred even though the number of licensees increased over the same time period (60,295 vs. 60,026). At the same time, the size of Virginia's CNA workforce increased as well (57,072 vs. 56,680). In addition, there was a significant increase in the number of FTEs provided by these professionals (51,167 vs. 49,992).

Since 2014, Virginia's CNAs have become more likely to earn their high school degree in the state (71% vs. 66%). The same is also true for their initial professional degree (88% vs. 86%). CNAs are also slightly more likely to have earned a Registered Medication Aide certification (7% vs. 6%). In addition, CNAs are more likely to have earned their professional degree in a public school (27% vs. 23%) as opposed to a nursing home/hospital (30% vs. 34%).

Relative to 2014, CNAs are more likely to be employed in the profession (86% vs. 84%), and the percentage of CNAs who are involuntarily unemployed has fallen considerably (4% vs. 9%). At the same time, CNAs are more likely to hold multiple work positions (20% vs. 16%) and work between 40 and 49 hours per week (39% vs. 34%). In addition, more CNAs have been at their primary work location for more than two years (48% vs. 45%). Meanwhile, CNAs are slightly less likely to participate in clinical or patient care activities (93% vs. 94%) as opposed to non-clinical activities. With respect to establishment types, CNAs are now less likely to be employed in nursing homes (30% vs. 33%) and home health care organizations (16% vs. 19%) but more likely to work at assisted living facilities (15% vs 13%) and the inpatient department of hospitals (12% vs 10%).

The median hourly wage for Virginia's CNA workforce has also increased from \$11-\$12 to \$12-\$13, and CNAs are more likely to receive at least one employer-sponsored benefit (74% vs 70%). This is particularly true for certain employer benefits such as health insurance (55% vs 47%) and retirement plans (43% vs. 32%). Finally, Virginia's CNAs also indicate that they are more satisfied with their current employment situation (94% vs. 91%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	40,613	67%
New Licensees	6,791	11%
Non-Renewals	7,915	13%
Renewal Date Not in Survey Period	4,976	8%
All Licensees	60,295	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 79% of renewing CNAs submitted a survey. These represent 51% of CNAs who held a license at some point during the licensing period.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	11,270	6,331	36%
30 to 34	4,426	3,612	45%
35 to 39	2,832	3,561	56%
40 to 44	2,186	3,230	60%
45 to 49	2,158	3,198	60%
50 to 54	2,012	3,361	63%
55 to 59	1,917	3,264	63%
60 and Over	2,841	4,096	59%
Total	29,642	30,653	51%
New Licenses			
Issued in Past Year	6,791	0	0%
Metro Status			
Non-Metro	5,530	6,319	53%
Metro	20,416	22,639	53%
Not in Virginia	3,696	1,695	31%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2017 and September 2018 on the month of initial licensure of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to CNAs who renewed their licenses online. It was not available to those who did not renew, including CNAs newly licensed in the past two years.

Response Rates	
Completed Surveys	30,653
Response Rate, All Licensees	51%
Response Rate, Renewals	79%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed CNAs

Number:	60,295
New:	11%
Not Renewed:	13%

Response Rates

All Licensees:	51%
Renewing Practitioners:	79%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's CNA Workforce: 57,072
 FTEs: 51,167

Utilization Ratios

Licenses in VA Workforce: 95%
 Licenses per FTE: 1.18
 Workers per FTE: 1.12

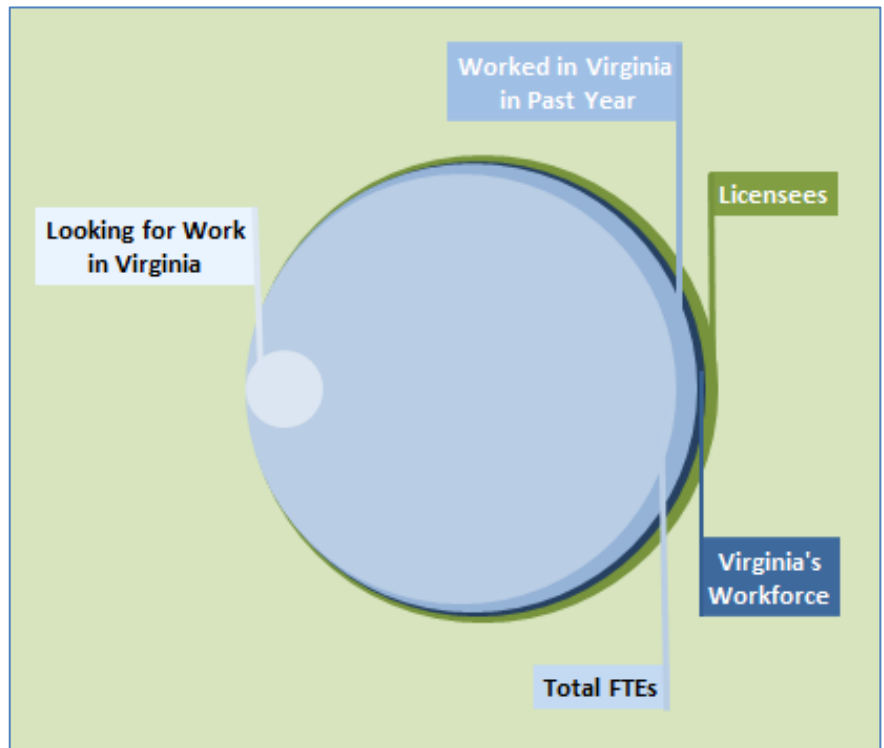
Source: Va. Healthcare Workforce Data Center

Virginia's CNA Workforce		
Status	#	%
Worked in Virginia in Past Year	55,423	97%
Looking for Work in Virginia	1,649	3%
Virginia's Workforce	57,072	100%
Total FTEs	51,167	
Licenses	60,295	

Source: Va. Healthcare Workforce Data Center

Definitions

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



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	875	6%	14,963	95%	15,838	30%
30 to 34	444	6%	6,807	94%	7,250	14%
35 to 39	360	6%	5,396	94%	5,756	11%
40 to 44	299	6%	4,530	94%	4,829	9%
45 to 49	321	7%	4,447	93%	4,768	9%
50 to 54	269	6%	4,419	94%	4,688	9%
55 to 59	241	5%	4,254	95%	4,494	8%
60 +	323	6%	5,519	95%	5,842	11%
Total	3,131	6%	50,334	94%	53,464	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	CNAs		CNAs under 40	
	%	#	%	#	%
White	62%	20,436	37%	12,329	42%
Black	19%	28,468	52%	14,031	48%
Asian	6%	1,546	3%	578	2%
Other Race	1%	533	1%	246	1%
Two or more races	3%	1,239	2%	950	3%
Hispanic	9%	2,298	4%	1,348	5%
Total	100%	54,520	100%	29,482	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

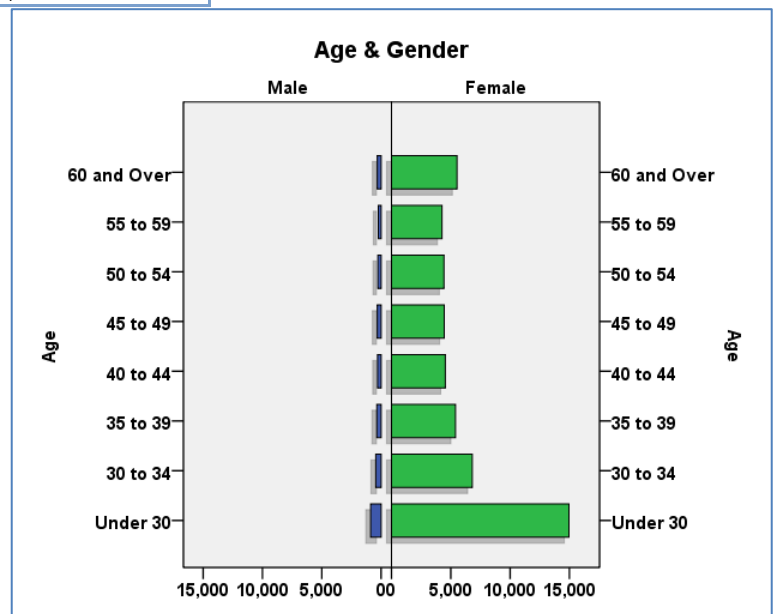
Age
 Median Age: 38
 % Under 40: 54%
 % 55+: 19%

Diversity
 Diversity Index: 58%
 Under 40 Div. Index: 60%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two CNAs, there is a 58% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 56% chance for Virginia's population as a whole.

54% of all CNAs are under the age of 40. 94% of these professionals are female. In addition, the diversity index among CNAs who are under the age of 40 is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 29%
 Rural Childhood: 49%

Virginia Background

HS in Virginia: 71%
 Prof. Training in VA: 88%
 HS or Prof. Train. in VA: 90%

Location Choice

% Rural to Non-Metro: 29%
 % Urban/Suburban to Non-Metro: 9%

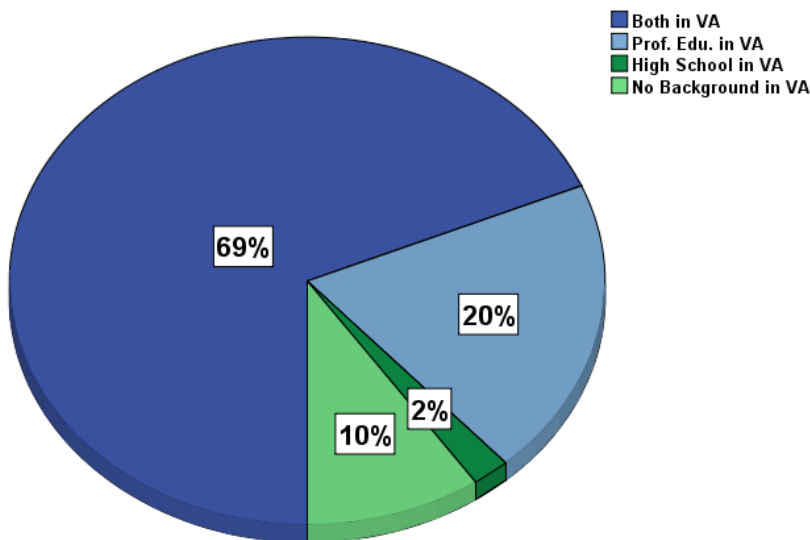
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	33%	28%	39%
2	Metro, 250,000 to 1 million	57%	20%	23%
3	Metro, 250,000 or less	67%	18%	15%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	61%	19%	20%
6	Urban pop, 2,500-19,999, Metro adjacent	76%	11%	14%
7	Urban pop, 2,500-19,999, non adjacent	86%	7%	7%
8	Rural, Metro adjacent	84%	8%	9%
9	Rural, non adjacent	77%	11%	13%
Overall		49%	22%	29%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

49% of all CNAs grew up in self-described rural areas, and 29% of these professionals currently work in non-metro counties. Overall, 19% of all CNAs currently work in non-metro counties.

Top Ten States for Certified Nursing Aide Recruitment

Rank	All CNAs			
	High School	#	Init. Prof Degree	#
1	Virginia	38,146	Virginia	47,935
2	Outside U.S./Canada	7,451	North Carolina	984
3	New York	1,236	New York	651
4	North Carolina	921	Maryland	522
5	Maryland	702	West Virginia	480
6	West Virginia	685	Pennsylvania	341
7	Pennsylvania	623	New Jersey	303
8	New Jersey	517	California	264
9	Florida	367	Georgia	222
10	Georgia	308	Tennessee	198

71% of Virginia's licensed CNAs earned their high school degree in Virginia, while 88% received their initial CNA training in the state.

Source: Va. Healthcare Workforce Data Center

Among CNAs who received their license in the past five years, 71% received their high school degree in Virginia, while 87% received their initial CNA training in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	11,447	Virginia	14,032
2	Outside U.S./Canada	2,032	North Carolina	287
3	New York	268	Maryland	168
4	North Carolina	245	West Virginia	165
5	Maryland	227	New York	164
6	Pennsylvania	217	Pennsylvania	127
7	West Virginia	176	Georgia	83
8	Florida	128	New Jersey	81
9	New Jersey	127	California	77
10	California	113	Florida	73

Source: Va. Healthcare Workforce Data Center

5% of Virginia's licensees did not participate in Virginia's CNA workforce during the past year. 85% of these licensees worked at some point in the past year, including 70% who worked in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total:	3,171
% of Licensees:	5%
Va. Border State/DC:	39%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Credential		
Credential	#	% of Workforce
Registered Medication Aide (RMA)	4,092	7%
Advanced Practice CNA	436	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

RMA: 7%

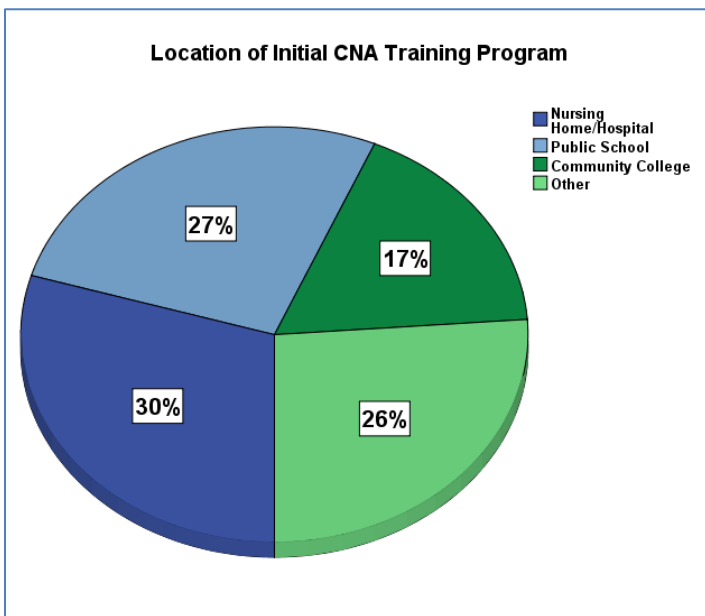
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 6%

LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	15,889	30%
Public School (High/Vocational)	14,423	27%
Community College	9,321	17%
Other	14,051	26%
Total	53,685	100%

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	45,617	90%
RN Program	3,118	6%
LPN Program	1,895	4%
Total	50,631	100%

Source: Va. Healthcare Workforce Data Center

10% of CNAs are currently enrolled in a nursing program, including 6% who are enrolled in a RN program.

At a Glance:

Employment

Employed in Profession: 86%
Involuntarily Unemployed: 4%

Positions Held

1 Full-time: 57%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 39%
60 or more: 6%
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	17	< 1%
Employed in a CNA-related capacity	46,911	86%
Employed, NOT in a CNA-related capacity	5,065	9%
Not working, reason unknown	0	0%
Involuntarily unemployed	2,186	4%
Voluntarily unemployed	123	< 1%
Retired	14	< 1%
Total	54,316	100%

Source: Va. Healthcare Workforce Data Center

86% of CNAs are currently employed in their profession. 57% of CNAs have one full-time job, and 39% of CNAs work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	2,309	4%
1 to 9 hours	1,730	3%
10 to 19 hours	2,685	5%
20 to 29 hours	5,438	11%
30 to 39 hours	14,940	29%
40 to 49 hours	19,945	39%
50 to 59 hours	1,740	3%
60 to 69 hours	851	2%
70 to 79 hours	816	2%
80 or more hours	1,197	2%
Total	51,651	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	2,309	4%
One Part-Time Position	9,912	18%
Two Part-Time Positions	2,313	4%
One Full-Time Position	30,561	57%
One Full-Time Position & One Part-Time Position	7,399	14%
Two Full-Time Positions	729	1%
More than Two Positions	441	1%
Total	53,664	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Less than \$7.50 per hour	337	1%
\$7.50 to \$7.99 per hour	481	1%
\$8.00 to \$8.99 per hour	1,274	3%
\$9.00 to \$9.99 per hour	2,264	5%
\$10.00 to \$10.99 per hour	4,870	11%
\$11.00 to \$11.99 per hour	5,977	13%
\$12.00 to \$12.99 per hour	8,368	18%
\$13.00 to \$13.99 per hour	6,887	15%
\$14.00 to \$14.99 per hour	5,607	12%
\$15.00 or more per hour	9,919	22%
Total	45,984	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
 Median Income: \$12-\$13/hr.

Benefits
 Health Insurance: 55%
 Retirement: 43%

Satisfaction
 Satisfied: 94%
 Very Satisfied: 65%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	34,489	65%
Somewhat Satisfied	15,823	30%
Somewhat Dissatisfied	2,221	4%
Very Dissatisfied	957	2%
Total	53,490	100%

Source: Va. Healthcare Workforce Data Center

The typical CNA earned between \$12 and \$13 per hour during the past year. In addition, 74% of CNAs receive at least one employer-sponsored benefit, including 55% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	29,901	64%
Health Insurance	25,615	55%
Paid Sick Leave	24,692	53%
Dental Insurance	23,652	50%
Retirement	20,149	43%
Group Life Insurance	15,061	32%
Received At Least One Benefit	34,890	74%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,588	12%	3,221	21%
6 Months to 1 Year	7,106	15%	2,984	20%
1 to 2 Years	12,725	26%	3,643	24%
3 to 5 Years	11,024	23%	3,020	20%
6 to 10 Years	5,513	11%	1,220	8%
More than 10 Years	6,465	13%	1,046	7%
Subtotal	48,422	100%	15,135	100%
Did not have location	3,339		39,176	
Item Missing	5,311		2,762	
Total	57,072		57,072	

Source: Va. Healthcare Workforce Data Center

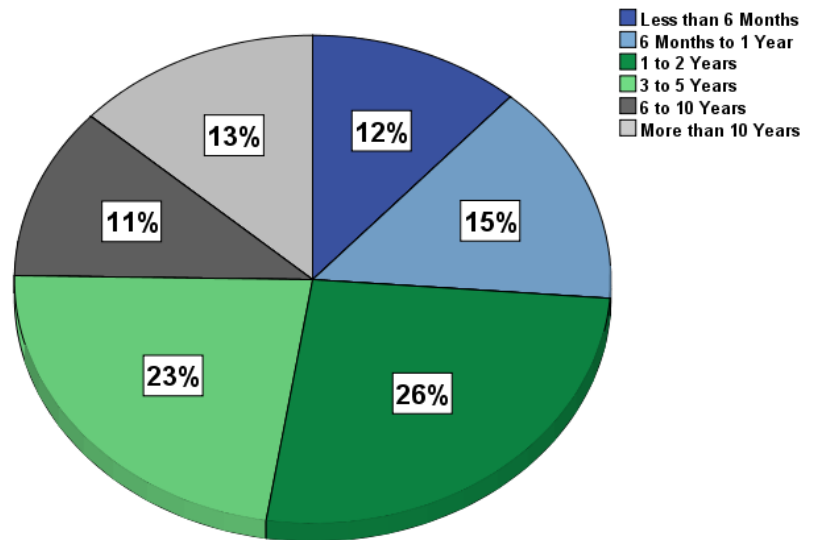
At a Glance:

Turnover & Tenure

New Location: 39%
 Over 2 years: 48%
 Over 2 yrs, 2nd location: 35%

Source: Va. Healthcare Workforce Data Center

Work Duration at Primary Work Location



48% of CNAs have worked at their primary work location for more than two years.

Source: Va. Healthcare Workforce Data Center

At a Glance:

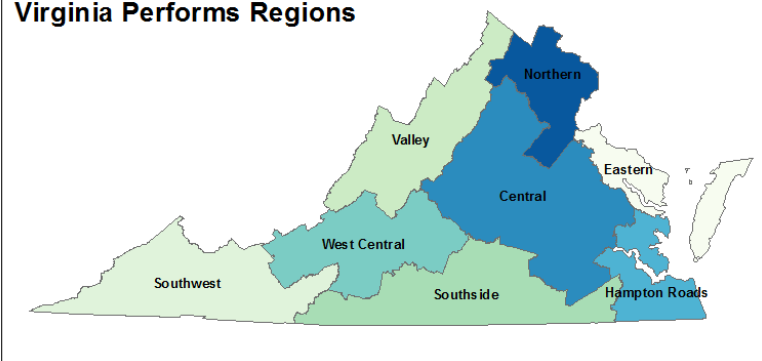
Concentration

Top Region:	22%
Top 3 Regions:	62%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

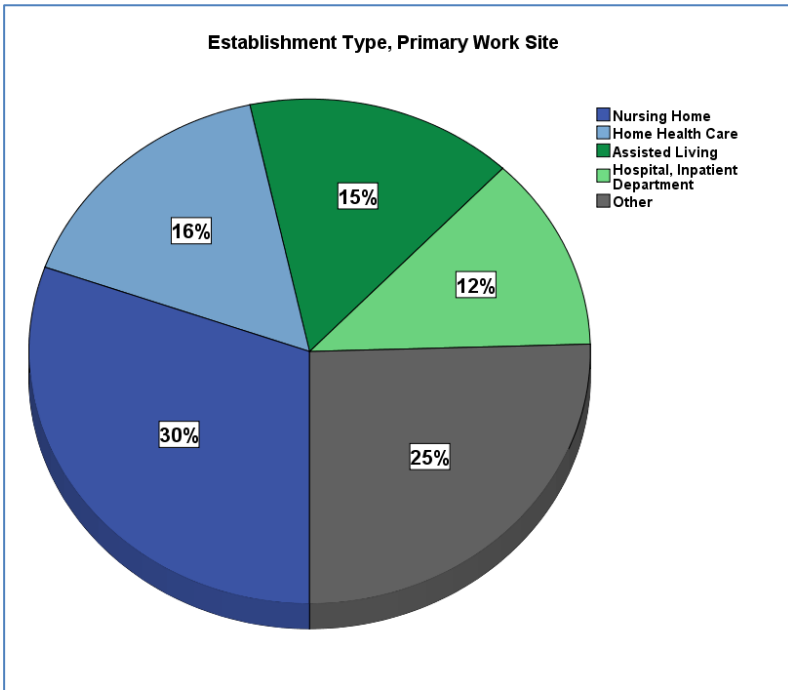
Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	10,096	22%	3,355	21%
Eastern	1,412	3%	510	3%
Hampton Roads	8,993	19%	3,272	21%
Northern	9,372	20%	3,925	25%
Southside	3,409	7%	1,029	7%
Southwest	2,551	6%	603	4%
Valley	3,715	8%	927	6%
West Central	6,438	14%	1,936	12%
Virginia Border State/DC	101	0%	80	1%
Other US State	86	0%	120	1%
Outside of the US	8	0%	8	0%
Total	46,181	100%	15,765	100%
Item Missing	7,553		2,131	

Source: Va. Healthcare Workforce Data Center

22% of all CNAs are employed in Central Virginia, the most of any region in the state. Another 20% of the state's CNA workforce is employed in Northern Virginia, while 19% is employed in Hampton Roads.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Activity

Clinical/Patient Care:	93%
Non-Clinical:	7%

Top Establishments

Nursing Home:	30%
Home Health Care:	16%
Assisted Living:	15%

Source: Va. Healthcare Workforce Data Center

Nursing homes employed 30% of all CNAs in the state, while another 16% of CNAs worked at home health care establishments.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	15,177	30%	2,970	18%
Home Health Care	8,061	16%	4,095	25%
Assisted Living	7,729	15%	2,391	14%
Hospital, Inpatient Department	6,215	12%	729	4%
Personal Care: Companion/Sitter/Private Duty	2,307	5%	1,295	8%
Mental Health Facility	1,165	2%	180	1%
Hospice	1,079	2%	179	1%
Physician's Office	1,056	2%	134	1%
Group Home	1,031	2%	473	3%
Hospital, Ambulatory Care	957	2%	178	1%
Health Clinic	506	1%	166	1%
Ambulatory or Outpatient Care	450	1%	142	1%
Other Practice Setting	4,155	8%	3,733	22%
Total	49,888	100%	16,665	100%
Did Not Have a Location	3,339		39,176	

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 51,167
 FTEs/1,000 Residents¹: 6.04
 Average: 0.95

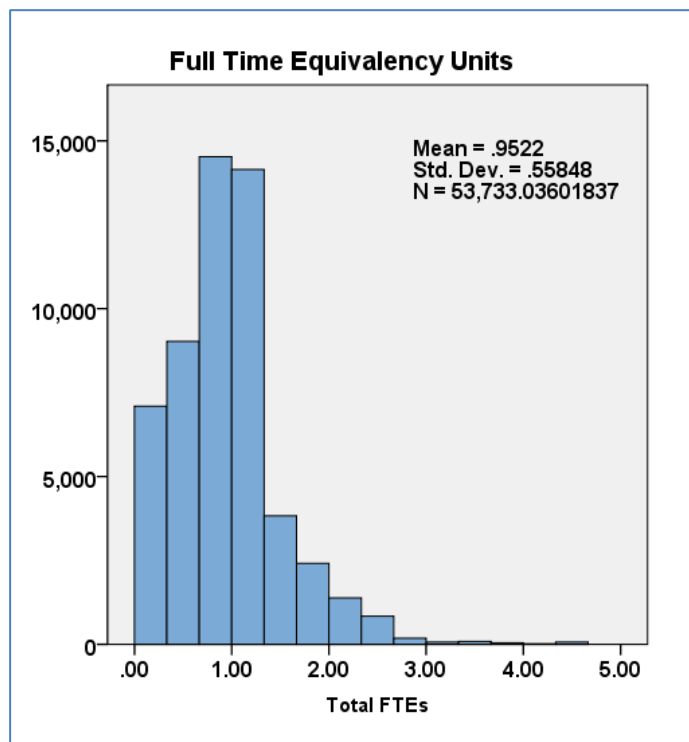
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

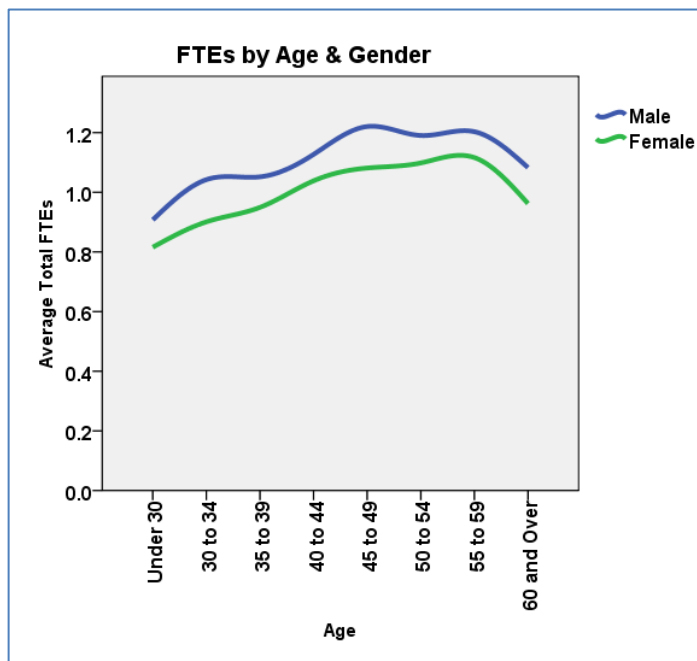


Source: Va. Healthcare Workforce Data Center

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

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.82	0.81
30 to 34	0.90	0.90
35 to 39	0.94	0.91
40 to 44	1.03	0.95
45 to 49	1.08	1.08
50 to 54	1.10	1.08
55 to 59	1.11	1.08
60 and Over	0.95	0.91
Gender		
Male	1.06	1.03
Female	0.95	0.91

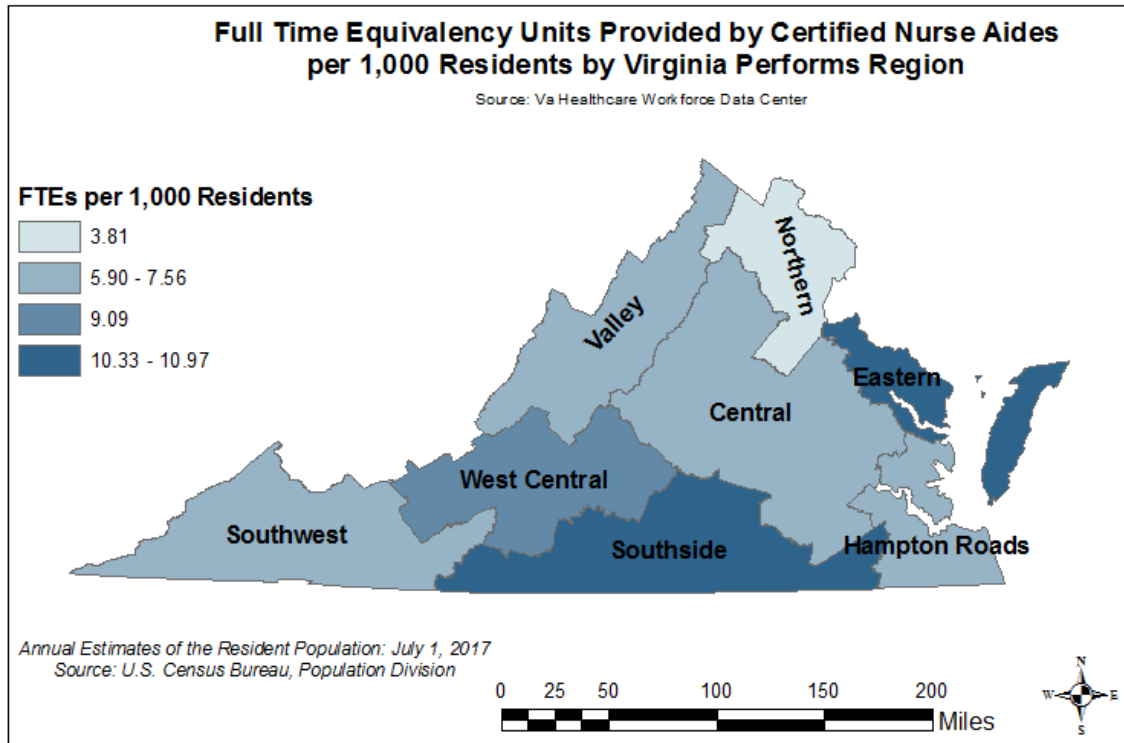
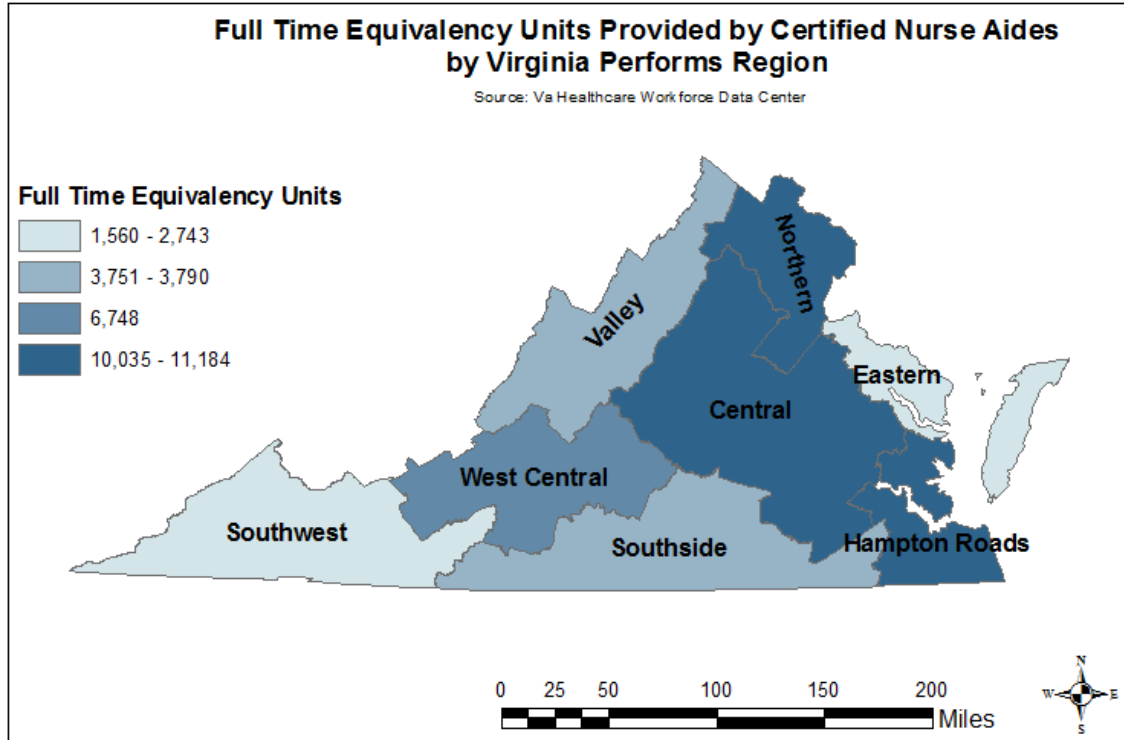
Source: Va. Healthcare Workforce Data Center

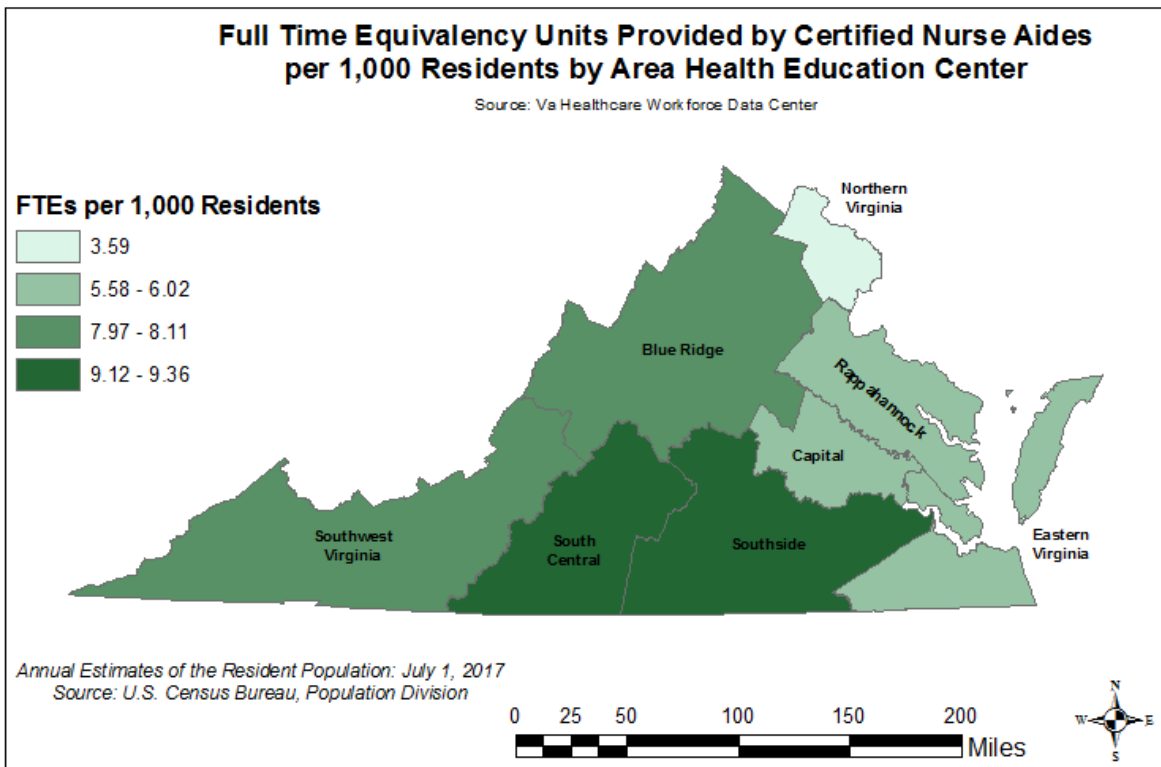
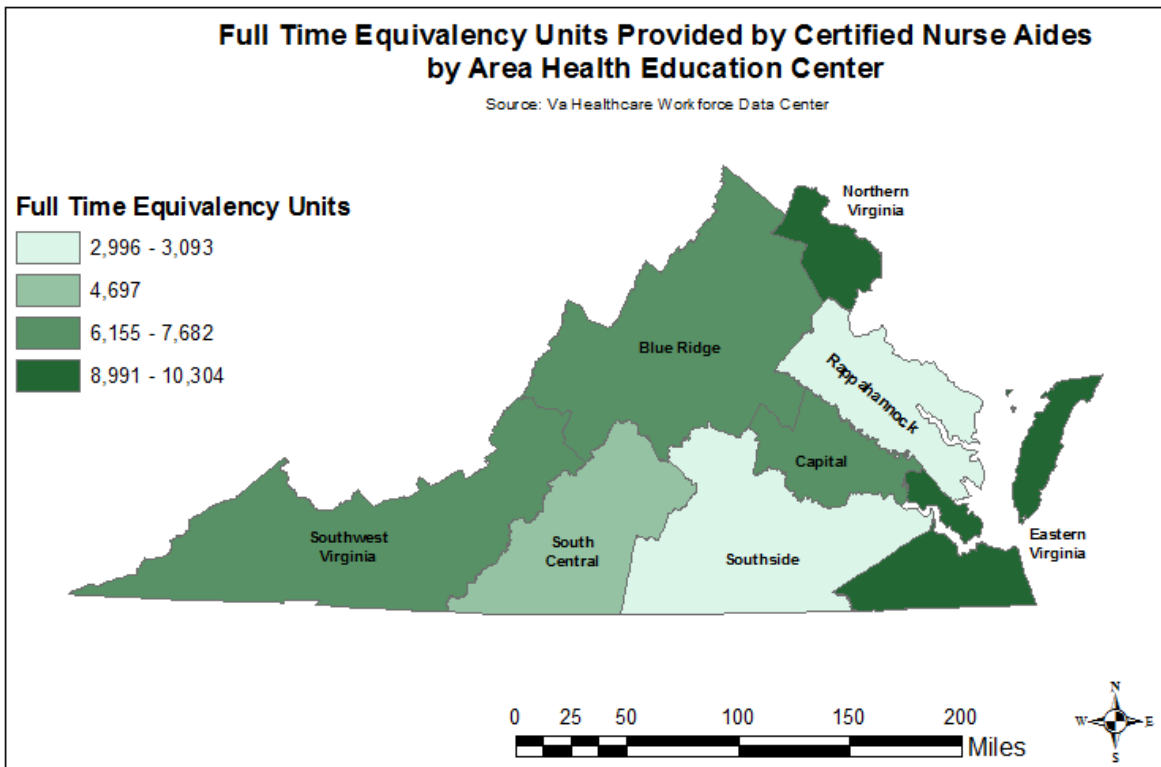


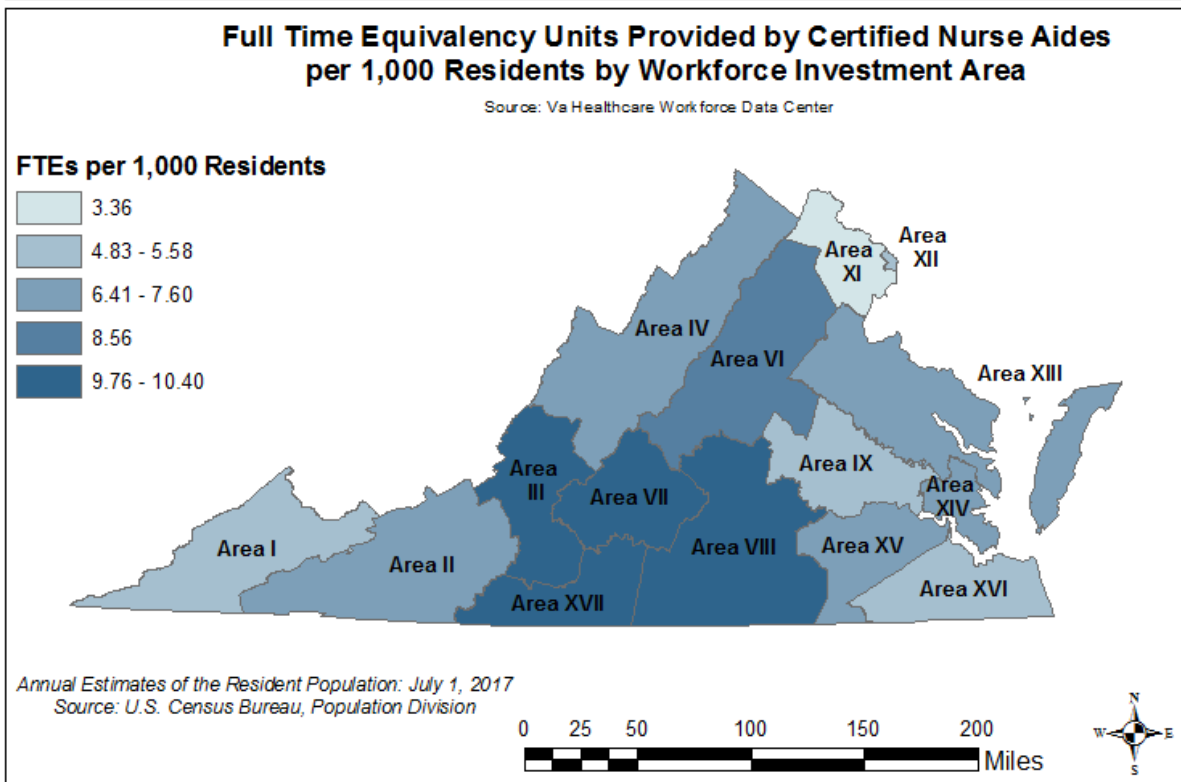
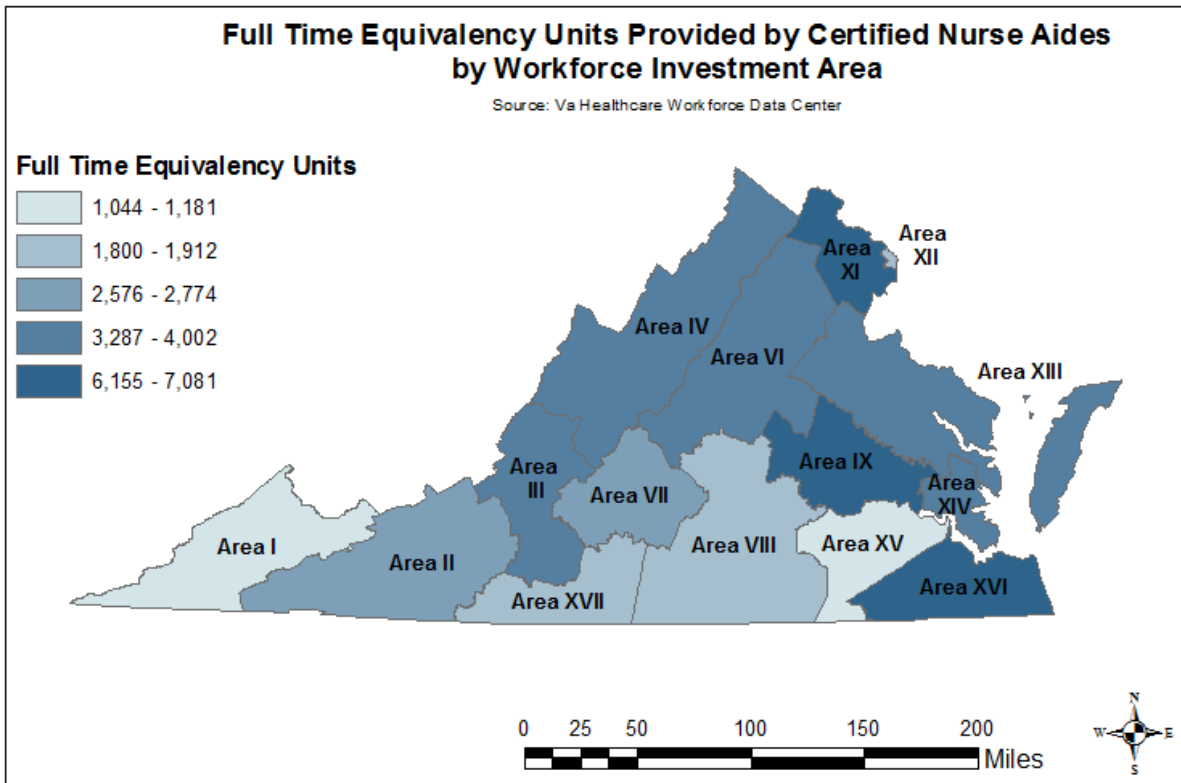
Source: Va. Healthcare Workforce Data Center

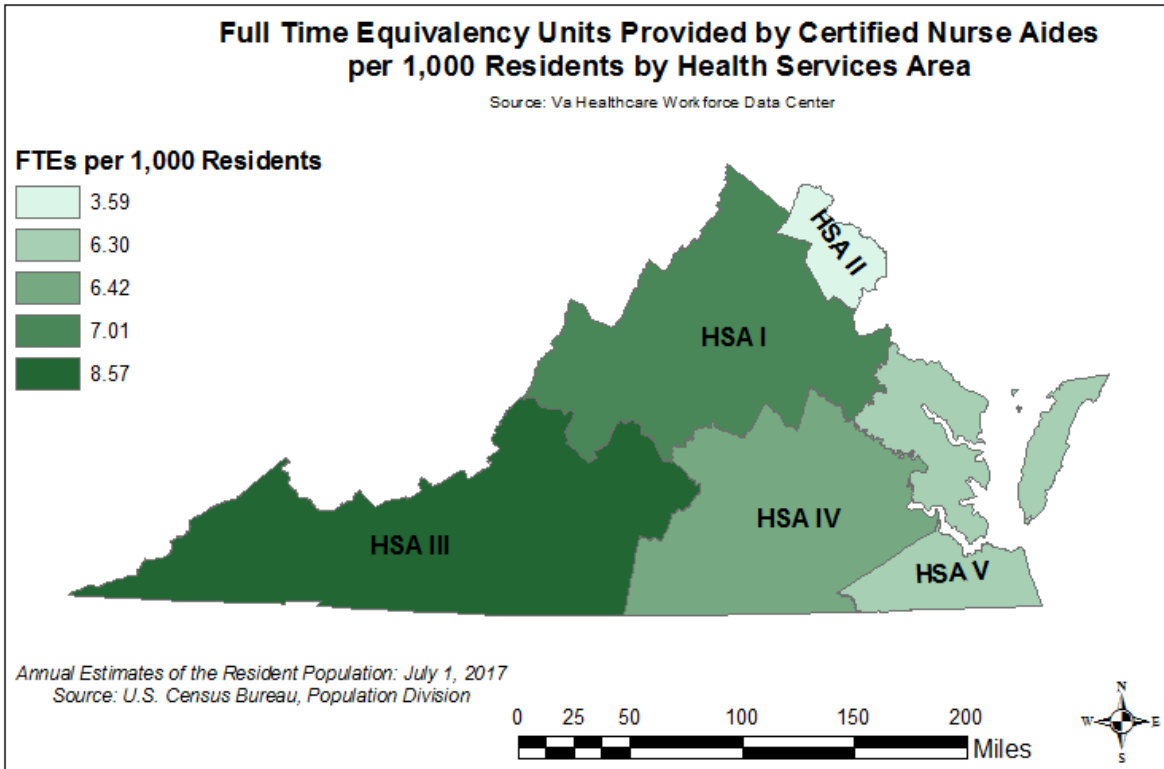
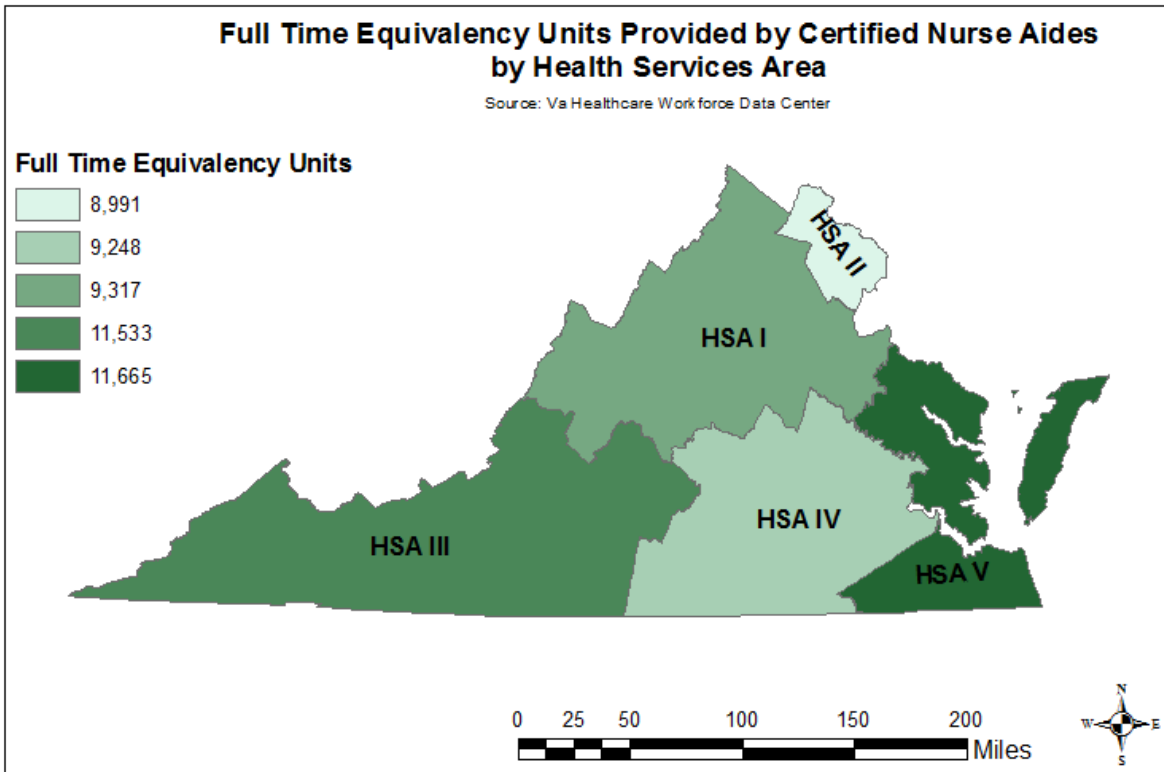
¹Number of residents in 2017 was used as the denominator.

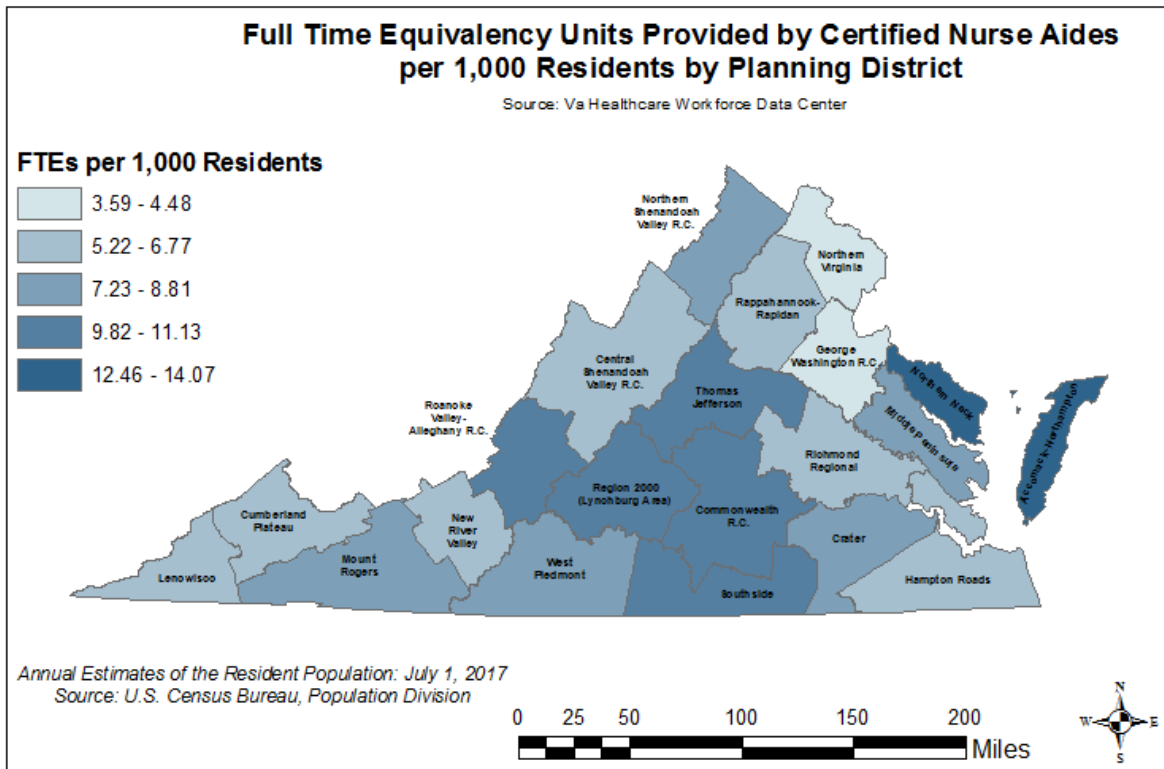
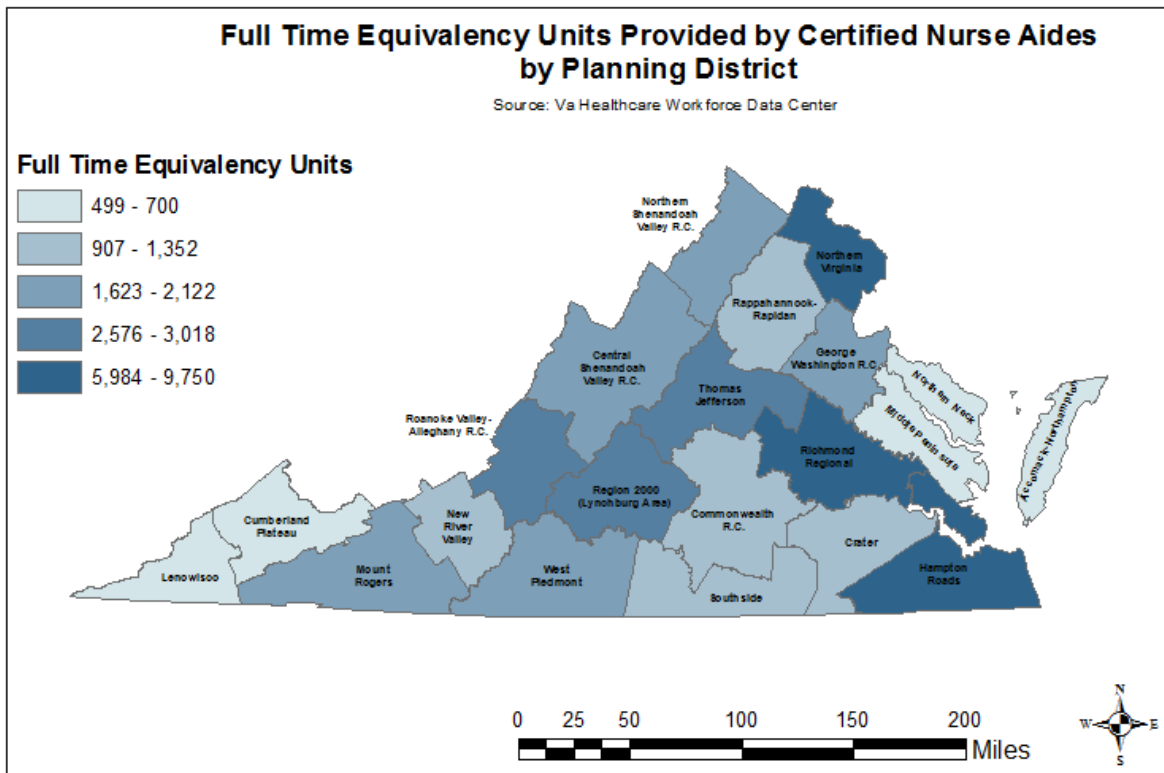
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	30,707	52.73%	1.896547	1.530449	2.680529
Metro, 250,000 to 1 million	6,393	52.35%	1.910069	1.54136	2.699639
Metro, 250,000 or less	5,955	52.07%	1.920348	1.549655	2.714168
Urban pop 20,000+, Metro adj	1,934	56.15%	1.780847	1.437083	2.517001
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	4,436	56.18%	1.780096	1.436477	2.51594
Urban pop, 2,500-19,999, nonadj	2,056	48.59%	2.058058	1.660782	2.908803
Rural, Metro adj	2,383	50.94%	1.962932	1.584019	2.774355
Rural, nonadj	1,040	50.77%	1.969697	1.589478	2.783916
Virginia border state/DC	3,357	36.46%	2.742647	2.213222	3.876383
Other US State	2,034	23.16%	4.318471	3.484859	6.10361

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	17,601	35.97%	2.78013	2.51594	6.10361
30 to 34	8,038	44.94%	2.22536	2.013889	4.885646
35 to 39	6,393	55.70%	1.795282	1.62468	3.941436
40 to 44	5,416	59.64%	1.67678	1.517439	3.681272
45 to 49	5,356	59.71%	1.674797	1.515644	3.676917
50 to 54	5,373	62.55%	1.598631	1.446717	3.5097
55 to 59	5,181	63.00%	1.587316	1.436477	3.484859
60 and Over	6,937	59.05%	1.693604	1.532664	3.718206

Source: Va. Healthcare Workforce Data Center

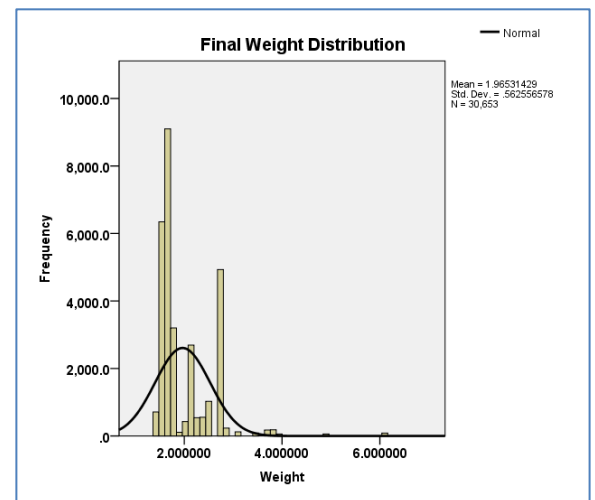
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.508384



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Practical Nurse Workforce: 2018

Healthcare Workforce Data Center

October 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Richmond, VA 23233
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

8,767 Licensed Practical Nurses voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Licensed Practical Nurse Workforce: At a Glance:

The Workforce

Licensees:	29,840
Virginia's Workforce:	27,227
FTEs:	24,186

Background

Rural Childhood:	49%
HS Degree in VA:	71%
Prof. Degree in VA:	86%

Current Employment

Employed in Prof.:	89%
Hold 1 Full-time Job:	70%
Satisfied?:	95%

Survey Response Rate

All Licensees:	29%
Renewing Practitioners:	68%

Education

LPN Diploma/Cert.:	96%
Associate:	3%

Job Turnover

Switched Jobs:	9%
Employed over 2 yrs:	55%

Demographics

Female:	95%
Diversity Index:	53%
Median Age:	46

Finances

Median Income:	\$40k-\$50k
Health Benefits:	61%
Under 40 w/ Ed debt:	59%

Time Allocation

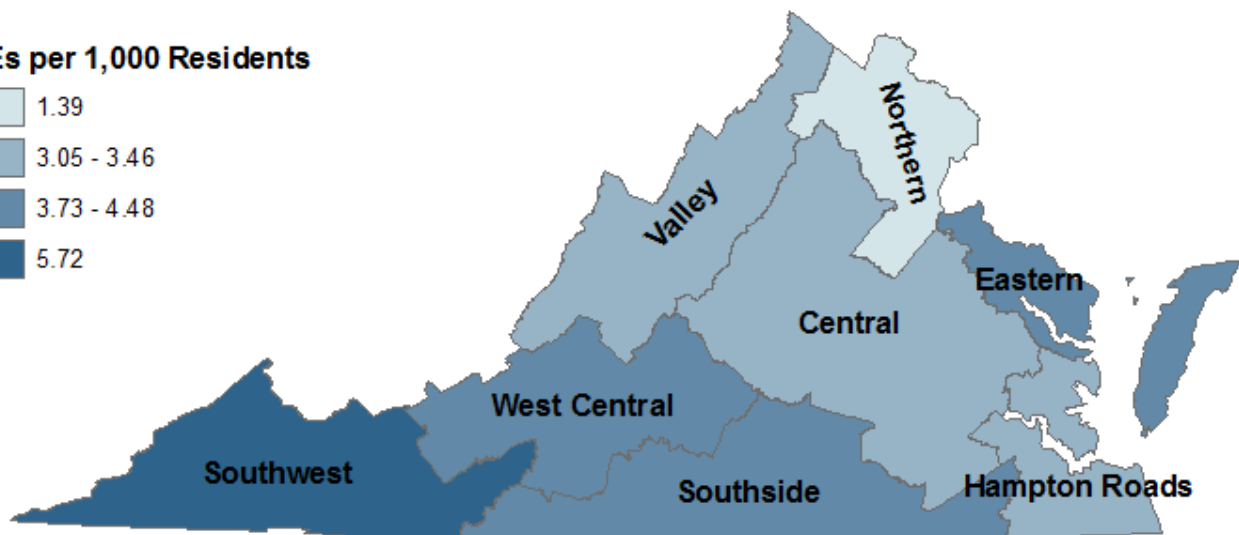
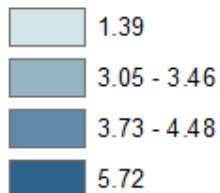
Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

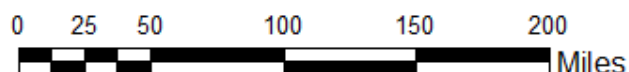
Full Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



Results in Brief

8,767 Licensed Practical Nurses (LPNs) voluntarily took part in the 2018 Licensed Practical Nurse Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all LPNs have access to the survey in any given year. Thus, these survey respondents represent 29% of the 29,840 LPNs licensed in the state and 68% of renewing practitioners.

The HWDC estimates that 27,227 LPNs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 24,186 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

95% of all LPNs are female, and the median age of the LPN workforce is 46. In a random encounter between two LPNs, there is a 53% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the diversity index is 56%. Meanwhile, 49% of all LPNs have a rural childhood, and 33% of these professionals currently work in non-metro areas of the state.

41% of all LPNs carry education debt, including 59% of those who are under the age of 40. The median education debt burden among Virginia's LPNs is between \$20,000 and \$30,000. The median annual income among Virginia's LPN workforce is between \$40,000 and \$50,000. In addition, 78% of LPNs receive at least one additional employer-sponsored benefit, including 61% who receive health insurance. 95% of LPNs are satisfied with their current employment situation.

89% of all LPNs are currently employed in the profession, and 1% are involuntarily unemployed. In addition, 55% of LPNs have been at their primary work location for more than two years. 83% of Virginia's LPN workforce is employed in the private sector, including 62% who work in the for-profit sector. With respect to establishment types, 26% are currently employed at a long-term care facility, while 13% work at a physician's office.

Summary of Trends

Over the past six years, the number of LPN survey respondents has fallen by 13% (8,767 vs. 10,084). At the same time, the number of licensees has declined by 3% (29,840 vs. 30,752). There has been a similar 4% decline in the size of Virginia's LPN workforce (27,227 vs. 28,391). The number of FTEs provided by this workforce has experienced an even larger decline of 9% (24,186 vs. 26,573).

LPNs with a rural childhood have become more likely to work in non-metro areas of the state (33% vs. 30%). LPNs are also slightly more likely to have at least some educational background in Virginia (87% vs 86%). In addition, Virginia's LPN workforce is somewhat more diverse in 2018 (53% vs. 51%). Since 2016, the percentage of LPNs with a military background has remained at 6%, but these professionals are more likely to come from the Army (61% vs. 56%).

Since 2013, the percentage of LPNs with education debt has increased from 37% to 41%. This percentage has also increased among those LPNs who are under the age of 40 (59% vs. 58%). In addition, the median debt burden has increased from \$10,000-\$20,000 to \$20,000-\$30,000. The median annual income has also increased from \$30,000-\$40,000 to \$40,000-\$50,000. LPNs are more likely to receive this income as an hourly wage (83% vs. 81%) as opposed to a salary (14% vs. 16%). LPNs indicate that they are more satisfied with the current employment situation (95% vs. 93%).

The percentage of LPNs with a new work location over the past year has increased since 2013 (28% vs. 22%). The same is also true of LPNs with multiple work locations (25% vs. 20%). LPNs are also more likely to work in the for-profit sector (62% vs. 56%) but less likely to work in the non-profit sector (21% vs. 25%). With respect to establishment types, LPNs are slightly more likely to work at long-term care facilities or nursing homes (26% vs. 25%) but considerably less likely to work at physician offices (13% vs. 20%). LPNs are less likely to serve a patient care role (67% vs. 79%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	12,685	43%
New Licensees	1,027	3%
Non-Renewals	2,022	7%
Renewal date not in survey period	14,106	47%
All Licensees	29,840	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 68% of renewing LPNs submitted a survey. These represent 29% of LPNs who held a license at some point during the survey period.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	2,550	794	24%
30 to 34	2,248	1,195	35%
35 to 39	2,762	892	24%
40 to 44	2,183	1,320	38%
45 to 49	2,706	891	25%
50 to 54	2,022	1,278	39%
55 to 59	2,424	811	25%
60 and Over	4,178	1,586	28%
Total	21,073	8,767	29%
New Licenses			
Issued in Past Year	1,026	1	0%
Metro Status			
Non-Metro	4,461	1,985	31%
Metro	15,335	6,426	30%
Not in Virginia	1,277	355	22%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2017 and September 2018 on the birth month of each renewing practitioner.
- 2. Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	8,767
Response Rate, All Licensees	29%
Response Rate, Renewals	68%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPNs

Number: 29,840
 New: 3%
 Not Renewed: 7%

Response Rates

All Licensees: 29%
 Renewing Practitioners: 68%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPN Workforce: 27,227
 FTEs: 24,186

Utilization Ratios

Licensees in VA Workforce: 91%
 Licensees per FTE: 1.23
 Workers per FTE: 1.13

Source: Va. Healthcare Workforce Data Center

Virginia's LPN Workforce		
Status	#	%
Worked in Virginia in Past Year	26,289	97%
Looking for Work in Virginia	938	3%
Virginia's Workforce	27,227	100%
Total FTEs	24,186	
Licensees	29,840	

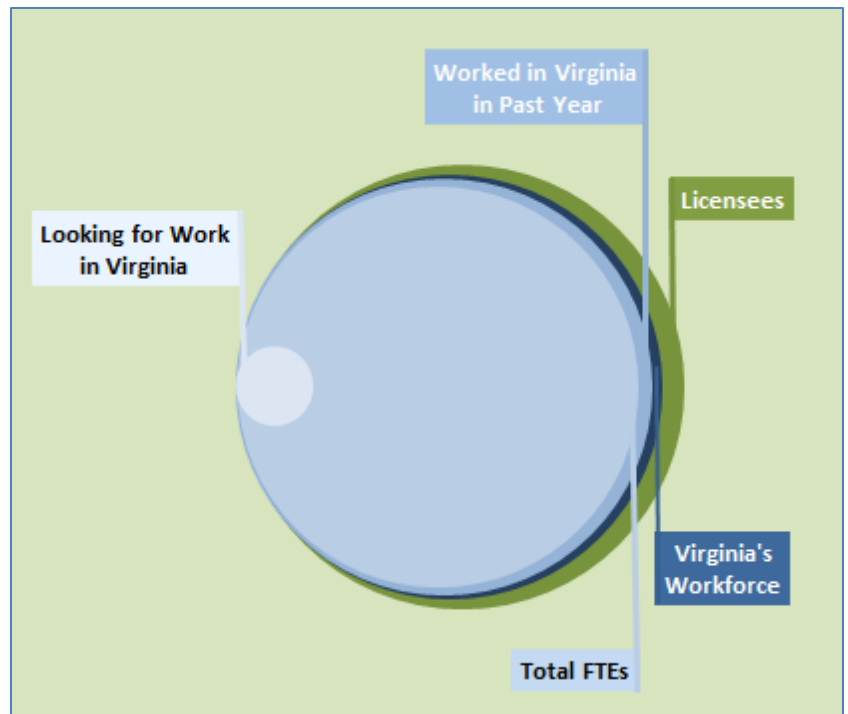
Source: Va. Healthcare Workforce Data Center

Definitions

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

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	192	6%	2,803	94%	2,995	12%
30 to 34	133	5%	2,839	96%	2,972	12%
35 to 39	126	4%	2,908	96%	3,034	13%
40 to 44	175	6%	2,708	94%	2,884	12%
45 to 49	168	6%	2,765	94%	2,933	12%
50 to 54	176	7%	2,476	93%	2,652	11%
55 to 59	122	5%	2,321	95%	2,443	10%
60 +	142	4%	3,952	97%	4,094	17%
Total	1,234	5%	22,772	95%	24,006	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPNs		LPNs under 40	
	%	#	%	#	%
White	63%	14,904	61%	5,237	58%
Black	19%	7,270	30%	2,688	30%
Asian	6%	499	2%	239	3%
Other Race	1%	223	1%	97	1%
Two or more races	3%	566	2%	300	3%
Hispanic	9%	844	3%	525	6%
Total	100%	24,306	100%	9,086	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

37% of LPNs are under the age of 40. 95% of these professionals are female. In addition, the diversity index among LPNs under the age of 40 is 58%.

At a Glance:

Gender

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

Age

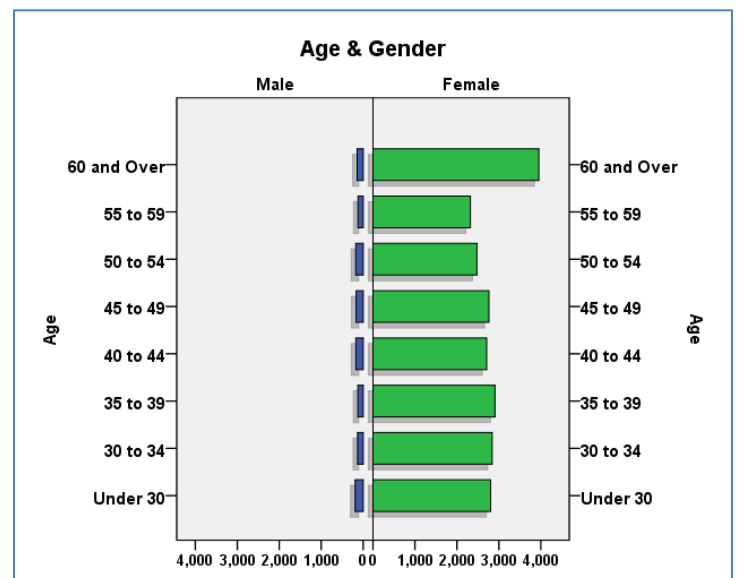
Median Age: 46
% Under 40: 37%
% 55+: 27%

Diversity

Diversity Index: 53%
Under 40 Div. Index: 58%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 53% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 56% chance for Virginia's population as a whole.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 20%
Rural Childhood: 49%

Virginia Background

HS in Virginia: 71%
Prof. Ed. in VA: 86%
HS or Prof. Ed. in VA: 87%

Location Choice

% Rural to Non-Metro: 33%
% Urban/Suburban to Non-Metro: 7%

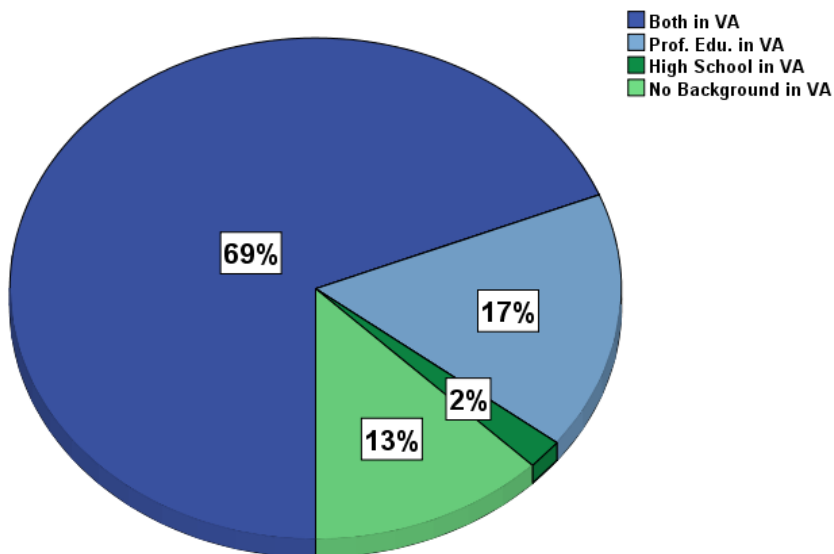
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	30%	41%	30%
2	Metro, 250,000 to 1 million	65%	24%	11%
3	Metro, 250,000 or less	73%	18%	9%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	71%	16%	13%
6	Urban pop, 2,500-19,999, Metro adjacent	80%	14%	6%
7	Urban pop, 2,500-19,999, non adjacent	91%	7%	2%
8	Rural, Metro adj	84%	14%	2%
9	Rural, non adjacent	79%	18%	4%
Overall		49%	31%	20%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

49% of LPNs grew up in self-described rural areas, and 33% of these professionals currently work in non-metro counties. Overall, 19% of all LPNs currently work in non-metro counties.

Top Ten States for Licensed Practical Nurse Recruitment

Rank	All LPNs			
	High School	#	Init. Prof Degree	#
1	Virginia	17,061	Virginia	20,548
2	Outside U.S./Canada	1,504	New York	431
3	New York	861	Pennsylvania	339
4	Pennsylvania	566	West Virginia	335
5	West Virginia	504	New Jersey	241
6	New Jersey	389	Florida	197
7	North Carolina	361	North Carolina	189
8	Florida	314	Texas	187
9	Maryland	289	California	153
10	Ohio	220	Ohio	146

71% of licensed LPNs received their high school degree in Virginia, and 86% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	3,155	Virginia	3,832
2	Outside U.S./Canada	311	Pennsylvania	100
3	New York	153	West Virginia	99
4	Pennsylvania	113	New York	93
5	New Jersey	96	New Jersey	77
6	Florida	95	Florida	70
7	West Virginia	88	Texas	58
8	Ohio	73	Ohio	56
9	California	71	California	55
10	North Carolina	67	Tennessee	39

Among LPNs who received their license in the past five years, 66% received their high school degree in Virginia, while 80% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

9% of Virginia's licensees did not participate in Virginia's LPN workforce during the past year. 64% of these licensees worked at some point in the past year, including 54% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,617
% of Licensees:	9%
Federal/Military:	7%
Va. Border State/DC:	22%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	23,124	96%
Hospital RN Diploma	32	0%
Associate Degree	758	3%
Baccalaureate Degree	66	0%
Master's Degree	9	0%
Doctorate Degree	7	0%
Total	23,996	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 LPN Diploma/Cert.: 96%
 Associate: 3%

Educational Debt
 Carry debt: 41%
 Under age 40 w/ debt: 59%
 Median debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

96% of all LPNs hold a LPN/LVN Diploma or Certificate as their highest professional degree. 41% of LPNs carry education debt, including 59% of those under the age of 40. The median debt burden among those LPNs with educational debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	3,454	14%
No	20,442	86%
Total	23,896	100%
Degree Pursued	#	%
Associate	2,109	65%
Bachelor	1,003	31%
Masters	97	3%
Doctorate	43	1%
Total	3,252	100%

Source: Va. Healthcare Workforce Data Center

Amount Carried	All LPNs		LPNs under 40	
	#	%	#	%
None	12,040	59%	3,209	41%
\$10,000 or less	1,939	9%	1,012	13%
\$10,000-\$19,999	1,763	9%	955	12%
\$20,000-\$29,999	1,663	8%	996	13%
\$30,000-\$39,999	1,061	5%	623	8%
\$40,000-\$49,999	676	3%	387	5%
\$50,000-\$59,999	551	3%	330	4%
\$60,000-\$69,999	263	1%	137	2%
\$70,000-\$79,999	147	1%	81	1%
\$80,000-\$89,999	137	1%	68	1%
\$90,000-\$99,999	53	0%	10	0%
\$100,000-\$109,999	58	0%	28	0%
\$110,000-\$119,999	10	0%	8	0%
\$120,000 or more	66	0%	9	0%
Total	20,427	100%	7,853	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

LTC/Assisted Living: 14%
 Geriatrics/Gerontology: 13%
 Pediatrics: 7%

Secondary Specialty

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

Licenses

Registered Nurse: 1%

Source: Va. Healthcare Workforce Data Center

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,170	14%	2,534	14%
Geriatrics/Gerontology	3,064	13%	1,937	10%
Pediatrics	1,594	7%	983	5%
Family Health	1,441	6%	749	4%
Psychiatric/Mental Health	714	3%	485	3%
Acute/Critical Care/Emergency/Trauma	534	2%	629	3%
Rehabilitation	411	2%	565	3%
Adult Health	391	2%	590	3%
Surgery/OR/Pre-, Peri- or Post-Operative	382	2%	302	2%
Cardiology	341	1%	203	1%
Women's Health/Gynecology	274	1%	260	1%
Obstetrics/Nurse Midwifery	258	1%	180	1%
Community Health/Public Health	252	1%	256	1%
Administration/Management	220	1%	430	2%
Orthopedics	210	1%	165	1%
General Nursing/No Specialty	6,412	28%	5,647	30%
Medical Specialties (Not Listed)	305	1%	189	1%
Other Specialty Area	3,103	13%	2,484	13%
Total	23,074	100%	18,589	100%

Source: Va. Healthcare Workforce Data Center

Other Certifications		
Certification	#	% of Workforce
Registered Nurse	261	1%
Licensed Nurse Practitioner	25	0%
Certified Massage Therapist	21	0%
Respiratory Therapist	16	0%
Certified Nurse Midwife	4	0%

Source: Va. Healthcare Workforce Data Center

14% of all LPNs work at a long-term care facility, assisted living facility, or nursing home as their primary work location.

A Closer Look:

Military Service		
Service?	#	%
Yes	1,388	6%
No	21,586	94%
Total	22,974	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	788	61%
Navy/Marine	370	28%
Air Force	127	10%
Other	18	1%
Total	1,302	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Served: 6%

Branch of Service

Army: 61%
Navy/Marine: 28%
Air Force: 10%

Occupation

Army Health Care Spec.: 19%
Navy Basic Med. Tech.: 7%

Source: Va. Healthcare Workforce Data Center

6% of Virginia's LPN workforce has served in the military. 61% of these LPNs have served in the Army, including 19% who worked as an Army Health Care Specialist (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	235	19%
Navy Basic Medical Technician (Navy HM0000)	88	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	4	0%
Other	925	74%
Total	1,252	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 89%
Involuntarily Unemployed: 1%

Positions Held

1 Full-time: 70%
2 or More Positions: 13%

Weekly Hours:

40 to 49: 56%
60 or more: 5%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	25	0%
Employed in a nursing- related capacity	21,251	89%
Employed, NOT in a nursing-related capacity	965	4%
Not working, reason unknown	10	0%
Involuntarily unemployed	155	1%
Voluntarily unemployed	964	4%
Retired	436	2%
Total	23,806	100%

Source: Va. Healthcare Workforce Data Center

89% of LPNs are currently employed in their profession. 70% of LPNs hold one full-time job, and 56% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	1,129	5%
1 to 9 hours	360	2%
10 to 19 hours	694	3%
20 to 29 hours	1,451	6%
30 to 39 hours	3,625	16%
40 to 49 hours	12,783	56%
50 to 59 hours	1,520	7%
60 to 69 hours	565	2%
70 to 79 hours	259	1%
80 or more hours	383	2%
Total	22,769	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,129	5%
One Part-Time Position	2,824	12%
Two Part-Time Positions	498	2%
One Full-Time Position	16,014	70%
One Full-Time Position & One Part-Time Position	2,194	10%
Two Full-Time Positions	106	0%
More than Two Positions	184	1%
Total	22,949	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	239	1%
Less than \$20,000	1,157	6%
\$20,000-\$29,999	1,812	10%
\$30,000-\$39,999	4,876	27%
\$40,000-\$49,999	5,432	30%
\$50,000-\$59,999	2,686	15%
\$60,000-\$69,999	1,122	6%
\$70,000-\$79,999	415	2%
\$80,000-\$89,999	172	1%
\$90,000-\$99,999	95	1%
\$100,000 or more	100	1%
Total	18,105	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 61%
Retirement: 55%

Satisfaction
Satisfied: 95%
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	14,619	64%
Somewhat Satisfied	6,949	31%
Somewhat Dissatisfied	849	4%
Very Dissatisfied	307	1%
Total	22,724	100%

Source: Va. Healthcare Workforce Data Center

The typical LPN earned between \$40,000 and \$50,000 in the past year. Among LPNs who received either a wage or salary as compensation at their primary work location, 76% received at least one employer-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	13,023	61%	60%
Health Insurance	12,980	61%	59%
Dental Insurance	12,370	58%	57%
Retirement	11,743	55%	54%
Group Life Insurance	8,638	41%	40%
Signing/Retention Bonus	1,243	6%	6%
At Least One Benefit	16,652	78%	76%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	356	1%
Experience Voluntary Unemployment?	1,456	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1,123	4%
Work two or more positions at the same time?	4,290	16%
Switch employers or practices?	2,432	9%
Experienced at least one	8,103	30%

Source: Va. Healthcare Workforce Data Center

1% of Virginia's LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 3.2% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	709	3%	428	8%
Less than 6 Months	1,885	8%	828	15%
6 Months to 1 Year	2,556	11%	981	18%
1 to 2 Years	4,951	22%	1,004	18%
3 to 5 Years	4,671	21%	1,050	19%
6 to 10 Years	3,096	14%	608	11%
More than 10 Years	4,395	20%	632	11%
Subtotal	22,262	100%	5,532	100%
Did not have location	1,155		21,385	
Item Missing	3,810		310	
Total	27,227		27,227	

Source: Va. Healthcare Workforce Data Center

83% of LPNs receive an hourly wage at their primary work location, while 14% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 9%
New Location: 28%
Over 2 years: 55%
Over 2 yrs, 2nd location: 41%

Employment Type

Hourly Wage: 83%
Salary: 14%

Source: Va. Healthcare Workforce Data Center

55% of LPNs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	13,620	83%
Salary	2,239	14%
By Contract/Per Diem	343	2%
Unpaid	112	1%
Business/Contractor Income	65	0%
Subtotal	16,379	100%
Did not have location	1,155	
Item Missing	9,692	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.4% in October 2017 to 2.8% in September 2018. At the time of publication, the unemployment rate for September 2018 was still preliminary.

At a Glance:

Concentration

Top Region:	25%
Top 3 Regions:	61%
Lowest Region:	2%

Locations

2 or more (Past Year):	25%
2 or more (Now*):	22%

Source: Va. Healthcare Workforce Data Center

25% of all LPNs in Virginia work in Hampton Roads, the most of any region in the state. Another 21% of LPNs work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	4,644	21%	1,210	22%
Eastern	498	2%	101	2%
Hampton Roads	5,402	25%	1,452	26%
Northern	3,362	15%	982	18%
Southside	1,456	7%	299	5%
Southwest	2,045	9%	486	9%
Valley	1,584	7%	330	6%
West Central	2,790	13%	556	10%
Virginia Border State/DC	39	0%	46	1%
Other US State	86	0%	117	2%
Outside of the US	0	0%	6	0%
Total	21,906	100%	5,585	100%
Item Missing	4,166		257	

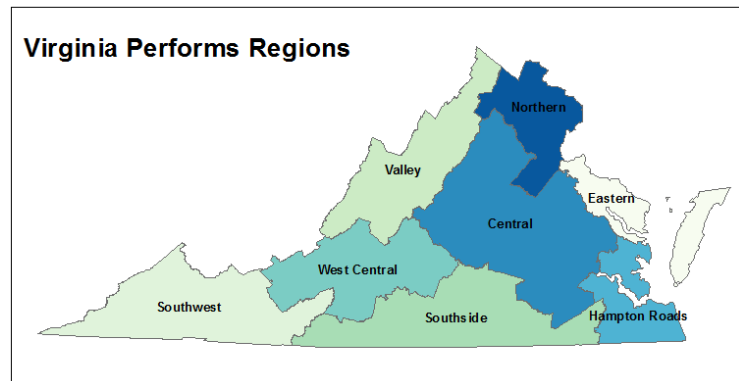
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	927	4%	1,537	7%
1	16,443	71%	16,468	71%
2	3,350	15%	3,256	14%
3	1,989	9%	1,727	8%
4	176	1%	61	0%
5	80	0%	37	0%
6 or More	212	1%	90	0%
Total	23,177	100%	23,177	100%

*At the time of survey completion (Oct. 2017-Sept. 2018, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



22% of all LPNs currently hold two or more positions, while 25% have held multiple positions over the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	12,819	62%	3,447	67%
Non-Profit	4,389	21%	914	18%
State/Local Government	2,567	12%	584	11%
Veterans Administration	433	2%	34	1%
U.S. Military	365	2%	67	1%
Other Federal Government	235	1%	90	2%
Total	20,808	100%	5,136	100%
Did not have location	1,155		21,385	
Item Missing	5,264		706	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

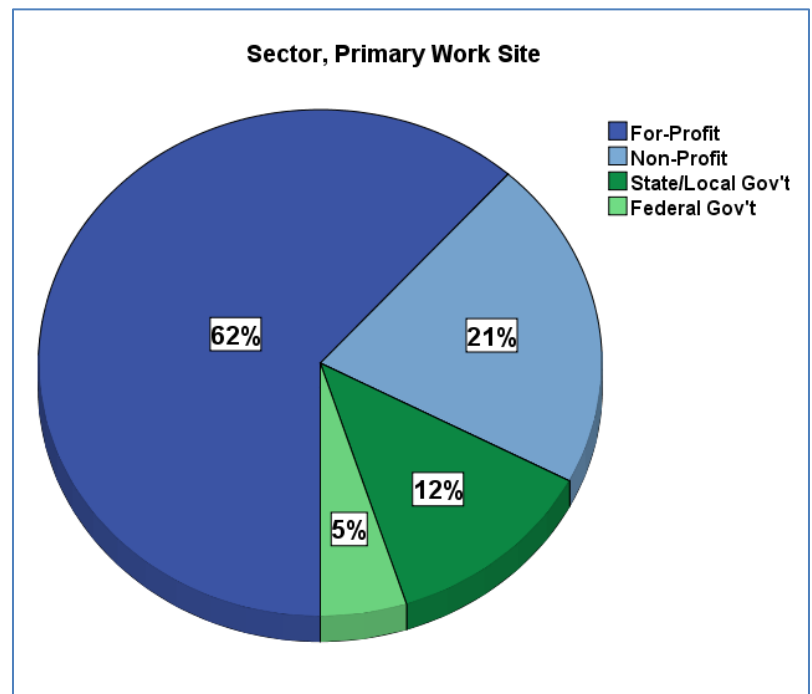
For Profit: 62%
Federal: 5%

Top Establishments

LTC/Nursing Home: 26%
Physician Office: 13%
Clinic/Primary Care: 11%

Source: Va. Healthcare Workforce Data Center

83% of all LPNs work in the private sector, including 62% in for-profit establishments. Another 12% of LPNs work for state or local governments, while 5% work for the federal government.



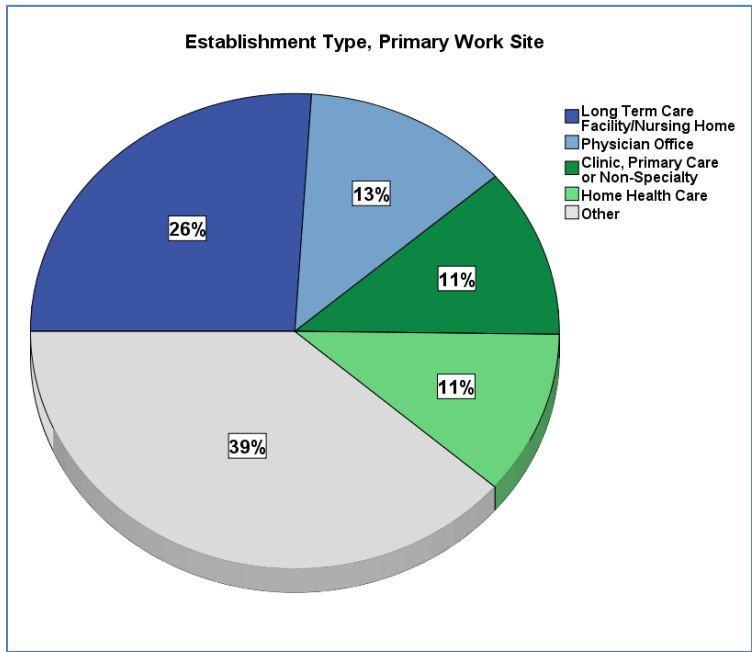
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Long Term Care Facility, Nursing Home	5,193	26%	1,532	31%
Physician Office	2,536	13%	357	7%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	2,296	11%	342	7%
Home Health Care	2,225	11%	888	18%
Rehabilitation Facility	970	5%	246	5%
Hospital, Inpatient Department	894	4%	163	3%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	760	4%	109	2%
Corrections/Jail	646	3%	235	5%
School (Providing Care to Students)	470	2%	56	1%
Hospital, Outpatient Department	439	2%	70	1%
Mental Health, Development or Substance Abuse, Residential/Group Home	436	2%	140	3%
Insurance Company, Health Plan	386	2%	49	1%
Other Practice Setting	2,720	14%	692	14%
Total	19,971	100%	4,879	100%
Did Not Have a Location	1,155		21,385	

26% of all LPNs in the state work at either a long-term care facility or a nursing home as their primary work location. Another 13% of LPNs work at a physician's office.

Source: Va. Healthcare Workforce Data Center

Among those LPNs who also have a secondary work location, 31% work at a long-term care facility or a nursing home. Another 18% work for a home health care establishment.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

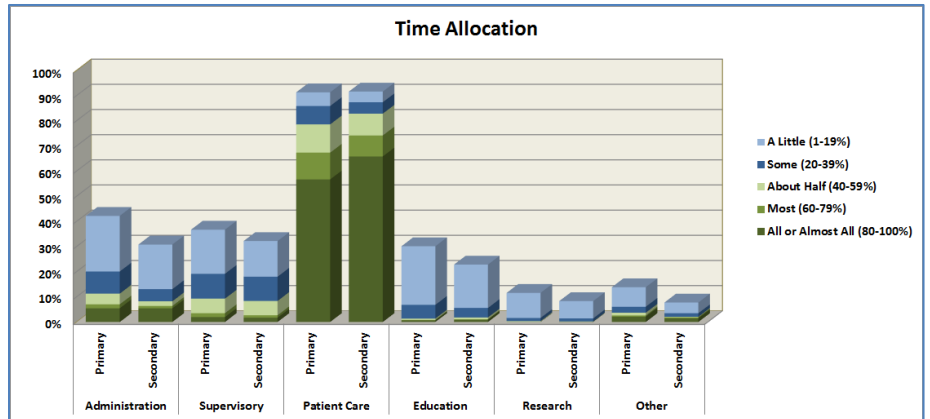
Patient Care: 67%
 Administrative: 7%
 Supervisory: 3%
 Education: 1%

Patient Care LPNs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



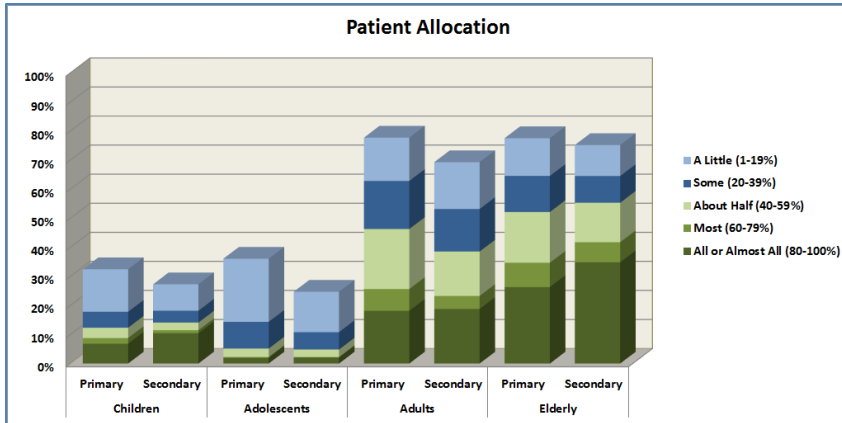
Source: Va. Healthcare Workforce Data Center

A typical LPN spends most of her time on patient care activities. 67% of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities. Another 7% of LPNs serve an administrative role.

Time Allocation													
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other		
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	
All or Almost All (80-100%)	5%	5%	2%	2%	57%	66%	1%	1%	0%	0%	2%	1%	
Most (60-79%)	2%	1%	2%	1%	11%	8%	0%	0%	0%	0%	0%	0%	
About Half (40-59%)	4%	2%	6%	6%	11%	9%	1%	1%	0%	0%	1%	0%	
Some (20-39%)	9%	5%	10%	10%	7%	5%	5%	4%	1%	1%	2%	1%	
A Little (1-19%)	22%	18%	18%	14%	5%	4%	23%	17%	10%	7%	8%	4%	
None (0%)	58%	69%	63%	68%	9%	8%	70%	77%	88%	92%	86%	92%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical LPN devotes most of her time to treating adults and the elderly. 35% of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly. In addition, 26% of all LPNs serve an adult patient care role.

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

Typical Patient Allocation

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

Roles

Children: 9%
 Adolescents: 2%
 Adults: 26%
 Elderly: 35%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	7%	10%	2%	2%	18%	19%	26%	35%
Most (60-79%)	2%	1%	0%	0%	7%	4%	8%	7%
About Half (40-59%)	4%	3%	3%	3%	21%	15%	17%	14%
Some (20-39%)	5%	4%	9%	6%	17%	15%	12%	9%
A Little (1-19%)	15%	9%	22%	14%	15%	16%	13%	11%
None (0%)	68%	73%	64%	75%	22%	31%	22%	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs over 50	
	#	%	#	%
Under age 50	264	1%	-	-
50 to 54	514	3%	36	0%
55 to 59	1,128	6%	173	2%
60 to 64	4,555	23%	1,621	22%
65 to 69	7,780	39%	3,362	46%
70 to 74	2,854	14%	1,184	16%
75 to 79	794	4%	326	4%
80 or over	376	2%	88	1%
I do not intend to retire	1,531	8%	538	7%
Total	19,796	100%	7,328	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65: 33%

Under 60: 10%

LPNs 50 and over

Under 65: 25%

Under 60: 3%

Time until Retirement

Within 2 years: 6%

Within 10 years: 19%

Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

33% of LPNs expect to retire by the age of 65, while 25% of LPNs who are age 50 or over expect to retire by the same age. Meanwhile, 28% of all LPNs expect to work until at least age 70, including 8% who do not expect to retire at all.

Within the next two years, 31% of LPNs plan on pursuing additional educational opportunities, and 9% expect to increase their patient care hours.

Future Plans

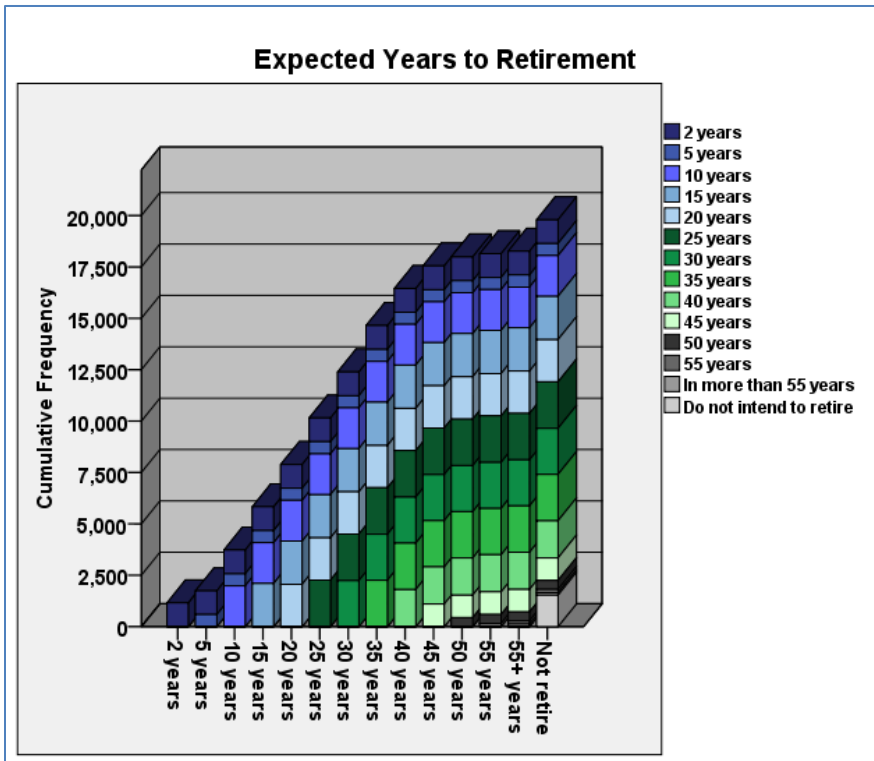
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	396	1%
Leave Virginia	777	3%
Decrease Patient Care Hours	1,541	6%
Decrease Teaching Hours	16	0%
Increase Participation		
Increase Patient Care Hours	2,539	9%
Increase Teaching Hours	566	2%
Pursue Additional Education	8,515	31%
Return to Virginia's Workforce	481	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. 6% of LPNs expect to retire in the next two years, while 19% expect to retire in the next ten years. More than half of the current LPN workforce expects to retire by 2043.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	1,157	6%	6%
5 years	586	3%	9%
10 years	1,985	10%	19%
15 years	2,102	11%	29%
20 years	2,059	10%	40%
25 years	2,263	11%	51%
30 years	2,239	11%	63%
35 years	2,255	11%	74%
40 years	1,807	9%	83%
45 years	1,097	6%	89%
50 years	436	2%	91%
55 years	157	1%	92%
In more than 55 years	122	1%	92%
Do not intend to retire	1,531	8%	100%
Total	19,797	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2028. Retirements will peak at 11% of the current workforce around 2043-2053 before declining to under 10% of the current workforce again around 2058.

At a Glance:

FTEs

Total: 24,186
 FTEs/1,000 Residents²: 2.86
 Average: 0.93

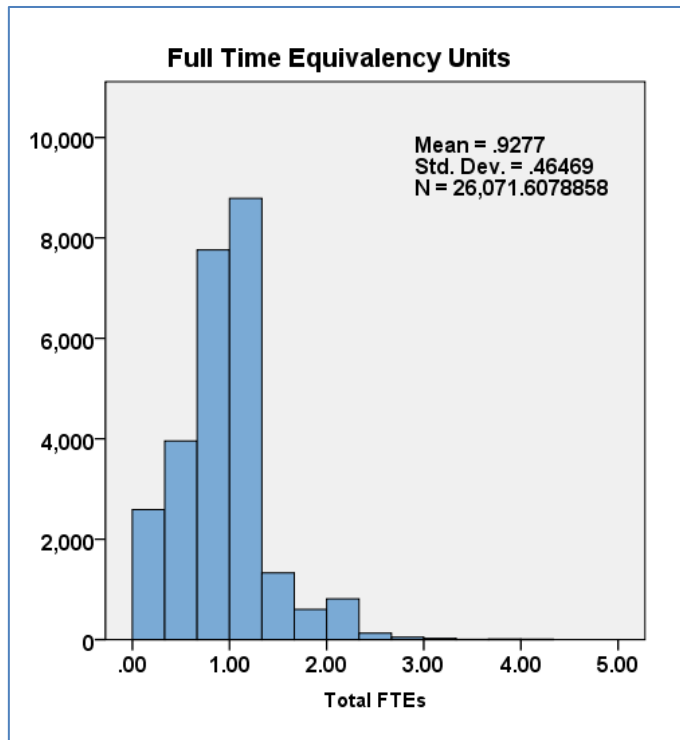
Age & Gender Effect

Age, Partial Eta²: Negligible
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

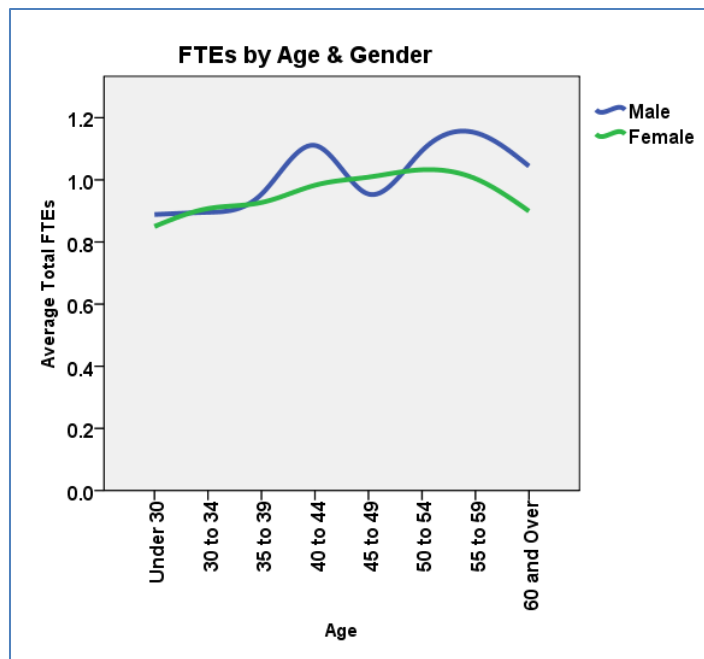


Source: Va. Healthcare Workforce Data Center

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

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.84	0.89
30 to 34	0.90	0.93
35 to 39	0.91	0.93
40 to 44	0.98	0.96
45 to 49	0.99	0.99
50 to 54	1.00	1.01
55 to 59	0.98	1.01
60 and Over	0.86	0.83
Gender		
Male	1.01	1.03
Female	0.95	1.01

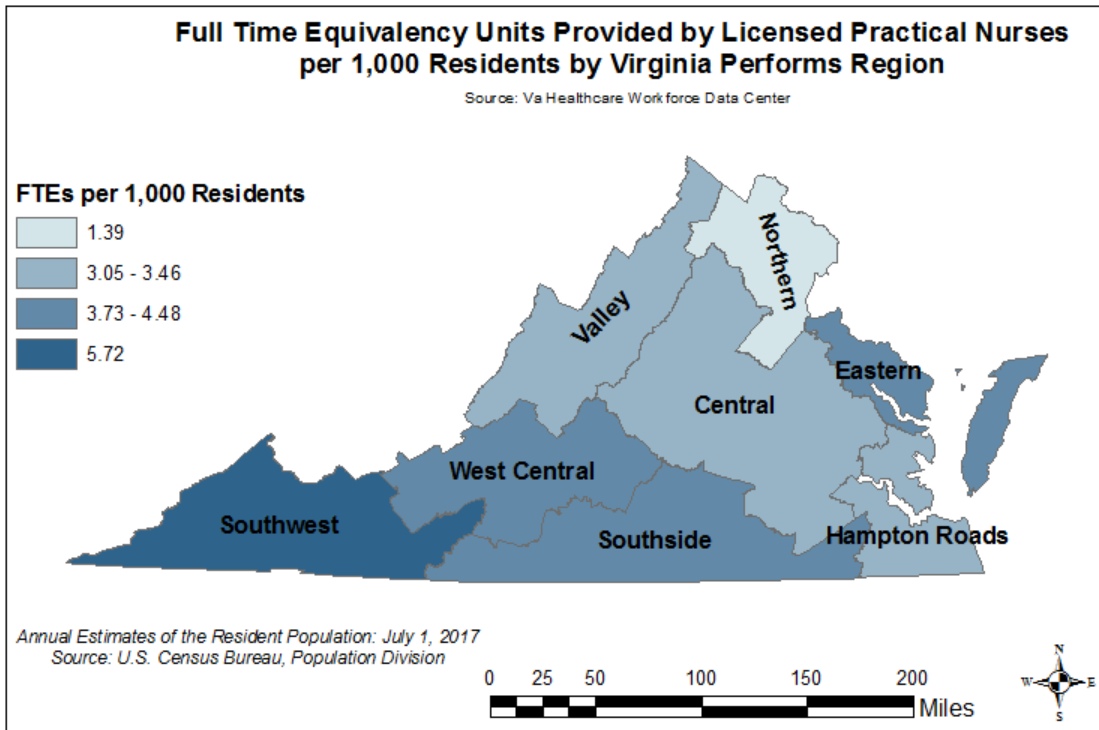
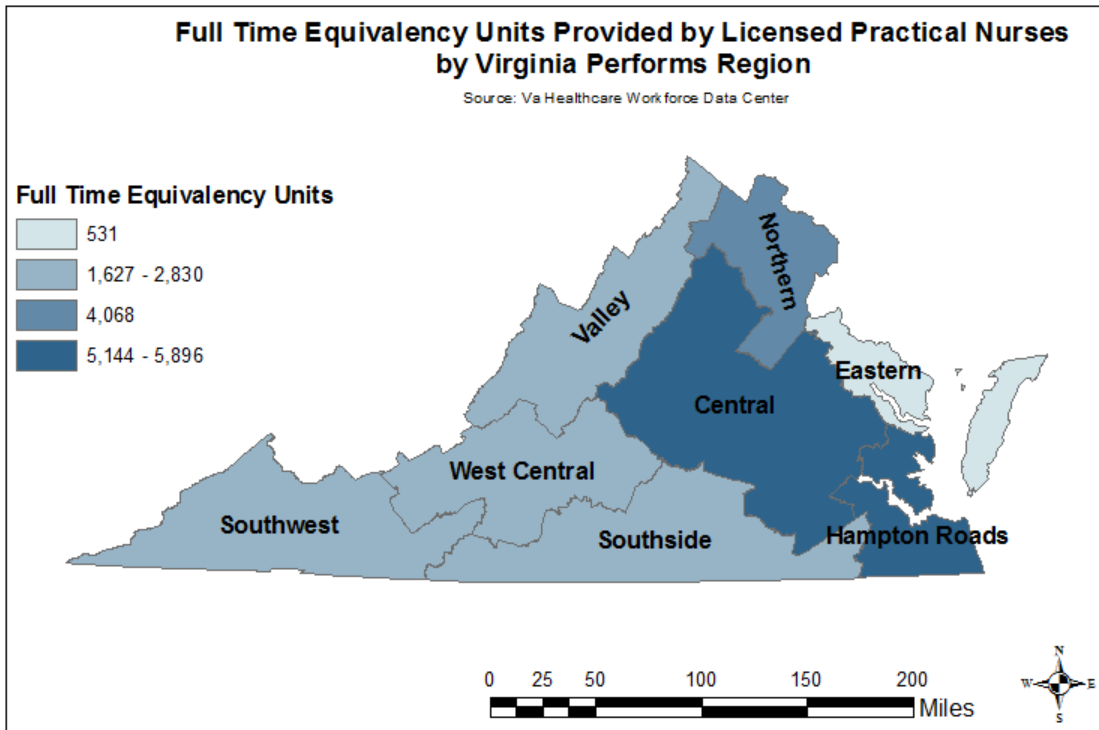
Source: Va. Healthcare Workforce Data Center

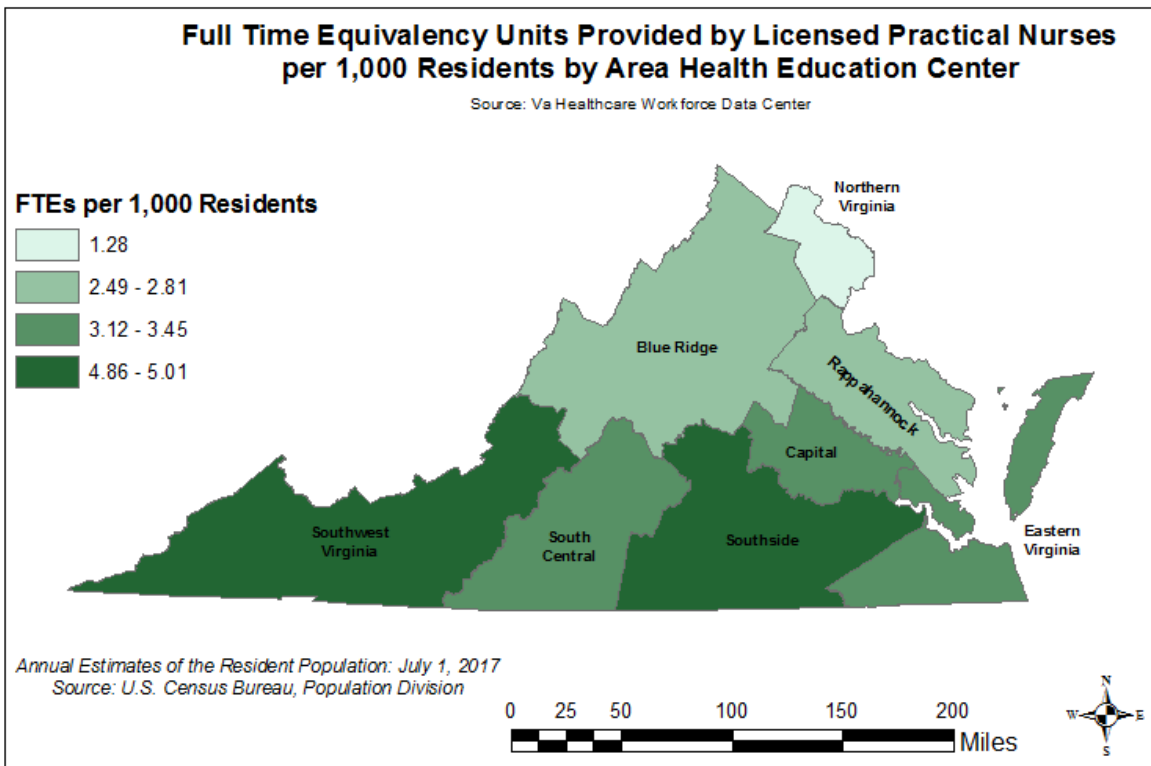
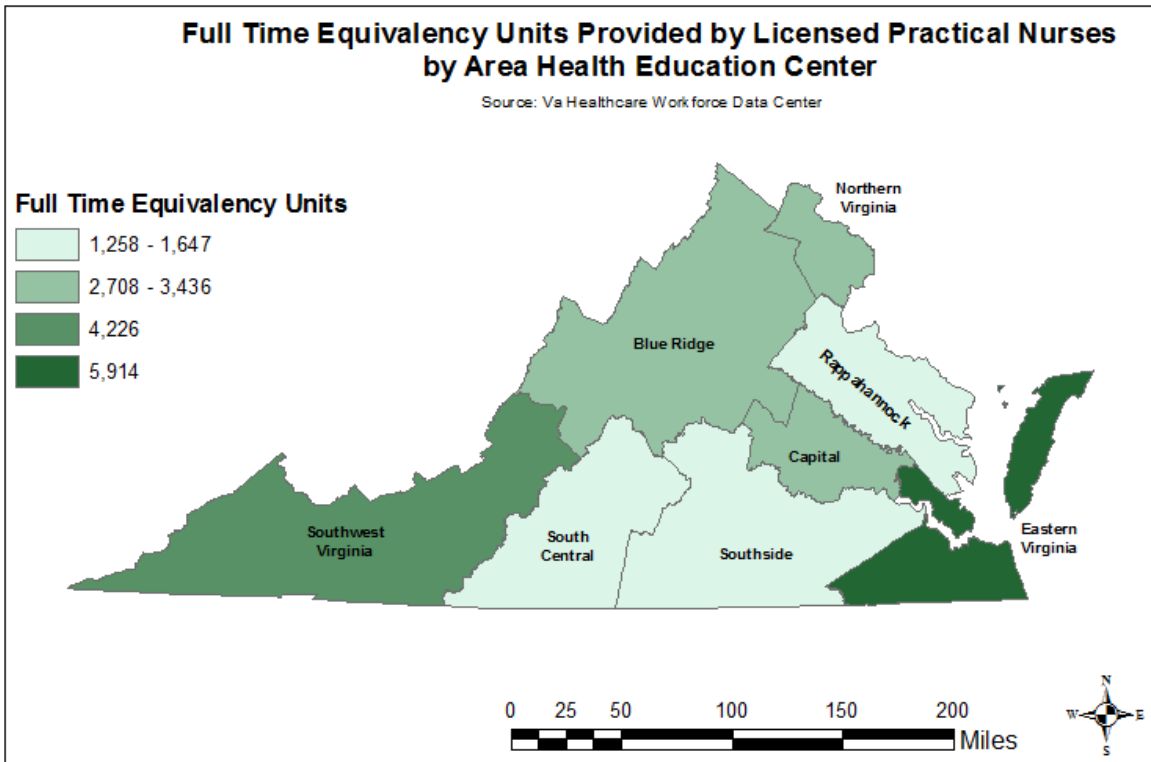


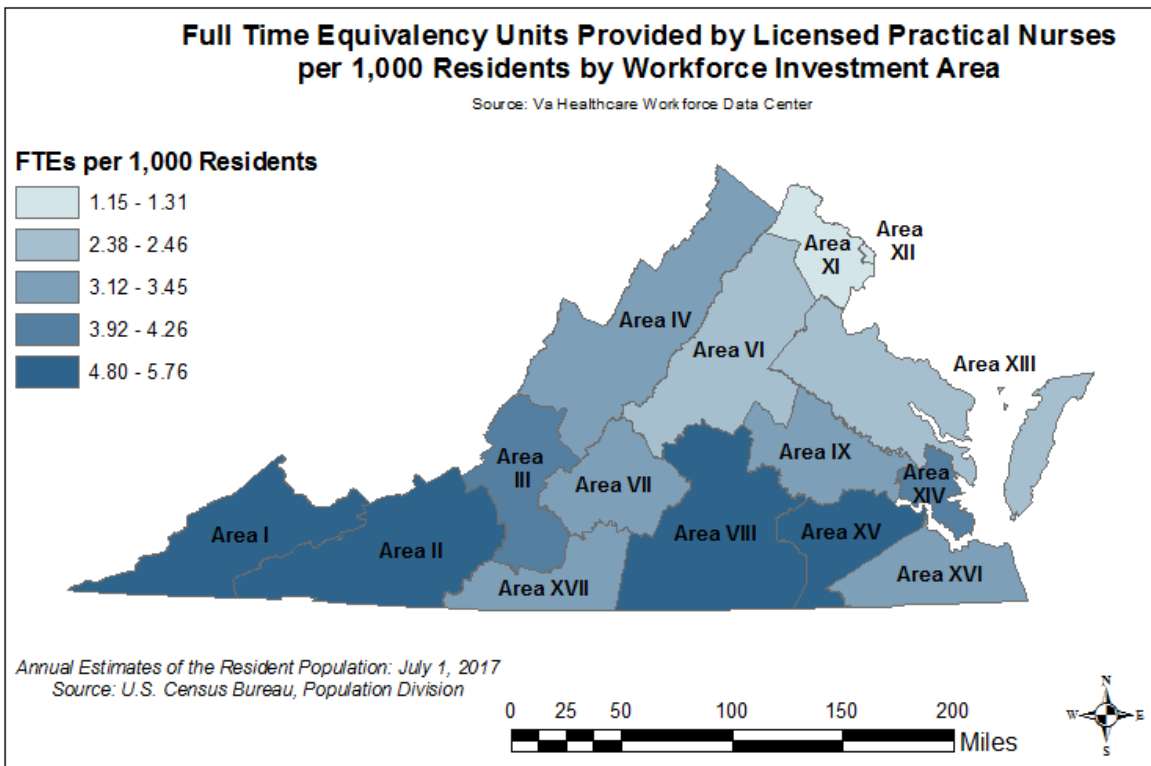
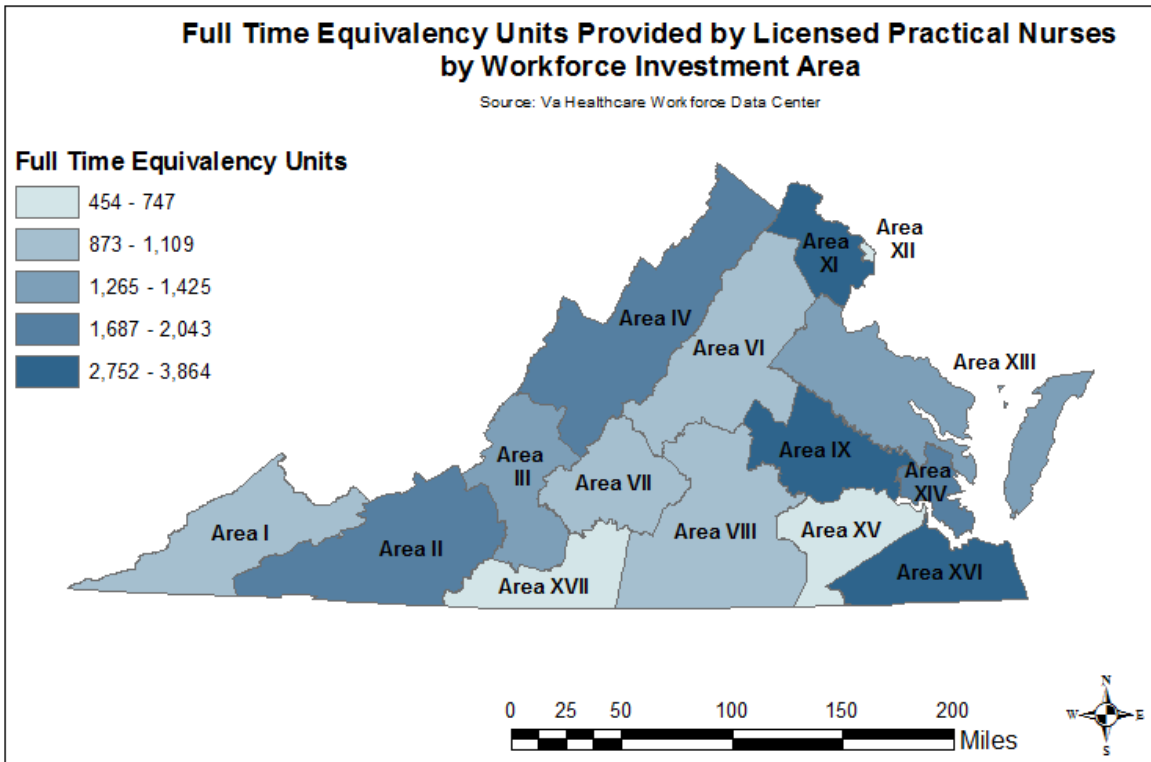
Source: Va. Healthcare Workforce Data Center

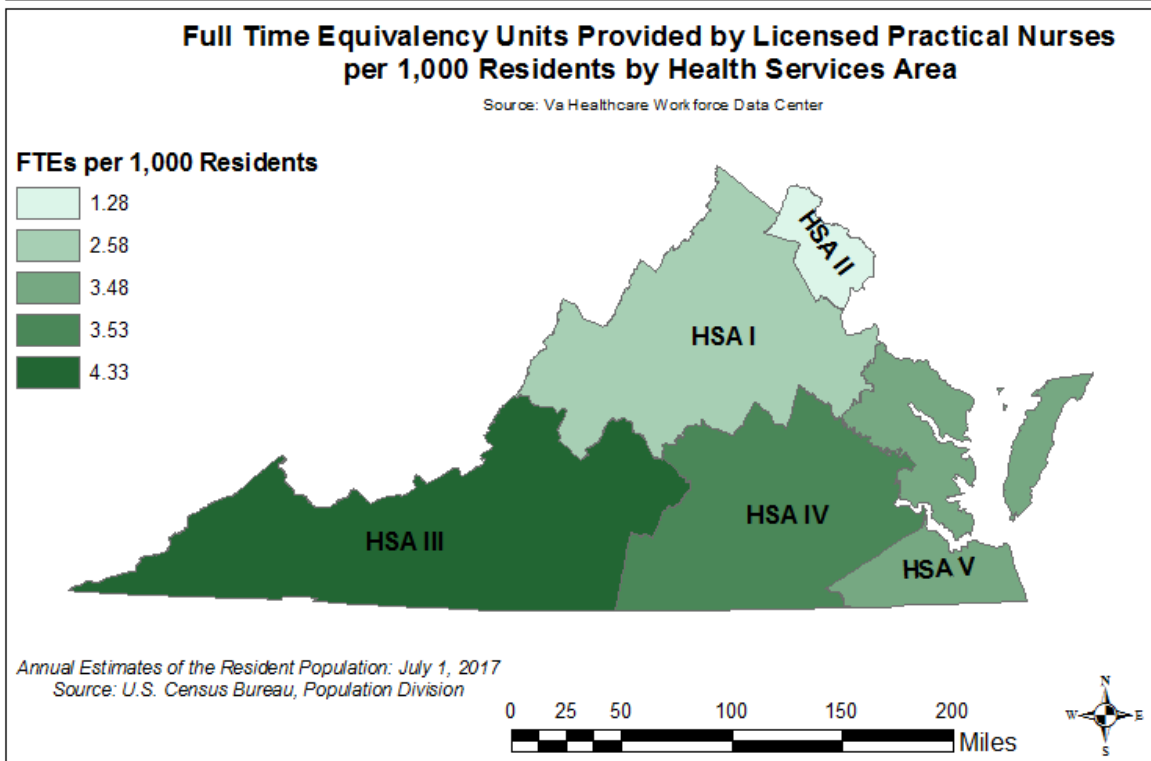
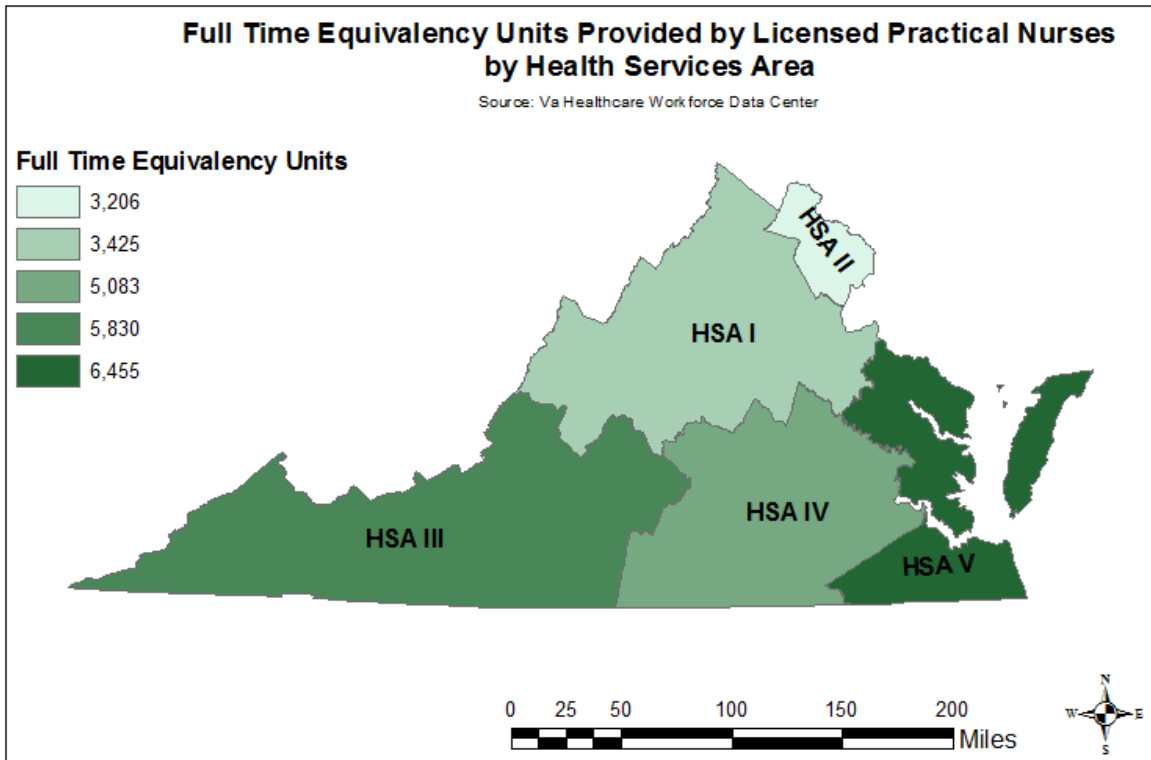
² Number of residents in 2017 was used as the denominator.

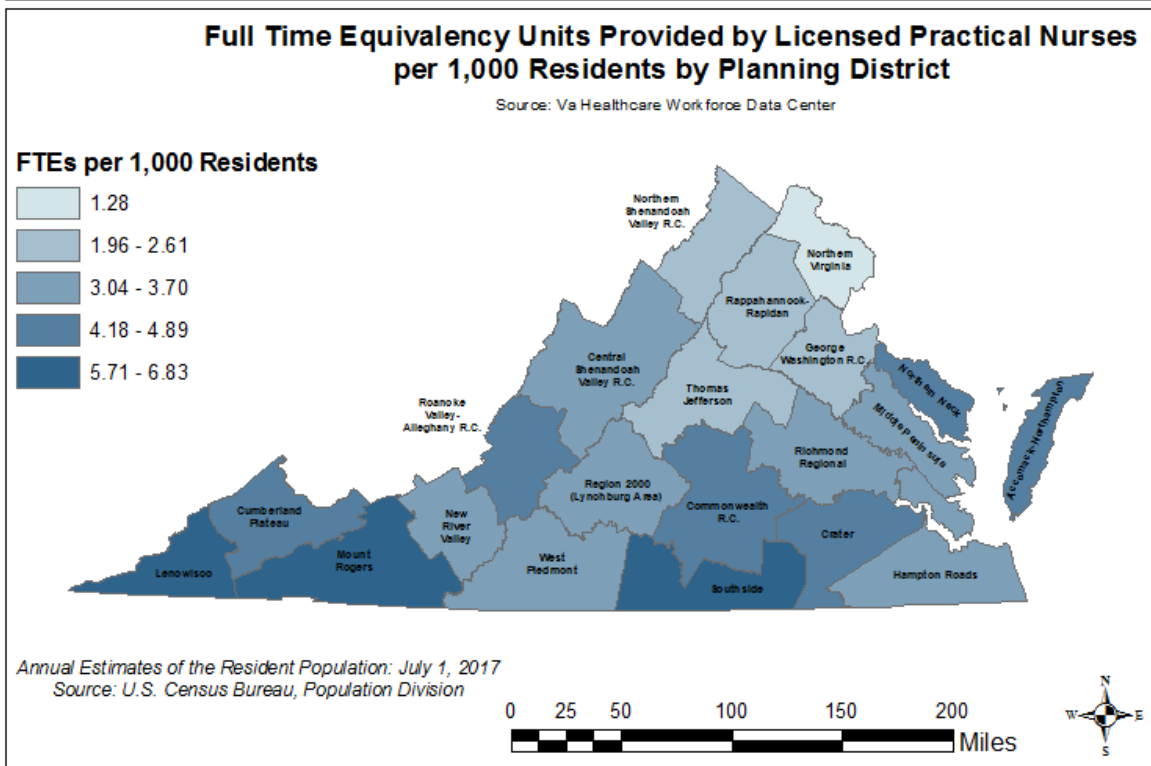
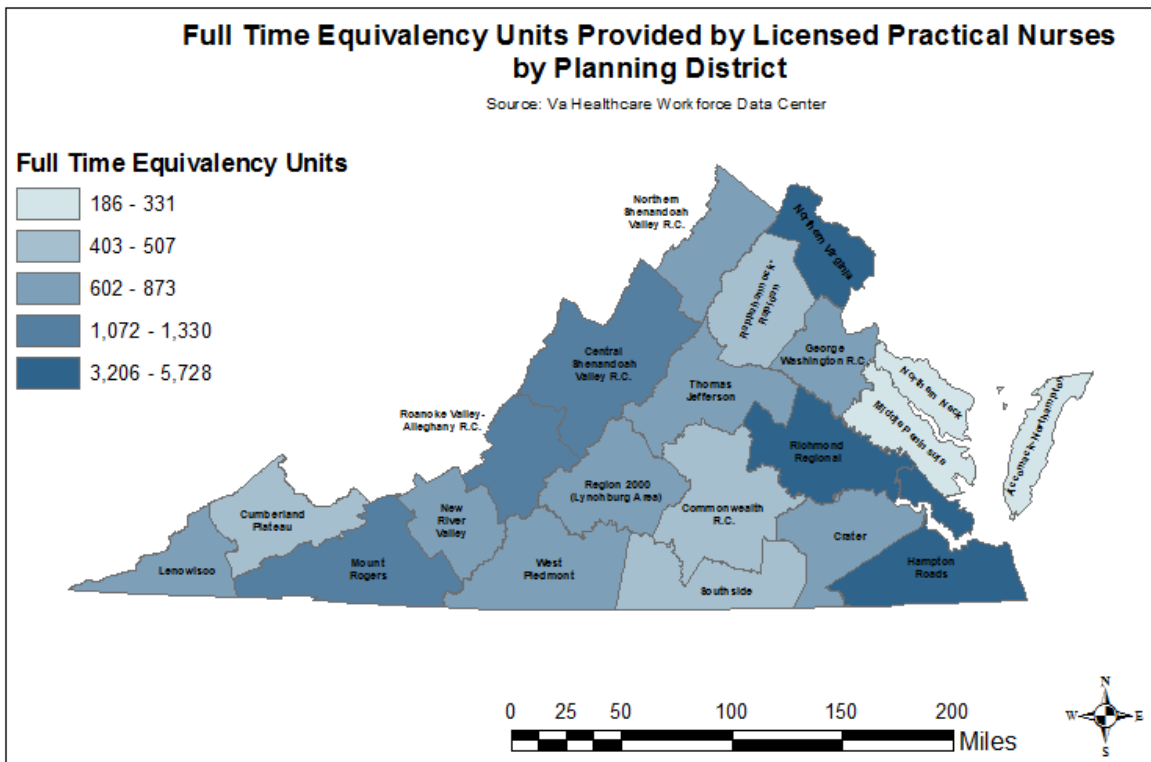
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	16,468	29.69%	3.367689	2.554861	4.167062
Metro, 250,000 to 1 million	2,741	30.06%	3.326456	2.52358	4.116042
Metro, 250,000 or less	2,552	27.90%	3.58427	2.719167	4.435051
Urban pop 20,000+, Metro adj	823	29.65%	3.372951	2.558853	4.173573
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	2,093	33.06%	3.024566	2.294555	3.742494
Urban pop, 2,500-19,999, nonadj	1,686	31.08%	3.217557	2.440965	3.981294
Rural, Metro adj	1,203	28.43%	3.517544	2.668547	4.352487
Rural, nonadj	641	28.55%	3.502732	2.65731	4.33416
Virginia border state/DC	732	20.77%	4.815789	3.653447	5.958891
Other US State	900	22.56%	4.433498	3.363425	5.485856

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	3,344	23.74%	4.211587	3.742494	5.958891
30 to 34	3,443	34.71%	2.881172	2.560262	4.076513
35 to 39	3,654	24.41%	4.096413	3.640148	5.795933
40 to 44	3,503	37.68%	2.653788	2.358205	3.754792
45 to 49	3,597	24.77%	4.037037	3.587386	5.711924
50 to 54	3,300	38.73%	2.58216	2.294555	3.653447
55 to 59	3,235	25.07%	3.988903	3.544612	5.643819
60 and Over	5,764	27.52%	3.6343	3.229506	5.142099

Source: Va. Healthcare Workforce Data Center

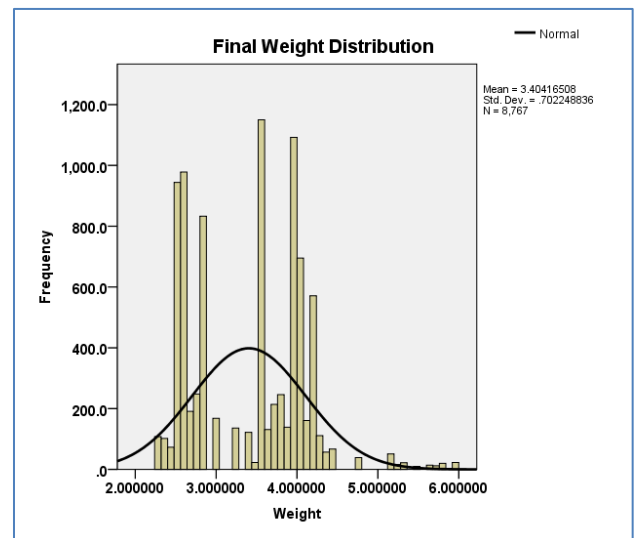
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.293800



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Registered Nurse Workforce: 2018

Healthcare Workforce Data Center

October 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

33,971 Registered Nurses voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Registered Nurse Workforce: At a Glance:

The Workforce

Licensees:	111,083
Virginia's Workforce:	93,902
FTEs:	81,277

Background

Rural Childhood:	37%
HS Degree in VA:	57%
Prof. Degree in VA:	67%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-time Job:	69%
Satisfied?:	93%

Survey Response Rate

All Licensees:	31%
Renewing Practitioners:	73%

Education

Baccalaureate:	47%
Associate:	29%

Job Turnover

Switched Jobs:	7%
Employed over 2 yrs:	62%

Demographics

Female:	93%
Diversity Index:	38%
Median Age:	46

Finances

Median Income: \$60k-\$70k	
Health Benefits:	66%
Under 40 w/ Ed debt:	61%

Time Allocation

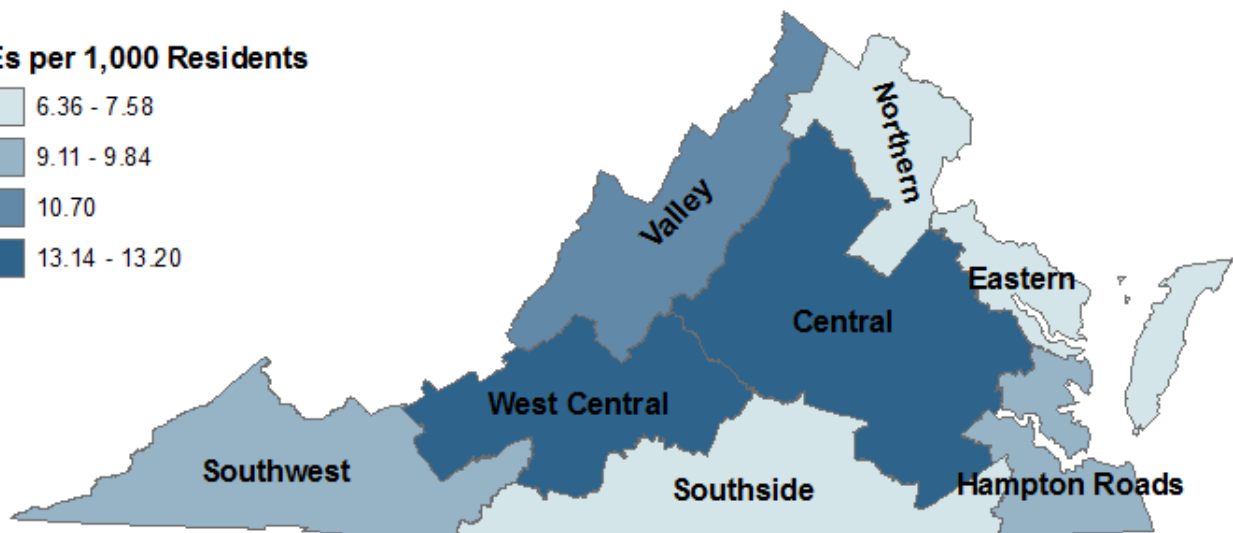
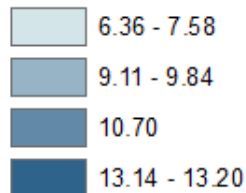
Patient Care:	80%-89%
Patient Care Role:	66%
Admin. Role:	8%

Source: Va. Healthcare Workforce Data Center

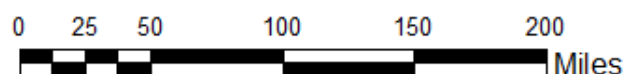
Full Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



Results in Brief

33,971 Registered Nurses (RNs) voluntarily took part in the 2018 Registered Nurse Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all RNs have access to the survey in any given year. Thus, these survey respondents represent 31% of the 111,083 RNs who are licensed in the state but 73% of renewing practitioners.

The HWDC estimates that 93,902 RNs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 81,277 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

93% of all RNs are female, and the median age of the state's RN workforce is 46. In a random encounter between two RNs, there is a 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's RN workforce less diverse than the state's overall population, which has a diversity index of 56%. 37% of all RNs grew up in a rural area, and 19% of these professionals currently work in non-metro areas of the state. Overall, just 9% of all RNs work in a non-metro area of the state.

91% of RNs are currently employed in the profession. 69% of all RNs hold one full-time position, and 62% have remained at their primary work location for more than two years. 85% of RNs work in the private sector, including 43% who work at a non-profit institution. 51% of all RNs work in a hospital, including 38% who work in their inpatient departments. The median annual income for RNs is between \$60,000 and \$70,000. In addition, 84% of all RNs receive at least one employer-sponsored benefit. 93% of all RNs are satisfied with their current employment situation, including 59% who indicate they are "very satisfied". Over the next two years, 28% of all RNs expect to pursue additional educational opportunities, while 7% plan to increase their patient care hours.

Summary of Trends

Over the past year, the response rate among all licensed RNs dropped considerably (31% vs. 37%). In fact, the number of RNs who have completed the HWDC survey has fallen since 2013 (33,971 vs. 35,767) despite the fact that the number of RNs licensed in the state increased considerably over the same time period (111,083 vs. 99,901). At the same time, the size of Virginia's RN workforce has increased (93,902 vs. 85,259). In addition, the number of FTEs provided by this workforce has increased since 2013 from 74,312 to 81,277.

Over the past six years, Virginia's RN workforce has become younger and more diverse. Since 2013, the median age of Virginia's RNs has fallen from 48 to 46 years. In addition, the diversity index of Virginia's RNs has increased from 33% to 38%. As for RNs who are under the age of 40, the diversity index has increased from 39% to 41%.

Since 2013, RNs have become more likely to earn a baccalaureate degree as their highest professional degree (47% vs. 38%) in lieu of an associate degree (29% vs. 34%). At the same time, Virginia's RNs are considerably more likely to take on debt in order to pursue this education (40% vs. 32%). This is also true among those RNs who are under the age of 40 (61% vs. 57%). Meanwhile, the median annual income among Virginia's RNs has increased from \$50,000-\$60,000 to \$60,000-\$70,000 over the past six years. RNs are also more satisfied with their current work situation (93% vs. 91%).

Relative to six years ago, Virginia's RNs are more likely to work in the for-profit sector (42% vs. 38%) and less likely to work in the non-profit sector (43% vs. 46%). Patient care remains the primary function of Virginia's RNs, but fewer RNs are serving a patient care role in 2018 (66% vs. 73%). However, more RNs indicate that they expect to increase patient care activities over the next two years (7% vs. 6%).

More RNs now indicate that they expect to retire before the age of 65 relative to six years ago (38% vs. 32%). This is also true for RNs who are age 50 or over (29% vs. 24%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	47,456	43%
New Licensees	5,541	5%
Non-Renewals	6,165	6%
Renewal date not in survey period	51,921	47%
All Licensees	111,083	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 73% of renewing RNs submitted a survey. These represent 31% of RNs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2017 and September 2018 on the birth month of each renewing practitioner.
- 2. Target Population:** All RNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	10,043	2,886	22%
30 to 34	8,467	4,679	36%
35 to 39	9,168	3,135	26%
40 to 44	6,756	4,285	39%
45 to 49	8,785	3,222	27%
50 to 54	6,843	4,563	40%
55 to 59	9,138	3,311	27%
60 and Over	17,912	7,890	31%
Total	77,112	33,971	31%
New Licenses			
Issued in Past Year	5,540	1	0%
Metro Status			
Non-Metro	8,795	4,073	32%
Metro	57,352	27,384	32%
Not in Virginia	10,964	2,513	19%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	33,971
Response Rate, all licensees	31%
Response Rate, Renewals	73%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RNs

Number: 111,083
 New: 5%
 Not Renewed: 6%

Response Rates

All Licensees: 31%
 Renewing Practitioners: 73%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's RN Workforce: 93,902
 FTEs: 81,277

Utilization Ratios

Licensees in VA Workforce: 85%
 Licensees per FTE: 1.37
 Workers per FTE: 1.16

Source: Va. Healthcare Workforce Data Center

Virginia's RN Workforce		
Status	#	%
Worked in Virginia in Past Year	90,287	96%
Looking for Work in Virginia	3,615	4%
Virginia's Workforce	93,902	100%
Total FTEs	81,277	
Licensees	111,083	

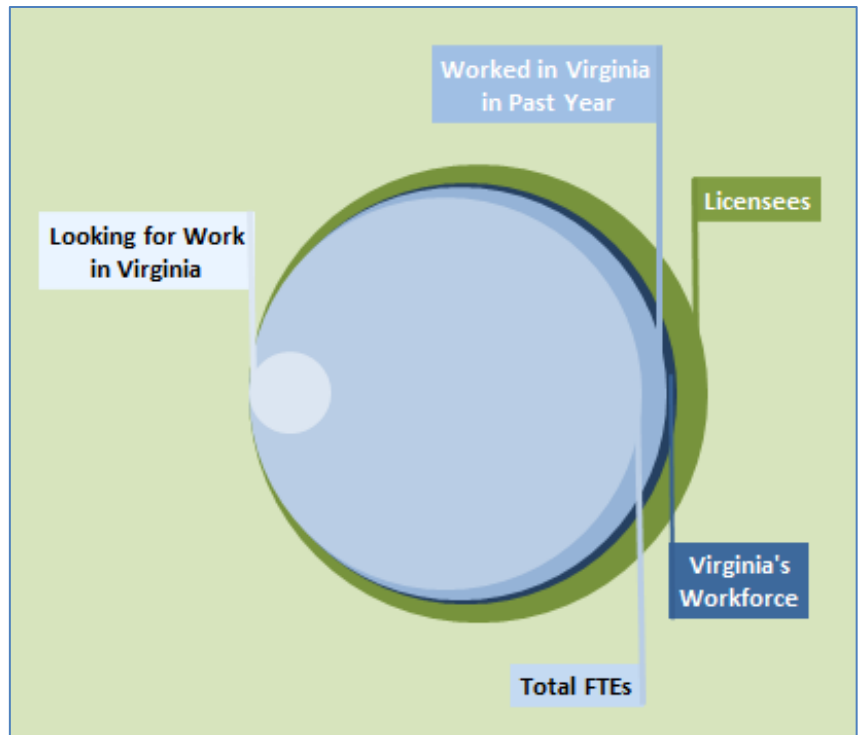
Source: Va. Healthcare Workforce Data Center

Definitions

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

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	853	8%	10,394	92%	11,248	13%
30 to 34	796	8%	9,695	92%	10,491	12%
35 to 39	815	8%	8,937	92%	9,753	12%
40 to 44	664	8%	8,016	92%	8,680	10%
45 to 49	842	9%	8,481	91%	9,322	11%
50 to 54	655	8%	8,020	93%	8,675	10%
55 to 59	572	6%	8,656	94%	9,228	11%
60 +	844	5%	16,098	95%	16,943	20%
Total	6,040	7%	78,298	93%	84,338	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RNs		RNs under 40	
	%	#	%	#	%
White	63%	66,345	78%	23,911	76%
Black	19%	9,041	11%	3,286	10%
Asian	6%	4,453	5%	1,829	6%
Other Race	1%	840	1%	302	1%
Two or more races	3%	1,807	2%	936	3%
Hispanic	9%	2,510	3%	1,406	4%
Total	100%	84,996	100%	31,670	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

37% of RNs are under the age of 40. 92% of these professionals are female. In addition, the diversity index among RNs under the age of 40 is 41%, which is higher than the diversity index for Virginia's overall RN workforce.

At a Glance:

Gender

% Female: 93%
% Under 40 Female: 92%

Age

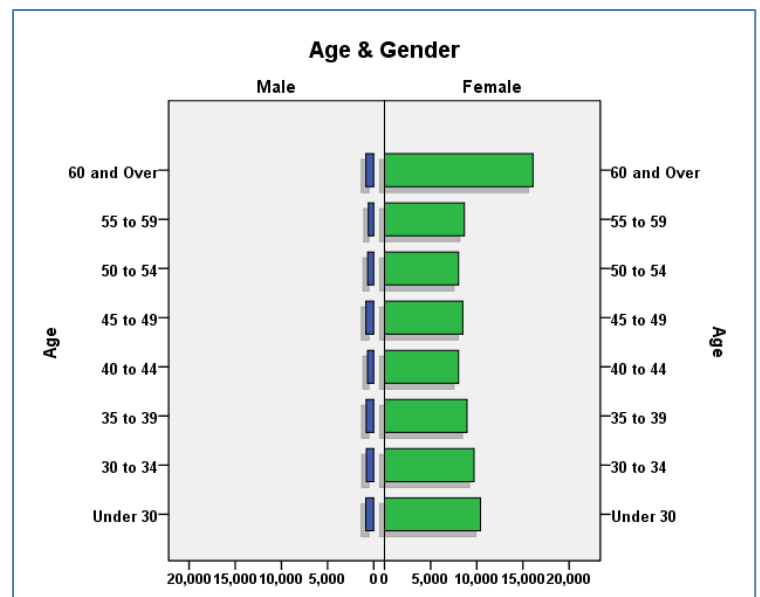
Median Age: 46
% Under 40: 37%
% 55+: 31%

Diversity

Diversity Index: 38%
Under 40 Div. Index: 41%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RNs, there is a 38% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 56% chance for Virginia's population as a whole.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 37%

Virginia Background

HS in Virginia: 57%
 Prof. Ed. in VA: 67%
 HS or Prof. Ed. in VA: 70%

Location Choice

% Rural to Non-Metro: 19%
 % Urban/Suburban to Non-Metro: 3%

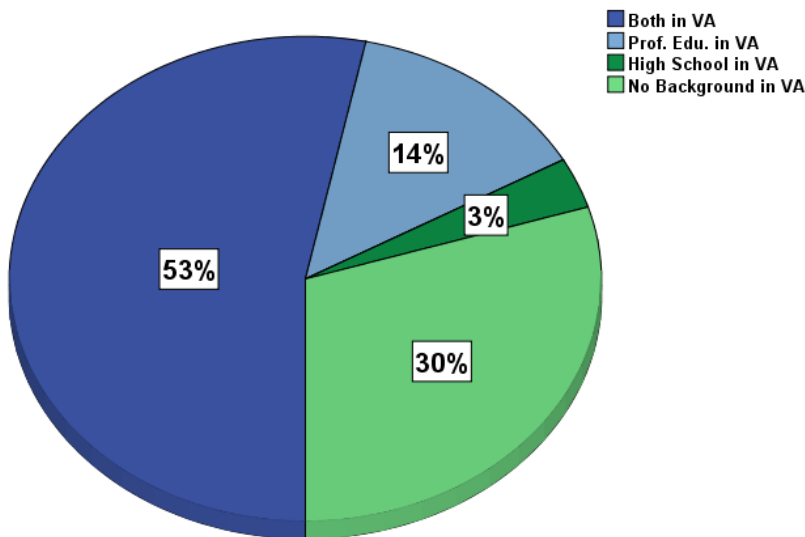
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	26%	58%	16%
2	Metro, 250,000 to 1 million	52%	37%	10%
3	Metro, 250,000 or less	53%	38%	9%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	67%	20%	13%
6	Urban pop, 2,500-19,999, Metro adjacent	75%	19%	6%
7	Urban pop, 2,500-19,999, non adjacent	88%	8%	4%
8	Rural, Metro adj	75%	18%	7%
9	Rural, non adjacent	68%	23%	9%
Overall		37%	49%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

37% of RNs grew up in self-described rural areas, and 19% of these professionals currently work in non-metro counties. Overall, 9% of all RNs currently work in non-metro counties.

Top Ten States for Registered Nurse Recruitment

Rank	All RNs			
	High School	#	Init. Prof Degree	#
1	Virginia	47,945	Virginia	56,346
2	Outside U.S./Canada	5,492	New York	3,116
3	New York	3,952	Pennsylvania	2,785
4	Pennsylvania	3,480	Outside U.S./Canada	2,664
5	Maryland	2,339	North Carolina	1,757
6	New Jersey	1,785	West Virginia	1,555
7	West Virginia	1,720	Maryland	1,542
8	North Carolina	1,667	Florida	1,284
9	Ohio	1,576	Ohio	1,119
10	Florida	1,406	Washington, D.C.	887

57% of licensed RNs received their high school degree in Virginia, and 67% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Among RNs who received their license in the past five years, 53% received their high school degree in Virginia, while 64% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	10,375	Virginia	12,532
2	Outside U.S./Canada	1,396	Pennsylvania	716
3	Pennsylvania	747	New York	592
4	New York	744	Outside U.S./Canada	574
5	Maryland	509	West Virginia	416
6	Florida	484	North Carolina	414
7	North Carolina	444	Florida	408
8	California	398	Maryland	320
9	New Jersey	393	Ohio	290
10	Ohio	381	Washington, D.C.	232

Source: Va. Healthcare Workforce Data Center

15% of Virginia's licensees did not participate in Virginia's RN workforce during the past year. 72% of these licensees worked at some point in the past year, including 65% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	17,186
% of Licensees:	15%
Federal/Military:	12%
Va. Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Hospital RN Diploma ¹	7,000	8%
Associate Degree	24,721	29%
Baccalaureate Degree	39,663	47%
Master's Degree	11,678	14%
Doctorate Degree	1,302	2%
Total	84,364	100%

Source: Va. Healthcare Workforce Data Center

47% of RNs have a baccalaureate as their highest professional degree. 40% have education debt, including 61% of those under the age of 40. The median debt burden among RNs with education debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	12,381	15%
No	71,748	85%
Total	84,129	100%
Degree Pursued	#	%
Associate	61	1%
Bachelor	5,474	46%
Masters	5,201	43%
Doctorate	1,248	10%
Total	11,984	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Baccalaureate: 47%
 Associate: 29%

Educational Debt
 Carry debt: 40%
 Under age 40 w/ debt: 61%
 Median debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Amount Carried	All RNs		RNs under 40	
	#	%	#	%
None	44,337	60%	11,043	39%
\$10,000 or less	5,662	8%	3,111	11%
\$10,000-\$19,999	4,890	7%	2,868	10%
\$20,000-\$29,999	4,485	6%	2,584	9%
\$30,000-\$39,999	3,444	5%	2,173	8%
\$40,000-\$49,999	2,409	3%	1,489	5%
\$50,000-\$59,999	2,010	3%	1,193	4%
\$60,000-\$69,999	1,679	2%	937	3%
\$70,000-\$79,999	1,134	2%	668	2%
\$80,000-\$89,999	1,022	1%	593	2%
\$90,000-\$99,999	535	1%	281	1%
\$100,000-\$109,999	765	1%	403	1%
\$110,000-\$119,999	284	0%	166	1%
\$120,000 or more	1,160	2%	576	2%
Total	73,816	100%	28,085	100%

Source: Va. Healthcare Workforce Data Center

¹ Includes those who reported they have a LPN/LVN diploma or certificate

At a Glance:

Primary Specialty

Acute/Critical Care:	20%
Surgery/OR:	8%
Obstetrics/Nurse Mid.:	4%

Secondary Specialty

Acute/Critical Care:	16%
Surgery/OR:	5%
Admin./Management:	5%

Licenses

Licensed NP:	6%
LPN:	1%

Source: Va. Healthcare Workforce Data Center

6% of RNs are also Licensed Nurse Practitioners. In addition, another 1% of RNs are Licensed Practical Nurses.

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	16,426	20%	9,459	16%
Surgery/OR/Pre-, Peri- or Post-Operative	6,232	8%	2,877	5%
Obstetrics/Nurse Midwifery	3,714	4%	1,553	3%
Cardiology	3,658	4%	2,817	5%
Pediatrics	3,608	4%	2,327	4%
Psychiatric/Mental Health	3,239	4%	1,467	2%
Case Management	2,802	3%	2,042	3%
Neonatal Care	2,562	3%	1,737	3%
Administration/Management	2,489	3%	2,871	5%
Oncology	2,444	3%	1,329	2%
Family Health	2,147	3%	981	2%
Community Health/Public Health	1,936	2%	1,556	3%
Geriatrics/Gerontology	1,846	2%	1,770	3%
Hospital/Float	1,581	2%	1,498	2%
Women's Health/Gynecology	1,329	2%	1,243	2%
Long-Term Care/Assisted Living/Nursing Home	1,297	2%	1,311	2%
Anesthesia	1,226	1%	598	1%
Palliative/Hospice Care	1,183	1%	924	2%
Adult Health	1,121	1%	1,363	2%
Orthopedics	1,010	1%	1,010	2%
General Nursing/No Specialty	7,638	9%	8,956	15%
Medical Specialties (Not Listed)	1,297	2%	1,034	2%
Other Specialty Area	11,796	14%	9,305	16%
Total	82,579	100%	60,025	100%

Source: Va. Healthcare Workforce Data Center

Other Certifications

Certification	#	%
Licensed Nurse Practitioner	5,822	6%
Licensed Practical Nurse	675	1%
Clinical Nurse Specialist	449	0%
Certified Nurse Midwife	221	0%
Certified Massage Therapist	168	0%

Source: Va. Healthcare Workforce Data Center

20% of all RNs work at an acute/critical care/emergency/trauma center as their primary work location, the most of any establishment type in the state.

A Closer Look:

Military Service		
Service?	#	%
Yes	6,107	8%
No	75,031	92%
Total	81,137	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	2,279	40%
Navy/Marine	2,165	38%
Air Force	1,185	21%
Other	132	2%
Total	5,761	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Served: 8%

Branch of Service

Army: 40%
Navy/Marine: 38%
Air Force: 21%

Occupation

Army Health Care Spec.: 7%
Navy Basic Med. Tech.: 6%
Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

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

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	381	7%
Navy Basic Medical Technician (Navy HM0000)	338	6%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	146	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	7	0%
Other	4,683	84%
Total	5,555	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-time: 69%
2 or More Positions: 10%

Weekly Hours:

40 to 49: 40%
60 or more: 4%
Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	39	< 1%
Employed in a nursing-related capacity	75,855	91%
Employed, NOT in a nursing-related capacity	2,313	3%
Not working, reason unknown	7	< 1%
Involuntarily unemployed	228	< 1%
Voluntarily unemployed	3,574	4%
Retired	1,721	2%
Total	83,737	100%

Source: Va. Healthcare Workforce Data Center

91% of RNs are currently employed in their profession. 69% of RNs hold one full-time job, while 10% currently have multiple jobs. 40% of all RNs work between 40 and 49 hours per week, while 14% work less than 30 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	3,809	5%
1 to 9 hours	1,381	2%
10 to 19 hours	3,000	4%
20 to 29 hours	6,947	9%
30 to 39 hours	24,316	30%
40 to 49 hours	32,243	40%
50 to 59 hours	5,537	7%
60 to 69 hours	1,690	2%
70 to 79 hours	624	1%
80 or more hours	551	1%
Total	80,098	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	3,809	5%
One Part-Time Position	12,966	16%
Two Part-Time Positions	1,685	2%
One Full-Time Position	55,574	69%
One Full-Time Position & One Part-Time Position	5,796	7%
Two Full-Time Positions	178	0%
More than Two Positions	561	1%
Total	80,569	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	957	2%
Less than \$20,000	2,499	4%
\$20,000-\$29,999	1,963	3%
\$30,000-\$39,999	3,560	5%
\$40,000-\$49,999	7,283	11%
\$50,000-\$59,999	11,057	17%
\$60,000-\$69,999	10,842	17%
\$70,000-\$79,999	9,291	14%
\$80,000-\$89,999	6,620	10%
\$90,000-\$99,999	4,277	7%
\$100,000 or more	7,278	11%
Total	65,627	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
 Median Income: \$60k-\$70k

Benefits
 Health Insurance: 66%
 Retirement: 73%

Satisfaction
 Satisfied: 93%
 Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	47,029	59%
Somewhat Satisfied	27,746	35%
Somewhat Dissatisfied	4,047	5%
Very Dissatisfied	1,185	2%
Total	80,008	100%

Source: Va. Healthcare Workforce Data Center

The typical RN earned between \$60,000 and \$70,000 in the past year. Among RNs who received either a salary or an hourly wage as compensation at their primary work location, 85% had access to at least one employer-sponsored benefit, including 66% who received health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	55,262	73%	73%
Paid Leave	52,856	70%	71%
Health Insurance	50,007	66%	66%
Dental Insurance	49,100	65%	65%
Group Life Insurance	36,555	48%	49%
Signing/Retention Bonus	6,686	9%	9%
Total	64,078	84%	85%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	787	1%
Experience Voluntary Unemployment?	5,414	6%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1,784	2%
Work two or more positions at the same time?	11,097	12%
Switch employers or practices?	6,990	7%
Experienced at least One	22,634	24%

Source: Va. Healthcare Workforce Data Center

1% of Virginia's RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 3.2% during the same time period.²

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	2,149	3%	1,127	8%
Less than 6 Months	4,482	6%	1,904	13%
6 Months to 1 Year	6,601	8%	1,818	12%
1 to 2 Years	16,702	21%	2,788	19%
3 to 5 Years	16,755	21%	3,009	20%
6 to 10 Years	10,846	14%	1,753	12%
More than 10 Years	20,694	26%	2,279	16%
Subtotal	78,229	100%	14,679	100%
Did not have location	4,198		78,450	
Item Missing	11,475		772	
Total	93,902		93,902	

Source: Va. Healthcare Workforce Data Center

66% of RNs receive an hourly wage at their primary work location, while 30% are salaried employees.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 2%

Turnover & Tenure
 Switched Jobs: 7%
 New Location: 19%
 Over 2 years: 62%
 Over 2 yrs, 2nd location: 48%

Employment Type
 Hourly Wage: 66%
 Salary: 30%

Source: Va. Healthcare Workforce Data Center

62% of RNs have worked at their primary location for more than two years – the job tenure normally required to attain a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Hourly Wage	39,192	66%
Salary	17,767	30%
By Contract/Per Diem	1,657	3%
Unpaid	509	1%
Business/Contractor Income	496	1%
Subtotal	59,620	100%
Did not have location	4,198	
Item Missing	30,084	

Source: Va. Healthcare Workforce Data Center

² As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.4% in October 2017 to 2.8% in September 2018. At the time of publication, the unemployment rate for September 2018 was still preliminary.

At a Glance:

Concentration

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

Locations

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

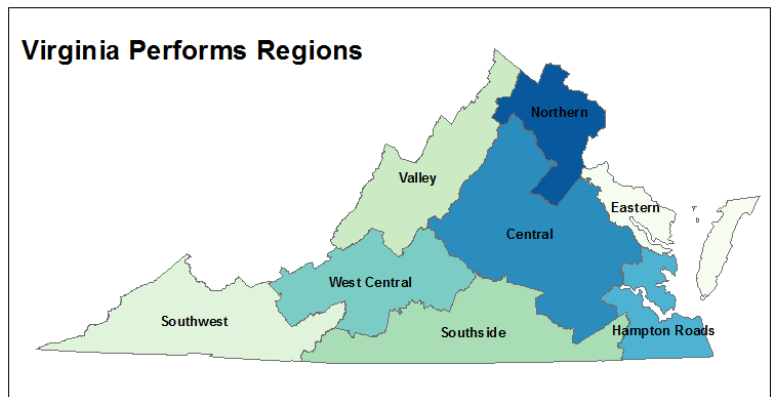
Source: Va. Healthcare Workforce Data Center

28% of all RNs work in Central Virginia, the most of any region in the state. Another 24% of RNs work in Northern Virginia, while 20% work in Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	21,416	28%	3,431	23%
Eastern	985	1%	186	1%
Hampton Roads	15,772	20%	2,894	19%
Northern	18,237	24%	3,391	23%
Southside	2,488	3%	568	4%
Southwest	3,224	4%	706	5%
Valley	5,110	7%	857	6%
West Central	9,508	12%	1,768	12%
Virginia Border State/DC	309	0%	318	2%
Other US State	412	1%	750	5%
Outside of the US	24	0%	26	0%
Total	77,485	100%	14,895	100%
Item Missing	12,220		556	

Source: Va. Healthcare Workforce Data Center



17% of RNs currently hold two or more positions, while 19% have held multiple positions over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	3,593	4%	5,308	7%
1	62,702	77%	62,818	77%
2	10,160	12%	9,405	12%
3	4,063	5%	3,393	4%
4	365	0%	234	0%
5	198	0%	119	0%
6 or More	580	1%	385	1%
Total	81,661	100%	81,661	100%

*At the time of survey completion (Oct. 2017-Sept. 2018, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	30,596	42%	7,144	52%
Non-Profit	31,561	43%	4,787	35%
State/Local Government	7,754	11%	1,361	10%
Veterans Administration	1,523	2%	127	1%
U.S. Military	1,296	2%	203	1%
Other Federal Government	665	1%	130	1%
Total	73,395	100%	13,752	100%
Did not have location	4,198		78,450	
Item Missing	16,309		1,699	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

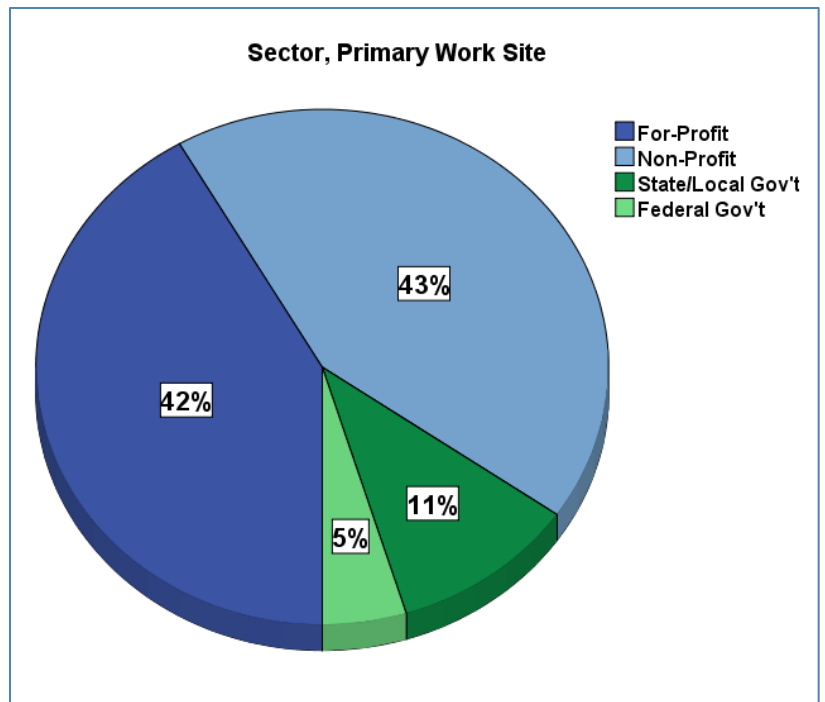
For Profit:	42%
Federal:	5%

Top Establishments

Hospital, Inpatient:	38%
Hospital, Emergency:	7%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

85% of all RNs work in the private sector, including 43% in non-profit establishments. Another 11% of RNs work for state or local governments, while 5% work for the federal government.



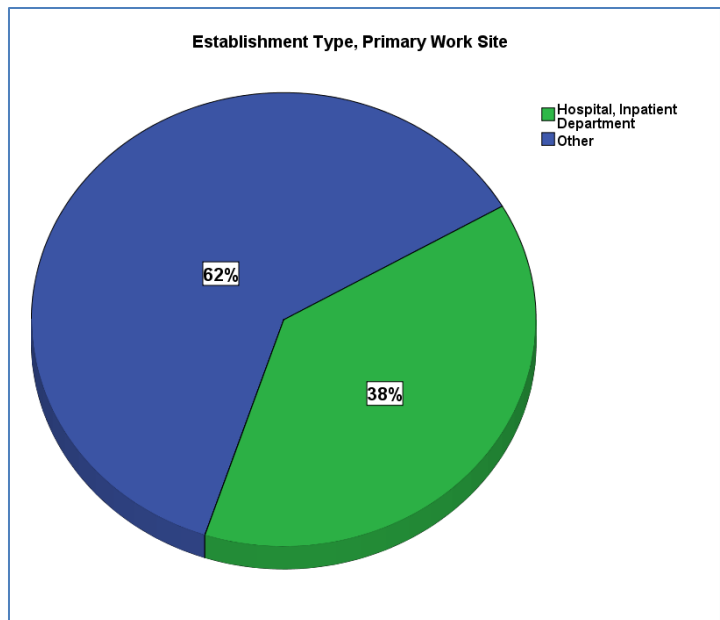
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	26,924	38%	3,684	28%
Hospital, Emergency Department	4,802	7%	820	6%
Hospital, Outpatient Department	4,216	6%	538	4%
Academic Institution (Teaching or Research)	4,194	6%	803	6%
Home Health Care	3,073	4%	1,122	9%
Ambulatory/Outpatient Surgical Unit	2,919	4%	482	4%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	2,817	4%	555	4%
Long Term Care Facility, Nursing Home	2,473	4%	706	5%
Physician Office	2,391	3%	396	3%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	1,916	3%	418	3%
School (Providing Care to Students)	1,878	3%	387	3%
Insurance Company, Health Plan	1,816	3%	274	2%
Other Practice Setting	10,703	15%	2,875	22%
Total	70,122	100%	13,060	100%
Did Not Have a Location	4,198		78,450	

38% of all RNs in the state work in the inpatient department of a hospital as the primary work location. The emergency and outpatient departments of hospitals are also common primary establishment types among Virginia's RN workforce.

Source: Va. Healthcare Workforce Data Center

Among those RNs who also have a secondary work location, 28% work at the inpatient department of a hospital. Another 9% work for a home health care establishment.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

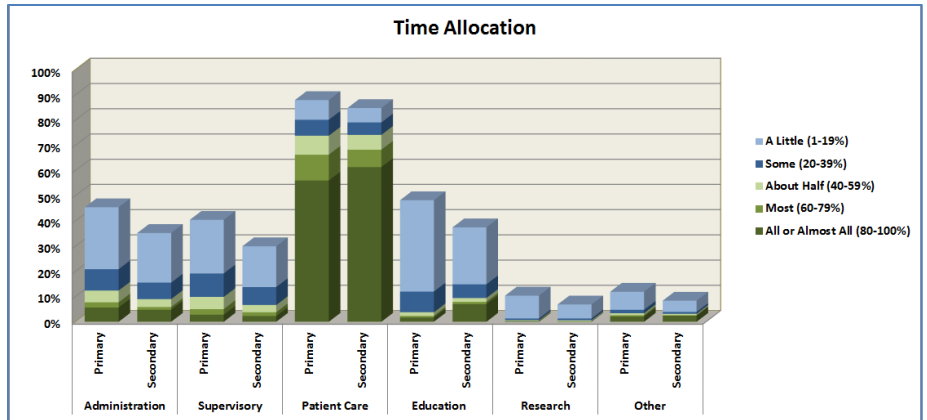
Patient Care: 66%
 Administrative: 8%
 Supervisory: 5%
 Education: 2%

Patient Care RNs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



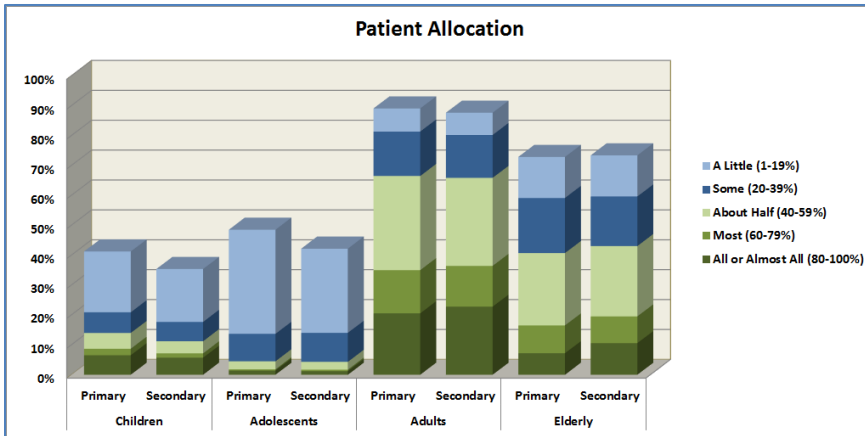
Source: Va. Healthcare Workforce Data Center

A typical RN spends nearly all of her time on patient care activities. 66% of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities. Another 8% of RNs serve an administrative role, while 5% serve a supervisory role.

Time Allocation													
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other		
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	
All or Almost All (80-100%)	6%	5%	3%	2%	56%	61%	2%	7%	0%	0%	2%	2%	
Most (60-79%)	2%	1%	2%	1%	10%	7%	1%	1%	0%	0%	1%	0%	
About Half (40-59%)	5%	3%	5%	3%	8%	6%	1%	2%	0%	0%	1%	1%	
Some (20-39%)	8%	7%	9%	7%	6%	5%	8%	5%	1%	1%	1%	1%	
A Little (1-19%)	25%	20%	21%	16%	8%	6%	36%	23%	9%	6%	7%	4%	
None (0%)	55%	65%	60%	70%	12%	15%	52%	63%	90%	93%	88%	92%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

Typical Patient Allocation

Adults: 50%-59%
Elderly: 20%-29%

Roles

Children: 9%
Adolescents: 2%
Adults: 35%
Elderly: 17%

Source: Va. Healthcare Workforce Data Center

The typical RN devotes most of her time to treating adults and the elderly. 35% of all RNs serve an adult patient care role, meaning that at least 60% of their patients are adults. In addition, 17% of all RNs serve an elderly patient care role.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	7%	6%	1%	1%	21%	23%	7%	11%
Most (60-79%)	2%	1%	0%	0%	14%	14%	9%	9%
About Half (40-59%)	5%	4%	3%	3%	32%	29%	24%	24%
Some (20-39%)	7%	6%	9%	10%	15%	14%	18%	17%
A Little (1-19%)	20%	18%	35%	28%	8%	7%	14%	14%
None (0%)	59%	65%	51%	58%	11%	12%	27%	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All RNs		RNs over 50	
	#	%	#	%
Under age 50	1,390	2%	-	-
50 to 54	1,961	3%	145	1%
55 to 59	5,601	8%	1,189	4%
60 to 64	18,133	26%	6,929	24%
65 to 69	28,662	40%	13,086	46%
70 to 74	9,048	13%	4,584	16%
75 to 79	1,919	3%	981	3%
80 or over	911	1%	400	1%
I do not intend to retire	3,184	4%	1,292	5%
Total	70,809	100%	28,606	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65: 38%
Under 60: 13%

RNs 50 and over

Under 65: 29%
Under 60: 5%

Time until Retirement

Within 2 years: 7%
Within 10 years: 24%
Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

38% of RNs expect to retire by the age of 65, while 29% of RNs who are age 50 or over expect to retire by the same age. Meanwhile, 21% of all RNs expect to work until at least age 70, including 4% who do not expect to retire at all.

Within the next two years, 28% of all RNs expect to pursue additional educational opportunities, and 7% plan to increase their patient care hours.

Future Plans

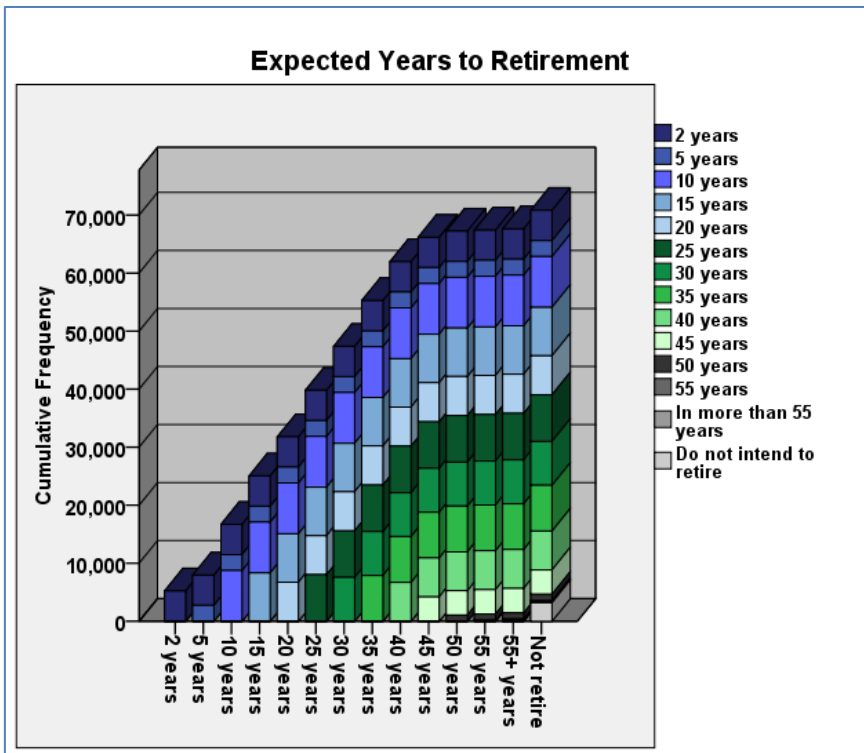
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	1,536	2%
Leave Virginia	3,180	3%
Decrease Patient Care Hours	7,552	8%
Decrease Teaching Hours	391	0%
Increase Participation		
Increase Patient Care Hours	6,915	7%
Increase Teaching Hours	5,137	5%
Pursue Additional Education	25,906	28%
Return to Virginia's Workforce	1,491	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. 7% of RNs expect to retire in the next two years, while 24% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2043.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	5,223	7%	7%
5 years	2,736	4%	11%
10 years	8,743	12%	24%
15 years	8,345	12%	35%
20 years	6,735	10%	45%
25 years	8,027	11%	56%
30 years	7,564	11%	67%
35 years	7,893	11%	78%
40 years	6,694	9%	88%
45 years	4,210	6%	93%
50 years	1,058	1%	95%
55 years	189	0%	95%
In more than 55 years	208	0%	96%
Do not intend to retire	3,184	4%	100%
Total	70,808	100%	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2028. Retirements will peak at 12% of the current workforce between 2028 and 2033 before declining to under 10% of the current workforce again around 2058.

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 81,277
 FTEs/1,000 Residents²: 9.60
 Average: 0.91

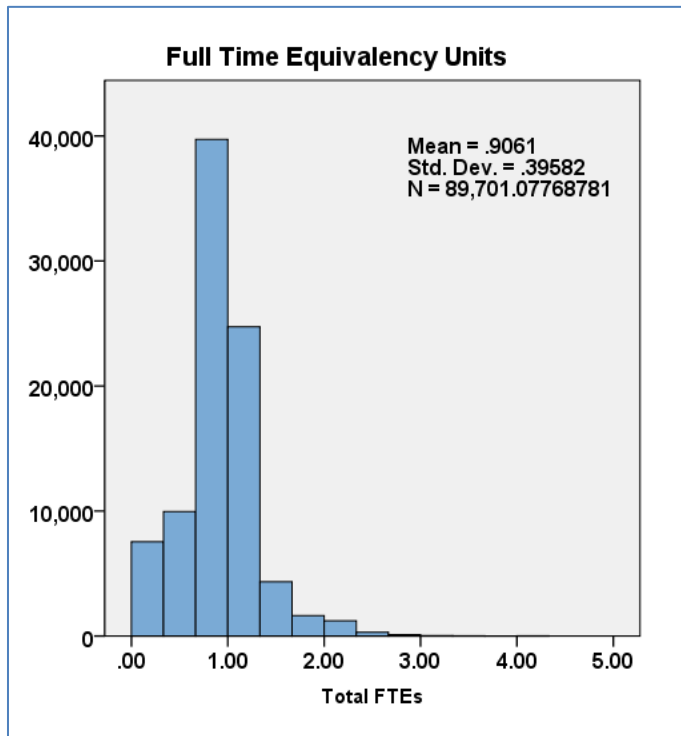
Age & Gender Effect

Age, Partial Eta³: Negligible
 Gender, Partial Eta³: Negligible

Partial Eta³ Explained:
 Partial Eta³ is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

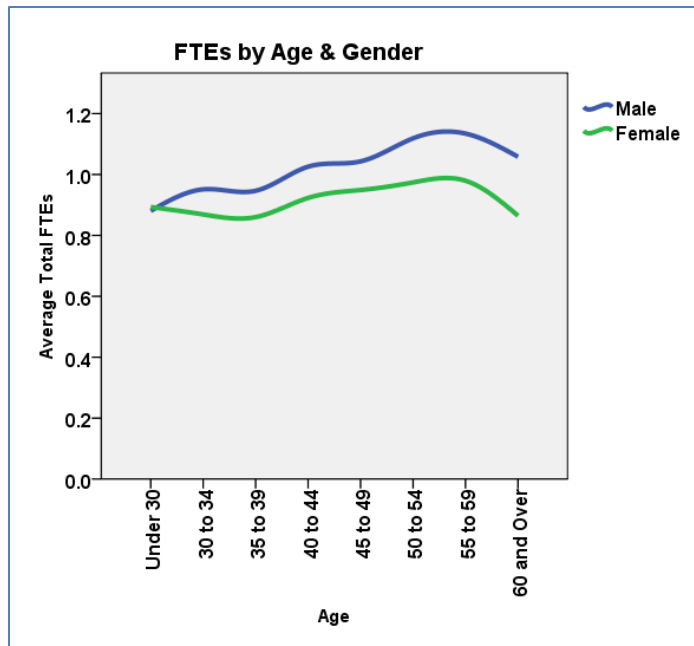


Source: Va. Healthcare Workforce Data Center

The typical (median) RN provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.89	0.93
30 to 34	0.87	0.91
35 to 39	0.86	0.90
40 to 44	0.91	0.93
45 to 49	0.93	0.95
50 to 54	0.98	0.96
55 to 59	0.99	0.96
60 and Over	0.86	0.80
Gender		
Male	1.01	0.96
Female	0.91	0.94

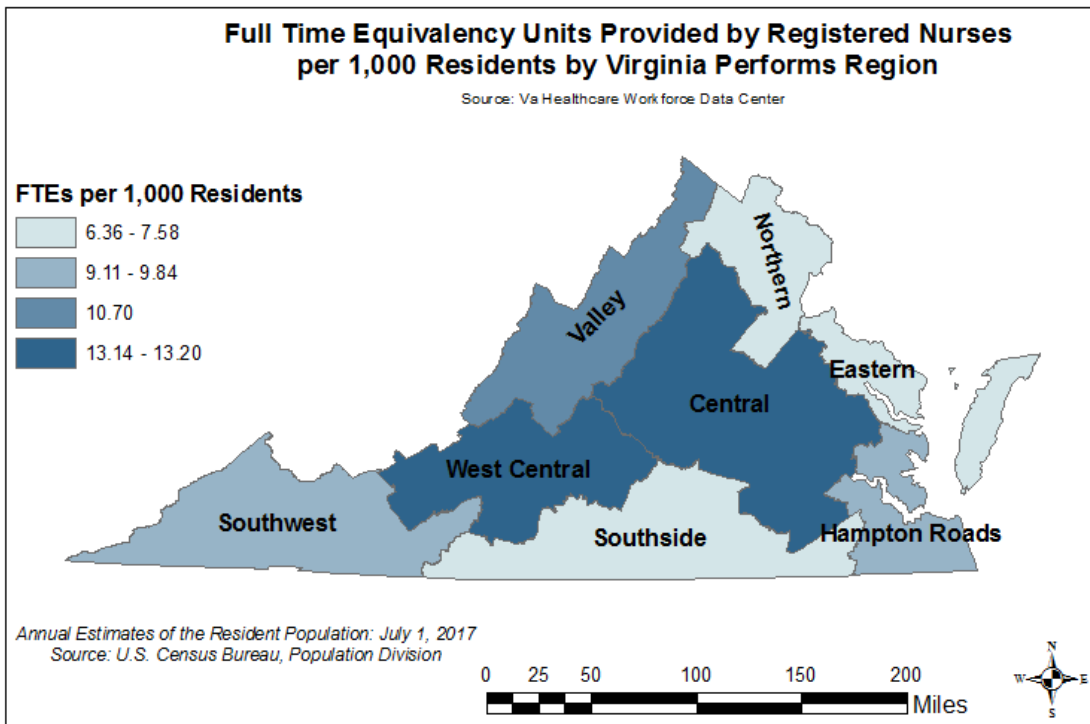
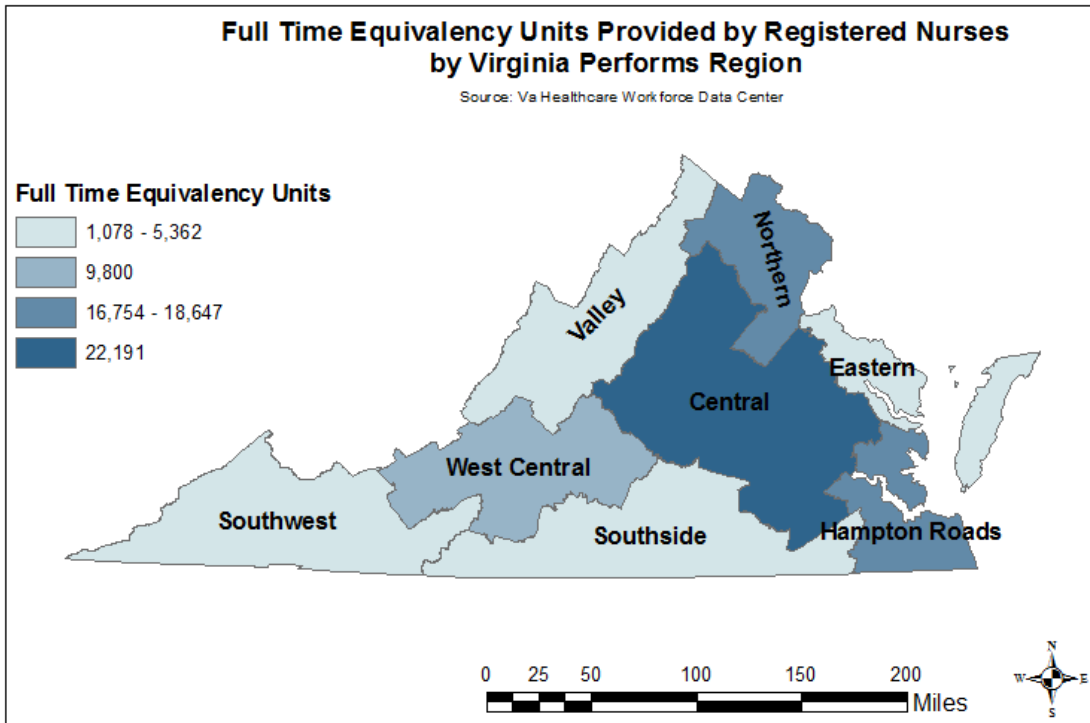
Source: Va. Healthcare Workforce Data Center

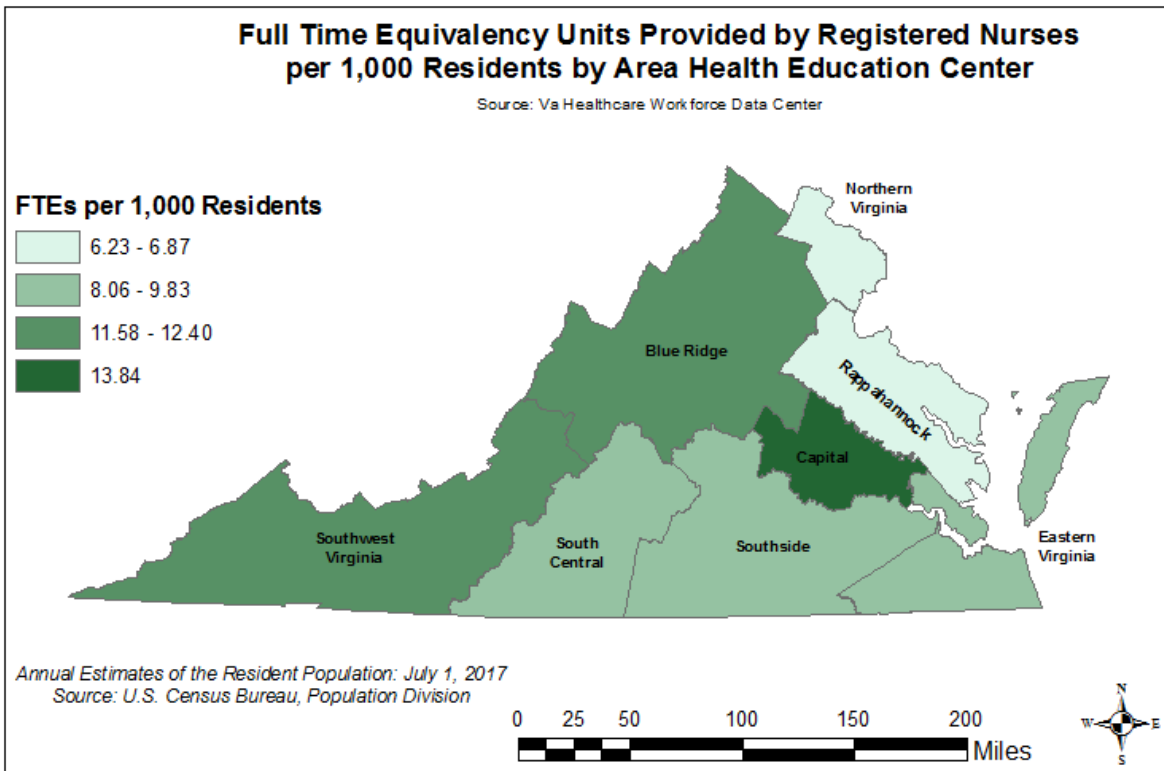
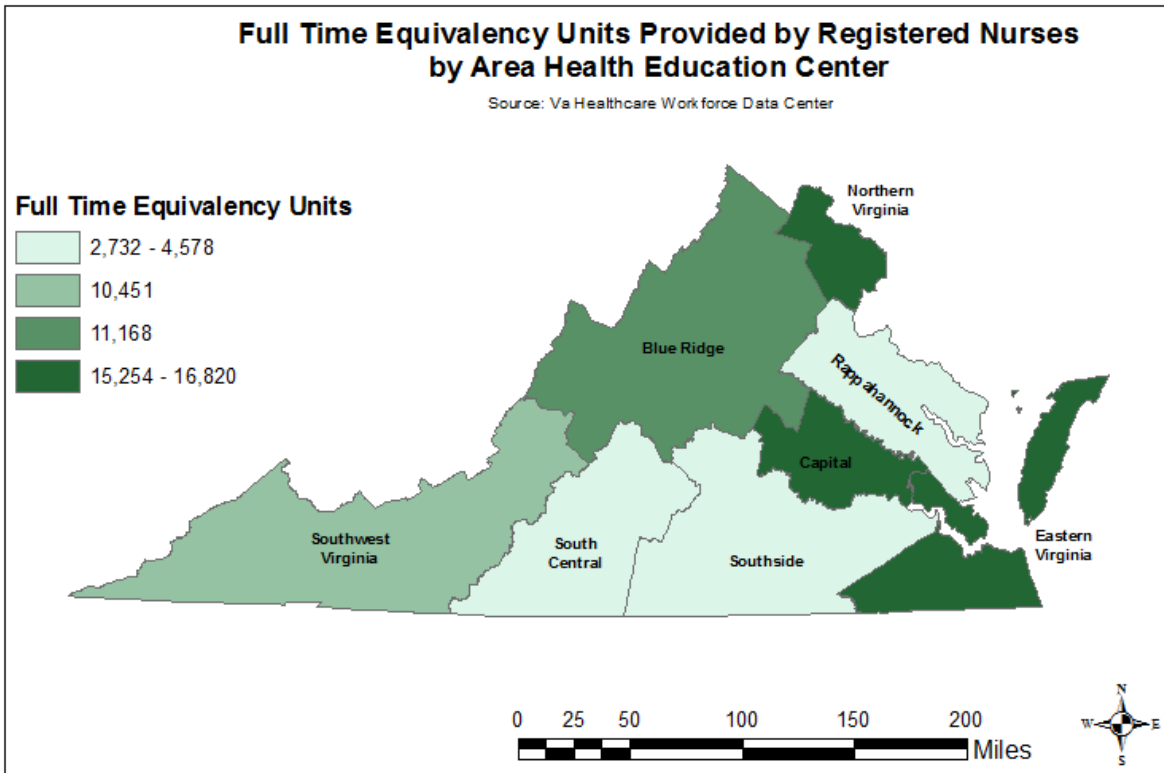


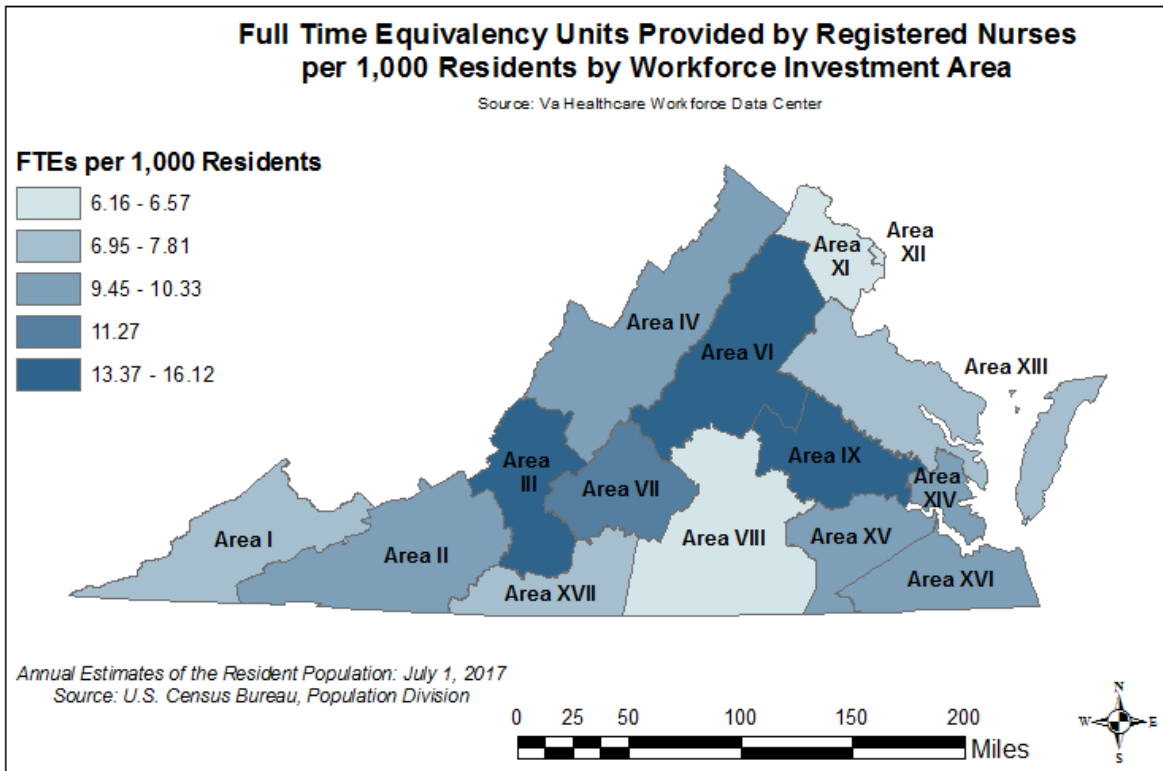
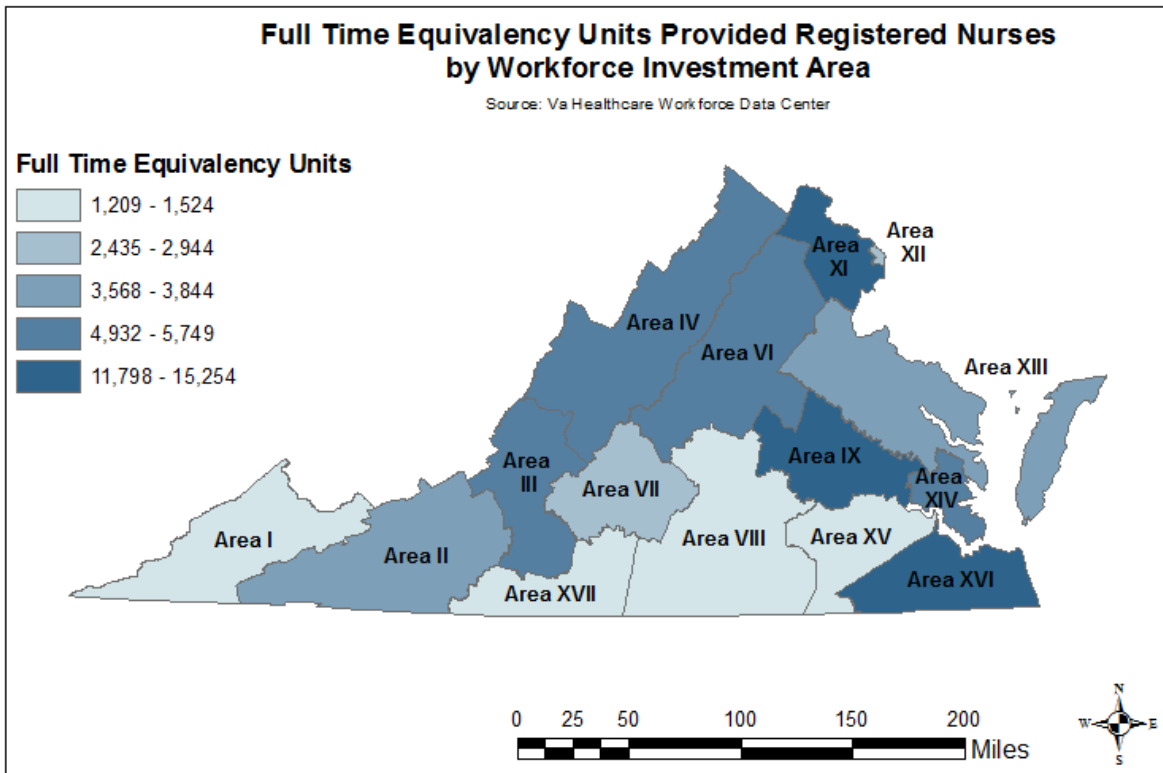
Source: Va. Healthcare Workforce Data Center

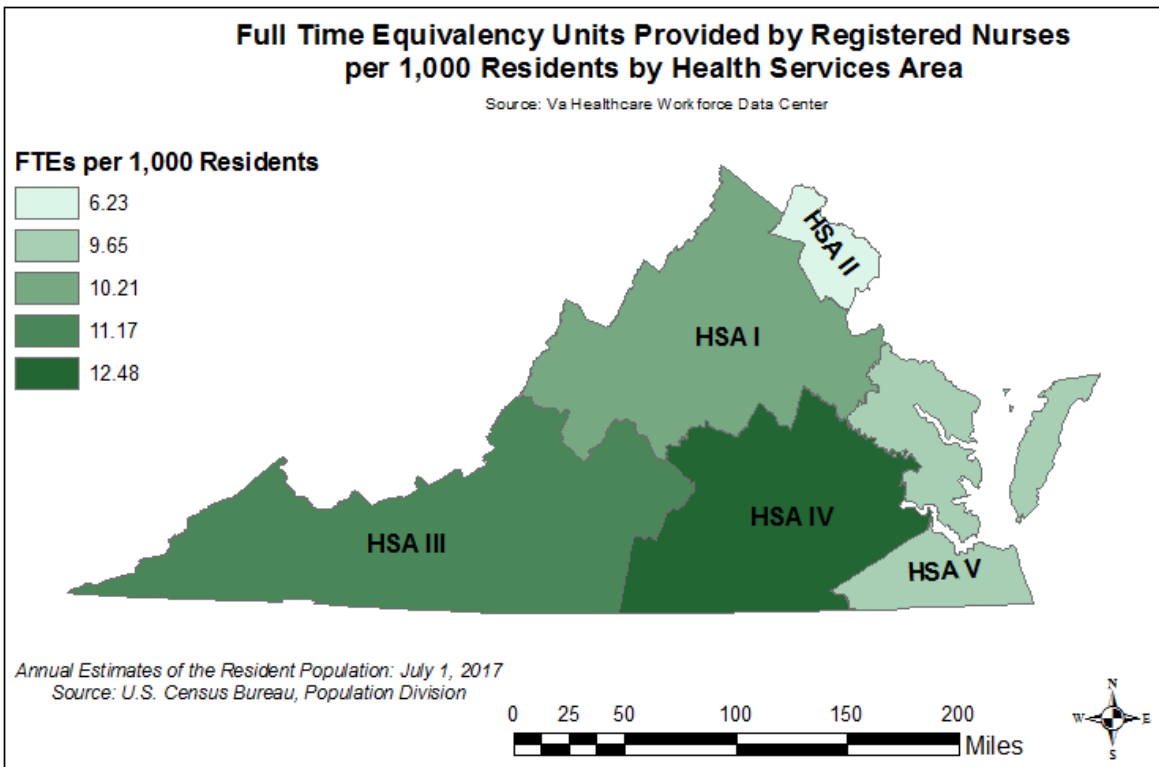
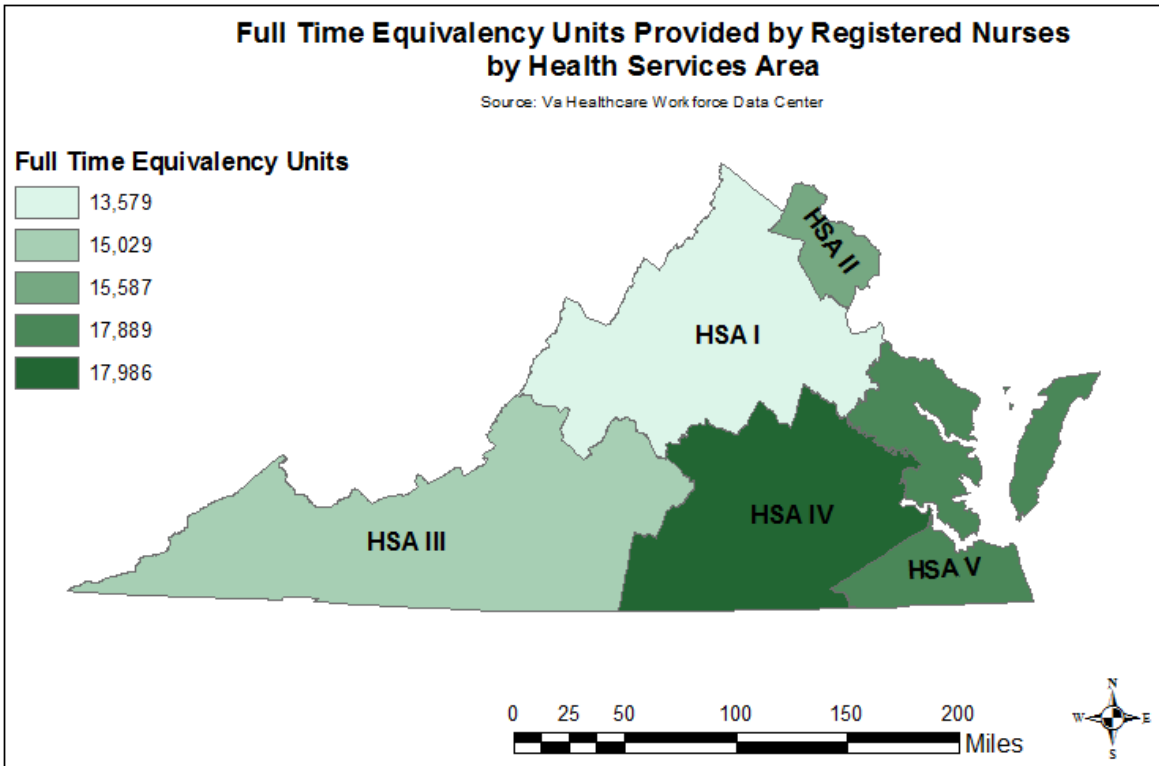
² Number of residents in 2017 was used as the denominator.

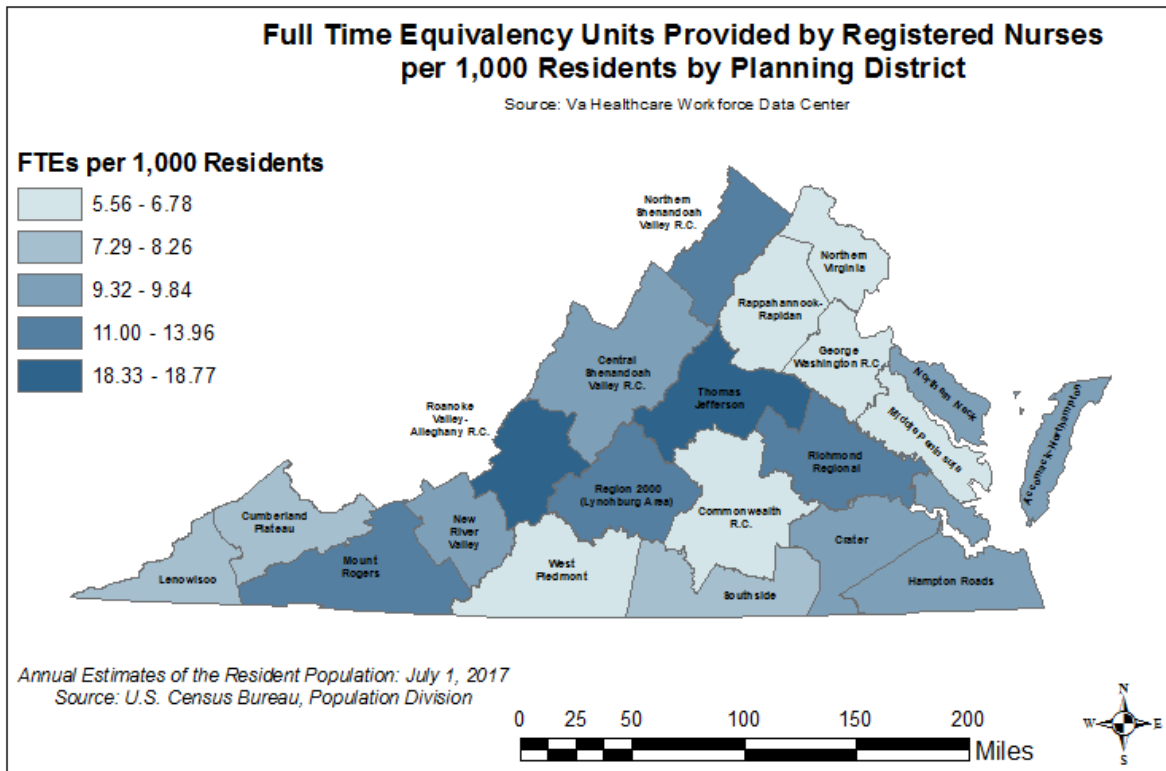
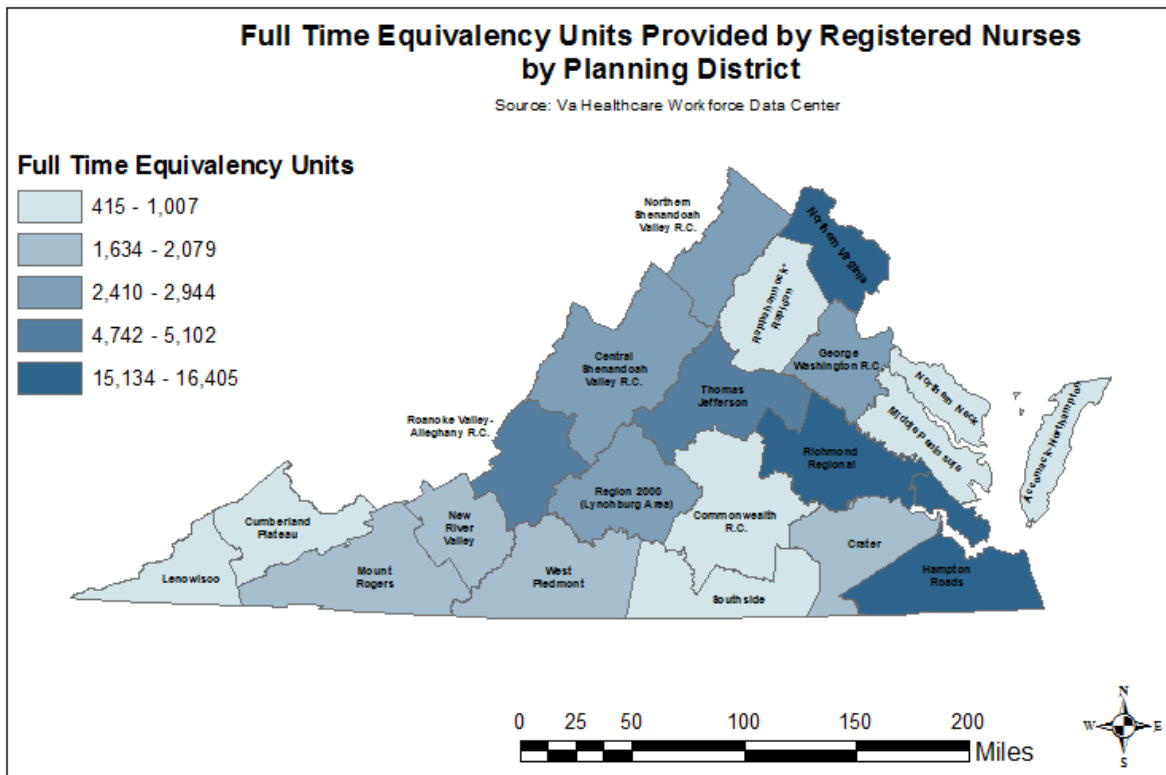
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	63,872	32.26%	3.099529	2.369405	4.246441
Metro, 250,000 to 1 million	9,995	32.87%	3.042618	2.3259	4.168471
Metro, 250,000 or less	10,869	32.13%	3.112543	2.379354	4.26427
Urban pop 20,000+, Metro adj	1,940	32.37%	3.089172	2.361488	4.232251
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	4,387	31.57%	3.167509	2.421372	4.339575
Urban pop, 2,500-19,999, nonadj	2,857	33.22%	3.010537	2.301376	4.12452
Rural, Metro adj	2,537	29.29%	3.414536	2.610209	4.678008
Rural, nonadj	1,147	32.08%	3.116848	2.382644	4.270168
Virginia border state/DC	3,487	19.76%	5.060958	3.868801	6.933652
Other US State	9,990	18.26%	5.476974	4.18682	7.503606

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	12,929	22.32%	4.479903	4.12452	7.503606
30 to 34	13,146	35.59%	2.809575	2.586696	4.705892
35 to 39	12,303	25.48%	3.924402	3.613085	6.57317
40 to 44	11,041	38.81%	2.576663	2.37226	4.315777
45 to 49	12,007	26.83%	3.726567	3.430945	6.241807
50 to 54	11,406	40.01%	2.499671	2.301376	4.18682
55 to 59	12,449	26.60%	3.759891	3.461625	6.297623
60 and Over	25,802	30.58%	3.270215	3.010795	5.477442

Source: Va. Healthcare Workforce Data Center

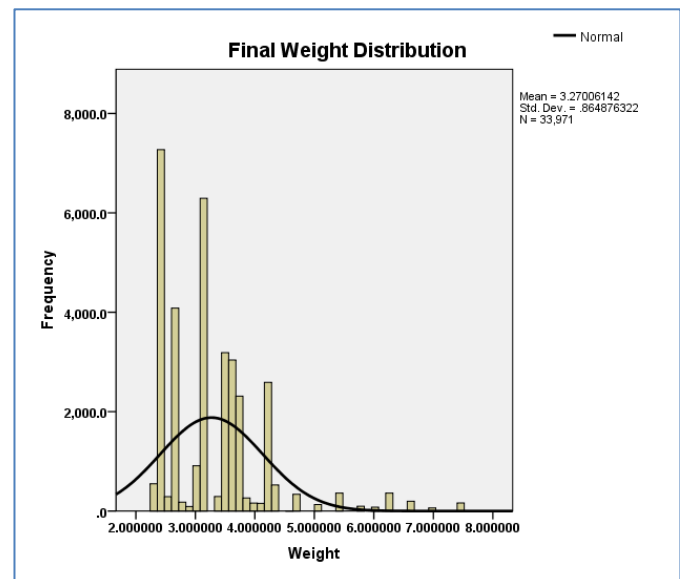
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.305816



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2018

Healthcare Workforce Data Center

November 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
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9960 Mayland Drive, Suite 300
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Follow us on Tumblr: www.vahwdc.tumblr.com

2,990 Licensed Nurse Practitioners voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

Licenses:	10,772
Virginia's Workforce:	8,879
FTEs:	7,912

Background

Rural Childhood:	33%
HS Degree in VA:	45%
Prof. Degree in VA:	51%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	65%
Satisfied?:	95%

Survey Response Rate

All Licensees:	28%
Renewing Practitioners:	68%

Education

Master's Degree:	76%
Post-Masters Cert.:	8%

Job Turnover

Switched Jobs:	10%
Employed over 2 yrs:	55%

Demographics

Female:	90%
Diversity Index:	33%
Median Age:	46

Finances

Median Income:	\$100k-\$110k
Health Benefits:	66%
Under 40 w/ Ed debt:	66%

Time Allocation

Patient Care:	90%-99%
Patient Care Role:	88%
Admin. Role:	3%

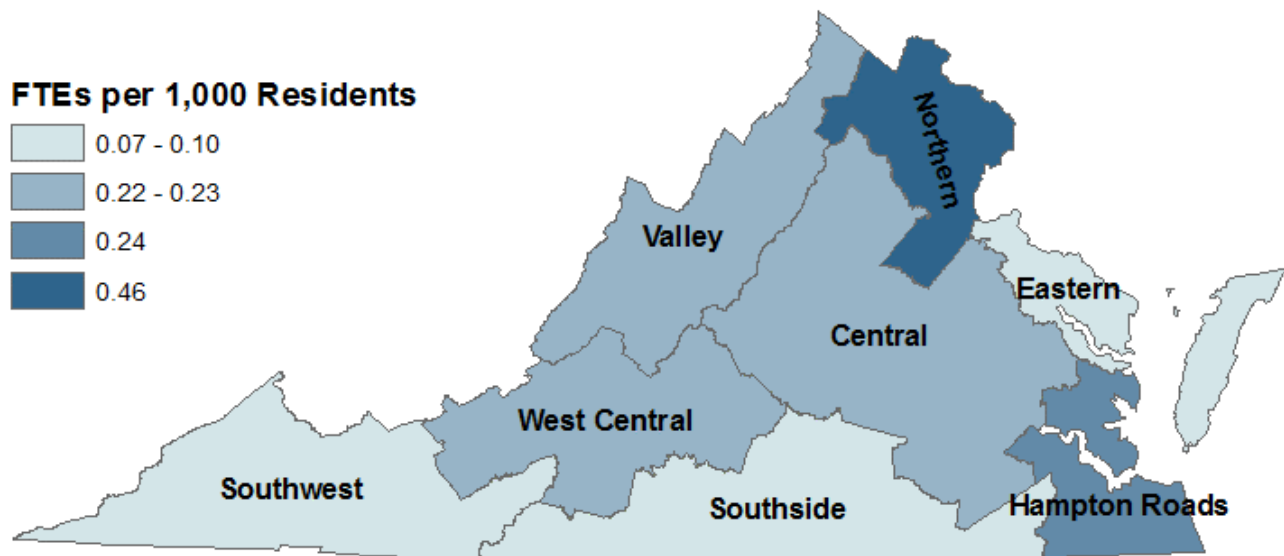
Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units per 1,000 Residents by Virginia Performs Regions

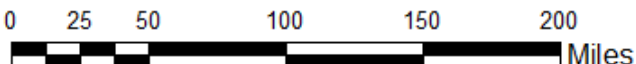
Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents

0.07 - 0.10
0.22 - 0.23
0.24
0.46



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



Source: Va. Healthcare Workforce Data Center

Nearly 3,000 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2018 Licensed Nurse Practitioner Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Thus, these survey respondents represent 28% of the 10,772 NPs who are licensed in the state but 68% of renewing practitioners.

The HWDC estimates that 8,879 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Between October 2017 and September 2018, Virginia's NP workforce provided 7,912 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

Nine out of 10 NPs are female; while the median age of all NPs is 46. In a random encounter between two NPs, there is a 33% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's NP workforce considerably less diverse than the state's overall population, where there is a 56% chance that two randomly chosen people would be of different races or ethnicities. Among NPs who are under the age of 40, however, the diversity index increases to 39%.

One-third of NPs grew up in a rural area, and 20% of these professionals currently work in non-Metro areas of the state. Overall, 10% of NPs work in rural areas. Meanwhile, 45% of Virginia's NPs graduated from high school in Virginia, and 51% of NPs earned their initial professional degree in the state. In total, 56% of Virginia's NP workforce has some educational background in the state.

About three quarters of all NPs hold a Master's degree as their highest professional degree, while another 8% have a post-Masters certificate. Nearly half of all NPs currently carry educational debt, including 66% of those under the age of 40. The median debt burden for those NPs with educational debt is between \$50,000 and \$60,000.

Summary of Trends

Several significant changes have occurred in the NP workforce in the past four years. The number of licensed NPs in the state has grown by 39%; the number in the state's workforce has grown by 41% and the FTEs provided has increased by 37%. The response rate, however, declined precipitously this year. Compared to 2014 when 79% of renewing NPs responded to the survey, only 68% did in 2018.

The percent female has stayed consistently around 90%. The diversity index which increased significantly from 2014 to 2017, stayed at the same level in 2018. Only the diversity index for NPs under 40 years of age increased to 39% from 38% in 2017 and 34%-35% in prior years. Median age is currently stable at 46 years from 48 years in 2014.

The percent of NPs working in Virginia has barely changed over the years. The percent of licensed NPs working in Virginia increased from 81% in 2014 to 82% in 2017 and remained at the 2017 level in 2018. The geographical distribution of NPs also has been stable within the state. Only a tenth of NPs reported working in rural areas in all the surveys.

Over the past four years, educational attainment has improved for NPs. In the 2018 survey, the percent of NPs with a doctorate NP increased from 4% in 2014 to 8% currently. The percent with a master's degree declined to 76% from 79% in the 2017 survey. Additionally, the percent with a post-master's certificate is also stable at 8% after declining from 10% in 2014. Not surprisingly, the median debt and the percent carrying debt has also increased. Of all NPs, 46% now carry debt compared to 40% in 2014; median debt is now \$50,000-\$60,000 from \$40,000-\$50,000. Retirement expectation, however, has remained relatively stable over the years with 36% to 37% expecting to retire by age 65.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,180	39%
New Licensees	1,063	10%
Non-Renewals	554	5%
Renewal date not in survey period	4,975	46%
All Licensees	10,772	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 68% of renewing NPs submitted a survey. These represent 28% of NPs who held a license at some point during the licensing period.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	325	71	18%
30 to 34	1,087	463	30%
35 to 39	1,256	360	22%
40 to 44	987	444	31%
45 to 49	1,074	335	24%
50 to 54	726	413	36%
55 to 59	873	287	25%
60 and Over	1,454	617	30%
Total	7,782	2,990	28%
New Licenses			
Issued After Sept. 2017	954	109	10%
Metro Status			
Non-Metro	603	308	34%
Metro	5,088	2,386	32%
Not in Virginia	2,091	296	12%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number:	10,772
New:	10%
Not Renewed:	5%

Response Rates

All Licensees:	28%
Renewing Practitioners:	68%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	2,990
Response Rate, all licensees	28%
Response Rate, Renewals	68%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2017 and September 2018 on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time.

At a Glance:

Workforce

Virginia's NP Workforce: 8,879
 FTEs: 7,912

Utilization Ratios

Licenses in VA Workforce: 82%
 Licenses per FTE: 1.36
 Workers per FTE: 1.12

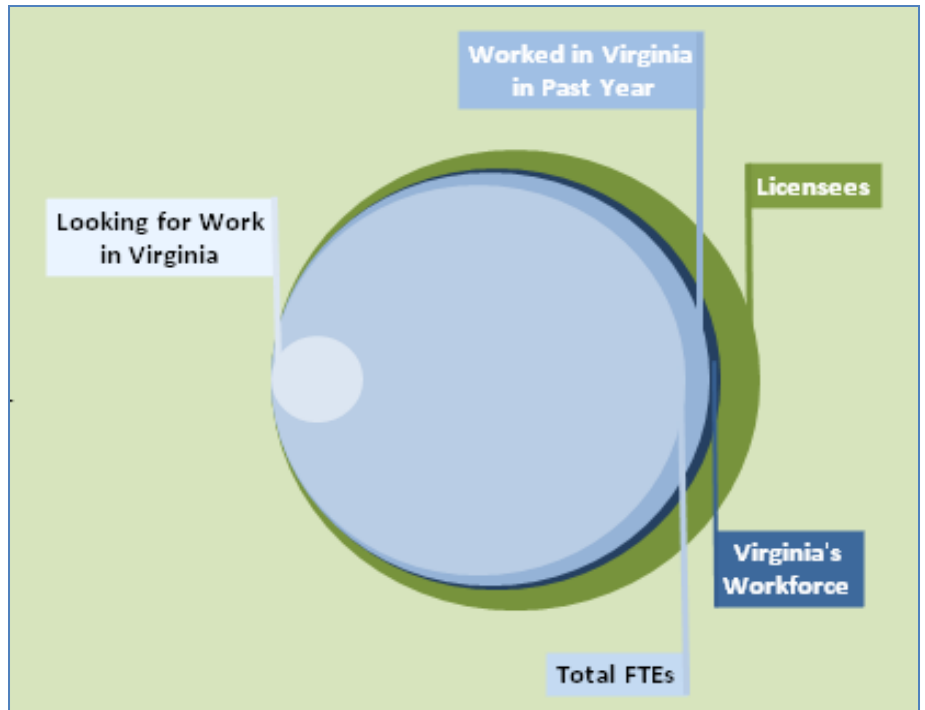
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	8,690	98%
Looking for Work in Virginia	189	2%
Virginia's Workforce	8,879	100%
Total FTEs	7,912	
Licenses	10,772	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	34	10%	306	90%	340	4%
30 to 34	78	6%	1,196	94%	1,274	16%
35 to 39	124	10%	1,098	90%	1,223	15%
40 to 44	144	13%	959	87%	1,103	14%
45 to 49	129	13%	853	87%	983	12%
50 to 54	116	14%	717	86%	833	10%
55 to 59	72	9%	709	91%	781	10%
60 +	125	8%	1,355	92%	1,480	18%
Total	823	10%	7,193	90%	8,016	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
 % Female: 90%
 % Under 40 Female: 92%

Age
 Median Age: 46
 % Under 40: 35%
 % 55+: 28%

Diversity
 Diversity Index: 33%
 Under 40 Div. Index: 39%

Source: Va. Healthcare Workforce Data Center

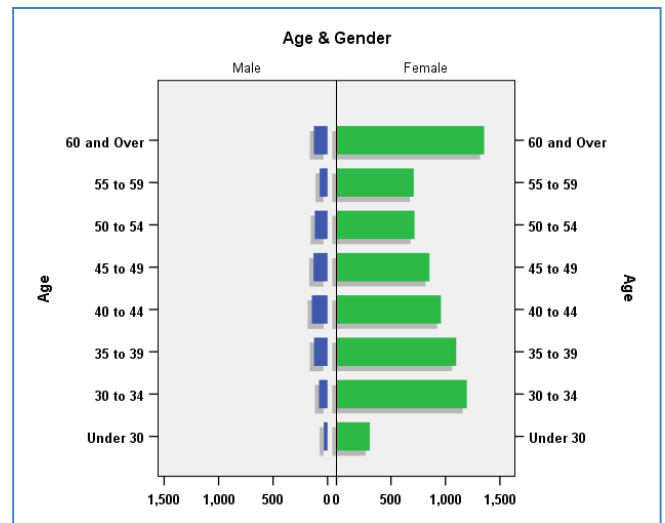
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	6,481	81%	2,185	77%
Black	19%	742	9%	273	10%
Asian	6%	340	4%	146	5%
Other Race	<1%	102	1%	48	2%
Two or more races	3%	156	2%	71	3%
Hispanic	9%	188	2%	103	4%
Total	100%	8,010	100%	2,825	100%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 33% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 56% chance for Virginia's population as a whole.

35% of NPs are under the age of 40. 92% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 39%, which is higher than the diversity index among Virginia's overall NP workforce.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 13%
 Rural Childhood: 33%

Virginia Background

HS in Virginia: 45%
 Prof. Ed. in VA: 51%
 HS or Prof. Ed. in VA: 56%
 Initial NP Degree in VA: 58%

Location Choice

% Rural to Non-Metro: 22%
 % Urban/Suburban to Non-Metro: 5%

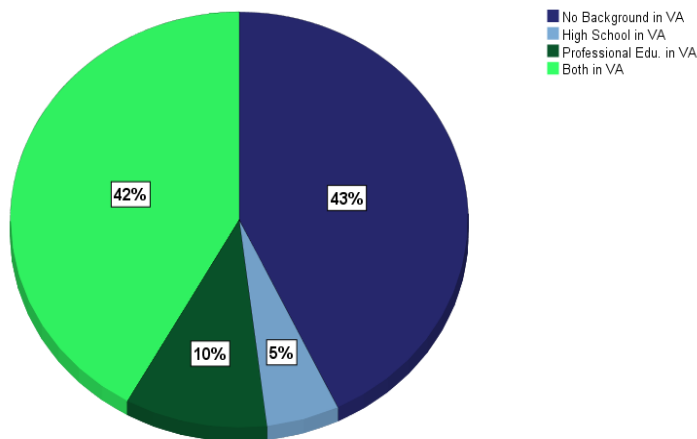
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	23%	62%	15%
2	Metro, 250,000 to 1 million	53%	34%	13%
3	Metro, 250,000 or less	45%	46%	9%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	67%	26%	7%
6	Urban pop, 2,500-19,999, Metro adjacent	65%	25%	10%
7	Urban pop, 2,500-19,999, non adjacent	80%	11%	9%
8	Rural, Metro adj	58%	27%	16%
9	Rural, non adjacent	57%	32%	12%
Overall		33%	53%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

33% of all NPs grew up in self-described rural areas, and 20% of these professionals currently work in non-Metro counties. Overall, 10% of all NPs currently work in non-Metro counties.

Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	3,714	Virginia	4,110	Virginia	4,470
2	New York	417	New York	416	Washington, D.C.	641
3	Pennsylvania	407	Pennsylvania	375	Tennessee	334
4	Outside of U.S./Canada	365	North Carolina	235	Pennsylvania	282
5	Maryland	250	Tennessee	221	North Carolina	208
6	Ohio	212	Maryland	214	New York	205
7	North Carolina	201	Florida	213	Maryland	155
8	Florida	193	West Virginia	196	Florida	149
9	West Virginia	193	Washington, D.C.	195	Minnesota	136
10	New Jersey	150	Outside of U.S./Canada	135	Alabama	117

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	1,617	Virginia	1,854	Virginia	1,750
2	Outside of U.S./Canada	189	Pennsylvania	162	Washington, D.C.	342
3	Pennsylvania	176	New York	129	Tennessee	196
4	New York	129	Tennessee	126	Pennsylvania	118
5	North Carolina	121	West Virginia	109	Minnesota	106
6	West Virginia	103	North Carolina	107	Alabama	90
7	Florida	98	Florida	102	North Carolina	89
8	Maryland	93	Maryland	71	Florida	76
9	Ohio	74	Outside of U.S./Canada	70	Maryland	70
10	Michigan	73	Washington, D.C.	69	West Virginia	60

Source: Va. Healthcare Workforce Data Center

18% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 92% of these licensees worked at some point in the past year, including 88% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

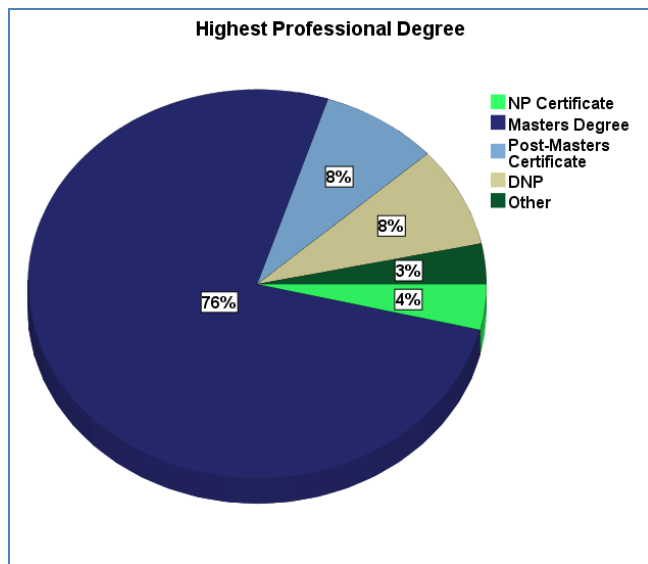
Total:	1,892
% of Licensees:	18%
Federal/Military:	21%
Va. Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	296	4%
Master's Degree	5,988	76%
Post-Masters Cert.	653	8%
Doctorate of NP	654	8%
Other Doctorate	261	3%
Post-Ph.D. Cert.	3	0%
Total	7,854	100%

Source: Va. Healthcare Workforce Data Center



More than three-quarters of all NPs hold a Master's degree as their highest professional degree. 46% of NPs carry education debt, including 66% of those under the age of 40. The median debt burden among NPs with educational debt is between \$50,000 and \$60,000.

At a Glance:

Education
 Master's Degree: 76%
 Post-Masters Cert.: 8%

Educational Debt
 Carry debt: 46%
 Under age 40 w/ debt: 66%
 Median debt: \$50k-\$60k

Source: Va. Healthcare Workforce Data Center

Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	3,805	54%	820	34%
\$10,000 or less	284	4%	101	4%
\$10,000-\$19,999	300	4%	138	6%
\$20,000-\$29,999	306	4%	110	5%
\$30,000-\$39,999	260	4%	95	4%
\$40,000-\$49,999	255	4%	125	5%
\$50,000-\$59,999	256	4%	149	6%
\$60,000-\$69,999	277	4%	135	6%
\$70,000-\$79,999	201	3%	118	5%
\$80,000-\$89,999	225	3%	126	5%
\$90,000-\$99,999	134	2%	65	3%
\$100,000-\$109,999	134	2%	76	3%
\$110,000-\$119,999	96	1%	48	2%
\$120,000 or more	524	7%	292	12%
Total	7,057	100%	2,399	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health:	27%
RN Anesthetist:	18%
Acute Care/ER:	8%

Credentials

ANCC – Family NP:	23%
AANPCP – Family NP:	18%
ANCC – Adult NP:	4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,080	27%
Certified Registered Nurse Anesthetist	1,409	18%
Acute Care/Emergency Room	618	8%
Pediatrics	596	8%
Adult Health	573	7%
OB/GYN - Women's Health	331	4%
Psychiatric/Mental Health	331	4%
Surgical	240	3%
Geriatrics/Gerontology	207	3%
Certified Nurse Midwife	165	3%
Neonatal Care	159	2%
Gastroenterology	111	2%
Occupational/Industrial Health	37	1%
Pain Management	32	0%
Other	951	9%
Total	7,839	100%

Source: Va. Healthcare Workforce Data Center

Credentials

Credential	#	%
ANCC: Family NP	2,082	23%
AANPCP: Family NP	1,631	18%
ANCC: Adult NP	334	4%
ANCC: Acute Care NP	317	4%
NCC: Women's Health Care NP	277	3%
ANCC: Adult-Gerontology Acute Care NP	203	2%
ANCC: Family Psychiatric-Mental Health NP	166	2%
NCC: Neonatal NP	164	2%
ANCC: Pediatric NP	153	2%
ANCC: Adult-Gerontology Primary Care NP	119	1%
ANCC: Adult Psychiatric-Mental Health NP	112	1%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	105	1%
AANPCP: Adult NP	95	1%
All Other Credentials	68	1%
At Least One Credential	5,545	68%

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 18% had a primary specialty as a Certified RN Anesthetist. 68% of all NPs also held at least one credential. ANCC: Family NP was the most common credential held by Virginia's NP workforce.

At a Glance:

Employment

Employed in Profession: 96%
 Involuntarily Unemployed: <1%

Positions Held

1 Full-time: 65%
 2 or More Positions: 18%

Weekly Hours:

40 to 49: 49%
 60 or more: 6%
 Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a nursing- related capacity	7,617	96%
Employed, NOT in a nursing-related capacity	29	<1%
Not working, reason unknown	0	0%
Involuntarily unemployed	16	<1%
Voluntarily unemployed	194	2%
Retired	66	1%
Total	7,922	100%

Source: Va. Healthcare Workforce Data Center

96% of NPs are currently employed in their profession. 65% of NPs hold one full-time job, while 18% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while just 6% work at least 60 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	210	3%
1 to 9 hours	101	1%
10 to 19 hours	260	3%
20 to 29 hours	525	7%
30 to 39 hours	1,422	19%
40 to 49 hours	3,759	49%
50 to 59 hours	904	12%
60 to 69 hours	324	4%
70 to 79 hours	94	1%
80 or more hours	76	1%
Total	7,676	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	210	3%
One Part-Time Position	1,137	15%
Two Part-Time Positions	243	3%
One Full-Time Position	5,006	65%
One Full-Time Position & One Part-Time Position	1,003	13%
Two Full-Time Positions	11	0%
More than Two Positions	145	2%
Total	7,755	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	48	1%
Less than \$40,000	262	3%
\$40,000-\$49,999	109	2%
\$50,000-\$59,999	174	3%
\$60,000-\$69,999	201	3%
\$70,000-\$79,999	375	6%
\$80,000-\$89,999	670	11%
\$90,000-\$99,999	1,002	16%
\$100,000-\$109,999	880	14%
\$110,000-\$119,999	626	10%
\$120,000 or more	1,839	30%
Total	6,186	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$100k-\$110k

Benefits
Retirement: 76%
Health Insurance: 66%

Satisfaction
Satisfied: 95%
Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	5,077	66%
Somewhat Satisfied	2,276	29%
Somewhat Dissatisfied	299	4%
Very Dissatisfied	73	1%
Total	7,725	100%

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between \$100,000 and \$110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 76% also had access to a retirement plan and 66% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Signing/Retention Bonus	1,052	14%	16%
Dental Insurance	4,550	60%	65%
Health Insurance	4,701	62%	66%
Paid Leave	5,172	68%	73%
Group Life Insurance	3,875	51%	55%
Retirement	5,335	70%	76%
Receive at least one benefit	6,044	79%	85%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	125	1%
Experience Voluntary Unemployment?	383	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	172	2%
Work two or more positions at the same time?	1,634	18%
Switch employers or practices?	857	10%
Experienced at least 1	2,673	30%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 3.2% during the same period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	123	2%	109	6%
Less than 6 Months	733	10%	194	10%
6 Months to 1 Year	762	10%	237	13%
1 to 2 Years	1,760	23%	354	19%
3 to 5 Years	1,610	21%	441	24%
6 to 10 Years	1,051	14%	273	15%
More than 10 Years	1,516	20%	245	13%
Subtotal	7,556	100%	1,852	100%
Did not have location	192		6,972	
Item Missing	1,130		55	
Total	8,879		8,879	

Source: Va. Healthcare Workforce Data Center

70% of NPs receive a salary at their primary work location, while 26% receive an hourly wage.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 4%

Turnover & Tenure
 Switched Jobs: 10%
 New Location: 25%
 Over 2 years: 55%
 Over 2 yrs, 2nd location: 52%

Employment Type
 Salary: 70%
 Hourly Wage: 26%

Source: Va. Healthcare Workforce Data Center

55% of NPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	4,192	70%
Hourly Wage	1,532	26%
By Contract	234	4%
Business/ Practice Income	0	0%
Unpaid	44	1%
Subtotal	6,001	100%
Missing location	192	
Item missing	2,545	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.4% in October 2017 to 3.1% in August 2018. At the time of publication, the unemployment rate for August 2018 was still preliminary, while the unemployment rate for September 2018 had still not been reported.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or more (Past Year):	25%
2 or more (Now*):	23%

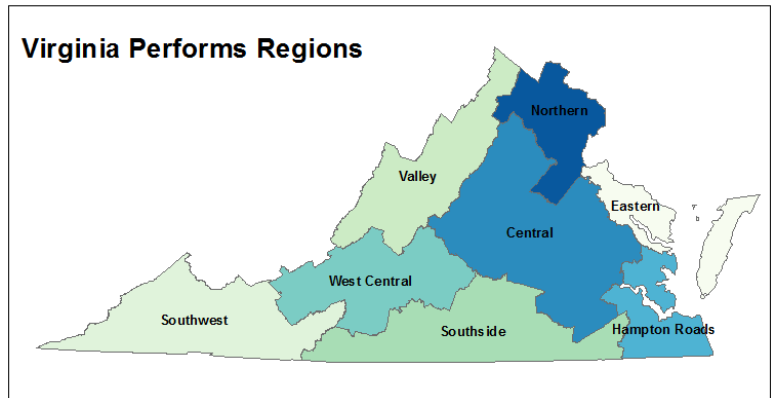
Source: Va. Healthcare Workforce Data Center

Central Virginia is the COVF region that has the largest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,021	27%	371	20%
Eastern	91	1%	14	1%
Hampton Roads	1,517	20%	371	20%
Northern	1,928	26%	448	24%
Southside	230	3%	71	4%
Southwest	414	6%	102	5%
Valley	428	6%	104	6%
West Central	763	10%	190	10%
Virginia Border State/DC	80	1%	48	3%
Other US State	47	1%	149	8%
Outside of the US	2	0%	3	0%
Total	7,521	100%	1,871	100%
Item Missing	1,166		37	

Source: Va. Healthcare Workforce Data Center



73% of all NPs had just one work location during the past year, while 25% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	189	2%	273	4%
1	5,632	73%	5,685	74%
2	1,060	14%	1,028	13%
3	609	8%	578	7%
4	116	1%	74	1%
5	48	1%	35	0%
6 or More	72	1%	53	1%
Total	7,726	100%	7,726	100%

*At the time of survey completion (Oct. 2017 - Sept. 2018, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,721	52%	1,107	62%
Non-Profit	2,385	33%	489	27%
State/Local Government	594	8%	147	8%
Veterans Administration	162	2%	10	1%
U.S. Military	191	3%	19	1%
Other Federal Government	83	1%	8	0%
Total	7,136	100%	1,780	100%
Did not have location	192		6,972	
Item Missing	1,552		126	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

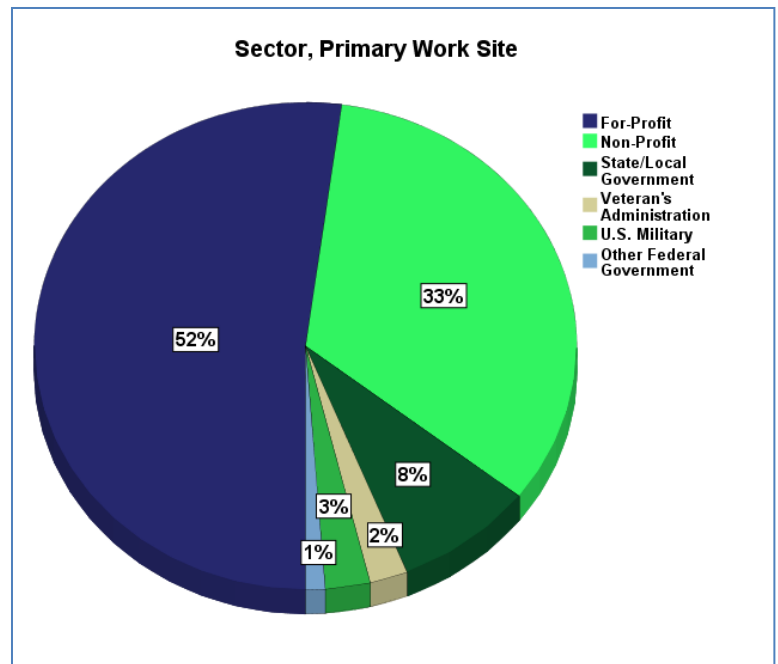
For Profit:	52%
Federal:	6%

Top Establishments

Hospital, Inpatient:	20%
Clinic, Primary Care:	17%
Private practice (Group):	9%

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 52% in for-profit establishments. Meanwhile, 8% of NPs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Close to a third of the state NP workforce use EHRs. 7% also provide remote health care for Virginia patients.

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,574	29%
Remote Health, Caring for Patients in Virginia	600	7%
Remote Health, Caring for Patients Outside of Virginia	175	2%
Use at least one	2,891	33%

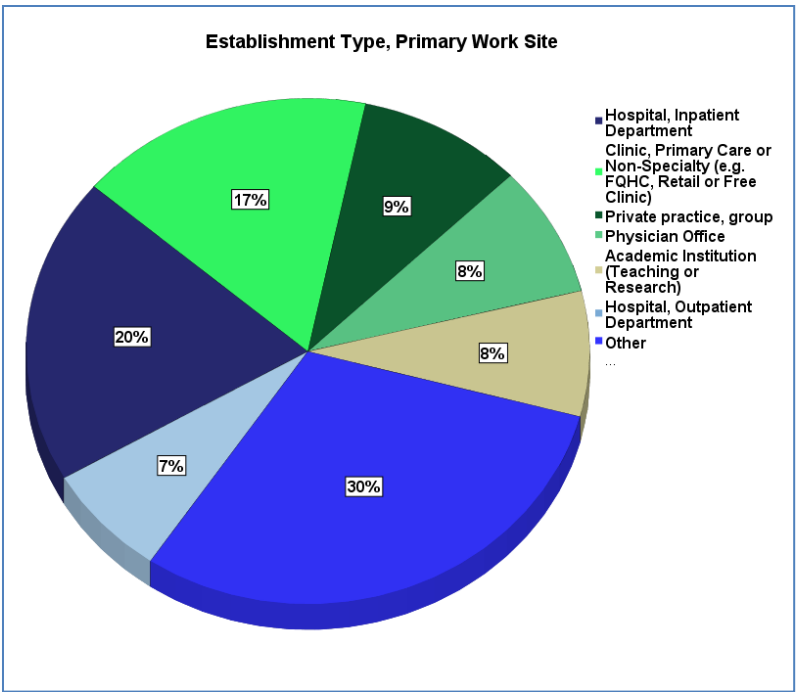
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,343	20%	291	17%
Clinic, Primary Care or Non-Specialty	1,164	17%	234	13%
Private practice, group	649	9%	101	6%
Physician Office	573	8%	78	4%
Academic Institution (Teaching or Research)	548	8%	149	9%
Hospital, Outpatient Department	477	7%	86	5%
Ambulatory/Outpatient Surgical Unit	332	5%	170	10%
Hospital, Emergency Department	219	3%	105	6%
Clinic, Non-Surgical Specialty	205	3%	31	2%
Private practice, solo	154	2%	30	2%
Mental Health, or Substance Abuse, Outpatient Center	144	2%	35	2%
Long Term Care Facility, Nursing Home	129	2%	48	3%
School (providing care to students)	66	1%	21	1%
Other Practice Setting	842	12%	369	21%
Total	6,845	100%	1,748	100%
Did Not Have a Location	192		6,972	

The single largest employer of Virginia's NPs is the inpatient department of hospitals, where 20% of all NPs have their primary work location. Primary care/non-specialty clinics, group private practices, physicians' offices, and academic institutions were also common primary establishment types for Virginia's NP workforce.

Source: Va. Healthcare Workforce Data Center

Among those NPs who also have a secondary work location, 17% work at the inpatient department of a hospital and 13% work in a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%
Education: 1%-9%

Roles

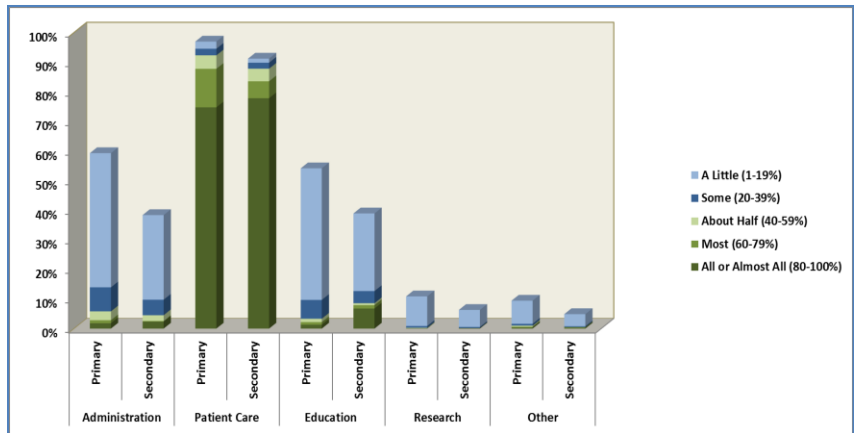
Patient Care: 88%
Administration: 3%
Education: 2%

Patient Care NPs

Median Admin Time: 1%-9%
Ave. Admin Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical NP spends most of her time on patient care activities, with most of the remaining time split between administrative and educational tasks. 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	75%	78%	1%	7%	0%	0%	0%	0%
Most (60-79%)	1%	0%	13%	6%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	3%	2%	5%	4%	1%	1%	0%	0%	0%	0%
Some (20-39%)	8%	5%	2%	2%	6%	4%	1%	0%	1%	0%
A Little (1-20%)	45%	29%	2%	1%	44%	26%	10%	6%	8%	4%
None (0%)	41%	62%	3%	9%	46%	61%	89%	94%	91%	95%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	87	1%	0	0%
50 to 54	147	2%	12	0%
55 to 59	591	9%	95	4%
60 to 64	1,582	24%	520	20%
65 to 69	2,694	40%	1,234	46%
70 to 74	937	14%	501	19%
75 to 79	190	3%	104	4%
80 or over	78	1%	39	1%
I do not intend to retire	361	5%	154	6%
Total	6,667	100%	2,659	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65: 36%

Under 60: 12%

NPs 50 and over

Under 65: 24%

Under 60: 4%

Time until Retirement

Within 2 years: 6%

Within 10 years: 22%

Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

36% of NPs expect to retire by the age of 65, while 24% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 40% of all NPs expect to retire in their late 60s, and 23% of all NPs expect to work until at least age 70, including 5% who do not expect to retire at all.

Within the next two years, only 4% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 8% of NPs plan on increasing patient care hours, and 11% plan on pursuing additional educational opportunities.

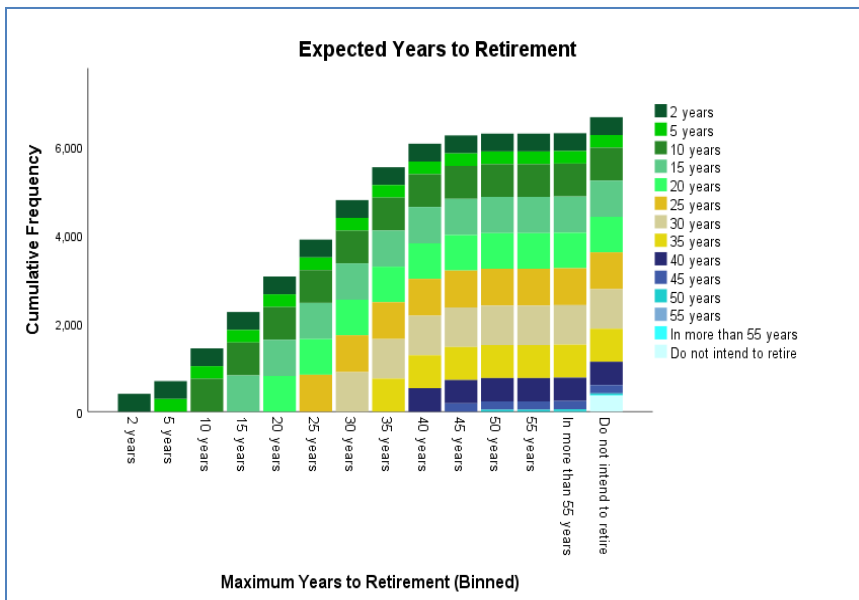
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	77	1%
Leave Virginia	292	3%
Decrease Patient Care Hours	766	9%
Decrease Teaching Hours	91	1%
Increase Participation		
Increase Patient Care Hours	739	8%
Increase Teaching Hours	1,045	12%
Pursue Additional Education	1,012	11%
Return to Virginia's Workforce	50	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 6% of NPs expect to retire in the next two years, while 22% expect to retire in the next 10 years. More than half of the current NP workforce expects to retire by 2043.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	404	6%	6%
5 years	287	4%	10%
10 years	743	11%	22%
15 years	820	12%	34%
20 years	805	12%	46%
25 years	836	13%	58%
30 years	894	13%	72%
35 years	747	11%	83%
40 years	530	8%	91%
45 years	187	3%	94%
50 years	42	1%	94%
55 years	0	0%	94%
In more than 55 years	10	0%	95%
Do not intend to retire	361	5%	100%
Total	6,666	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2028. Retirements will peak at 13% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2058.

At a Glance:

FTEs

Total: 7,912
 FTEs/1,000 Residents: 0.94
 Average: 0.91

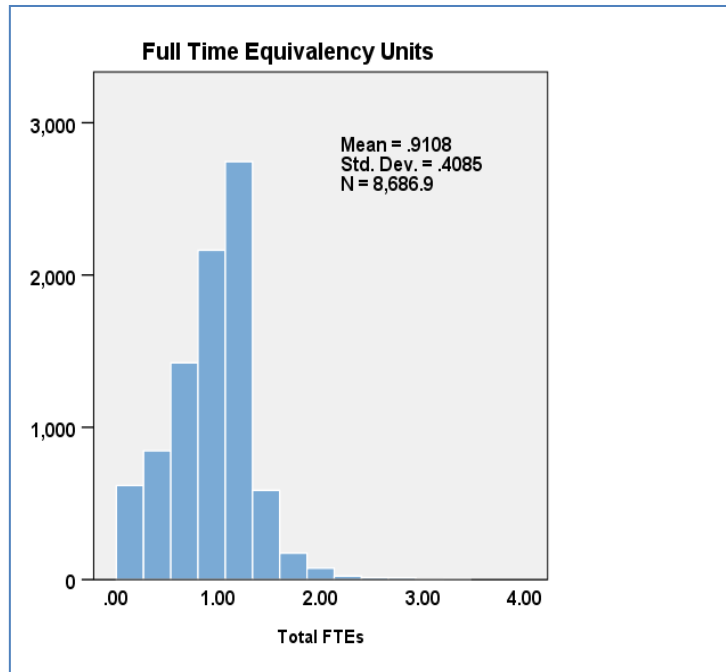
Age & Gender Effect

Age, Partial Eta²: Negligible
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

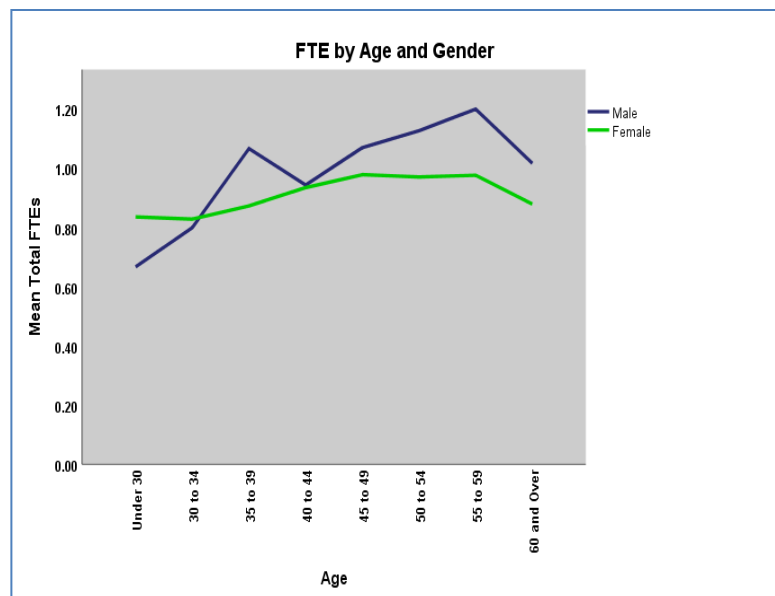


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.97 FTEs, or approximately 39 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.²

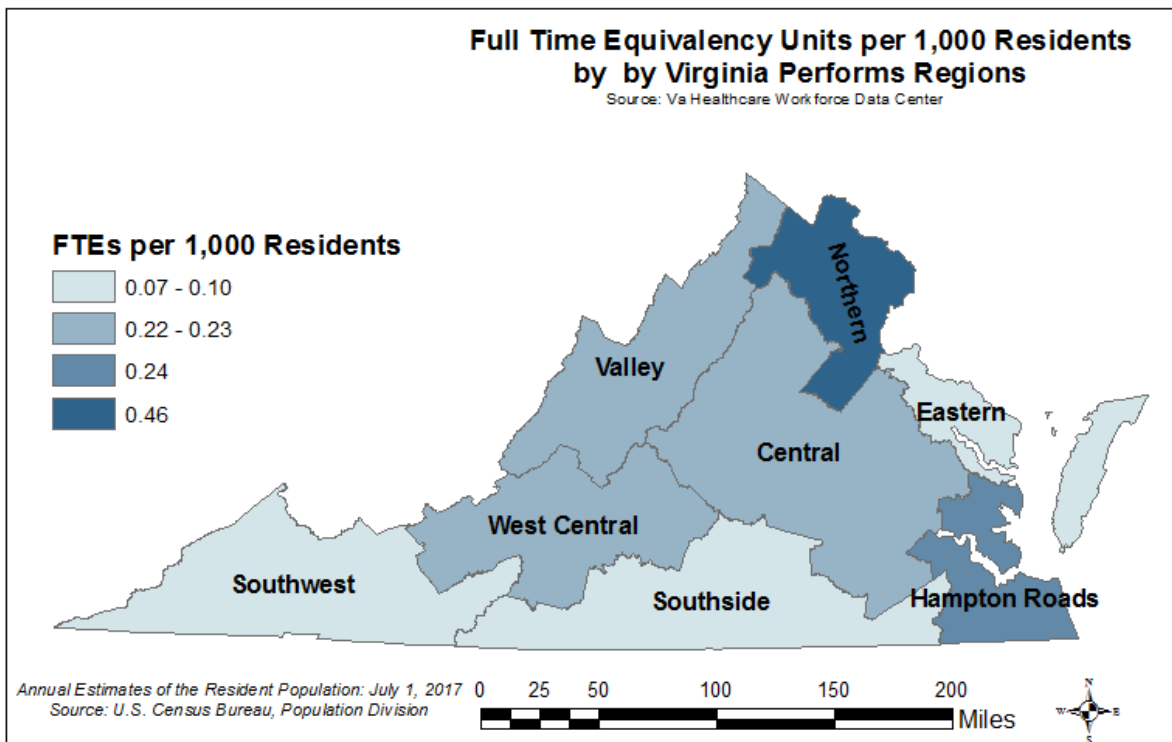
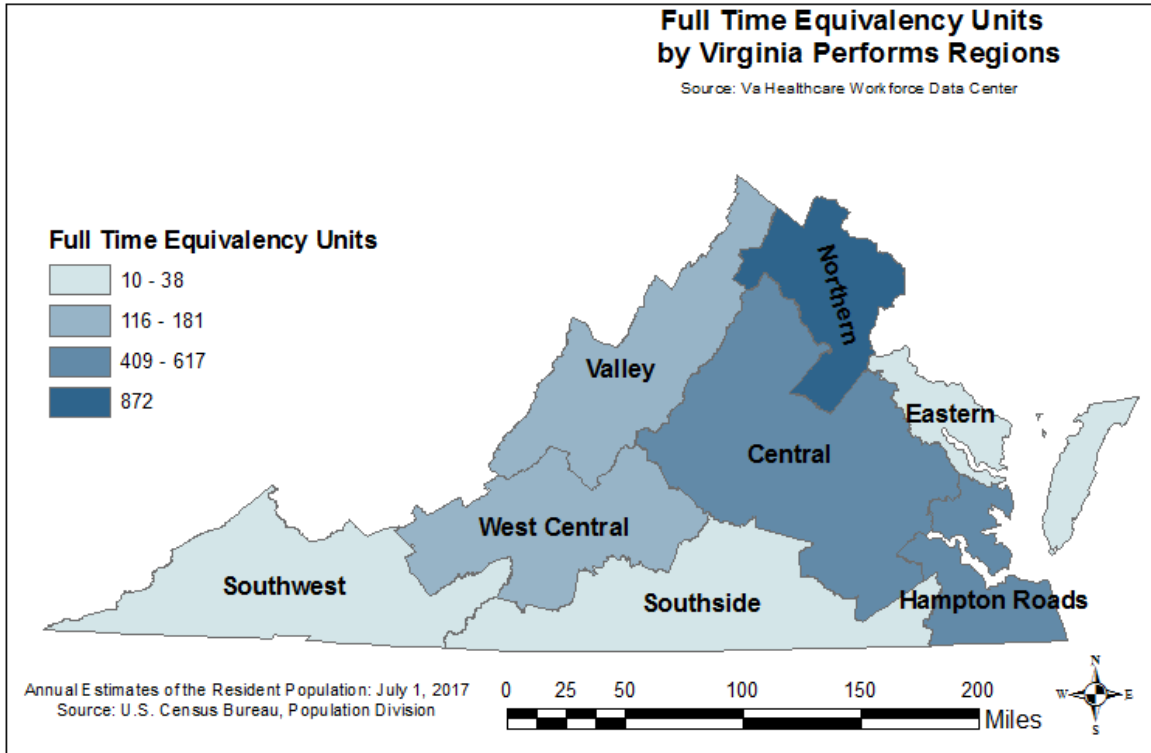
Full-Time Equivalency Units		
Age	Average Age	Median
Under 30	0.81	0.90
30 to 34	0.80	0.88
35 to 39	0.92	1.06
40 to 44	0.93	0.91
45 to 49	1.01	1.09
50 to 54	1.00	1.02
55 to 59	0.94	0.91
60 and Over	0.87	0.88
Gender		
Male	1.02	1.08
Female	0.91	0.96

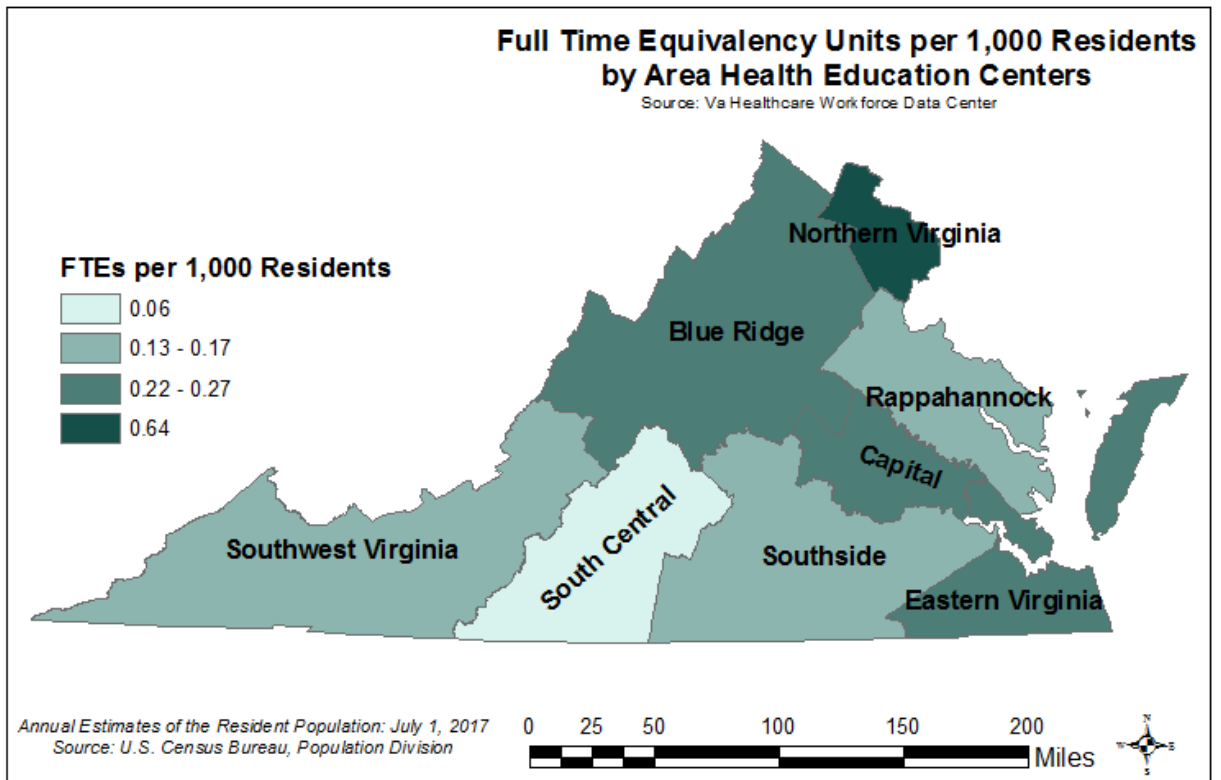
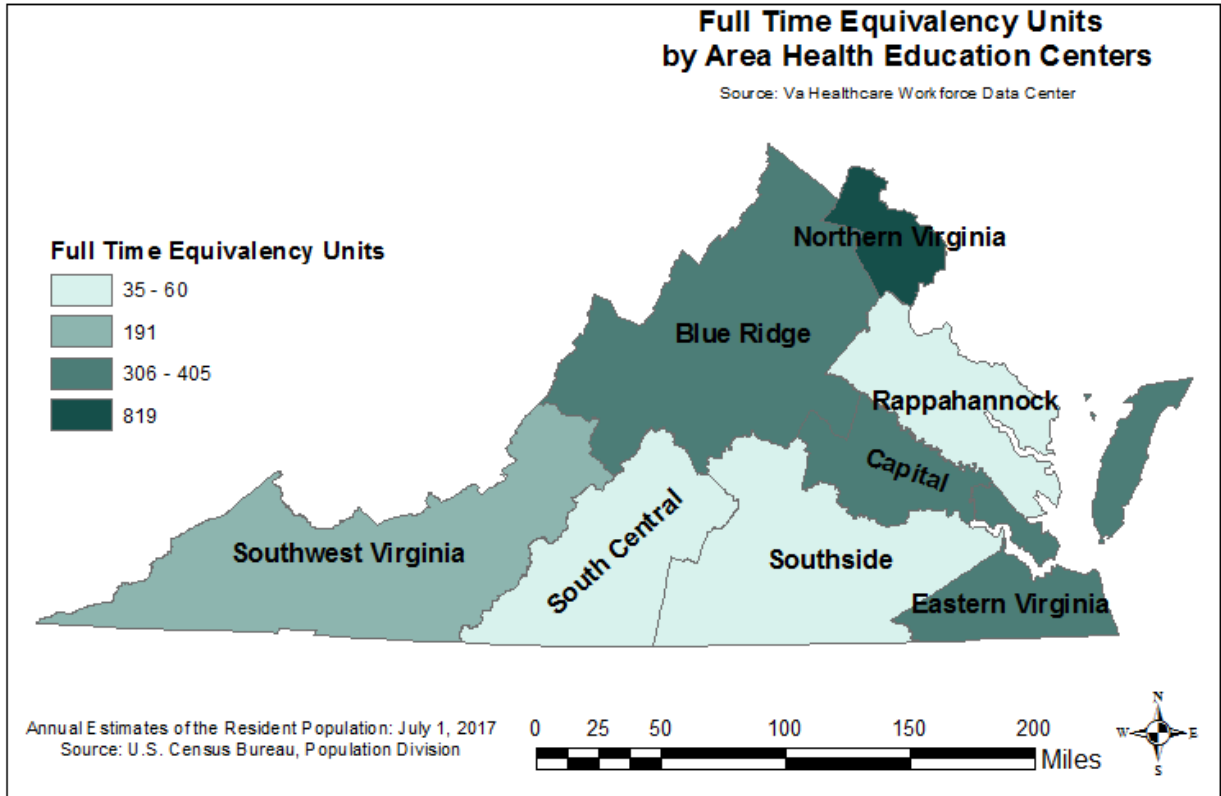
Source: Va. Healthcare Workforce Data Center



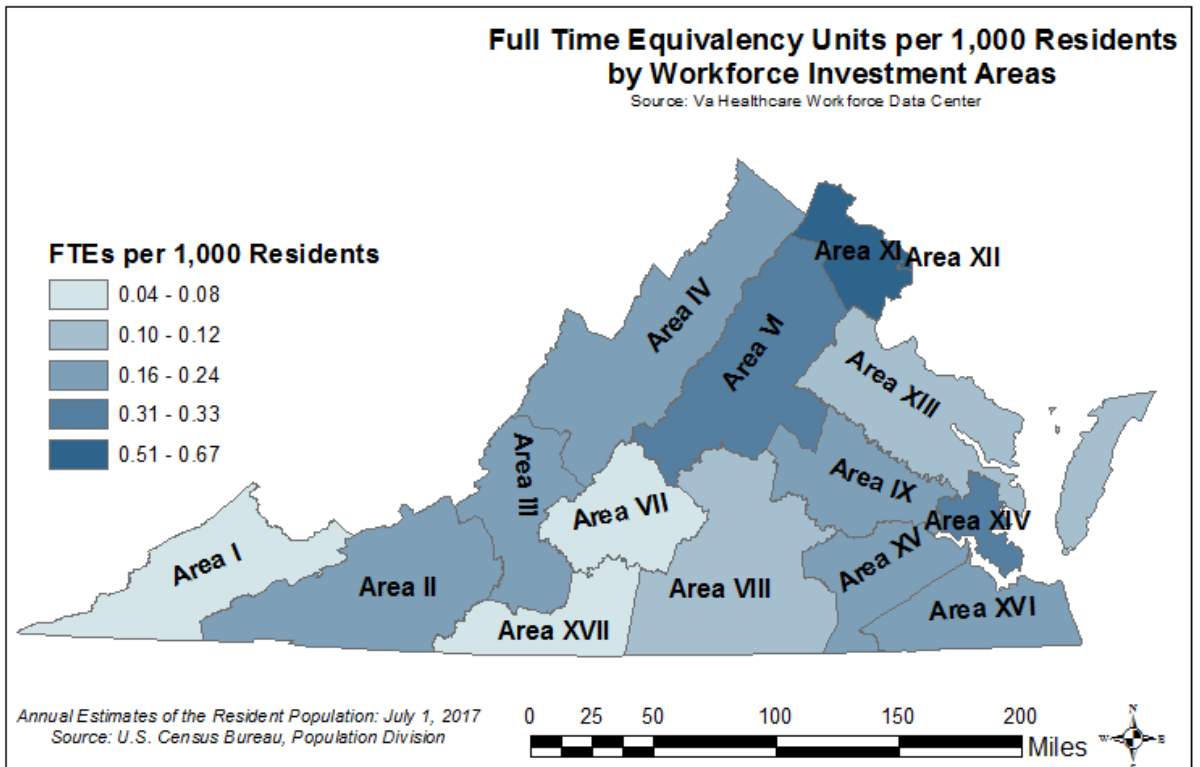
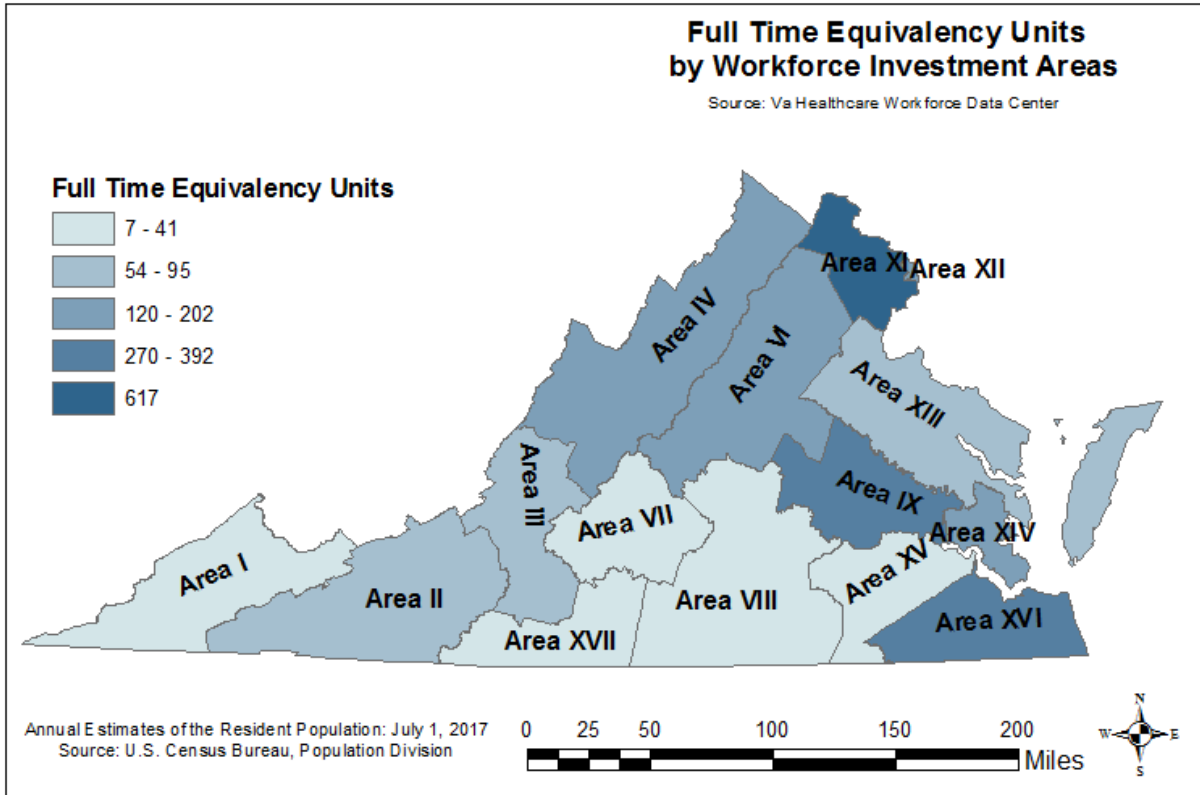
Source: Va. Healthcare Workforce Data Center

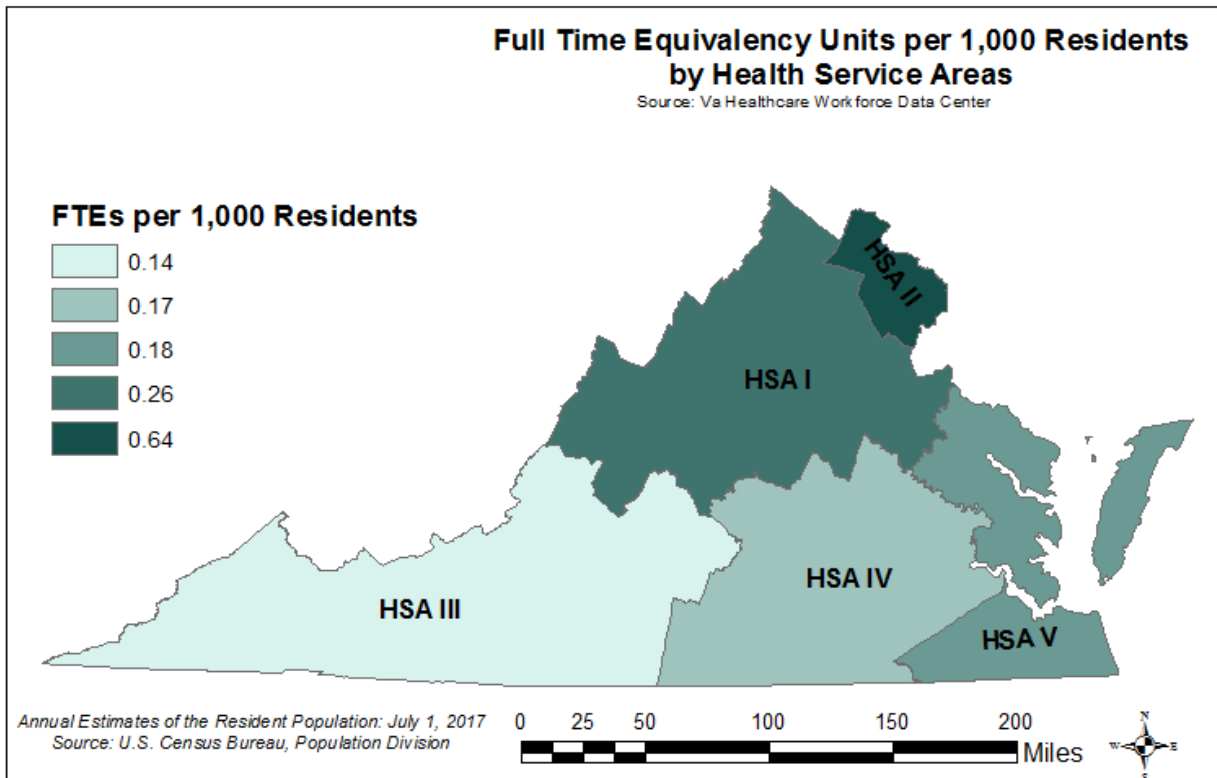
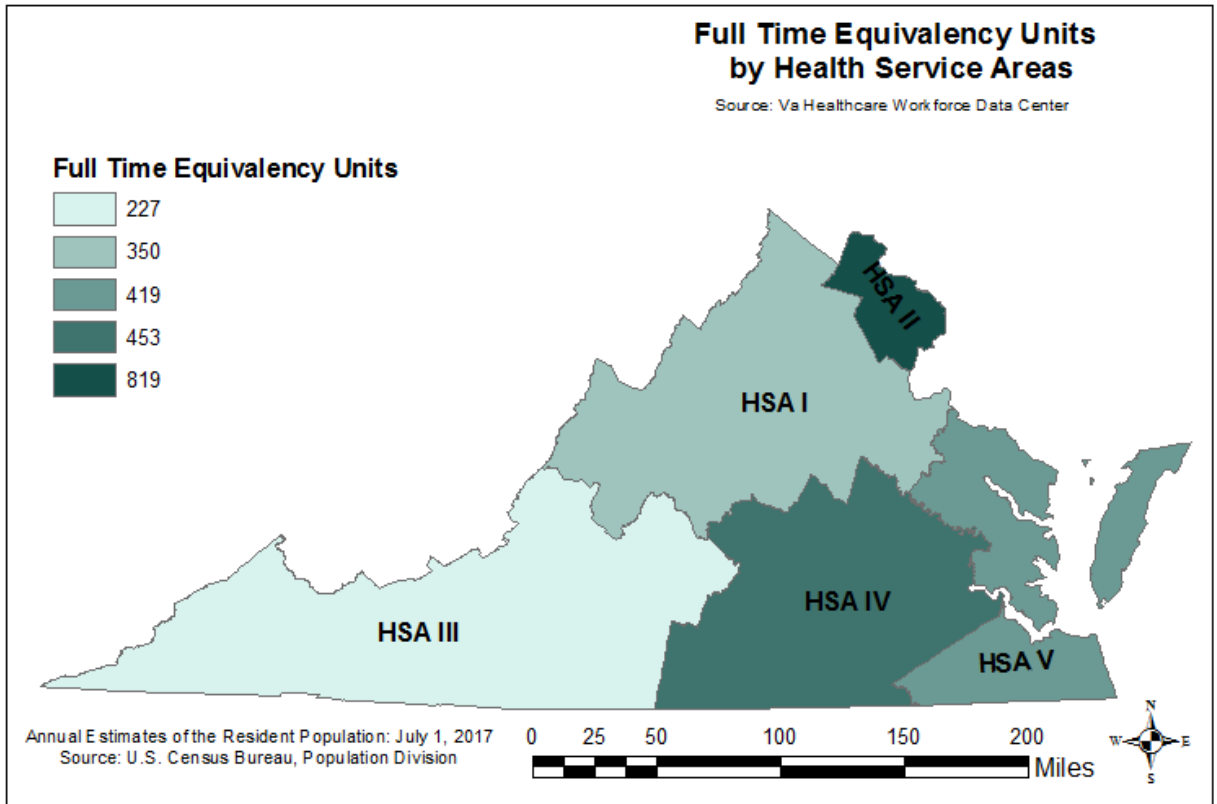
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)

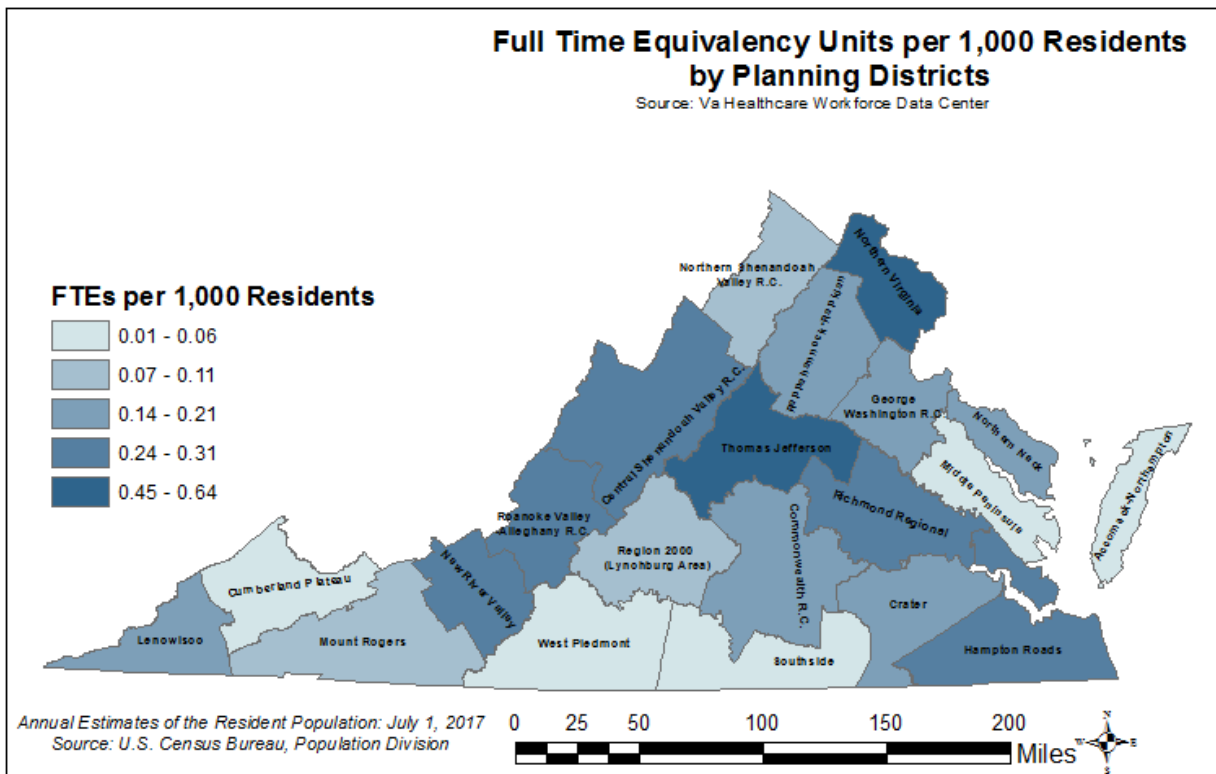
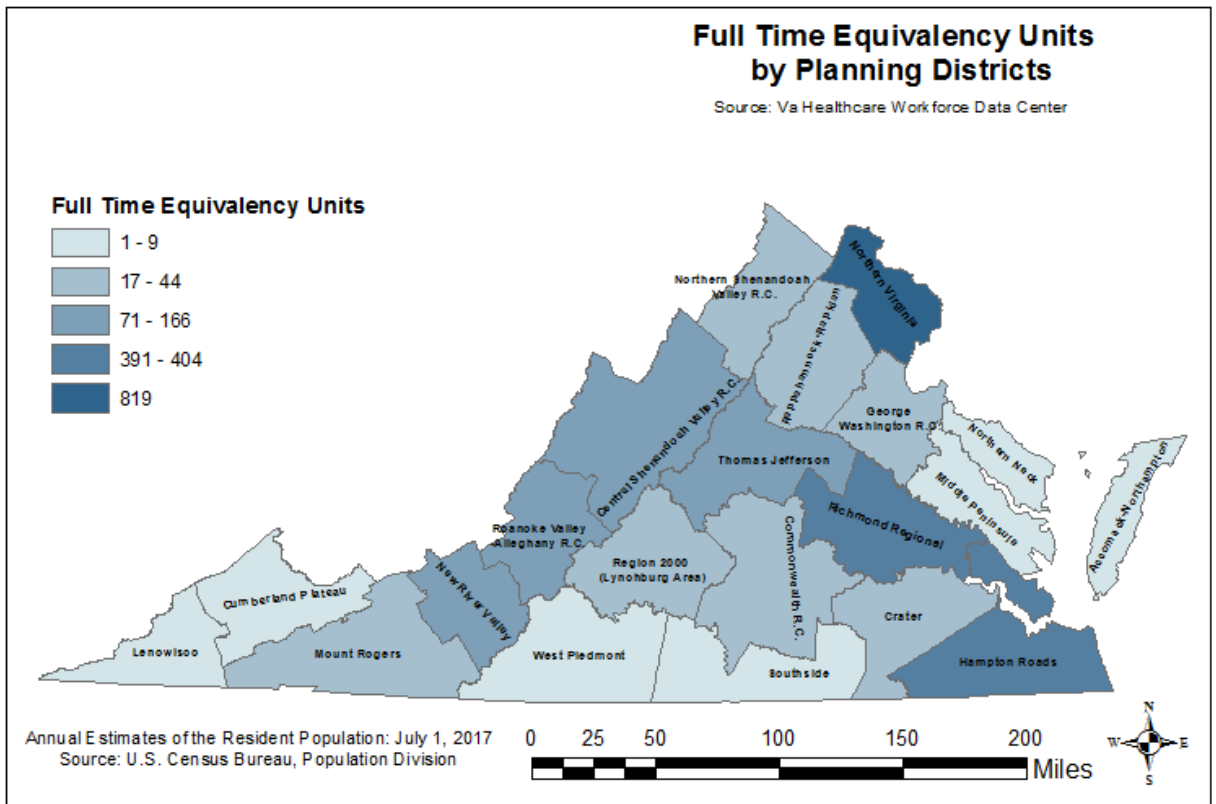




Workforce Investment Areas







Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	5,793	31.95%	3.1297	2.3958	4.8452
Metro, 250,000 to 1 million	716	29.19%	3.4258	2.6225	5.3037
Metro, 250,000 or less	965	33.78%	2.9601	2.2660	4.5827
Urban pop 20,000+, Metro adj	135	37.78%	2.6471	2.0263	4.0980
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	264	28.79%	3.4737	2.6591	5.3778
Urban pop, 2,500-19,999, nonadj	255	33.33%	3.0000	2.2965	4.6444
Rural, Metro adj	171	33.92%	2.9483	2.2569	4.5644
Rural, nonadj	86	44.19%	2.2632	1.7325	2.8199
Virginia border state/DC	1,257	8.35%	11.9714	9.1642	18.5335
Other US State	1,130	16.90%	5.9162	4.5289	9.1592

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	396	17.93%	5.5775	4.0980	18.5335
30 to 34	1,550	29.87%	3.3477	2.1030	11.1243
35 to 39	1,616	22.28%	4.4889	2.8199	14.9163
40 to 44	1,431	31.03%	3.2230	2.0246	10.7097
45 to 49	1,409	23.78%	4.2060	2.6421	13.9761
50 to 54	1,139	36.26%	2.7579	1.7325	9.1642
55 to 59	1,160	24.74%	4.0418	2.5390	13.4306
60 and Over	2,071	29.79%	3.3566	2.1086	11.1536

Source: Va. Healthcare Workforce Data Center

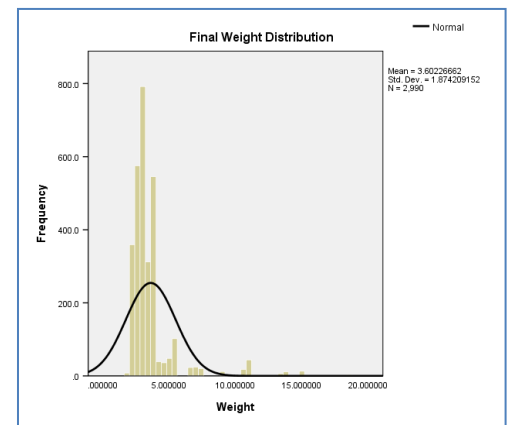
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.27757



Source: Va. Healthcare Workforce Data Center

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

November 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
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Follow us on Tumblr: www.vahwdc.tumblr.com

6,234 Licensed Nurse Practitioners voluntarily participated in the 2017 and 2018 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

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Results in Brief

This is a special report created for the Joint Boards of Nursing and Medicine. The report uses data from the 2017 and 2018 Nurse Practitioners Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity of completing the survey. The 2017 survey occurred between October 2016 and September 2017; the 2018 survey occurred between October 2017 and September 2018. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and Certified Nurse Practitioners (CNP). CNPs make up the highest proportion of NPs. Over three-quarters of NPs are CNPs whereas CNMs constitute only 3% of NPs. The full time equivalency units provided by each specialty are also similarly distributed.

Nine out of 10 NPs are female; CNMs are all female whereas slightly less than three-quarters of CRNAs are female; 94% of CNPs are female. The median age of all NPs as well as CRNAs is 46. However, the median age of CNMs is 49 and the median age for CNPs is 45. In a random encounter between two NPs, there is a 33% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 29% diversity index whereas CRNAs and CNPs had 33% and 34% diversity index, respectively. Overall, 10% of NPs work in rural areas. CNPs had the highest rural workforce participation; 11% of CNPs work in rural areas compared to 6% and 4% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 13% reporting a doctorate degree; only 7% of CNMs and 10% of CNPs did. Not surprisingly, CRNAs also reported the highest median education debt although less than half of CRNAs had debt whereas half of CNMs did. CRNAs reported \$80-\$90k in education debt whereas CNPs reported \$50k-\$60k and CNMs reported \$60k-\$70k in educational debt. Further, 16% of CRNAs reported over \$120,000 in education debt compared to 12% of CNMs and 5% of CNPs.

CRNAs also reported the highest median annual income; they reported \$120k-\$130k in median income. The average for all other NPs is \$90k-\$100k. Further, 83% of CRNAs reported more than \$120,000 in income compared to 25% of CNMs and 15% of CNPs. However, only 81% of CRNAs and CNPs received at least one employer-sponsored benefit compared to 85% of CNMs. Overall, 95% of NPs are satisfied with their current employment situation. However, only 85% of CNMs are satisfied compared to 97% of CRNAs and 95% of CNPs. Close to a third of CNMs also reported employment instability in the year prior to the survey compared to 30% of CNPs and 25% of CRNAs.

CRNAs had the highest participation in the private sector, 90% of them worked in the sector compared to 84% of CNPs and 82% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government. CRNAs were most likely to be working in the inpatient department of hospitals whereas CNMs were most likely to work in private practice and CNPs were most likely to work in primary care clinics. About 9% of CNPs cared for Virginia patients using telehealth compared to 2% and 1% of CNMs and CRNAs, respectively.

About 30% CNMs plan to retire within the next decade compared to 25% of CRNAs and 20% of CNPs. About 40%, 35% and 35% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Further, 26%, 20%, and 35% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

A Closer Look:

At a Glance:

Licensed NPs

Total:	11,438
CRNA:	2,191
CNM:	353
CNP:	8,894

Response Rates

All Licensees: (2017&2018)	56%
-------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2017 and 2018 Nurse Practitioner Surveys, and licensure data retrieved in October 2018. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years on their birth month. Thus, every eligible NP would have been eligible to complete the survey in either of the two years. New NPs do not complete the survey so they will be excluded from the survey. From the licensure data, 2,184 of NPs reported their first specialty as CRNA; 325 had first specialty of CNM, 8,929 had other first specialties. Of the 8,929, 27 had a second specialty of CNM and seven had a second specialty of CRNA. One NP also had a third specialty of CNM. Therefore, after assigning any mention of CNM as CNM and similarly for CRNAs, “At a Glance” shows the break down by specialty. Over three-quarters are CNPs and about 3% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
Completed Surveys 2017	634	98	2,522	3,254
Completed Surveys 2018	557	99	2,324	2980
Response Rate, all licensees	55%	57%	56%	56%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 56% of NPs submitted a survey in both 2017 and 2018. As shown above, response rates are nearly the same among the different specialty groups.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2016 and September 2017, and between October 2017 and September 2018, on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time frame.

Not in Workforce in Past Year

	CRNA	CNM	CNP	All 2018
% of Licensees not in VA Workforce	22%	19%	17%	18%
% in Federal Employee or Military:	8%	20%	21%	18%
% Working in Virginia Border State or DC	19%	38%	26%	25%

Source: Va. Healthcare Workforce Data Center

CRNAs were most likely to not be working in the state workforce whereas CNMs were most likely to be working in border states.

Closer Look:

At a Glance:

2017 and 2018 Workforce

Virginia's NP Workforce: 9,234
 FTEs: 8,206

Workforce by Specialty

CRNA: 1,658
 CNM: 280
 CNP: 7,296

FTE by Specialty

CRNA: 1,496
 CNM: 284
 CNP: 6,424

Definitions

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

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All (2018)	
	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,647	99%	275	98%	7,136	98%	8,690	98%
Looking for Work in Virginia	12	1%	5	2%	160	2%	189	2%
Virginia's Workforce	1,658	100%	280	100%	7,296	100%	8,879	100%
Total FTEs	1,497		284		6,425		7,912	
Licensees	2,162		344		8,696		10,772	

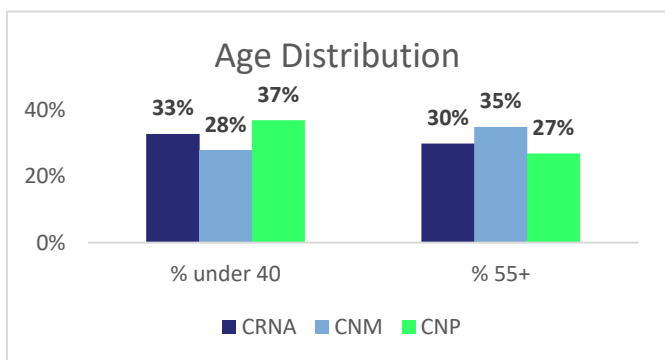
Source: Va. Healthcare Workforce Data Center

CNPs provided about 78% of the nurse practitioner FTEs in the state. CRNAs provided 18% whereas CNMs provided 3% of the FTEs.

Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	34	10%	306	90%	340	4%
30 to 34	78	6%	1,196	94%	1,274	16%
35 to 39	124	10%	1,098	90%	1,223	15%
40 to 44	144	13%	959	87%	1,103	14%
45 to 49	129	13%	853	87%	983	12%
50 to 54	116	14%	717	86%	833	10%
55 to 59	72	9%	709	91%	781	10%
60 +	125	8%	1,355	92%	1,480	18%
Total	823	10%	7,193	90%	8,016	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 90%

% Under 40 Female: 92%

% Female by Specialty

CRNA: 71%

CNM: 100%

CNP: 94%

% Female <40 by Specialty

CRNA: 78%

CNM: 100%

CNP: 95%

Source: Va. Healthcare Workforce Data Center

Median age is 49 for CNMs, 46 for CRNAs, and 45 for CNPs.

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	16	54%	30	2%	12	100%	12	5%	303	94%	323	5%
30 to 34	206	81%	256	17%	24	100%	24	10%	1,050	97%	1,080	16%
35 to 39	172	79%	217	14%	32	100%	32	13%	991	93%	1,068	16%
40 to 44	160	68%	236	15%	32	100%	32	13%	770	91%	843	13%
45 to 49	109	68%	160	10%	30	100%	30	12%	792	94%	839	13%
50 to 54	114	65%	176	12%	27	100%	27	11%	631	92%	687	10%
55 to 59	113	72%	157	10%	32	100%	32	13%	614	93%	660	10%
60 +	198	67%	297	19%	54	100%	54	22%	1,063	95%	1,117	17%
Total	1,088	71%	1,529	100%	244	100%	244	100%	6,215	94%	6,616	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Race & Ethnicity (2018)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	6,481	81%	2,185	77%
Black	19%	742	9%	273	10%
Asian	6%	340	4%	146	5%
Other Race	<1%	102	1%	48	2%
Two or more races	3%	156	2%	71	3%
Hispanic	9%	188	2%	103	4%
Total	100%	8,010	100%	2,825	100%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.
Source: Va. Healthcare Workforce Data Center

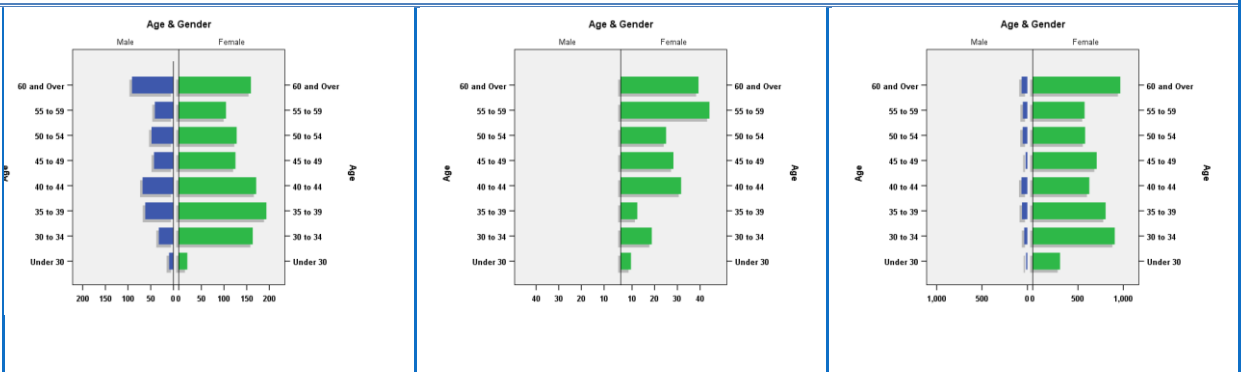
At a Glance:

2018 Diversity
 Diversity Index: 33%
 Under 40 Div. Index: 39%

By Specialty
 CRNA: 33%
 CNM: 29%
 CNP: 34%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,245	82%	385	78%	204	84%	53	78%	5,328	80%	1,909	78%
Black	96	6%	34	7%	13	5%	0	0%	641	10%	244	10%
Asian	103	7%	52	10%	0	0%	0	0%	291	4%	135	5%
Other Race	19	1%	5	1%	11	5%	11	16%	92	1%	33	1%
Two or more races	41	3%	12	2%	5	2%	0	0%	107	2%	57	2%
Hispanic	23	2%	9	2%	11	4%	4	6%	161	2%	84	3%
Total	1,528	100%	496	100%	244	100%	68	100%	6,620	100%	2,461	100%



Source: Va. Healthcare Workforce Data Center

A Closer Look:

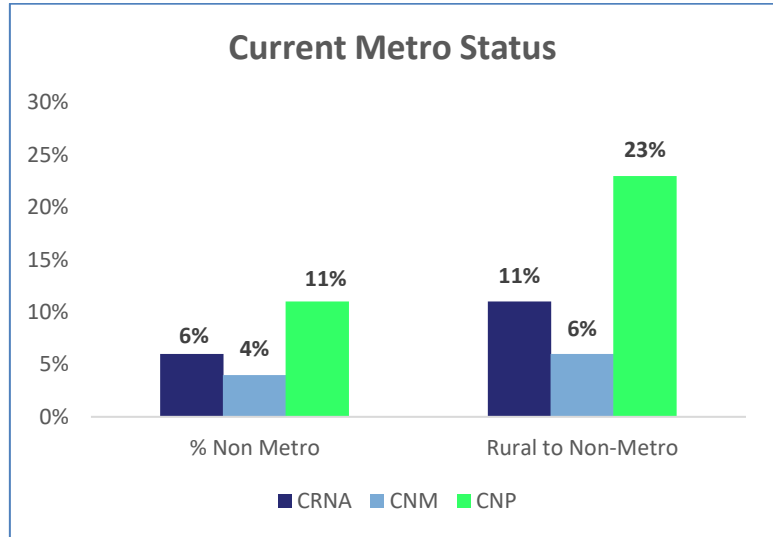
At a Glance:

Rural Childhood

CRNA: 27%
 CNM: 34%
 CNP: 34%
 All: 33%

Non-Metro Location

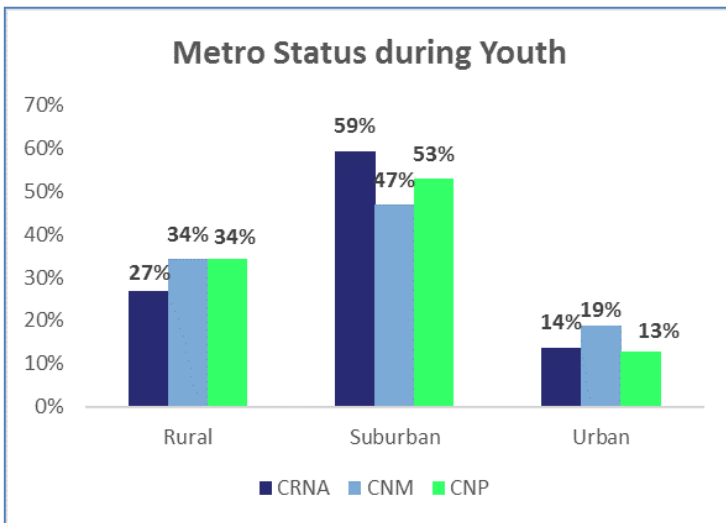
CRNA: 6%
 CNM: 4%
 CNP: 11%
 All: 10%



Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	30%	31%	36%	42%
CNM	30%	36%	41%	24%
CNP	51%	57%	62%	62%
All (2018)	45%	51%	56%	58%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNPs were most likely to have been educated in the state. CNMs were least likely to have obtained their NP education in the state. CNPs had the highest percent reporting a non-metro work location.

Education

A Closer Look:

At a Glance:

Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$60k-\$70k
CNP:	\$50k-\$60k

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 50% and 89% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt was \$60k-\$70k. However, 48% of CRNAs reported education debt but they reported the highest median education debt of \$80k-\$90k.

Degree	Highest Degree							
	CRNA		CNM		CNP		All (2018)	
	#	%	#	%	#	%	#	%
NP Certificate	198	13%	8	3%	123	2%	296	4%
Master's Degree	1,094	73%	174	73%	5,169	79%	5,988	76%
Post-Masters Cert.	14	1%	41	17%	609	9%	653	8%
Doctorate of NP	117	8%	11	5%	450	7%	654	8%
Other Doctorate	71	5%	4	2%	168	3%	261	3%
Post-Ph.D. Cert.	0	0%	0	0%	3	0%	3	0%
Total	1,495	100%	237	100%	6,522	100%	7,854	100%

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2018)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	52%	21%	50%	11%	52%	35%	54%	34%
\$20,000 or less	4%	3%	8%	15%	10%	12%	8%	10%
\$20,000-\$29,999	3%	2%	6%	3%	5%	5%	4%	5%
\$30,000-\$39,999	4%	4%	4%	5%	4%	5%	4%	4%
\$40,000-\$49,999	3%	5%	0%	0%	4%	6%	4%	5%
\$50,000-\$59,999	4%	5%	6%	17%	4%	6%	4%	6%
\$60,000-\$69,999	3%	4%	3%	6%	4%	5%	4%	6%
\$70,000-\$79,999	2%	3%	5%	12%	3%	5%	3%	5%
\$80,000-\$89,999	3%	8%	2%	0%	3%	4%	3%	5%
\$90,000-\$99,999	2%	3%	1%	0%	2%	4%	2%	3%
\$100,000-\$109,999	2%	5%	3%	6%	2%	3%	2%	3%
\$110,000-\$119,999	1%	1%	0%	0%	1%	2%	1%	2%
\$120,000 or more	16%	36%	12%	26%	5%	8%	7%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	90%
CNP:	96%

Involuntary Unemployment

CRNA:	0%
CNM:	2%
CNP:	<1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2018)
0 hours	1%	9%	3%	3%
1 to 9 hours	0%	2%	2%	1%
10 to 19 hours	3%	1%	3%	3%
20 to 29 hours	7%	4%	8%	7%
30 to 39 hours	20%	12%	19%	19%
40 to 49 hours	58%	34%	48%	49%
50 to 59 hours	9%	18%	12%	12%
60 to 69 hours	1%	14%	4%	4%
70 to 79 hours	0%	4%	1%	1%
80 or more hours	0%	3%	1%	1%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and 10% work more than 50 hours whereas about 40% of CNMs work more than 50 hours. Close to half of CNPs work 40-49 hours and about 18% work more than 50 hours.

Current Positions

Positions	CRNA		CNM		CNP		All (2018)	
	#	%	#	%	#	%	#	%
No Positions	21	1%	21	9%	183	3%	210	3%
One Part-Time Position	186	12%	31	13%	961	15%	1,137	15%
Two Part-Time Positions	47	3%	5	2%	222	3%	243	3%
One Full-Time Position	1,027	69%	150	64%	4,172	65%	5,006	65%
One Full-Time Position & One Part-Time Position	175	12%	25	10%	766	12%	1,003	13%
Two Full-Time Positions	1	0%	1	0%	11	0%	11	0%
More than Two Positions	33	2%	2	1%	84	1%	145	2%
Total	1,491	100%	234	100%	6,401	100%	7,755	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All (2018)
Signing/Retention Bonus	21%	14%	13%	14%
Dental Insurance	63%	54%	58%	60%
Health Insurance	65%	67%	62%	62%
Paid Leave	67%	72%	70%	68%
Group Life Insurance	58%	47%	50%	51%
Retirement	74%	72%	70%	70%
Receive at least one benefit	81%	85%	81%	79%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Median Income

CRNA: \$120k-\$130k

CNM: \$90k-\$100k

CNP: \$90k-\$100k

All (2018): \$100k-\$110k

Percent Satisfied

CRNA: 97%

CNM: 85%

CNP: 95%

Source: Va. Healthcare Workforce Data Center

CRNAs reported \$120k-\$130k in median income. All other NPs, including CNMs, reported \$90k-\$100k in median income. CNMs were least satisfied with their current employment situation whereas CRNAs were most satisfied. 4% of CNMs reported being very dissatisfied whereas 1% or less of the other NPs, including CRNAs, reported being very dissatisfied.

Annual Income	Income			
	CRNA	CNM	CNP	All (2018)
Volunteer Work Only	0%	1%	1%	1%
Less than \$40,000	1%	4%	5%	3%
\$40,000-\$49,999	1%	3%	3%	2%
\$50,000-\$59,999	2%	5%	4%	3%
\$60,000-\$69,999	0%	7%	5%	3%
\$70,000-\$79,999	2%	10%	7%	6%
\$80,000-\$89,999	2%	12%	13%	11%
\$90,000-\$99,999	2%	17%	20%	16%
\$100,000-\$109,999	4%	6%	17%	14%
\$110,000-\$119,999	4%	10%	11%	10%
\$120,000 or more	83%	25%	15%	30%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Labor Market

A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All (2018)
Experience Involuntary Unemployment?	1%	6%	1%	1%
Experience Voluntary Unemployment?	2%	8%	5%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	8%	2%	2%
Work two or more positions at the same time?	17%	14%	18%	18%
Switch employers or practices?	7%	11%	10%	10%
Experienced at least 1	25%	33%	30%	30%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA:	1%
CNM:	6%
CNP:	1%

Underemployed

CRNA:	1%
CNM:	8%
CNP:	2%

Over 2 Years Job Tenure

CRNA:	65%
CNM:	42%
CNP:	54%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	1%	4%	8%	5%	1%	3%
< 6 Months	7%	11%	9%	10%	10%	3%
6 Months-1 yr	6%	13%	10%	13%	12%	5%
1 to 2 Years	21%	19%	30%	10%	23%	6%
3 to 5 Years	21%	25%	22%	30%	23%	4%
6 to 10 Years	18%	16%	10%	17%	13%	3%
> 10 Years	25%	11%	11%	15%	19%	25%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to be paid by salary or commission. Nearly three-quarters of them were paid that way, compared to 70% of CNPs and 60% of CRNAs.

Primary Work Site	Forms of Payment			
	CRNA	CNM	CNP	All (2018)
Salary/ Commission	60%	78%	70%	70%
Hourly Wage	37%	17%	26%	26%
By Contract	4%	4%	3%	4%
Other	0%	1%	0%	1%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

% in Top 3 Regions

CRNA: 78%
 CNM: 70%
 CNP: 71%

More than 2 Locations

CRNA: 28%
 CNM: 29%
 CNP: 22%

Source: Va. Healthcare Workforce Data Center

For primary work locations, Northern Virginia has the highest proportion of CRNAs and CNMs whereas CNPs were mostly concentrated in the Central region.

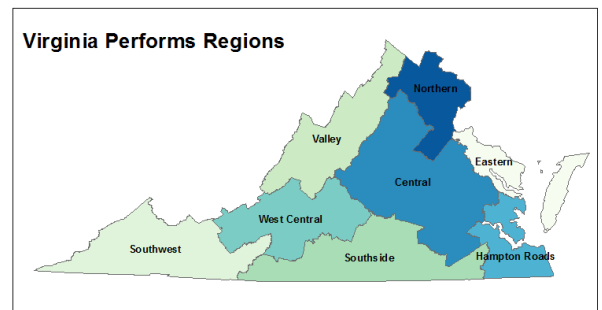
Regional Distribution of Work Locations						
Virginia Performs Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	27%	17%	17%	13%	27%	21%
Eastern	1%	1%	1%	0%	1%	1%
Hampton Roads	23%	25%	20%	26%	18%	18%
Northern	28%	32%	33%	17%	25%	22%
Southside	2%	1%	1%	2%	3%	4%
Southwest	2%	3%	2%	2%	6%	9%
Valley	3%	2%	17%	22%	7%	6%
West Central	9%	8%	9%	7%	10%	9%
Virginia Border State/DC	3%	3%	0%	4%	1%	2%
Other US State	2%	6%	1%	6%	1%	8%
Outside of the US	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	26	2%	25	10%	174	3%
1	1,043	71%	155	65%	4,743	75%
2	214	15%	44	18%	840	13%
3	158	11%	13	6%	464	7%
4	19	1%	0	0%	42	1%
5	9	1%	1	1%	36	1%
6+	8	1%	0	0%	41	1%
Total	1,477	100%	238	100%	6,340	100%

*At survey completion (birth month of respondents)

Source: Va. Healthcare Workforce Data Center



A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2018)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	53%	68%	59%	68%	51%	56%	52%	62%
Non-Profit	37%	24%	23%	26%	33%	30%	33%	27%
State/Local Government	5%	3%	8%	2%	9%	11%	8%	8%
Veterans Administration	3%	1%	0%	0%	3%	1%	2%	1%
U.S. Military	4%	5%	9%	4%	3%	1%	3%	1%
Other Federal Government	0%	0%	0%	0%	1%	1%	1%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 90% of them worked in the sector compared to 84% of CNPs and 82% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government.

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

For-Profit Primary Sector

CRNA: 53%
CNM: 59%
CNP: 51%

Top Establishments

CRNA: Inpatient Department
CNM: Primary Care Clinic
CNP: Group Private Practice

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2018)
Meaningful use of EHRs	9%	27%	35%	29%
Remote Health, Caring for Patients in Virginia	1%	2%	9%	7%
Remote Health, Caring for Patients Outside of Virginia	1%	0%	2%	2%
Use at least one	11%	29%	39%	33%

Source: Va. Healthcare Workforce Data Center

A third of the state NP workforce use EHRs. 7% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so.

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2018)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Hospital, Inpatient Department	41%	32%	18%	16%	15%	1%	20%	17%
Clinic, Primary Care or Non-Specialty	0%	1%	12%	15%	22%	0%	17%	13%
Private practice, group	5%	3%	24%	25%	10%	0%	9%	6%
Physician Office	1%	2%	10%	16%	11%	2%	8%	4%
Academic Institution (Teaching or Research)	10%	2%	9%	11%	8%	0%	8%	9%
Hospital, Outpatient Department	10%	12%	4%	0%	7%	3%	7%	5%
Ambulatory/Outpatient Surgical Unit	19%	34%	0%	0%	1%	0%	5%	10%
Hospital, Emergency Department	2%	3%	1%	0%	3%	1%	3%	6%
Clinic, Non-Surgical Specialty	0%	1%	2%	0%	4%	0%	3%	2%
Private practice, solo	0%	0%	3%	2%	2%	1%	2%	2%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	2%	3%	2%	2%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	3%	1%	2%	3%
School	0%	0%	0%	0%	1%	0%	1%	1%
Other Practice Setting	12%	9%	17%	16%	12%	88%	12%	88%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

The inpatient department of a hospital was the most mentioned primary work establishment for NPs on average. This result was driven primarily by CRNAs. For CNMs, private practice was the most mentioned primary work establishment whereas for CNPs, primary care clinic was the most mentioned primary work establishment.

At a Glance: (Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	84%
CNP:	87%

Education Role

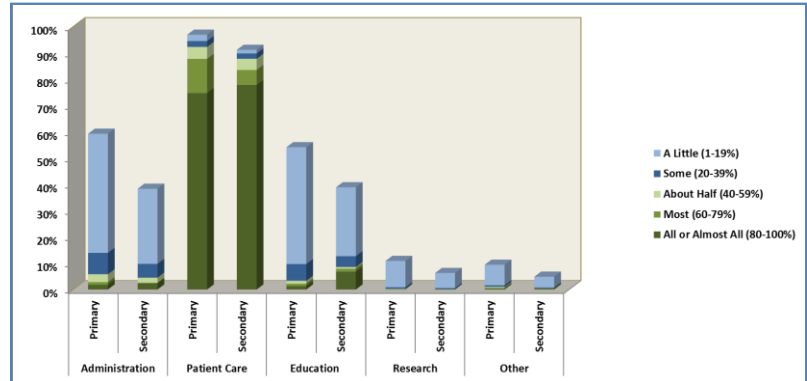
CRNA:	0%
CNM:	1%
CNP:	2%

Admin Role

CRNA:	2%
CNM:	8%
CNP:	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 84% and 87% of CNMs and CNPs, respectively.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2018)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	89%	92%	62%	60%	72%	73%	75%	78%
Most (60-79%)	6%	2%	22%	25%	15%	6%	13%	6%
About Half (40-59%)	3%	1%	2%	4%	5%	4%	5%	4%
Some (20-39%)	1%	0%	2%	0%	3%	2%	2%	2%
A Little (1-20%)	1%	1%	9%	0%	2%	3%	2%	1%
None (0%)	1%	4%	2%	9%	3%	10%	3%	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Future Plans						
2 Year Plans:	CRNA		CNM		CNP	
	#	%	#	%	#	%
Decrease Participation						
Leave Profession	19	1%	2	1%	50	1%
Leave Virginia	57	3%	14	5%	210	3%
Decrease Patient Care Hours	147	9%	34	12%	620	8%
Decrease Teaching Hours	6	0%	2	1%	75	1%
Increase Participation						
Increase Patient Care Hours	75	5%	28	12%	678	9%
Increase Teaching Hours	85	5%	53	23%	949	13%
Pursue Additional Education	79	5%	27	11%	1,002	14%
Return to Virginia's Workforce	3	0%	0	0%	50	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA:	6%
CNM:	5%
CNP:	5%

Retirement within 10 Years

CRNA:	25%
CNM:	29%
CNP:	20%

Source: Va. Healthcare Workforce Data Center

40%, 35% and 35% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 26%, 20%, and 35% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

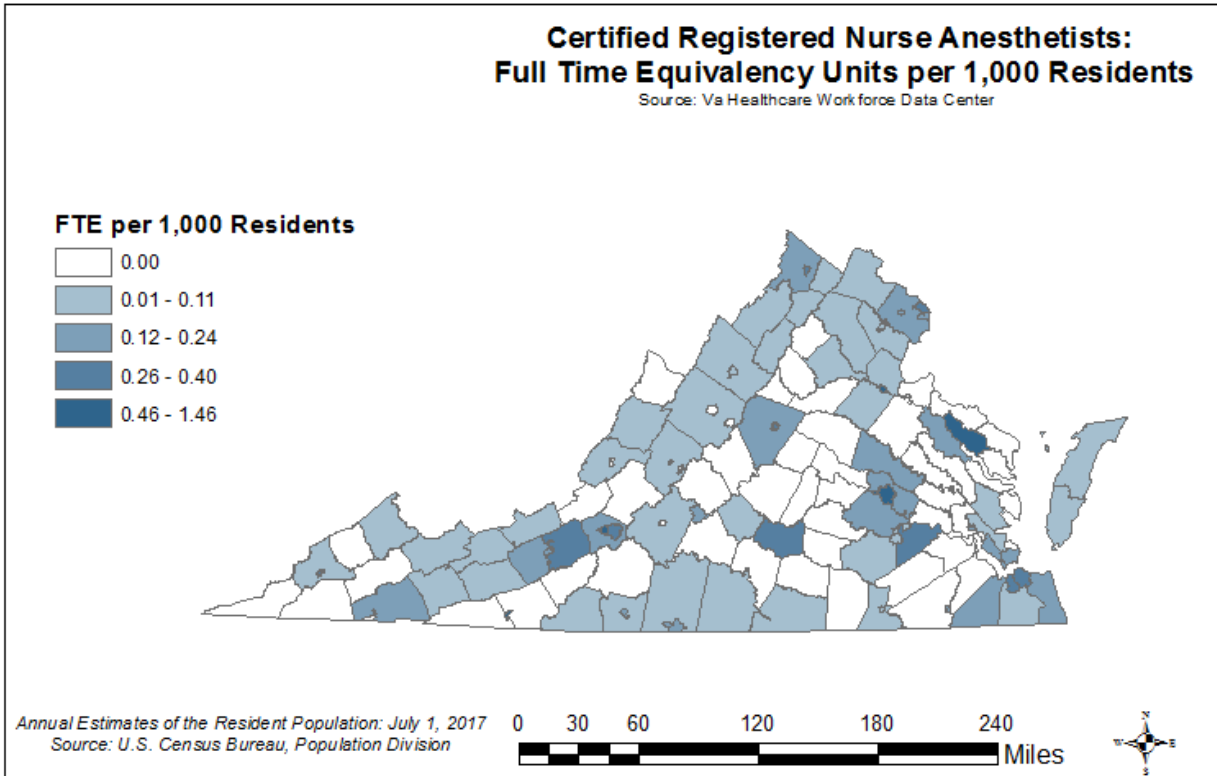
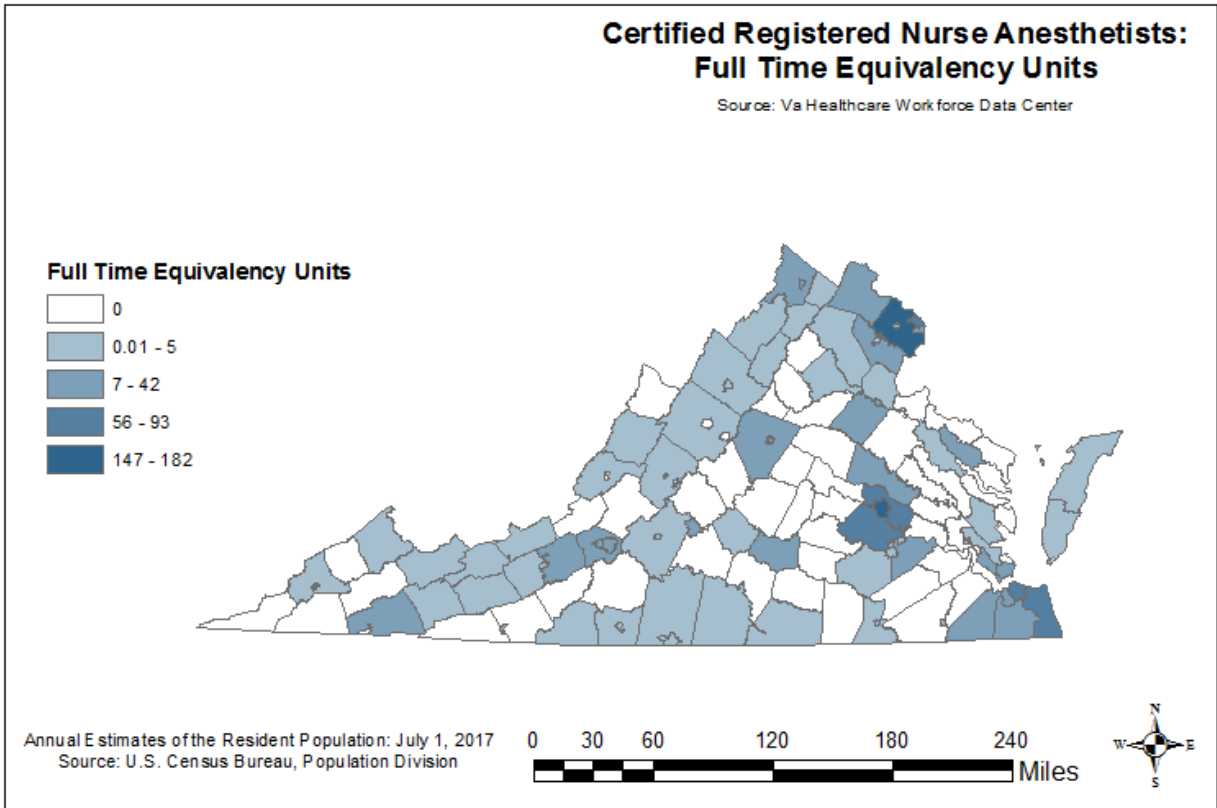
Expected Retirement Age	CRNA		CNM		CNP		All (2018)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
Under age 50	1%	-	3%	-	1%	-	1%	0%
50 to 54	3%	0%	1%	0%	2%	0%	2%	2%
55 to 59	9%	3%	4%	0%	6%	3%	8%	8%
60 to 64	28%	22%	28%	20%	25%	20%	24%	25%
65 to 69	42%	49%	40%	53%	39%	44%	40%	40%
70 to 74	13%	19%	12%	15%	15%	19%	15%	14%
75 to 79	2%	3%	3%	1%	4%	4%	3%	3%
80 or over	1%	1%	2%	1%	1%	2%	1%	1%
I do not intend to retire	3%	2%	8%	9%	6%	8%	6%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

	Time to Retirement							
	CRNA		CNM		CNP		All (2018)	
Expect to retire within. . .	#	%	#	%	#	%	#	%
2 years	98	7%	11	5%	288	5%	404	6%
5 years	74	6%	9	5%	227	4%	287	4%
10 years	163	12%	39	19%	619	11%	743	11%
15 years	151	11%	27	13%	662	12%	820	12%
20 years	167	13%	17	8%	615	11%	805	12%
25 years	159	12%	23	11%	702	13%	836	13%
30 years	215	16%	20	10%	775	14%	894	13%
35 years	147	11%	27	13%	685	12%	747	11%
40 years	101	8%	8	4%	454	8%	530	8%
45 years	18	1%	2	1%	177	3%	187	3%
50 years	6	0%	2	1%	32	1%	42	1%
55 years	0	0%	3	1%	0	0%	0	0%
In more than 55 years	0	0%	0	0%	10	0%	10	0%
Do not intend to retire	37	3%	15	8%	321	6%	361	5%
Total	1,335	100%	203	100%	5,567	100%	6,666	100%

Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2028. Retirements will peak at 13% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2058.



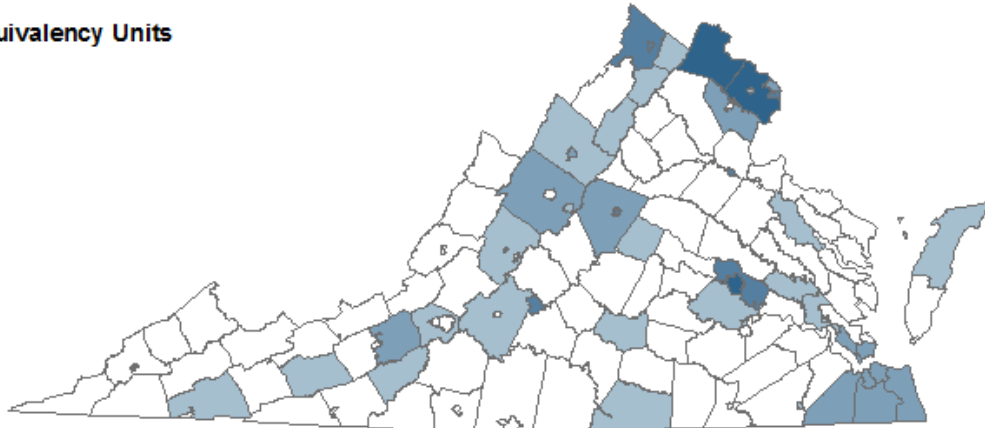
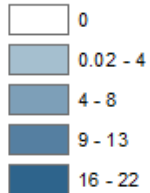
Note:

Maps are based only on reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.

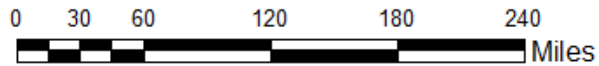
Certified Registered Midwives: Full Time Equivalency Units

Source: Va Healthcare Work force Data Center

Full Time Equivalency Units



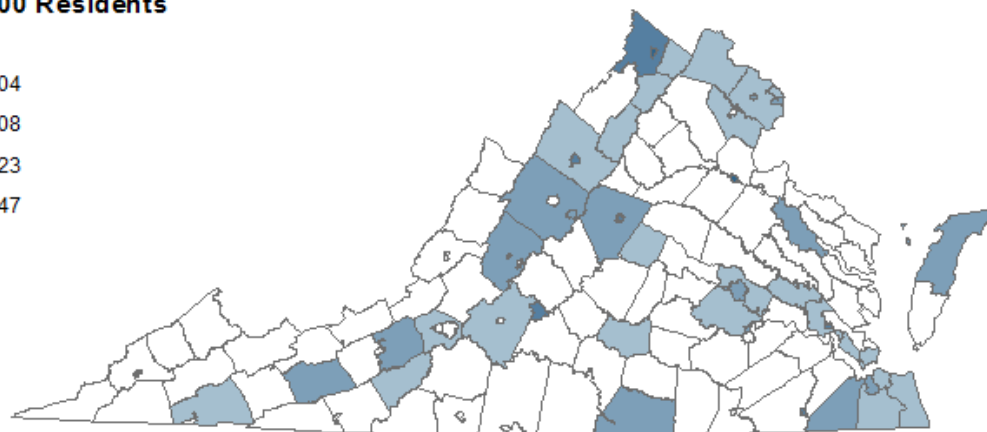
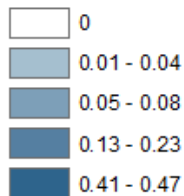
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



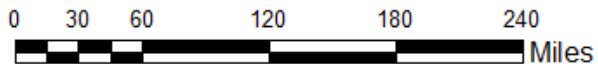
Certified Registered Midwives: Full Time Equivalency Units per 1,000 Residents

Source: Va Healthcare Work force Data Center

FTE per 1,000 Residents



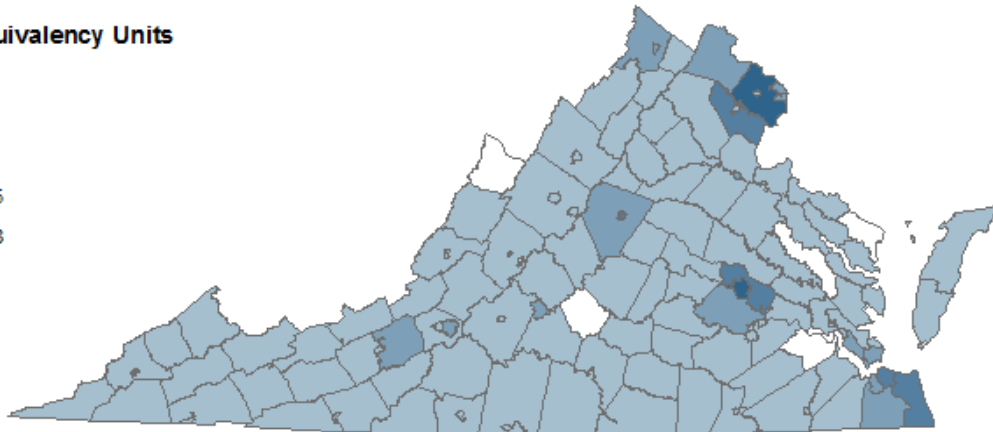
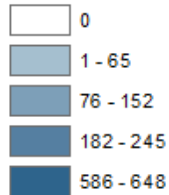
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



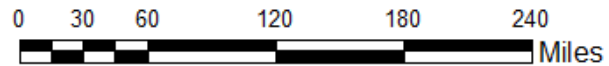
Certified Nurse Practitioners: Full Time Equivalency Units

Source: Va Healthcare Work force Data Center

Full Time Equivalency Units



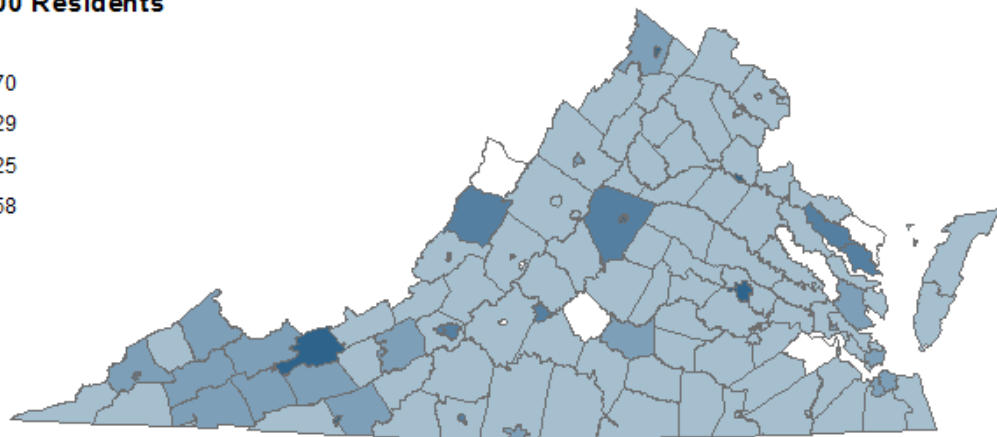
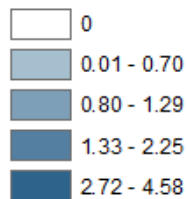
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



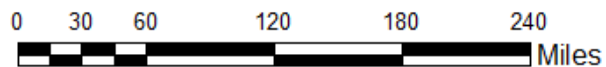
Certified Nurse Practitioners: Full Time Equivalency Units per 1,000 Residents

Source: Va Healthcare Work force Data Center

FTE per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of March 1, 2019**

F1

Chapter		Action / Stage Information
[18 VAC 90 - 15]	Regulations Governing Delegation to an Agency Subordinate	<p><u>Implementing Result of Periodic review</u> [Action 5130]</p> <p>Fast-Track - Register Date: 2/4/19 Effective: 3/22/19</p>
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<p><u>Clarification of 90-day authorization to practice</u> [Action 5058]</p> <p>Fast-Track - Register Date: 1/7/19 Effective: 2/21/19</p>
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<p><u>Clinical nurse specialist requirement for registration</u> [Action 5059]</p> <p>Fast-Track - Register Date: 2/4/19 Effective: 3/22/19</p>
[18 VAC 90 - 21]	Regulations for Medication Administration Training and Immunization Protocol	<p><u>Change in Title of Regulation</u> [Action 5131]</p> <p>Fast-Track - Register Date: 1/7/19 Effective 2/21/19</p>
[18 VAC 90 - 25]	Regulations Governing Certified Nurse Aides	<p><u>Result of Periodic Review</u> [Action 5149]</p> <p>Fast-Track - At Governor's Office for 89 days</p>
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<p><u>Implementing Result of Periodic Review</u> [Action 5157]</p> <p>NOIRA - At Secretary's Office for 129 days</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Autonomous practice</u> [Action 5132]</p> <p>Emergency/NOIRA - Register Date: 1/7/19 NOIRA comment closed: 2/6/19 Board to adopt proposed 3/19/19</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Supervision and direction of laser hair removal</u> [Action 4863]</p> <p>Final - At DPB for 14 days</p>
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Elimination of separate license for prescriptive authority</u> [Action 4958]</p> <p>Proposed - At Secretary's Office for 43 days</p>
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Prescribing of opioids</u> [Action 4797]</p> <p>Final - At Secretary's Office for 84 days</p>
[18 VAC 90 - 60]	Regulations Governing the Registration of Medication Aides	<p><u>Result of Periodic Review</u> [Action 5140]</p> <p>Fast-Track - At Governor's Office for 96 days</p>

Agenda Item: Regulatory –Adoption of proposed regulations for autonomous practice for nurse practitioners

F2

Enclosed are:

Copy of emergency regulations currently in effect

Comment period on NOIRA to replace emergency regulations – closed 2/6/19

Staff note:

- There was no comment on the NOIRA
- Emergency regulation became effective 1/7/19 – remains in effect for 18 months and must be replaced with permanent regulation
- Committee of the Joint Boards recommended adoption of proposed regulations identical to emergency regulations
- Board of Medicine adopted proposed regulations on 2/14/19

Board action:

Adoption of proposed regulations identical to emergency regulations or other action

Project 5512 - Emergency/NOIRA

BOARD OF NURSING

Autonomous practice

Part I

General Provisions

18VAC90-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and ~~which~~ that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team ~~physician(s)~~ physician and the licensed nurse ~~practitioner(s)~~ practitioner that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse ~~practitioner(s)~~ practitioner in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86 and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of nurse practitioners shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of nurse practitioners are:

1. Application	\$125
2. Biennial licensure renewal	\$80
3. Late renewal	\$25
4. Reinstatement of licensure	\$150

5. Verification of licensure to another jurisdiction	\$35
6. Duplicate license	\$15
7. Duplicate wall certificate	\$25
8. Return check charge	\$35
9. Reinstatement of suspended or revoked license	\$200
10. <u>Autonomous practice attestation</u>	<u>\$100</u>

B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:

Biennial renewal	\$60
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18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;
2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and
3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists.

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as 1,800 hours per year for a total of 9,000 hours.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the nurse practitioner and the nurse practitioner's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed;
and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The nurse practitioner may submit attestations from more than one patient care team physician with whom the nurse practitioner practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If a nurse practitioner is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or of other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B of this section, the nurse practitioner may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the nurse practitioner. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of a nurse practitioner in the category for which the nurse practitioner is licensed and certified. The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation from a patient care team physician.

F. A nurse practitioner to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the nurse practitioner has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the nurse practitioner was previously licensed.

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of the nurse practitioner's clinical and professional training and limits of the nurse practitioner's knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

A. A licensed nurse practitioner whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;

2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Provide evidence of current professional competency consisting of:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;

b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, current, unrestricted licensure or certification in another jurisdiction.

4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;
2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and
3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:
 - a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or
 - b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act, § 2.2-4000 et seq. of the Code of Virginia.

Part III

Practice of Licensed Nurse Practitioners

18VAC90-30-120. Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives.

A. A nurse practitioner licensed in a category other than certified registered nurse anesthetist or certified nurse midwife shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist or certified nurse midwife shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;

2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;

b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and

c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the nurse practitioner and provided to the boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and

responsibilities; however, the nurse practitioner shall be responsible for providing a copy to the boards upon request.

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

A. With the ~~exception of~~ exceptions listed in subsection E of this section, a nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the nurse practitioner shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.
2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.
3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six nurse practitioners with prescriptive authority at any one time.

E. Exceptions.

1. A nurse practitioner licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

2. A nurse practitioner who is licensed in a category other than certified nurse midwife or certified registered nurse anesthetist and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

F3

Agenda Item: Adoption of Guidance Documents for Nurse Practitioners

Included in the agenda package:

Guidance Document 90-53 – No amendments are recommended

Guidance Document 90-33 – One amendment is recommended

Staff Note:

- Committee of the Joint Boards recommended adoption of guidance documents as presented in agenda package
- Board of Medicine adopted guidance documents on 2/14/19

Action: Adoption of the documents as presented or as amended.

VIRGINIA BOARDS OF NURSING AND MEDICINE

“Treatment by Women’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases”

The Committee of the Joint Boards of Nursing and Medicine determined that the management and treatment of sexually transmitted diseases by Women’s Health Nurse Practitioners may include treatment of male partners or male clients as an extension of care of female clients under the requirements of 18 VAC 90-30-120 (B), Regulations Governing the Practice of Nurse Practitioners.

Women’s Health Nurse Practitioners who treat male clients for sexually transmitted diseases must have authorization for and have received specific training in such practice, as documented in the written or electronic practice agreement between the nurse practitioner and the collaborating patient care team physician. In addition, any prescription written for sexually transmitted diseases shall be issued for a medicinal therapeutic purpose to a person with whom the practitioner has a bona fide practitioner-patient relationship, in accordance with § 54.1-3303 of the Code of Virginia.

Boards of Nursing and Medicine

Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR Orders)

In the Health Care Decisions Act (§ 54.1-2981 et seq. of the Code of Virginia), § 54.1-2987.1 provides that a Durable Do Not Resuscitate Order may be issued by a physician. § 54.1-2957.02 provides that, “Whenever any law or regulation requires a signature...by a physician, it shall be deemed to include a signature...by a nurse practitioner.”

Therefore, the Boards of Nursing and Medicine concur with the Committee of the Joint Boards that licensed nurse practitioners have the statutory and regulatory authority to write Do Not Resuscitate Orders in accordance with §§ 54.1-2957.02 and 54.1-2987.1 of the Code of Virginia and 18VAC90-30-120 of the Virginia Administrative Code.

The authority for a nurse practitioner to write DNR orders must be included in the written or electronic practice agreement as a delegated act by the collaborating patient care team physician and must be performed in consultation with the physician, unless the nurse practitioner has been authorized by the board for autonomous practice.

F4

Report of the 2019 General Assembly

Board of Nursing

HB 1848 Health Professions, Department of; disclosure of investigative information.

Chief patron: Adams, D.M.

Summary as introduced:

Department of Health Professions; disclosure of investigative information. Allows the Department of Health Professions and health regulatory boards to disclose otherwise confidential information related to disciplinary hearings to the Virginia Department of Education and the State Council of Higher Education for Virginia if such information relates to nursing or nurse aide education programs regulated by the Board of Nursing.

HB 1952 Patient care team; podiatrists and physician assistants.

Chief patron: Campbell, J.L.

Summary as passed House:

Patient care team podiatrist definition; physician assistant supervision requirements. Establishes the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modifies the supervision requirements for physician assistants by establishing a patient care team model. The bill directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill and is identical to SB 1209.

HB 1970 Telemedicine services; payment and coverage of services.

Chief patron: Kilgore

Summary as passed House:

Telemedicine services; coverage. Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the

payment of medical assistance for medically necessary health care services provided through telemedicine services.

HB 1971 Health professions and facilities; adverse action in another jurisdiction.

Chief patron: Stolle

Summary as introduced:

Health professions and facilities; adverse action in another jurisdiction. Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

HB 2129 Nursing, Board of; application for license or certification by military spouse, expedited review.

Chief patron: Guzman

Summary as passed House:

Board of Nursing; application for license or certification; military spouse; expedited review. Requires that the Board of Nursing expedite application processing, to the extent possible pursuant to current law, in cases in which an applicant for licensure or certification is licensed or certified in another state and is relocated to the Commonwealth pursuant to a spouse's official military orders.

HB 2228 Nursing and Psychology, Boards of; health regulatory boards, staggered terms.

Chief patron: Bagby

Summary as introduced:

Composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms. Alters the composition of the Board of Nursing and replaces the requirement that the Board of Nursing meet each January with the requirement that it meet at least annually. The bill also removes specific officer titles from the requirement that the Board of Nursing elect officers from its membership. The bill replaces the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology. The bill also provides a mechanism for evenly staggering the terms of members of the following health regulatory boards, without affecting the terms of current members: Board of Nursing, Board of Psychology,

Board of Dentistry, Board of Long-Term Care Administrators, Board of Medicine, Board of Veterinary Medicine, Board of Audiology and Speech-Language Pathology, Board of Pharmacy, and Board of Counseling.

HB 2318 Naloxone; possession and administration by school nurses and local health department employees.

Chief patron: McGuire

Summary as passed House:

Possession and administration of naloxone; school nurses; local health department employees. Adds school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and school board, and other school board employees or individuals contracted by a school board to provide school health services, to the list of individuals who may possess and administer naloxone or other opioid antagonist, provided that they have completed a training program.

HB 2493 Topical drugs; administration by dental hygienists, physician assistants, and nurses.

Chief patron: Tran

Summary as introduced:

Administration of topical drugs; dental hygienists, physician assistants, and nurses. Authorizes a dental hygienist practicing under remote supervision to administer topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry. Under current law, a dental hygienist must be practicing under general supervision to do so. Additionally, the bill authorizes a physician assistant, nurse, or dental hygienist to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol. Under current law, such possession and administration is limited to administration to children aged six months to three years and is required to conform to standards adopted by the Department of Health.

HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.

Chief patron: Pillion

Summary as passed:

Drug Control Act; Schedule V; gabapentin. Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within 6 months of final

approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

HB 2559 Electronic transmission of certain prescriptions; exceptions.

Chief patron: Pillion

Summary as passed House:

Electronic transmission of certain prescriptions; exceptions. Provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill requires the licensing health regulatory boards of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. The bill provides that a dispenser is not required to determine whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substances containing opioids. The bill requires the Boards of Medicine, Nursing, Dentistry, and Optometry to promulgate regulations to implement the prescriber waivers. Finally, the bill requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

HB 2693 Qualified mental health professionals; regulations for registration.

Chief patron: Price

Summary as introduced:

Qualified mental health professionals. Requires the Board of Counseling to promulgate regulations for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional. The bill defines the terms "qualified mental health professional-adult," "qualified mental health professional-child," and "qualified mental health professional-trainee." This bill is identical to SB 1694.

SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.

Chief patron: Peake

Summary as introduced:

Licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact. Authorizes Virginia to become a signatory to the Physical Therapy

Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill requires each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill has a delayed effective date of January 1, 2020, and directs the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

SB 1439 Death certificates; medical certification, electronic filing.

Chief patron: McClellan

Summary as passed Senate:

Death certificates; medical certification; electronic filing. Requires the completed medical certification portion of a death certificate to be filed electronically with the State Registrar of Vital Records through the Electronic Death Registration System and provides that, except for under certain circumstances, failure to file a medical certification of death electronically through the Electronic Death Registration System shall constitute grounds for disciplinary action by the Board of Medicine. The bill includes a delayed effective date of January 1, 2020, and a phased-in requirement for registration with the Electronic Death Registration System and electronic filing of medical certifications of death for various categories of health care providers. The bill directs the Department of Health to work with stakeholders to educate and encourage physicians, physician assistants, and nurse practitioners to timely register with and utilize the Electronic Death Registration System.

SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.

Chief patron: Dunnavant

Summary as passed Senate:

Board of Pharmacy; cannabidiol oil and tetrahydrocannabinol oil; regulation of pharmaceutical processors. Authorizes licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations, which shall require that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams of tetrahydrocannabinol. The bill requires the Secretary of Health and Human Resources and the Secretary of Agriculture and Forestry to convene a work group to review and recommend an appropriate structure for an oversight organization for the medical marijuana program in Virginia and report its findings and recommendations to the Chairmen of the Senate Committees on Agriculture, Conservation and Natural Resources and Education and Health and the House Committees on Agriculture, Chesapeake and Natural Resources and Health, Welfare and Institutions by November 1, 2019.

SB 1632 Cannabidiol oil and THC-A oil; use at school.

Chief patron: Sturtevant

Summary as introduced:

Cannabidiol oil and THC-A oil; use at school. Requires local school boards to adopt and implement policies permitting a student who has been issued a valid written certification for the use of cannabidiol oil or THC-A oil to use such oils while at school. The bill prohibits a school board from suspending or expelling such a student for such use. The bill prohibits a school nurse employed by a local school board, person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board, or other person employed by or contracted with a local school board to deliver health-related services from being prosecuted for possession or distribution of cannabidiol oil or THC-A oil or for storing, dispensing, or administering cannabidiol oil or THC-A oil, in accordance with the policy adopted by the local school board, to a student who has been issued a valid written certification for its use. Finally, the bill requires the Department of Health Professions, in coordination with the Department of Education, to develop and make available to school boards, a standardized form to be completed by the certification issuing physician and the dispensing pharmaceutical processor.

#1

Commonwealth of Virginia



REGULATIONS
GOVERNING DELEGATION TO AN
AGENCY SUBORDINATE

VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-15-10 et seq.

Statutory Authority: §§ 54.1-2400 of the *Code of Virginia*

Revised Date: August 2, 2013

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18VAC90-15-10. Decision to delegate.

In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

18VAC90-15-20. Criteria for delegation.

Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the president or executive director of the board.

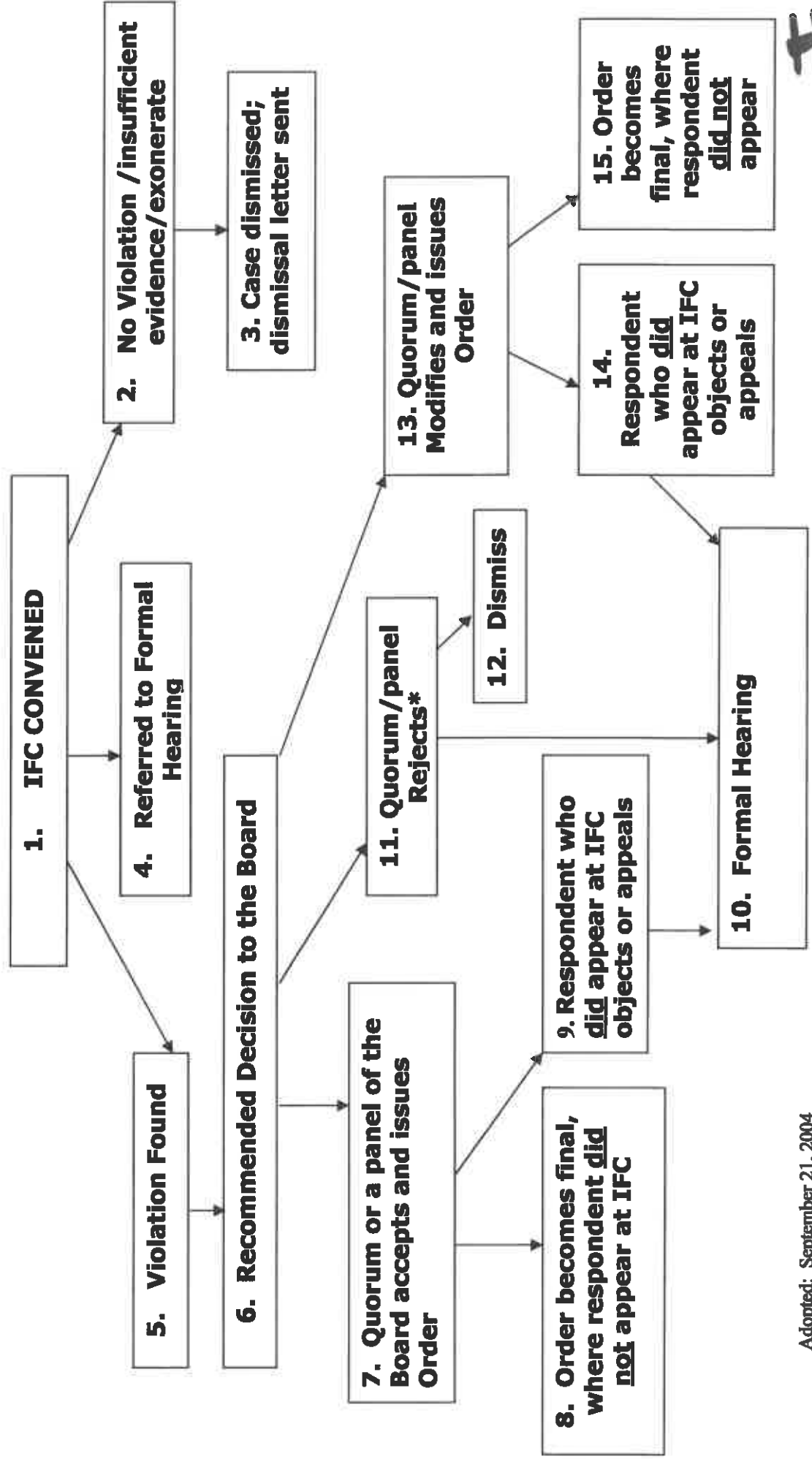
18VAC90-15-30. Criteria for an agency subordinate.

A. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

B. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

C. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



#2

Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which an Agency Subordinate (“subordinate”) hears a case at an informal conference up to a case that may be referred to a formal hearing.

1. Pursuant to a notice, the designated subordinate will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision within 90 days regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
 - If the respondent appeared at the IFC, a copy of the Sanction Reference Point Worksheet completed pursuant to Guidance Document #90-7 will be provided to the respondent along with the recommended decision of the subordinate. The respondent has the opportunity to appear and respond in person to the recommended findings of fact, conclusions of law, and recommended sanction when considered by the board, or the respondent may respond in writing.”

- If the respondent did not appear at the IFC, a copy of the Sanction Reference Point Worksheet completed pursuant to Guidance Document #90-7 will not be provided to the respondent. The respondent will not be afforded the opportunity to appear, but may respond only in writing to the recommended findings of fact, conclusions of law, and recommended sanction when considered by the board.
 - No new or additional information will be accepted during agency subordinate recommendation consideration by the board. If responding to the recommended decision in person or in writing, the respondent is limited to providing a response to the recommended findings of fact, the recommended conclusions of law, and recommended sanction, if any. If appearing in person, the respondent is allotted five minutes to respond.
7. If the quorum or panel of the board accepts the recommended decision and:
8. If the respondent did not appear at the IFC, the board's decision becomes a final order that can only be appealed to a circuit court; or
- 9-10. If the respondent did appear at the IFC and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.
11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:
The quorum/panel may decide to refer the case for a formal hearing (10); or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board (12).*
- * However, upon exception and advice of counsel, the Board may refer a case back to an IFC when there is a concern regarding the Board having provided adequate notice to the respondent prior to the IFC.
13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.
15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.