Tuesday, September 19, 2017

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: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

Establishment of a Quorum.

Announcements:
- Welcome to New Board Members:
  - Margaret Joan Friedenberg, Citizen Member
  - Michelle D. Hereford, MSHA, RN, FACHE
  - Ethlyn McQueen-Gibson, MSN, RN, BC
- Jay Douglas, Board of Nursing Executive Director, was honored as a recipient of the Fifteen Year Executive Officer Recognition Award at the NCSBN Annual Meeting on August 17, 2017
- Jay Douglas, Board of Nursing Executive Director, was honored for three years of service to Executive Committee of the NLCA, 2014 – 2017 and elected as Vice Chair of the New NLC Commission

Upcoming Meetings:
- Executive Committee Meeting of the NLC Commission is scheduled for September 27-28, 2017 in Aspen, CO – Ms. Douglas will attend
- 2017 NCSBN Leadership and Public Policy Conference, October 11-12, 2017, in New Orleans

Dialogue with DHP Director – Dr. Brown

Review of the Agenda: (Except where times are stated, items not completed on July 18, 2017 will be completed on July 19, 2017.)
1. Additions, Modifications
2. Adoption of a Consent Agenda

Disposition of Minutes:
- C July 17, 2017 Panel – Dr. Hahn*
- C July 18, 2017 Quorum – Dr. Hahn*
- C July 19, 2017 Panel – Dr. Hahn*
- C July 19, 2017 Panel – Ms. Hershkowitz*
- C July 20, 2017 Panel – Ms. Hershkowitz *

Reports:
- C Agency Subordinate Tracking Log*
- C Finance Report
- C Board of Nursing Monthly Tracking Log
- C Health Practitioners Monitoring Program Reports – as of June 30, 2017, April – June 2017 Quarterly Report, and as of July 31, 2017*
  - Executive Director Report – Ms. Douglas
  - NLC Commission August 15, 2017 Meeting report – Ms. Douglas
  - NCSBN August 16-18, 2017 Annual Meeting report – Dr. Ross/Mr. Monson/Ms. Douglas
Other Matters:

- Board Counsel Update – Charis Mitchell (oral report)
- American Nurses Credentialing Center (ANCC) and CGFNS International, Inc. Announce Exclusive Strategic Partnership for International Credentialing – FYI*
- Guidance Document 90-6 (PICC Line Insertion and Removal) Committee July 18, 2017 Meeting Minutes and Proposed Amendments to GD 90-6 – Ms. Hershkowitz/Ms. Douglas
- Simulation Guidance Document Committee Report – Dr. Hahn*

Education:

- Education Informal Conference Committee August 31 and September 13, 2017 Minutes and Recommendations – Dr. Hahn
- Education Staff Report – Ms. Ridout (oral report)
- Mary Marshall Scholarship Fund – Dr. Saxby

10:00 A.M. – Public Hearings to receive Comments on:

- Name Tag Requirement, 18VAC90-19*
- Accreditation of Pre-Licensure Educational Programs for Registered Nursing, 18VAC90-27-10*

Legislation/Regulations:

- Status of Regulatory Actions – Ms. Yeatts

Consent Orders: (Closed Session)

- George Wilson Cobbler, III, RN*
- Alexandria Denise Blackmon, RN*
- Amanda Michelle Deguel, RN*

12:30 – 1:20 P.M. – Lunch for Outgoing Board Member Recognition

- Guia Caliwagan, RN, MAN, EdS
- Regina Gilliam, LPN
- Jeanne E. Holmes, Citizen Member
- Kelly S. McDonough, DNP, RN
- William Traynham, LPN, CSAC

1:30 – 5:00 P.M. – Board Development Workshop in Board Room 2 ➔ Agenda TBA

ADJOURNMENT

Guidance Document 90-57 (Bylaws) Committee Meeting ➔ will meet on **Wednesday, 9/20, in BR2 at 8:30 am**

Board Members – Ms. Hershkowitz*, Ms. Gerardo, and Mr. Monson

Board Staff – Ms. Douglas

Nurse Aide Curriculum Committee Meeting ➔ will meet on **Thursday, 9/21, in BR3 from 10am – 12 pm**

Board Members – Dr. Hahn* Mr. Monson, and Ms. Phelps

Board Staff – Dr. Saxby and Ms. Krohn

(* mailed 9/1) (** mailed 9/8)
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on July 17, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Mark Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC
Dustin S. Ross, DNP, MBA, RN

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
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

FORMAL HEARINGS: Esther Obi Adefoku, CNA 1401-110507
Ms. Adefoku appeared.

Steve Bulger, Adjudication Specialist represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Deborah Difalco, Senior Investigator, Department of Health Professions, Pamela Reynolds, Administrator/President of Allegiance Home Care, and Emmy Byrnes, Supervisor at Merry Maid, testified via telephone.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:17 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Adefoku. Additionally, Dr. Ross moved that Ms. Power, Ms. Graham, and Ms. Barrett 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.

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.

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

ACTION:
Mr. Monson moved the Board of Nursing reprimand Esther Obi Adefoku. 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 12:50 P.M.

RECONVENTION:
The Board reconvened at 2:00 P.M.

FORMAL HEARINGS: Amy Nicole Richbourg, RN 0001-220821
Ms. Richbourg appeared represented by Mark Gardner, her attorney.

Amy Weiss, Adjudication Specialist represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Pat Dewey, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:49 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Richbourg. Additionally, Dr. Ross moved that Ms. Krohn, Ms. Power, Ms. Graham, and Ms. Barrett 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 3:05 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.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss, and amended by the Board. The motion was seconded and carried unanimously.
ACTION: Mr. Monson moved that the Board of Nursing approve Ms. Richbourg’s application for reinstatement to practice professional nursing in the Commonwealth of Virginia only and issue a reprimand. The motion was seconded and passed with four votes in favor. Dr. Ross opposed the motion.

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 3:15 P.M.

Brenda Krohn, RN, MS
Deputy Executive Director
TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:00 A.M. on July 18, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA; Vice President
Marie Gerardo, MS, RN, ANP-BC; Secretary
Guia Caliwagan, RN, MAN, EdS
Alice Clark, Citizen Member
Trula Minton, MS, RN
Mark D. Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC
Dustin Ross, DNP, MBA, RN, NE-BC

BOARD MEMBERS ABSENT:
Regina Gilliam, LPN
Jeanne Holmes, Citizen Member
Kelly McDonough, DNP, RN
William Traynham, LPN, CSAC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
Stephanie Willinger; Deputy Executive Director
Linda Kleiner, RN, Discipline Case Manager
Paula B. Saxby, RN, PhD; Deputy Executive Director
Charlette Ridout, RN, MS, CNE; Senior Nursing Education Consultant
Huong Vu, Executive Assistant

OTHERS PRESENT: James Rutskowski, Assistant Attorney General, Board Counsel
Lisa Hahn, Department of Health Professions Chief Deputy
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE: Becky Bower-Lanier, VA Chapter of American Massage Therapy Association (AMTA)
W. Scott Johnson, Medical Society of Virginia (MSV)
Richard Grossman, Virginia Association of Certified Nurse Practitioners (VCNP)
Pam Crowder, Graduate Student at George Mason University
Monica DeJesus, Board Staff
Lakisha Goode, Board Staff

ESTABLISHMENT OF A QUORUM: With 10 members present, a quorum was established.
ANNOUNCEMENTS: Dr. Hahn noted the announcements on the Agenda. Ms. Douglas welcomed Ms. DeJesus and Ms. Goode as new staff.

UPCOMING MEETINGS: Dr. Hahn noted the upcoming meetings on the agenda. Ms. Douglas added that Ms. Phelps will not be able to attend the NCSBN Annual Meeting in August 2017.

DIAGologue WITH DHP DIRECTOR: Lisa Hahn, DHP Chief Deputy, provided the following information on behalf of Dr. Brown:

- DHP now has a new policy regarding disciplinary proceedings per guidance from the Office of Attorney General (OAG) stating that Adjudication Specialist who sits in closed meeting at the informal conference is not going to be representing the Commonwealth at the formal hearing, a new Adjudication Specialist will be assigned to the case going to formal hearing. This does not affect informal conference conducted by Agency Subordinates since there is no closed meeting.
- The Per Diem for Board Members has been reinstated and went into effect on July 1, 2017.

Lisa Hahn thanked Board Members for their service.

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

Ms. Douglas indicated the following items have been added and/or modified to the agenda for Board consideration:

- Public Hearing regarding is scheduled at 10 am regarding regulations for the licensure and practice of massage therapists
- Board retreat for September 2017 meeting
- Board appeals update has been removed
- An additional Consent Order regarding Kristin Tucker Tharpe, RN has been added

Ms. Krohn added the following:

- On Wednesday, July 19, Panel A – Comfort Owusu Agyei, CNA (#9) and Jason Catalan, RN (#37) plan to attend for consideration of the Agency Subordinate recommendations. The Formal Hearings of Puckett, and Mitchell have been continued.
- On Wednesday, July 19, Panel B – Charles Jude Johnson, RN (#28) plans to attend for consideration of the Agency Subordinate recommendations.
• The Formal Hearings for Hypes has been continued on Thursday, July 20, 2017. Ms. Gerardo will chair Murphy’s formal hearing since Ms. Hershkowitz is conflicted.

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.

Minutes:
May 15, 2017 Panel - Dr. Hahn
May 16, 2017 Quorum – Dr. Hahn
May 17, 2017 Panel A – Dr. Hahn
May 17, 2017 Panel B – Ms. Gerardo
May 18, 2017 Panel – Ms. Gerardo
June 15, 2017 - Telephone Conference Call

Reports:
Agency Subordinate Tracking Log
Finance Report for May 2017
Nursing Monthly Tracking Log- Licensure and Disciplinary Statistics
Health Practitioners Monitoring Program as of May 31, 2017

REPORTS:

Executive Director Report:
Ms. Douglas highlighted the following from her written report:

• The NCSBN Executive Officer (EO) Summit in May 2017 – a meeting for Executive Directors that Ms. Douglas attended. Highlights of the meeting were:
  ❖ As result of BREXIT, nurses are going back home. England is entering international market and it is difficult for international nurses to get licenses in England due do specific practice hour requirements.
  ❖ There is a large turnover of Executive Directors (EDs) in many U.S. jurisdictions, two-third of the EDs have been on the job for five years or less. NCSBN has a mentoring program in place to assist EDs across the U.S. jurisdictions. A session led by David Benton, NCSBN Executive Officer, addressed updating of Executive Officer Competencies.
  ❖ Anna Polyak, JD, RN, AANA, presented about CRNA legislation nationally and policy making, identified challenges and opportunities faced by the states particularly related to trends toward deregulation and consolidation of Boards.
  ❖ Greg Harris spoke about technology changing practice noting that Boards need to keep pace as legislation evolving and keep focus on public protection.
Dr. Silverman, HPMP CEO, met with Ms. Douglas on June 28, 2017 and the outcomes were:
  ❖ HPMP’s willingness to provide training for new Board members to review SA/CD/MH issues,
  ❖ HPMP’s willingness to do annual review and update
  ❖ Recommendations were made to HPMP regarding initial contact with respondents to be sure respondents have a clear understanding of what they are expected to complete and the financial expenses.

Ms. Douglas and Dr. Harp, Board of Medicine Executive Director, were invited to a meeting with Delegate Robertson and key nurse practitioner stakeholder group on June 30, 2017:
  ❖ Nurse Practitioners’ scope of practices and barriers to changes
  ❖ Function of the Joint Boards and how it works

New version of the Nurse Licensure Compact (NLC) is anticipated to occur this Fall. Seven states not formerly in the NLC have passed legislation to join the new compact when it goes into effect. Ms. Douglas informed the Board of the impact of lost revenues due to this new compact. Data was asked to run an initial report which showed a loss of approximately 5,000 nurses (RNs and LPNs) which estimates to be about $627,000.00 loss of revenue. This number represents Virginia licensees with an address in those states. New states joining the eNLC will identify the number of licensees with addresses in Virginia. Ms. Douglas noted that when the Board joined the Compact in 2005, the Board lost about 11,000 nurses and within a month the number stabilized as nurses became licensed based on primary state of residence.

Interviews are scheduled on July 25 and 27, 2017 for the Deputy Executive Director for Advance Practice position.

NCSBN has worked closely with national certifying bodies to make verification of APRN available on NURSYS. The first national specialty certification made available is CRNA’s through a collaborative effort with AANA. Ms. Douglas commented that it is complicated in Virginia because CRNA’s and CNM’s are licensed as nurse practitioners, which is not true in all states. Ms. Douglas noted that cleaning up data in MLO is in the planning.

Mr. Monson expressed interest in attending HPMP training. Ms. Douglas said that she would arrange for substance abuse disorder training to occur at future meeting.

Lisa Hahn and Ms. Yeatts left the meeting at 9:35 A.M.

**NLCA Executive Committee May 22-25, 2017 Meeting Report:**
This item was included in Ms. Douglas’ Executive Director report.
NCSBN Discipline Case Management June 12-14, 2017 Conference Report:
Ms. Douglas stated that Ms. Tonya James, Compliance Case Manager for the Board, has submitted a written report of the Conference.

NCSBN Executive Officer June 19-21, 2017 Summit Report:
This item was included in Ms. Douglas’ Executive Director report.

Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Business Meeting minutes and recommendation:
Ms. Hershkowitz reviewed the following from the Committee of the Joint Board June 7 Business meeting:
- Pain Management Emergency Regulations
- NOIRA for supervision and direction of laser hair removal
- Telemedicine guidance document
- Proposal of eliminating prescriptive authority license

Ms. Hershkowitz moved to accept the Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Business meeting minutes and to endorse the recommendation to initiate regulatory action to issue a single license for an LNP with Prescriptive Authority. The motion was seconded and carried unanimously.

Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Informal Conference minutes:
Ms. Hershkowitz moved to accept the Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Informal Conference minutes. The motion was seconded and carried unanimously.

OTHER MATTERS:

DHP Policy on Per Diems for Board Members:
Ms. Douglas commented that this policy went into effect on July 1, 2017 and reviewed frequently asked questions. Ms. Douglas noted that Members of Advisory Committee of the Joint Boards are not eligible for per diem since they are not created by appointed bodies. Ms. Douglas added that an estimate per diem expenses per year for Board of Nursing is $24,550.00.

DHP Policy 76-90 was provided to Board Members.

Summary of Recommendations to the 2017 NCSBN Delegate Assembly:
Ms. Douglas stated that this information is shared with the Board so that it may be aware of what NCSBN’s recommendations for the 2017 Delegate Assembly in August. She added that the 2017 Annual Meeting business book is not available yet.
George Washington University Simulation Conference:
Dr. Hahn stated that the Conference is intended to look at best practices and it will target a regional audience of MD, DC, and VA. She added that no date has been set yet.

Planning for Recognition of Outgoing Board Members:
Dr. Hahn stated that lunch is planned to recognize the Outgoing Board Members in September, followed by a Board retreat.

Letter from NCSBN President Katherine Thomas:
Ms. Douglas stated that this is a good summary of what NCSBN will discuss at its annual meeting in August 2017. She suggested Dr. Ross and Mr. Monson to review the information prior to the meeting.

DHP Key Performance Measures (KPM) for Q4 2017:
Ms. Douglas stated that the Board continues to struggle meeting the key performance measures due to continuance requests. She added that as of September 1, 2017, when a continuance is granted, the clock is stopped in MLO and the Board is not penalized for not meeting KPM of patient care cases closed within 250 business days.

PUBLIC HEARING:
To receive comments on Proposed Regulations for the Licensure and Practice of Massage Therapists.

The Board received one comment as follow:

Becky Bowers-Lanier, Virginia Chapter of American Massage Therapy Association (AMTA), commented that the regulations are fairly current and asked the Board to consider increasing Ethic requirement for continuing education.

Dr. Hahn stated that written comments should be submitted Ms. Yeatts and the public comment period will end on October 11, 2017.

RECESS: The Board recessed at 10:10 AM

RECONVENTION: The Board reconvened at 10:27 AM

POLICY FORUM: “Chronic Pain Case Study” presentation by Dr. Cathy A. Harrison, DNAP, MSN, CRNA
Ms. Hershkowitz introduced Dr. Harrison and noted that Dr. Harrison has many years of experience and retired last year as a Navy Officer.

Dr. Harrison thanked the Board for the opportunity to present and provided the following information:
• The Virginia Action Coalition/Access to Care Workgroup was established in the 2000
• The goal is to inform the public about non-medication strategies to manage pain
• Discussion of chronic pain and opioid epidemic
• CDC recommendations for managing chronic pain.

Dr. Harrison noted that the presentation also has the script so the public can follow along. She added that the work is in process to make this presentation and the script available on Virginia Nurses Association (VNA) website.

Dr. Hahn suggested also making the presentation available in video format. Dr. Harrison commented that it was a good idea.

Ms. Hershkowitz suggested developing a one-page summary of the presentation so that it can be posted on website to draw attention of the public. Dr. Harrison thanked her for the suggestion.

Ms. Douglas noted that the presentation and script have been shared with Dr. Brown to assist with the work of the state task force on education. She added that Dr. Harrison has been hired by DHP as Investigator.

Ms. Douglas stated that VNA is planning an opioid conference and more information will be provided once it is available.

Ms. Yeatts re-joined the meeting at 10:55 A.M.

EDUCATION:

**Education Special Conference Committee July 12, 2017 Minutes and Recommendations:**
Dr. Hahn reviewed the July 12, 2017 Committee works as referenced in minutes and two recommendations for Board consideration and action. She thanked Ms. Hershkowitz for being a Committee member.

Mr. Monson moved to accept the minutes and recommendations as presented. The motion was seconded and passed unanimously.

**Education Staff Report:**
Ms. Ridout reported on the following:
• James Madison University (JMU) will be partnering with Blue Ridge Community College (BRCC) to offer a dual enrollment program beginning in the Fall of 2017. Participating students will be able to complete their baccalaureate degree in nursing in one to two years after graduating from BRCC with an associate degree in nursing.
• Riverside College Health Careers was recognized on the first Forbes list of the top 30 trade schools in America. The data points for those
making list included earnings upon graduation and affordability and quality of education.

- Two students from the Giles County Technical School practical nursing program completed a community awareness project regarding the dual diagnosis of mental illness and the drug addiction epidemic. The students recently presented a poster on their project at both the state and national HOSA-Future Health Professionals Conferences. Their community awareness project placed first at both conferences.

Board Members requested that the students be invited to present at the future meeting of the Board.

**Update on Nurse Aide Testing:**
Dr. Saxby reported that the transition to the new nurse aide testing process had many issues during May and June, but they have been mostly resolved. She added that the new testing process started on May 19, 2017. She noted that toll free number will be available next week. PearsonVUE staff have been very responsive to issues as they occur.

The Virginia Board of Nursing sent a representative to the nurse aide test setting meeting hosted by NCSBN in July.

Ms. Douglas commented that there have been reports of students being rude during the nurse aide exam. PearsonVUE on the NCLEX side has been down several times during the past month. PearsonVUE staff are working on a fix for their system errors.

Ms. Minton recognized Dr. Saxby and Ms. Ridout on dealing with student issues, especially with Horizontal Violence and bullying.

**LEGISLATION/REGULATION:**

**Status of Regulatory Action:**
Ms. Yeatts stated that two regulatory actions, Name tag and Accreditation of Nursing Education Programs, are still at the Governor’s Office for approval.

**Re-adoptions of Emergency Regulations Governing Prescribing of Opioids and Buprenorphine for Nurse Practitioners and Adoption of Proposed Regulations to replace the Emergency Regulations:**
Ms. Yeatts stated that the emergency regulations were reviewed to determine whether any immediate changes needed to be made. Input from the Virginia Department of Health (VDH), the Department of Medial Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), Department of Health Professions (DHP) and great deal of testimonies from prescribers and patients regarding financial hardship and naloxone intolerance were considered. Ms. Yeatts noted that the re-adoptions of emergency regulations was adopted by the Board of Medicine on June 22,
2017. She added that once the Governor approves the regulations, it will be effective immediately.

Ms. Yeatts then noted the following recommended changes to the regulations for nurse practitioners:

- The term “abuse” is replaced with the term “misuse” throughout the regulations because “misuse” is broader and it refers to diversion.
- It was determined that “3%” threshold would be enough to cover naloxone intolerance in 18VAC90-40-270(A)(4)

Ms. Yeatts stated that the amendments to emergency regulations on nurse practitioner regulations for prescribing opioids and buprenorphine consistent with regulations for Medicine and the adoption of proposed regulations to replace emergency regulations are present for Board action.

Mr. Monson moved to adopt the amendments to emergency regulations on nurse practitioner regulations for prescribing opioids and buprenorphine as present. The motion was seconded and passed unanimously.

Mr. Monson moved to adopt the proposed regulations to replace emergency regulations as present. The motion was seconded and passed unanimously.

**NOIRA for supervision and direction of laser hair removal by Nurse Practitioners:**

Ms. Yeatts noted that the HB2119 was passed by the 2017 General Assembly and it became law as of July 1, 2017. Ms. Yeatts added that the regulations for nurse practitioners will need to be amended to define “direction and supervision” and to provide guidance about the practitioner responsibility relative to a “properly trained person.”

Mr. Monson moved to adopt a NOIRA to implement HB2119 in 18VAC90-30, Regulations Governing the Practice of Nurse Practitioners as present. The motion was seconded and passed unanimously.

**Adoption of Guidance Document (GD) on the Telemedicine for Nurse Practitioners:**

Ms. Yeatts stated that GD 90-64 (Telemedicine for Nurse Practitioners) must be amended due to recent amendments to the Code on prescribing by telemedicine. Ms. Yeatts noted that the Board of Medicine approved both their GD and this GD on June 22, 2017.

Mr. Monson moved to adopt the revised GD 90-64 as present. The motion was seconded and passed unanimously.
Consideration of Amendment to Requirements for Applicants from Other Countries:
Ms. Yeatts stated that the proposed amendment to 18VAC90-19-120 (Licensure by Endorsement) for foreign–trained graduates is present for Board consideration. Ms. Yeatts added that for foreign–trained applicants by endorsement, who have license in another U.S. jurisdiction, may already have their credentials review by CGFNS and an examination of English proficiency, so it may be unnecessarily burdensome and create delays in licensure to repeat the same requirements.

Ms. Douglas noted that the Virginia Hospital and Healthcare Association brought this matter to the Board for consideration.

Ms. Yeatts suggested that the word “shall” before “be waived if” in 18VAC90-19-120.A(2) be replaced with the word “may”. All agreed.

Mr. Monson moved to adopt the proposed amendment to requirements for applicants from other countries as present. The motion was seconded and passed unanimously.

Adoption of Amendment to correct section referring to Practice Agreements for Prescriptive Authority:
Ms. Yeatts stated that the Code was amended in 2016 relating to practice agreements, but 18VAC90-40-120 was overlooked. It is present for Board’s adoption of the proposed amendments by a fast-track action. Ms. Douglas added that this is a technical amendment.

Ms. Hershkowitz moved to adopt the proposed amendments to 18VAC90-40-120 as present by a fast-track action. The motion was seconded and passed unanimously.

Ms. Yeatts and Ms. Ridout left the meeting at 11:42 A.M.

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Ms. Garardo moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia at 11:42 A.M. for the purpose of deliberation to consider consent orders. Additionally, Ms. Garardo moved that Ms. Douglas, Ms. Power, Ms. Krohn, Ms. Willinger, Dr. Saxby, Ms. Kleiner, Ms. Tiller, Ms. Vu, 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 11:45 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.

**Patricia Flanagan Demasi, RN 0001-131911**
Mr. Monson moved to accept the consent order of voluntary surrender for indefinite suspension of Patricia Flanagan Demasi’s right to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Rob Allen Kuschel, RN 0001-192106**
Mr. Monson moved to accept the consent order of voluntary surrender for indefinite suspension of Rob Allen Kuschel’s right to renew his license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Michelle Louise Stevans, LPN 0002-036767**
Mr. Monson moved to accept the consent order to accept the voluntary surrender for indefinite suspension of Michelle Louise Stevans’ license to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The suspension is stayed upon proof of Ms. Stevans’ entry into a Contract with the Virginia Health Practitioners’ Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**Paul M. Colton, RN 0001-233424**
Mr. Monson moved to accept the consent order to reinstate the license of Paul M. Colton to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

**Kristin Tucker Tharpe, RN 0001-197232**
Mr. Monson moved to accept the consent order to indefinitely suspend the license of Kristin Tucker Tharpe to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The suspension is stayed contingent upon Ms. Tharpe’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.
ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:49 A.M.

Joyce Hahn, PhD, RN, NEA-BC, FNAP
President
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on July 19, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Alice Clark, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
Trula Minton, MS, RN
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, RN, PhD; Discipline Staff
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Alie Bundu, CNA  1401-112189
Ms. Bundu appeared.

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 9:11 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Bundu. Additionally, Ms. Gerardo moved that Ms. Krohn, Ms. Graham and Mr. Rutkowski, 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.

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.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Alie Bundu to practice as a
nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse and a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Comfort Owusu Agyei, CNA  1401-158489
Ms. Agyei appeared.

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 9:21 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Agyei. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham and Mr. Rutkowski, 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 9:25 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.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand. 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 9:30 A.M., for the purpose of consideration of the remaining agency subordinate recommendations. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham and Mr. Rutkowski, 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 9:40 A.M.

Dr. Poston 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.

Jason A. Panek, RN  0001-263727
Mr. Panek did not appear.
Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to impose no sanction against Jason A. Panek. The motion was seconded and carried unanimously.

Anita Afriyie, CNA 1401-177845
Ms. Afriyie did not appear.

Ms. Minton moved that the Board of Nursing accept the recommendation decision of the agency subordinate to reprimand Anita Afriyie and to impose a monetary penalty of $200.00 to be paid to the Board within 90 days. The motion was seconded and carried unanimously.

Shana Tyler, CNA 1401-157337
Ms. Tyler did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Shana Tyler 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.

Jasmine Lashay Myers, CNA 1401-140539
Ms. Myers did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Jasmine Lashay Myers to practice as nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Heather Lou Palmer, LPN 0002-067271
Ms. Palmer did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Heather Lou Palmer to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Demetrica Lashawn Murphy, LPN 0002-078300
Ms. Murphy did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of Demetrica Lashawn Murphy to practice practical nursing in the Commonwealth of Virginia for a period of not
less than one year from the date of entry of the Order; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Katherine White Stott, RN  0001-076757**  
Ms. Stott did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Katherine White Scott and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

**Abigail Lebron-Cannon, RN  0001-223718**  
Ms. Lebron-Cannon did not appear.

Dr. Poston moved that the Board of Nursing accept the recommended decision of the agency subordinate to continue Abigail Lebron-Cannon on probation. The motion was seconded and carried unanimously.

**Laurelyn M. Arthur, CNA  1401-164566**  
Ms. Arthur did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Laurelyn M. Arthur 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.

**Ama Akumanyi, CNA  1401-100650**  
Ms. Akumanyi did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Ama Akumanyi to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse and Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**Anleah R. Watson, CNA  1401-157322**  
Mr. Watson did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Anleah R. Watson 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.
Gareth John Reeves, RN  0001-156986
Mr. Reeves did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Mr. Reeves’ continued compliance with the terms and conditions of his Contract with the Virginia Health Practitioners’ Monitoring Program (HPMP) for a period specified in the Contract. The motion was seconded and carried unanimously.

Lisa Danielle Eure Blowe, LPN  0002-065130, NC license 061135 with Multistate Privilege
Ms. Blowe did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the multistate privilege and the right of Lisa Danielle Eure Blowe to renew her license and to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

C. Renee’ Thomas Carr Zeigler, RN  0001-110838
Ms. Zeigler did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to place C Renee’ Thomas Carr Zeigler on indefinite probation subject to terms and conditions. The motion was seconded and carried unanimously.

Carlotta Jane Sloan, RN  0001-172997
Ms. Sloan did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Carlotta Jane Sloan and to indefinitely suspend her right to renew her 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; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Delores Bonn Smith, RN  0001-100511
Ms. Smith did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend right of Delores Bonn Smith to renew her license to practice professional nursing in the Commonwealth of Virginia; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.
Jason Catalan, RN  0001-258385
Mr. Catalan did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time contingent upon Mr. Catalan’s entry into the Virginia Health Practitioners’ Monitoring Program (HPMP) and providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered and remaining in compliance thereafter with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Delcia Elaine Ellis, LPN  0002-065974
Ms. Ellis did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Delcia Elaine Ellis. The motion was seconded and carried unanimously.

David Barclay Joseph Patterson, RN  0001-233391
Mr. Patterson did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand David Barclay Joseph Patterson and to indefinitely suspend his 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; said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:45 A.M.
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on July 19, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT: Joyce Hahn, PhD, RN, NEA-BC, FNAP; President Marie Gerardo, MS, RN, ANP-BC Alice Clark, Citizen Member Trula Minton, MS, RN Jennifer Phelps, LPN, QMHPA Rebecca Poston, PhD, RN, CPNP-PC

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director Jane Elliott, RN, PhD; Discipline Staff Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel PN Students from Valley Career and Technical Center

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

FORMAL HEARINGS: Brittany Monee Vallery, LPN 0002-089595 Ms. Vallery did not appear.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kim Martin, Senior Investigator, Department of Health Professions, testified via telephone.

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 10:25 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Vallery. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham and Mr. Rutkowski, 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 10:33 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.

Ms. Clark moved that the Board of Nursing accept the findings of fact presented by Ms. Gaines. The motion was seconded and carried unanimously.

ACTION:

Ms. Phelps moved that the Board of Nursing indefinitely suspend the license of Brittany Monee Vallery to practice practical nursing in the Commonwealth of Virginia for not less than one year from entry of the Order. 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.

FORMAL HEARINGS: Danielle Marie Nelson, RN 0001-203756

Ms. Nelson did not appear.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Naima Feller, Senior Investigator, Department of Health Professions, was 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 11:23 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Nelson. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham and Mr. Rutkowski, 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 11:38 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.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Board. The motion was seconded and carried unanimously.
Ms. Minton moved that the Board of Nursing indefinitely suspend the license of Danielle Marie Nelson to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years. 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 11:40 A.M.

RECONVENTION: The Board reconvened at 2:00 P.M.

FORMAL HEARINGS: Judy Lynn Camden, CNA 1401-019091

Ms. Camden did not appear.

Steve Bulger, Adjudication Specialist, presented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Gayle Miller, Senior Investigator, Department of Health Professions, was 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 2:22 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Camden. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Graham and Mr. Rutkowski, 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 2:30 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.

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

ACTION: Dr. Poston moved that the Board of Nursing deny the application of Judy Lynn Camden for reinstatement of her certificate to practice as a nurse aide in the Commonwealth of Virginia and revoke her right to renew her certificate with a
Finding of Misappropriation of patient proper in the Virginia Nurse Aide Registry. 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 2:31 P.M.

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Brenda Krohn, RN, MS
Deputy Executive Director
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:12 A.M. on July 19, 2017 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT: 
Louise Hershkowitz, CRNA, MSHA, Vice President
Guia Caliwagan, RN, MAN, EdS
Mark Monson, Citizen Member
Kelly McDonough, DNP, RN
Dustin Ross, DNP, MBA, RN, NE-BC

STAFF PRESENT: 
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi Power, RN, JD; Deputy Executive Director
Huong Vu, Executive Assistant

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:

Charles Jude Johnson, RN  0001-235703
Mr. Johnson appeared.

CLOSED MEETING: 
Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:18 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Mr. Johnson. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett 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 9:21 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.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Mr. Johnson’s entry into the Virginia Health Practitioners’ Monitoring Program.
(HPMP), providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered, and thereafter complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**Oumie Sabally, CNA 1401-124968**
Ms. Sabally appeared.

**CLOSED MEETING:**
Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:27 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Sabally. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett 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 9:29 A.M.

Dr. Ross 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 recommended decision of the agency subordinate to revoke the certification of Oumie Sabally 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.

**Victoria Lewis, CNA 1401-138407**
Ms. Lewis did not appear.

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

**Chelshea D. Brown, CNA 1401-156542**
Ms. Brown 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 Chelshea D. Brown to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.
Desiree L. Barnette, CNA  1401-168347
Ms. Barnette did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Desiree L. Barnette to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Tamekka Michelle Bailey, CNA  1401-101537
Ms. Bailey did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Tamekka Michelle Bailey 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.

Tina Godsey Haggerty Richardson, RN  0001-120056
Ms. Richardson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to:
• Reprimand Tina Godsey Haggerty Richardson;
• Require Ms. Richardson complete the NCSBN online course “Virginia Nurse Practice Act” within 60 days of the entry of the Order;
• Assess Ms. Richardson a monetary penalty of $500.00 to be paid to the Board within 60 days from the date of entry of the Order; and
• Require Ms. Richardson to review Virginia Code §54.1-3408, the Virginia Drug Control Act, and submit to the Board within 60 days of the entry of the Order a written statement as to her understanding of the circumstances and/or situation in which the VDCA allows for the use of a standing order by a professional nurse in the Commonwealth.

The motion was seconded and carried unanimously.

Brittney Nicole Armbrister Moore, RN  0001-241913
Ms. Moore 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 Brittney Nicole Armbrister Moore to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.
Linda Lenell Patterson, LPN 0002-055982
Ms. Patterson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate revoke the license of Linda Lenell Patterson to practice practical nursing in the Commonwealth of Virginia, said revocation applies to any multistate privilege. The motion was seconded and carried unanimously.

Tia Crider, CNA 1401-171919
Ms. Crider 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 Tia Crider to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Keima L. Henderson, LPN 0002-090822
Ms. Henderson 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 Keima L. Henderson to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Catrina Rogers Brown, LPN 0002-055023
Ms. Brown 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 Catrina Rogers Brown to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Aileen M. Ocampo, RN 0001-246991
Ms. Ocampo did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Ms. Ocampo’s entry into the Virginia Health Practitioners’ Monitoring Program (HPMP), providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered, and thereafter complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.
Susan Anne Shifflett, CNA  1401-171083
Ms. Shifflett did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Susan Anne Shifflett. The motion was seconded and carried unanimously.

Lynn Marie Vanderwerff, LPN  0002-057785
Ms. Vanderwerff 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 Lynn Marie Vanderwerff to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Tricia R. Perry, RN  0001-187594
Ms. Perry 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 Tricia R. Perry to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Kathy Ann Merone, RN  0001-154765
Ms. Merone did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Ms. Merone’s entry into the Virginia Health Practitioners’ Monitoring Program (HPMP), providing to the Board proof of entry into a Contract with the HPMP within 60 days of the date of the Order entered, and thereafter complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Mary Wayne McGhee, RN  0001-151338
Ms. McGhee did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Mary Wayne McGhee and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.
Lucinda Ann Brooke, RN  0001-169506
Ms. Brooke did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to continue Lucinda Ann Brooke on indefinite probation for a period of six additional months, subject to terms and conditions. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:36 A.M.

Jodi Power, RN, JD
Deputy Executive Director
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on July 19, 2017 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT: Louise Hershkowitz, CRNA, MSHA; Vice President, Chair
Guia Caliwagan, RN, MAN, EdS
Kelly McDonough, DNP, RN
Mark Monson, Citizen Member
Dustin Ross, DNP, MBA, RN, NE-BC
Kristina Page, LMT – LMT cases only

STAFF PRESENT: Jay Douglas, MSM, RN, CSAC, FRE; Executive Director – joined at 11:14 A.M.
Jodi Power, RN, JD; Deputy Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT: Erin Barrett, Assistant Attorney General, Board Counsel

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

FORMAL HEARINGS: Billy Paul Park, LMT 0019-014462
Mr. Park did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Sherry Foster, Senior Investigator, Department of Health Professions, and Laura Cassidy were present and testified.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:34 A.M., for the purpose of deliberation to reach a decision in the matter of Mr. Park. Additionally, Dr. Ross moved that Ms. Power, Ms. Vu and Ms. Barrett 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 10:45 P.M.

Dr. Ross 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:

Dr. McDonough moved that the Board of Nursing revoke the license of Billy Paul Park to practice as a massage therapist in the Commonwealth of Virginia and impose a monetary penalty of $5,000.00 to be paid to the Board within 120 days from entry of the Order. 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.

Ms. Caliwagan left the meeting at 10:50 A.M.

RECESS: The Board recessed at 10:50 A.M.

RECONVENTION: The Board reconvened at 11:01 A.M.

FORMAL HEARINGS: David Ali Zinatbakhsh, LMT 0019-010090

Ms. Zinatbakhsh did not appear at the outset of the proceeding.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Sarah King, previously Burton, Senior Investigator, Department of Health Professions, and Lisa Limoges, Owner of Hand and Stone Massage & Facial Spa, were present and testified.

Ms. Douglas joined the meeting at 11:14 A.M.

Mr. Zinatbakhsh joined the hearing at 11:45 A.M.

Ryan Robertson, Conference Center Security Sergeant, provided testimony regarding Mr. Zinatbakhsh’s arrival time.

Theresa Steve, Conference Center Security Staff, provided testimony regarding Mr. Zinatbakhsh’s arrival time.

Ms. Hershkowitz ruled that the hearing would resume with Mr. Zinatbakhsh’s participating.

RECESS: The Board recessed at 12:44 P.M.
RECONVENTION: The Board reconvened at 12:49 P.M.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:15 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Zinatbakhsh. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu 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 2:06 P.M.

Dr. Ross 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. McDonough moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd, and amended by the Board. The motion was seconded and carried with four votes in favor of the motion. Mr. Monson opposed the motion.

ACTION: Dr. Ross moved that the Board of Nursing revoke the license of David Ali Zinatbakhsh to practice as a massage therapist in the Commonwealth of Virginia. The motion was seconded and carried with four votes in favor of the motion. Mr. Monson opposed the motion.

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.

Ms. Page left the meeting at 2:10 P.M.

RECESS: The Board recessed at 2:10 P.M.

RECONVENTION: The Board reconvened at 2:40 P.M.

Ms. Caliwagan rejoined the meeting at 2:40 P.M.

FORMAL HEARINGS: Janel Renee Butler, LPN Reinstatement 0002-091979
Ms. Butler appeared.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.
Marcella Luna, Senior Investigator, Department of Health Professions, was present and testified. John Turner, Senior Investigator, Department of Health Professions, testified via telephone.

CLOSED MEETING:
Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:47 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Butler. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu 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 4:23 P.M.

Dr. Ross 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. Boyd and amended by the Board. The motion was seconded and carried unanimously.

ACTION:
Dr. Ross moved that the Board of Nursing deny the application of Janel Renee Butler for reinstatement of her practical nurse license and continue her on indefinite suspension until she can come to the Board and prove that she is safe and competent to practice nursing. 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.

FORMAL HEARINGS:
Ashleigh Anne Stover, LPN Reinstatement 0002-091484
Ms. Stover appeared accompanied by her parents.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Gayle Miller, Senior Investigator, Department of Health Professions, and Kelly D. Ashley, Senior Investigator, Department of Health Professions, were present and testified.
CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:45 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Stover. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu 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 5:58 P.M.

Dr. Ross 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. 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: Dr. Ross moved that the Board of Nursing deny the application of Ashleigh Anne Stover for reinstatement of her practical nurse license and continue her license on indefinite suspension until she can come to the Board and prove that she is safe and competent to practice nursing. 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.

FORMAL HEARINGS: Lee Ann Nichols Willoughby, RN 0001-213773
Ms. Willoughby appeared accompanied by Steven Willoughby, her husband.

David Kazzie, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Wendy Morris, Senior Investigator, Department of Health Professions, and Kimberly Myrick, Case Manager, Virginia Health Practitioners’ Monitoring Program (HPMP), testified via telephone.

Steven Willoughby was present and testified.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 8:17 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Willoughby. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu 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.
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 8:25 P.M.

Dr. Ross 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. Monson 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: Ms. Caliwagan moved that the Board of Nursing reprimand Lee Ann Nichols Willoughby and continue her on indefinite suspension, but stay suspension contingent upon her re-entry into the Virginia Health Practitioners’ Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. 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.

FORMAL HEARINGS: Geisha Yvonne Scott, RMA 0031-008353
Ms. Scott did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 8:40 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Scott. Additionally, Dr. Ross moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Barrett 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 8:47 P.M.

Dr. Ross 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:**

Dr. McDonough moved that the Board of Nursing revoke the registration of Geisha Yvonne Scott to practice as medication aide 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.

**ADJOURNMENT:**

The Board adjourned at 8:50 P.M.

______________________________
Jodi Power, RN, JD
Deputy Executive Director
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:01 A.M. on July 20, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT: 
Louise Hershkowitz, CRNA, MSHA; Vice President, Chair 
Marie Gerardo, MS, RN, ANP-BC 
Guia Caliwagan, RN, MAN, EdS 
Alice Clark, Citizen Member 
Kelly S. McDonough, DNP, RN – joined at 2:30 P.M. 
Trula Minton, MS, RN

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director 
Jane Elliott, RN, PhD; Discipline Staff 
Huong Vu, Executive Assistant

OTHERS PRESENT: Erin Barrett, Assistant Attorney General, Board Counsel 
Senior Nursing Students from VA Western Community College

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

FORMAL HEARINGS: Indea Jovone Thomas Watkins, RMA 0031-006162
Ms. Watkins did not appear.

Carla Boyd, Adjudication Specialist represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Lee Barlow, Human Resource Coordinator, Rosewood Village Assisted Living, and Ben Butler, LALA, Administrator, Riverdale Assisted Living, were present and testified. Kevin Pultz, Senior Investigator, Department of Health Professions, testified via telephone.

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 9:30 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Watkins. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Elliott, Ms. Vu 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 9:38 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.

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

**ACTION:**

Ms. Gerardo moved that the Board of Nursing revoke the right of Indea Jovone Thomas Watkins to renew her registration to practice as medication aide 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 9:40 A.M.

**RECONVENTION:**

The Board reconvened at 1:02 P.M.

**FORMAL HEARINGS:**

*Barbara Lynn Starnes, RN Texas RN 804561 with multistate privilege*

Ms. Starnes did not appear.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Erwin Cheng, Administrator at Pro Healthcare Servicing (PHS), and Rona Powell, LCSW, Hospice Social Worker at PHS, were present and testified. Mark Cranfill, Senior Investigator, Department of Health Professions, testified via telephone.

**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 2:01 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Starnes. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Elliott, Ms. Vu 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 2:14 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.

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

**ACTION:**

Ms. Caliwagon moved that the Board of Nursing revoke the multistate privilege of Barbara Lynn Starnes to practice professional nursing in the Commonwealth of Virginia and to impose a monetary penalty of $5,000.00 to be paid to the Board within 90 days from entry of the Order. 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.

Ms. Douglas and the students left the meeting at 2:16 P.M.

**RECESS:**

The Board recessed at 2:16 A.M.

**RECONVENTION:**

The Board reconvened at 2:30 P.M.

Dr. McDonough and Ms. Krohn joined the meeting at 2:30 P.M.

**FORMAL HEARINGS:**

Suzanne Lynn Griffin, RN 0001-153051

Ms. Griffin did not appear.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Andria Christian, Senior Investigator, Department of Health Professions, and Kathy Ward, MS, CSAC, Case Manager, Health Practitioners’ Monitoring Program, testified via telephone.

**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 2:52 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Griffin. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Vu 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 3:02 P.M.
Ms. Garardo 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. Clark moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines and amended by the Panel. The motion was seconded and carried unanimously.

**ACTION:**
Ms. Minton moved that the Board of Nursing continue the license of Suzanne Lynn Griffin to practice professional nursing in the Commonwealth of Virginia on indefinite suspension and issue a reprimand. 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.

**FORMAL HEARINGS:**  
**Tracey Cheatwood, CNA 1401-150976**  
Ms. Cheatwood appeared.

Steve Bulger, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kim Kirsch, RN, Assistant Director of Nursing, Oakwood Health and Rehabilitation, was 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 4:00 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Cheatwood. Additionally, Ms. Gerardo moved that Ms. Krohn, Ms. Vu 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 4:14 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.
ACTION: Dr. McDonough moved that the Board of Nursing dismiss the matter due to insufficient evidence to warrant disciplinary action. 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.

Ms. Hershkowitz left the meeting at 4:17 P.M.

Ms. Gerardo chaired the meeting.

Ms. Douglas rejoined the meeting at 4:57 P.M.

Ms. Krohn left the meeting at 4:57 P.M.

FORMAL HEARINGS: Shelia A. Murphy, RN  Maryland R153466 with multistate privilege

Ms. Murphy did not appear.

Steve Bulger, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Mark Cranfill, Senior Investigator, Department of Health Professions, testified via telephone. Linda Frix, former employee at Northern Virginia Surgery Center, Amie Boice, RN Operating Room Manager at Northern Virginia Surgery Center, and Charlene Benvenuto, Staffing Coordinator at Accountable Healthcare Staffing, Inc., were present and testified.

CLOSED MEETING: Ms. Minton moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:18 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Murphy. Additionally, Ms. Minton moved that Ms. Douglas, Dr. Elliott, Ms. Vu 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 5:33 P.M.

Ms. Minton 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. Caliwegian moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger and amended by the Panel. The motion was seconded and carried unanimously.

**ACTION:**

Dr. McDonough moved that the Board of Nursing reprimand Shelia A. Murphy and require her to complete the following courses within 90 days from entry of the Order:

- *Professional Accountability and Legal Liability for Nurses,*
- *Documentation: A Critical Care Aspect of Client Care,* and
- *Ethics of 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.

**ADJOURNMENT:**

The Board adjourned at 5:36 P.M.

Jay Douglas, MSM, RN, CSAC, FRE
Executive Director
### Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

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<th>Rejected</th>
<th>(%)</th>
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**Annually Totals:**

| Total 2016 | 241 | 227 | 94.2% | 9 | 3.7% | 0 | 8 | 0 | 5 | 2.1% | 2 | 4 | 0 | 4 | 8 | 2 | N/A |
| Total 2015 | 240 | 218 | 90.8% | 14 | 5.8% | 2 | 12 | 2 | 8 | 3.3% | 3 | 6 | 1 | 9 | 6 | 5 | N/A |
| Total 2014 | 257 | 235 | 91.4% | 17 | 6.6% | 2 | 8 | 9 | 5 | 1.9% | 1 | 3 | 2 | 3 | 5 | 7 | N/A |
| Total 2013 | 248 | 236 | 95.2% | 10 | 4.0% | 2 | 0 | 0 | 2 | 0.8% | 3 | 6 | 2 | N/A |
| Total 2012 | 229 | 211 | 92.1% | 15 | 6.6% | 3 | 1 | 6 | 3 | 1.3% | 4 | 6 | 2 | N/A |
| Total 2011 | 208 | 200 | 96.2% | 6 | 2.9% | 2 | 1 | 0 | 2 | 1.0% | 4 | 6 | 12 | N/A |
| Total 2010 | 194 | 166 | 85.6% | 21 | 10.8% | 7 | 3.6% | 0 | 7 | 9 | 9 | N/A |
| Total 2009 | 206 | 217 | 81.0% | 40 | 14.9% | 11 | 4.1% | 0 | 11 | 6 | 20 | N/A |
| Total 2008 | 217 | 163 | 75.1% | 29 | 13.4% | 22 | 10.1% | 0 | 11 | 3 | N/A |
| Total 2007 | 174 | 130 | 74.7% | 30 | 17.2% | 12 | 6.9% | 0 | 8 | 7 | 4 | N/A |
| Total 2006 | 76 | 62 | 81.6% | 6 | 7.9% | 8 | 10.5% | 0 | 2 | 2 | N/A |

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* 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).
## HPMP Monthly Census Report
### Active Cases June 30, 2017

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Comp³: Successful Completions
Vacated Stays⁴: Vac Only=Vacated Stay Only; Vac & Dism=Vacated Stay & Dismissal
Dismissals⁵: N/C=Dismissed Non-Compliant; Inel=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation
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Time and Place: The meeting of the Guidance Document 90-57 Committee meeting was convened at 2:00 P.M. on July 18, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

Board Members Present: Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson
Marie Gerardo, MS, RN, NEA-BC, Secretary
Mark Monson, Citizen Member

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

The Committee convened to review the current Virginia Board of Nursing (BON) Bylaws Guidance Document 90-57 for any necessary revisions.

There was not any member of the public present to address the Committee.

The Chair led the Committee in an article by article review of the Bylaws. The following recommendations were made:

- Article I through Article III - no changes were recommended
- Article IV (Membership) - changes recommended to be consistent with current code:
  - **Section A**: “The Board shall be comprised of fourteen members. Seven members shall be registered nurse, two of whom shall be……”
  - **Section D**: “Members shall attend all regular discipline and special meetings of the Board unless prevented from doing so by unavoidable cause.”
- Article V (Nominations and Elections)
  - **Section B (4)**: add the word “annual” in front of “meeting” for clarification
  - **Section C (1)**: add “At the annual meeting” in front of “the President”
  - **Section D (1)**: replace “at the close of the annual meeting” with “March 1” due to change of the commencement of Officer Terms
  - **Section D (2)**: replace “three consecutive” with “two consecutive” to reduce the number of terms and officer can serve.
- Article VI (Duties of Officers) - changes recommended as follows:
Section A (1): “Preserve order and conduct of Board meetings according to these bylaws, Roberts Rules of Order, the ……..”

Section B: rename the title to “The First Vice-President”

Section C: rename the title to “The Second Vice-President”

Article VII (Committee) – changes recommended as follows:

- **Section A**: replace the word “who” with “which”, grammatical change requested
- **Section B**: delete “Discipline Committee”
- **Section C (3)**: replace the word “hearings” with “proceedings”

Article VIII (Meeting) – changes recommended as follows:

- **Section D**: replace the current language with “Minutes of meetings shall be kept according to ….” → Ms. Douglas was directed to research DHP documents/policies and code sections that reference minutes in the meetings

Article IX through Article XI - no changes were recommended

Article XII (Probable Cause Review and Determination) – the Committee discussed whether it was still necessary to have this section or reference to discipline be included in Bylaws as other guidance documents. The Administrative Process Act (APA) and DHP Policies and Procedures address disciplinary procedures. The suggestion was made as an alternative to title the section “Discipline” and reference that discipline processes will be conducted in accordance with BON Guidance Document, APA, and DHP Policies and Procedures.

- **Section B**: Committee recommended moving this to Guidance Document 90-12 (Delegation of Authority to Board of Nursing RN Education and Discipline Staff). The Committee directed Ms. Douglas to consult Board Counsel and DHP Policy Analyst in regards to best practices and guidelines for the content of the Bylaws.

Article XIII (Nurse Licensure Compact) – change recommended as follow:

- **Section A**: update the Code

**Next step:**

- The Committee will meet again in September 2017 and present a final draft at the November 2017 Board Business meeting for consideration

Meeting was adjourned at 3:10 P.M.
FOR IMMEDIATE RELEASE: August 23, 2017

ANCC contact: Veronica Byrd (301) 628-5057, veronica.byrd@ana.org

CGFNS contact: Patrick King (215) 222-8454 ext.244, communications@cgfns.org

American Nurses Credentialing Center and CGFNS International, Inc. Announce Exclusive Strategic Partnership for International Credentialing
Philadelphia, PA, Silver Spring, MD — The American Nurses Credentialing Center (ANCC) and CGFNS International, Inc. announced today a strategic partnership for the purpose of maintaining rigorous program standards for eligibility while advancing its global reach and scope. ANCC will collaborate with CGFNS International to verify and evaluate the baccalaureate degree eligibility and licensure requirements for nurses educated outside of the United States. This information will be used to verify the prerequisite requirements for the ANCC’s Accreditation Program, Certification Program, Magnet Recognition Program® and Pathway to Excellence® Program.

ANCC is the demonstrated leader in increasing the minimum educational standards for nursing professionals. Through this exclusive initiative with CGFNS, an internationally-recognized authority on credentials evaluation for nurses and healthcare professionals, ANCC will be able to further expand its impact globally. With a body of evidence demonstrating the relationship between nurses’ educational preparation and positive patient outcomes, it is critical that the evaluation process be rigorous and reflect ANCC’s high standards.

“This is the first time ANCC has developed an exclusive relationship with a credentialing evaluation organization, which speaks to the importance of the agreement,” said Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, Executive Director and Senior Vice President of ANCC. “CGFNS is known worldwide for its dedication to advancing the nursing profession, serving applicants from 189 countries around the globe. Through working with CGFNS, ANCC solidifies its commitment to international expansion and to demonstrating the impact of credentialing on nurse, organizational, and patient outcomes globally.”

“ANCC and CGFNS share a common vision – to improve the professional practice of nursing globally and to demonstrate how nurses, as members of the health care team, contribute to safe, high-quality patient care every day,” said Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, Accreditation, Certification, Measurement, and the Institute for Credentialing Research at ANCC. “We know that nurses who are certified in specialty practice, who have access to continuing nursing and inter-professional education, and who work in positive practice environments with strong nursing leaders, make a difference to the patients and families they serve. Together with CGFNS, we share that vision globally.”

CGFNS also celebrates this partnership. “We at CGFNS look forward to many more years of cooperation with ANCC,” says Dr. Franklin A. Shaffer, CGFNS President and Chief Executive Officer. “This partnership is of upmost importance to the greater international nursing community. We believe that migration and education portability are both human rights. Enterprises like CGFNS and ANCC must collaborate to ensure these rights are a reality for professionals across the globe.”

This partnership between ANCC and CGFNS ensures that nurses everywhere will be able to have their educational and professional credentials evaluated, verified, and translated across borders to guarantee the preservation of healthcare standards in both the United States and around the world.

About American Nurses Credentialing Center (ANCC)

The American Nurses Credentialing Center (ANCC) is the world’s largest and most prestigious nurse credentialing organization. ANCC’s internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments through the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education, skills competency programs, and transition-to-practice programs. ANCC provides leading-edge information and education services and products to support its
core credentialing programs. ANCC continues to drive nursing excellence, quality care, and improved outcomes globally through innovation, research, and operational positive practice.

About CGFNS International, Inc.

Founded in 1977 to provide credential assessment for nurses seeking migration, CGFNS International, Inc., based in Philadelphia, PA, is an immigration-neutral, non-profit organization with NGO consultative status to the United Nations. It has continued to expand its expertise and its spheres of influence to serve the global health community through its programs and services that verify and promote knowledge-based practice competencies. It is the only organization named in the US federal statute to administer visa screening of foreign-educated nurses and other professionals in seven health care fields.

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CGFNS International, Inc. | 3600 Market Street | Suite 400 | Philadelphia | PA | 19104 | US
INTRODUCTION

This document provides information and guidance to pre-licensure registered nursing (RN) and practical nursing (PN) education programs in Virginia on the use of simulation in lieu of direct client care hours in the fulfillment of the clinical hour requirements for nursing education programs. As of April 2008, all RN nursing education programs approved in Virginia shall provide a minimum of 500 hours of direct client care supervised by qualified faculty, and all PN nursing education programs approved in Virginia shall provide a minimum of 400 hours of direct client care supervised by qualified faculty [18 VAC 90-27-121.A.B.]. This document will outline the essential components and major concepts that are necessary when using simulation in lieu of direct client care.

BACKGROUND IN SIMULATION

Technological innovations continue to advance practice across all domains of education and industry, and the same is true in nursing education. Research has shown that simulation provides opportunities for innovative learning experiences, fosters a richer understanding of didactic content and assists with developing clinical judgment. Evidence based research concludes that high-quality simulation experiences can be used in lieu of direct client care as an effective means for teaching knowledge and skills (Alexander et al, 2015). As nursing programs prepare to integrate simulation into nursing education, the Virginia Board of Nursing has prepared this outline of major concepts that need to be addressed when developing, implementing and integrating simulation into nursing curricula.

Simulated experiences provide the student with the opportunity to participate autonomously in complex nursing patient care situations in a safe learning environment. These experiences may be ones they may otherwise not experience in actual clinical settings (e.g., no laboring patients, no post-partum mothers, limited pediatric experiences, no patients with cardiac issues, no patients with complex med-surg issues, no home health patients or limited mental health patients). Simulation offers an avenue to assess clinical judgment and critical thinking in a safe environment. A simulated experience allows students to critically analyze their own actions (or failure to act), reflect on their own skill sets and clinical reasoning, and critique the clinical decisions of others (Jefferies 2007; Alexander et al, 2015). Simulation promotes active learning and participation, to enhance students’ critical thinking skills (Billings & Halstead 2005). Simulation incorporates the concepts of active, learner-centered experiences that promote deeper understanding of didactic content and prepare students for low frequency, high risk situations. Educators can apply well-founded simulation approaches not only to help students in clinical rotations to attain educational goals, but also to evaluate teaching methods, as well as to investigate alternatives to the goals and methods themselves (Kyle & Murray 2008). Simulation provides an avenue for educators and researchers to improve nursing education and practice as well as advance the science and practice of nursing as a whole.
As a teaching methodology, “a clinical simulation experience is an active event in which students are immersed into a realistic clinical environment or situation. During this authentic clinical experience, learners are required to integrate and synthesize core concepts and knowledge and apply appropriate interpersonal and psychomotor skills. Students must incorporate critical thinking and decision making skills using a process (e.g., nursing process) involving assessment, diagnosis, planning, implementation or intervention and evaluation (Virginia State Simulation Alliance, 2008 & 2017)”.

As cited in the Journal of Nursing Regulation October 2015 NCSBN Simulation Guidelines for Prelicensure Nursing Programs, concerns have emerged regarding substituting simulation for traditional clinical experiences without the appropriate environment, administrative support or faculty preparation. The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education published in the Journal of Nursing Regulation August 2014 concluded that “simulation can be effectively substituted for traditional clinical experience in all prelicensure core nursing courses under conditions comparable to those described in the study. These conditions include faculty members who are formally trained in simulation pedagogy, an adequate number of faculty members to support the student learners, subject matter experts who conduct theory-based debriefing, and equipment and supplies to create a realistic environment”. Nursing programs are advised to slowly and steadily increase the amount of simulation as they acquire expertise in this pedagogy (Alexander, M., et al, 2015).

**Key Components in Simulation**

Integral components of a simulated learning experience include: the educator/facilitator or preceptor, the student(s), key educational practices, and the simulated environment. The educator guides the student in the learning process. Qualified faculty, as defined by NCSBN, and who have additional education and professional development in simulation assume the role of facilitator during the simulated learning experience. Students participating in the simulated learning experience must come into the simulated clinical environment prepared for the simulation with a basic knowledge of the material and dressed appropriately for the clinical experience. The learning environment provides the foundation for effective simulated patient experiences. Simulation experiences must have objectives and identified learning outcomes. Learning occurs when the environment is realistic and students are engaged in the simulation experience by performing a specific role. Simulated experiences offer the opportunity for diverse styles of learning not offered in the classroom environment and can result in an increase in student confidence (Jeffries & Rizzolo 2006 & 2015).

Evidence shows that highly effective simulated patient experiences must include:

- Simulation experiences comprised of pre-briefing, actual simulation experience, debriefing, and evaluation processes.
- Each simulated experience must have clearly stated objectives that are presented to the student prior to engaging in the simulation experience.
• Students may be required to prepare for a clinical simulation experience in the same manner as they would prepare for an actual patient care experience.
• An orientation to both the simulation technology and the environment is required.
• The simulation must challenge the student to use problem solving and critical reasoning skills to assess the situation and determine the correct interventions.
• The educator assumes the role of facilitator, providing cues when necessary but maintaining the fidelity of the simulation encounter.
• The educator and the student should participate in a theory based debriefing. Facilitated by the educator, the debriefing should challenge the student to think critically about his/her practice and clinical judgment. Development in debriefing of the educator and engaging students in this pedagogy directly contributes to the efficacy of the debriefing. The educator should utilize best practices in simulation and have an advanced knowledge of the situation to be covered in each simulation that they facilitate. Observing other students performing in a simulation experience, either in real time or videotaped, enhances learning and affects both the participant and the observers’ self efficacy (Hoffmann et al. 2007). The debriefing session should occur immediately after the simulation and is completed so the thoughts and feelings of the learner are not forgotten and do not get distorted over time (Jeffries 2007). Video recording of the simulation can be utilized as a tool to provide objective data for review.
• Level of the simulation is congruent with the level of experience of the student and correlates with identified learning outcomes and course objectives.
• Faculty will be experientially prepared to facilitate simulation and debriefing through participation in a structured educational program or by a mentorship with an experienced simulation educator. Faculty will complete professional development in the area of teaching in simulation (to include, but not limited to: simulation conferences attended, coursework on simulation instruction, certification in simulation instruction, education/training by a consultant or targeted work with an experienced mentor)

There needs to be an introduction to both the simulation and the environment by the educator. The environment in which the simulated patient experience is to be performed must reflect reality as much as possible. Pre-briefing and an introduction to the environment are important because it allows students to become familiar with the simulated clinical environment. Poor introduction may lead to students questioning what can be done “for real”, which may lead to a decrease in realism and undue stress. The simulation must challenge the student to use problem solving skills and critical thinking to develop clinical judgment. The educator should act as a facilitator in the learning process but maintaining fidelity within the simulation encounter as much as possible.
Definition of Terms:

Briefing:

**Pre-briefing:** The time before a simulation experience when students are provided information regarding objectives, expectations, roles, specific scenario and the simulated client is provided. Orientation to the simulation environment and equipment should be purposeful, intentional, and strategic. The pre-briefing sets the stage for a successful learning experience, focused on reducing the learner’s anxiety and increasing confidence.

**Debriefing:** A theory based framework; An organized review that is purposeful, intentional, and strategic of an incident or event after it occurs that utilizes guided, reflective questioning for the purpose of discerning learning points, improving care, and quality improvement. Patient simulation requires objective, thorough evaluation of the learners’ experience in the simulation.

Clinical Judgment: Obtaining the necessary experience to begin recognizing patterns as well as a familiarity with what needs to be done. An interpretation or conclusion regarding a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response (Tanner, 2006).

Clinical Simulation Experiences: As a teaching methodology, “a clinical simulation experience is an active event in which students are immersed into a realistic clinical environment or situation. During these authentic clinical experience, learners are required to integrate and synthesize core concepts and knowledge and apply appropriate interpersonal and psychomotor skills. Students must incorporate critical thinking and decision making skills using a process (e.g., nursing process) involving assessment, diagnosis, planning, implementation or intervention and evaluation” (Virginia State Simulation Alliance, 2008 & 2017).

Critical Thinking (Clinical Reasoning) A mental process that requires assessment and evaluation of information in order to form a judgment that combines scientific evidence with common sense. An ability to solve problems by making sense of information using creative, intuitive, logical, and analytical mental processes that are continually evaluated (Snyder, 1993).

Cues: Interventions or assistance given by the educator to facilitate learning and problem solving without interfering or taking over a situation.

Direct client care: Nursing care provided to patients/clients in a clinical setting supervised by qualified faculty or a designated preceptor.
**Fidelity/Digital clinical experience:** The degree to which a simulation and/or a simulation device accurately reproduces clinical and/or human parameters; realism.

**High-Fidelity Technologies** – A device with lifelike features, either whole body or partial body, that is able to respond to a learner’s actions or interventions.

**Low-Fidelity Technologies** – A device that does not respond to interventions or is unable to be altered in real time to create a response.

**Hybrid Simulation:** The use of two or more modalities of simulation modalities to enhance the fidelity of a scenario by integrating the environment, physiology, emotions, and dialog of a real patient encounter. For example, the use of a manikin to represent the patient, while the embedded participant assumes the role of the patient's voice or takes on the role of a distraught family member. (INACSL Standards of Best Practice: Simulation, Simulation Glossary, 2016)

**Objectives:** A learning tool designed to focus an educational experience on desired goals. The objectives of the simulation must reflect the intended outcome of the experience, specify expected learner behavior, and include sufficient detail to allow the learner to participate in the simulation effectively (Jeffries, 2007).

**Part-task trainer:** A device designed to teach students to perform a particular task such as urinary catheter insertion or venipuncture.

**Simulated Direct Client/Patient Care:** Clinical simulation that is realistic and reflective of care provided to clients in the health care environment. It must build students’ clinical judgment and critical thinking and meet the requirements set forth by the Board and supervised by qualified faculty.

**Simulation:** A technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).

**Skills Acquisition/Task Training:** Education that is focused on psychomotor skills necessary to complete specific tasks that are integral to patient care. Skills acquisition/task training alone does not qualify as simulated direct client care.

**Standardized patient:** A person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation (INACSL Standards of Best Practice: Simulation, Simulation Glossary, 2016).

**Virtual computer based simulation:** A computer-generated reality, which allows a learner or group of learners to experience various auditory and visual stimuli. This reality can be experienced through the use of specialized ear and eyewear (INACSL Standards of Best Practice: Simulation, Simulation Glossary, 2016).
Expectations for Using Simulation in Nursing Education Programs

Nursing program faculty and administrators are responsible for assessing their programs readiness to use simulation experiences in lieu of traditional clinical experiences. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities. The key components identified in this document must be included in the simulation plan. Faculty and administrators are encouraged to refer to the NCSBN Simulation Guidelines for Prelicensure Nursing Education Programs to determine readiness to implement simulation in lieu of direct client care. VASSA may also be a resource for determining a program’s readiness to use simulation.

Faculty teaching in simulation must demonstrate simulation knowledge and skills in this area and are encouraged to have certification in the area of simulation. Minimally, faculty teaching in simulation must have participated in formal simulation related professional development. Faculty shall engage in ongoing professional development in the use of simulation.

Subject matter experts must be present for each simulation experience. If the faculty member conducting the simulation does not have knowledge in the subject area, then you would need faculty present with expertise in the subject area.

One hour of simulated client care, including the pre-briefing and debriefing time, is equal to one hour of direct client care. The faculty to student ratio must be a 1:10 ratio as required with all direct client care clinical learning experiences. Group size is to be determined by the scenario objectives. Each learner must have a defined and active role during the simulation (see INACSL best practices).

No more than 25% of direct patient contact hours may be completed through simulation. For pre-licensure registered nursing programs, the total of simulated patient care hours cannot exceed 125 hours (25% of the required 500 hours). For pre-licensure practical nursing programs, the total of simulated patient care hours cannot exceed 100 hours (25% of the required 400 hours). No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, it is important to make sure clinical hours are obtained as required in 18VAC90-27-90 (B)(1) across the life span...to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing.

Skills acquisition and task training alone, as in the traditional use of a skills lab, do not qualify as simulated client care, and therefore do not meet the requirements for direct client care hours. Clinical Simulation must be led by qualified faculty as required in regulation 18 VAC 90-27-60.

The following documentation must be available for all simulated experiences:

- course description,
- objectives of simulation experience, and learner outcomes,
- type of simulation,
- location of simulated experience,
- number of simulated hours,
• faculty qualifications,
• methods of pre-briefing and debriefing,
• evaluation of simulated experience, and
• method to communicate student performance to clinical faculty.
Resources

The International Nursing Association for Clinical Simulation and Learning (INACSL)
https://www.inacsl.org/i4a/pages/index.cfm?pageID=1

INACSL Standards of Best Practice

INACSL & Society for Simulation in Healthcare’s 2016 Dictionary

National Council of State Boards of Nursing
https://www.ncsbn.org/685.htm
https://www.ncsbn.org/education.htm

National League for Nursing
http://sirc.nln.org/

Quality Safety Education in Nursing
http://qsen.org/simulation/

Society for Simulation in Healthcare
http://www.ssih.org/

University of Washington (free modules)
https://collaborate.uw.edu/teaching-with-technology/simulation/

Virginia State Simulation Alliance
http://www.virginiasimulationallianceinc.org/wordpress/

This recommendation in this document are intended to be merely advisory.
References


Standards of Best Practice: Simulation, Simulation Glossary, 2016. The International Nursing Association for Clinical Simulation and Learning, https://www.inacsl.org/

* The Virginia Board of Nursing wishes to acknowledge the contributions of Daniel Phillips and Christine Dietz, nursing students at VCU School of Nursing, Richmond, in the preparation of the original guidance document.

** The Virginia Board of Nursing wishes to acknowledge the contributions and expertise of representatives from VASSA, without whom this document would not be complete. They were instrumental in the preparation of the original document, as well as the revised document.

Accepted: July 21, 2009
Revised: _______, 2017
**Proposed Regulation**

**Agency Background Document**

<table>
<thead>
<tr>
<th>Agency name</th>
<th>Board of Nursing, Department of Health Professions</th>
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<tr>
<td>Virginia Administrative Code (VAC) citation(s)</td>
<td>18VAC90-19</td>
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<tr>
<td>Regulation title(s)</td>
<td>Regulations Governing the Practice of Nursing</td>
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<tr>
<td>Action title</td>
<td>Name tag requirement</td>
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<tr>
<td>Date this document prepared</td>
<td>3/21/17</td>
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This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the Virginia Register Form, Style, and Procedure Manual.

**Brief summary**

*Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.*

Section 50 is amended to specify that a nurse’s name badge must follow the policy of the employment setting for name identification of health care practitioners. The requirement is retained for the badge to indicate the appropriate title for the license, registration, or student status under which the nurse is practicing in that setting.

**Acronyms and Definitions**

*Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the “Definition” section of the regulations.*
LPN = licensed practical nurse
RN = registered nurse

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person’s overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400 (6), which provides the Board of Nursing the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 - General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

...6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

Among the powers and duties of the Board of Nursing is a statutory provision relating to name tags for nurses in certain employment settings:

§ 54.1-3005. Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:...

20. In order to protect the privacy and security of health professionals licensed, registered or certified under this chapter, to promulgate regulations permitting use on identification badges of first name and first letter only of last name and appropriate title when practicing in hospital emergency departments, in psychiatric and mental health units and programs, or in health care facility units offering treatment for patients in custody of state or local law-enforcement agencies;

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.
The purpose of the proposed action is to promulgate a rule that adequately protects nurses but also offers sufficient information for patients who need to know what type of practitioner is providing care and how to identify the practitioner in case there is evidence of unprofessional conduct. The Board had to balance nurses’ concern about their privacy and personal security with its responsibility to adopt regulations that protect the public health and safety.

**Substance**

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of changes” section below.

Section 50 is amended to specify that the policy of the employment setting for name identification of health care practitioners can determine how the nurse’s name is displayed on a name badge.

**Issues**

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

1) The primary advantage of the amendment is greater flexibility and potentially greater protection for nurses who are concerned about their security both within and outside their practice setting. There are no disadvantages to the public because the badge must still indicate the appropriate title, so a patient would know whether this person is an RN, LPN, “patient care technician” or some other title.

2) There are no advantages or disadvantages to the Commonwealth.

3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under § 54.1-2400 to “promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary to administer effectively the regulatory system.”

The proposed name badge regulation is a foreseeable result of the statute requiring the Board to protect the health and safety of patients in the Commonwealth. It is more flexible than the current requirement and constitutes no restraint on competition.

**Requirements more restrictive than federal**

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.
There are no applicable federal requirements.

### Localities particularly affected

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

There are no localities particularly affected.

### Public participation

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

In addition to any other comments, the Board of Nursing is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Elaine Yeatts at elaine.yeatts@dhp.virginia.gov or at 9960 Mayland Drive, Henrico, VA  23233 or by fax at (804) 527-4434.. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: http://www.townhall.virginia.gov. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (http://www.townhall.virginia.gov) and on the Commonwealth Calendar website (https://www.virginia.gov/connect/commonwealth-calendar). Both oral and written comments may be submitted at that time.

### Economic impact

*Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.*

| Projected cost to the state to implement and | There are no cost for implementation and |
| **enforce the proposed regulation, including:**  
| a) fund source / fund detail; and  
| b) a delineation of one-time versus on-going expenditures | enforcement. Funds for the Board of Nursing are provided by fees charged to applicants and licensees. |
| **Projected cost of the new regulations or changes to existing regulations on localities.** | There are no costs to localities |
| **Description of the individuals, businesses, or other entities likely to be affected by the new regulations or changes to existing regulations.** | All RNs and LPNs |
| **Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.**  
| Small business means a business entity, including its affiliates, that:  
| a) is independently owned and operated and;  
| b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million. | There are 29,831 LPNs and 104,956 RNs licensed in Virginia. While some would qualify as small businesses, most are employees of medical practices, long-term care facilities, or hospital systems. |
| **All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including:**  
| a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and  
| b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations. | There are no costs; the regulation is permissive and allows an employer to determine whether to retain the current format of name badges or make changes in its policy on identification of practitioners. |
| **Beneficial impact the regulation is designed to produce.** | Potentially, greater identity protection for nurses in their employment settings. |

### Alternatives

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

The Board is responding to a petition for rulemaking requesting an amendment to allow use of first name and last initial on a name tag for nurses in all settings. The petition requested a less burdensome and intrusive alternative to current regulations, so changes to achieve that purpose must be accomplished by amendments to Chapter 19.

### Regulatory flexibility analysis

*Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance*
The proposed regulation is less stringent and offers more regulatory flexibility.

Public comment

Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.

The Notice of Intended Regulatory Action was published on 1/23/17 with comment received until 2/22/17. There were 207 persons who posted comments on Townhall.

<table>
<thead>
<tr>
<th>Commenter</th>
<th>Comment</th>
<th>Agency response</th>
</tr>
</thead>
<tbody>
<tr>
<td>190 persons</td>
<td>Agreed with petitioner that the name badge should have first name and last initial; others advocated for first name only. Some wrote generally in favor of greater protection and privacy in general.</td>
<td>The regulation allows the employer to adopt the policy preferred by employees and appropriate to the practice setting.</td>
</tr>
<tr>
<td>Victoria Bierman</td>
<td>Name badges should be site-specific. For advanced practice nurses, better to have last name on badge.</td>
<td>The Board adopted a flexible rule to allow employers to set their own policies.</td>
</tr>
<tr>
<td>Susan Winslow</td>
<td>Asked for consistency with other professionals in pharmacy, medicine, and therapy in which one’s last name on the badge is used.</td>
<td>The Board’s proposed regulation does specify the name badge should follow the policy for all health care practitioners. The employer may choose to allow nurses to use first names and last initial, but may have a different policy for others.</td>
</tr>
<tr>
<td>C. F. Kane</td>
<td>This should be a facility decision, not a regulation of the Board.</td>
<td>The proposed regulation places the decision in the employer policy.</td>
</tr>
<tr>
<td>Patricia Seifert</td>
<td>Does not favor first name and last initial; important to practice in a transparent manner and have accountability.</td>
<td>Since this commenter identified herself as self-employed, she would have the option of determining her identification on a name badge.</td>
</tr>
<tr>
<td>Stephanie Smith</td>
<td>People should be given the option of choosing first and last or first with last initial.</td>
<td>While the proposed amendment does not give the option to each individual nurse, options are available to nurses in a particular employment setting.</td>
</tr>
<tr>
<td>Jay Gilbert</td>
<td>Supports the petitioner request, but nurses should be given the option of choosing to use full name.</td>
<td>Same as above.</td>
</tr>
<tr>
<td>Leslie Durr</td>
<td>Does not support first name only or with last initial; other professions would not identify themselves as Harry J, rather than Dr. Jones.</td>
<td>The proposed regulation is consistent with the comment.</td>
</tr>
<tr>
<td>Mary Holc</td>
<td>Does not support regulatory action;</td>
<td>The titles would not change - would still be</td>
</tr>
</tbody>
</table>
wants titles displayed on badges so patients know the expertise of person providing care.

Correctional centers
Several persons commented that only last names should be on a badge because it is inappropriate for offenders to address professional staff by first name.

Jennifer Dixon
As professionals, should have first and last name on badge but nurses in high risk areas should be allowed to use only first name.

Correctional centers
Several persons commented that only last names should be on a badge because it is inappropriate for offenders to address professional staff by first name.

The proposed regulation supports the flexibility of a policy suitable to the population being served.

Jennifer Dixon
As professionals, should have first and last name on badge but nurses in high risk areas should be allowed to use only first name.

Supportive of current regulation, which the Board has amended.

**Family impact**

Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

There is no impact on the family.

**Detail of changes**

Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please follow the instructions in the text following the three chart templates below.

For changes to existing regulation(s), please use the following chart:

<table>
<thead>
<tr>
<th>Current section number</th>
<th>Current requirement</th>
<th>Proposed change, intent, rationale, and likely impact of proposed requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Subsection A requires a person regulated by this chapter who provides direct client care to wear identification that indicates the person’s first and last name.</td>
<td>The proposed change is to allow the employer to determine the name identification on a badge consistent with the policy for other health care practitioners. The change allows more flexibility and equality for nurses who will be identified similarly to other health care practitioners, such as doctors, physical therapists, etc. The exception to the current rule for emergency departments and other locations where it might be dangerous or at least problematic for a patient to have a nurse’s</td>
</tr>
<tr>
<td>full name has been retained because it is consistent with language in § 54.1-3005 (20).</td>
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</table>
**Proposed Regulation**  
**Agency Background Document**

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<td>18VAC90-27-10 et seq.</td>
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<tr>
<td>Regulation title(s)</td>
<td>Regulations Governing Nursing Education Programs</td>
</tr>
<tr>
<td>Action title</td>
<td>Accreditation of pre-licensure educational programs for registered nursing</td>
</tr>
<tr>
<td>Date this document prepared</td>
<td>3/1/17</td>
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This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the Virginia Register Form, Style, and Procedure Manual.

**Brief summary**

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The Board of Nursing has amended its regulations to require all pre-licensure registered nursing education programs in Virginia to have accreditation or candidacy status with a national accrediting agency recognized by the U. S. Department of Education by the year 2020.

**Acronyms and Definitions**

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the “Definition” section of the regulations.
Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person’s overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400 (6), which provides the Board of Nursing the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 - General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

In addition, there is statutory authority for the board to approve nursing education programs:

§ 54.1-3005. Specific powers and duties of Board.
In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;
2. To approve programs that meet the requirements of this chapter and of the Board;
3. To provide consultation service for educational programs as requested;
4. To provide for periodic surveys of educational programs;
5. To deny or withdraw approval from educational programs for failure to meet prescribed standards; ...
6. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs; ...

### Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

The purpose of the proposed regulatory action is to use national accreditation as a standard for demonstrated quality in nursing education, create more opportunities for financial aid for students, enhance employment opportunities, and facilitate academic progression for graduates to baccalaureate or master degrees.

Quality may be demonstrated by a higher percentage of graduates passing the national examination (NCLEX) from accredited nursing education programs. In 2014, 86% of graduates from accredited programs passed NCLEX, and 76% of graduates from non-accredited programs passed. The Board requires a passage rate of 80% over a three-year period to maintain approval of a nursing education program.

Ninety-four percent (94%) of employers in Virginia (predominantly hospitals) reported that accredited nursing programs have a large to moderate impact on clinical outcomes for registered nurses. Accreditation standards result in a quality education demonstrated in a number of ways, but most importantly, in the clinical care nurses provide to patients. Therefore, it is essential to protect the health and safety of citizens for the Board of Nursing to move toward accreditation of all registered nursing education programs.

The goal of this action is to align educational programs with recommendations of the National Council of State Boards of Nursing and the Institute of Medicines Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Nurses from practical, associate, and diploma programs who graduate from non-accredited programs will find it difficult, if not impossible, to obtain a baccalaureate degree. Graduates of non-accredited programs will also find it increasingly difficult to find employment as employers, especially many hospitals, are hiring only baccalaureate degree nurses.
The Board of Nursing has amended its regulations to require all pre-licensure registered nursing education programs in Virginia to have accreditation or candidacy status with a national accrediting agency recognized by the U. S. Department of Education by the year 2020. The accrediting bodies currently recognized are the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN) and the Commission for Nursing Education Accreditation. There will be no change for pre-licensure programs preparing students for licensed practice nursing.

1) The primary advantage of the amendment is greater assurance of quality in the didactic and clinical education for registered nurses. For graduates of such programs, there are advantages in employment opportunities and availability of graduate level education to further their careers. There are no disadvantages for nurses or the public.

2) There is an advantage to the Board because accredited programs only have to be reevaluated every 10 years, whereas non-accredited programs have to be reevaluated every 5 years, a process which consumes resources and personnel. There are no disadvantages to the Commonwealth.

3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under 54.1-2400 to “promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary to administer effectively the regulatory system.” As stated in the “Purpose” section of this document, ninety-four percent (94%) of employers in Virginia (predominantly hospitals) reported that accredited nursing programs have a large to moderate impact on clinical outcomes for registered nurses. Accreditation standards result in a quality education demonstrated in a number of ways, but most importantly, in the clinical care nurses provide to patients.

Therefore, the requirement for RN pre-licensure programs to have national accreditation is a foreseeable result of the statute requiring the Board to protect the health and safety of patients in the Commonwealth. Any restraint on competition that results from this regulation is in accord with the General Assembly’s policy as articulated in § 54.1-100 and is necessary for the preservation of the health, safety, and welfare of the public.
Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no applicable federal requirements.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

There are no localities particularly affected.

Public participation

Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.

In addition to any other comments, the Board of Nursing is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Elaine Yeatts at elaine.yeatts@dhp.virginia.gov or at 9960 Mayland Drive, Henrico, VA 23233 or by fax at (804) 527-4434. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: http://www.townhall.virginia.gov. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (http://www.townhall.virginia.gov) and on the Commonwealth Calendar website (https://www.virginia.gov/connect/commonwealth-calendar). Both oral and written comments may be submitted at that time.
Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.

<table>
<thead>
<tr>
<th>Projected cost to the state to implement and enforce the proposed regulation, including: a) fund source / fund detail; and b) a delineation of one-time versus on-going expenditures</th>
<th>) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to educational programs for necessary functions of regulation; b) The agency will incur no additional costs for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending notice of final regulations to regulated entities. Since mailings to the PPG list and educational programs are handled electronically, there is very little cost involved. There are no on-going expenditures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected cost of the new regulations or changes to existing regulations on localities.</td>
<td>There are no costs for localities.</td>
</tr>
<tr>
<td>Description of the individuals, businesses, or other entities likely to be affected by the new regulations or changes to existing regulations.</td>
<td>Nursing education programs that prepare students for RN licensure.</td>
</tr>
<tr>
<td>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.</td>
<td>There are 78 pre-licensure RN programs. All 33 of the BSN programs are already accredited. There are 45 Board of Nursing approved Associate degree nursing (ADN) education programs; 26 of those programs are accredited. Of the 19 remaining, 9 of the proprietary programs were represented on the accreditation committee and are in full support of requiring nursing accreditation for all RN education programs and have made a commitment to seek nursing accreditation by 2020 (possibly by 2018). Of the remaining ten programs, 3 are proprietary programs that did not respond to the request for information about their intent to seek accreditation; two of those programs have low NCLEX (licensure exam) pass-rates and are in danger of losing Board of Nursing approval (per regulations). Of the seven remaining programs, one is a proprietary program that is seeking accreditation. The remaining six are community college programs with the following status: three have had their accreditation visit and are waiting for their accreditation approval when the commission meets in July 2017. Three are waiting until 2018 to seek accreditation. The Virginia Community College System standard curriculum is being implementing across all community colleges in 2017, so the associate degree programs not currently accredited should be in a position to be accredited by 2018.</td>
</tr>
</tbody>
</table>
candidates for accreditation in 2018.

The associate programs are located in community colleges or proprietary businesses. The Board does not have statistics on which of the proprietary businesses would be considered "small" businesses but most are operated by national chains – such as ECPI.

All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including:
  a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and
  b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.

See attached information from accrediting bodies

Beneficial impact the regulation is designed to produce.

The primary advantage will be a higher quality experience in nursing education through oversight from a national accrediting body. There will be some cost savings to offset costs for accreditation in that an accredited program only has to be reevaluated by the board every 10 years by submission of a report, and an accredited program may use its reports from the accredited body as evidence of compliance with board regulations. A non-accredited program has to be reevaluated every 5 years and requires submission of a full report and a survey visit from a board representative. Both the Board and the accredited programs will realize some savings by a longer period between reevaluation for continued approval by the Board. The cost for a survey visit by the Board is $2,200; an accredited program would realize that savings every 5 years.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

In 2012, the National Council of State Boards of Nursing recommended requiring national accreditation by 2020 in a collaborative model of co-regulation in which state boards will continue to conduct initial approval of programs, will use accreditation self-studies to decrease redundancy, and may require additional data for continued approval.
In May of 2014, the Organization for Associate Degree Nursing (OADN) endorsed national accreditation for associate degree nursing programs as it applies “nationally developed and recognized evidence-based standards of quality and value to assess and evaluate the education process and outcomes.” OADN stated “accreditation not only serves the public as a measure of quality for health care employers and academic partners of associate degree programs, but is also an assurance of quality educational standards applied to faculty, staff, and students.”

During promulgation of regulations for nursing education programs (which began in 2010) with adoption of final regulations in March of 2014, the need for accreditation was discussed. In reviewing public comment from organizations and individuals on proposed regulations, the Board noted recommendations for accreditation. In response, the Board convened a workgroup consisting of Board members, a representative of the Virginia Nursing Association, the Virginia Organization of Nurse Executives and Leaders, the Virginia League for Nursing, the Virginia Action Coalition, the Virginia Community College System, and associate degree proprietary nursing programs (Fortis College and ECPI University). Stakeholders who were invited to participate included representatives of the Virginia Health Care Association, the Virginia Hospital and Health Care Association, Golden Living, Leading Age of Virginia, and American Health Care. The Accreditation Committee met on May 20, 2014, September 16, 2014, July 14, 2015, and March 22, 2016. It concluded with a unanimous recommendation to the board meeting in May of 2016 that it move forward with the intent to establish regulation that would require national accreditation or candidacy status for all pre-licensure registered nursing programs by 2020.

The Board has concluded the goal of 2020 for accreditation or candidacy is reasonable and achievable. The Virginia Community College System standard curriculum is expected to be implemented across all community colleges by 2017, so the four associate degree programs not currently accredited should be in a position to be candidates for accreditation by 2020. Four non-accredited programs are already scheduled to be closed in 2016 or 2017. There are 12 other proprietary programs that currently are not accredited, so they will have to meet standards for candidacy status by 2020 to continue full approval by the Virginia Board (seven of the 12 are programs that had representation on the Board’s Accreditation Committee).

**Regulatory flexibility analysis**

Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.
There is no alternative method consistent with health and safety that will accomplish the objective.

### Public comment

*Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.*

The Notice of Intended Regulatory Action was published on 10/17/16 with comment requested until 11/16/16; there was no comment received.

### Family impact

*Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact on the family.

### Detail of changes

*Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please follow the instructions in the text following the three chart templates below.*

<table>
<thead>
<tr>
<th>Current section number</th>
<th>Proposed new section number, if applicable</th>
<th>Current requirement</th>
<th>Proposed change, intent, rationale, and likely impact of proposed requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td>Sets out definitions for words and terms used in the regulation</td>
<td>The term “accreditation” is defined as “an agency recognized by the U. S. Department of Education” and one accrediting body for nursing education is added to those currently listed – the Commission for Nursing Education Accreditation.</td>
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<tr>
<td>220</td>
<td></td>
<td>Sets out the requirements for maintaining board approval as a nursing education program</td>
<td>Subsection B is amended to specify that the current requirements are in effect for 3 years from the effective date of the regulation. After 3 years (likely in 2020), every registered nursing education...</td>
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</tbody>
</table>
program must have gained accreditation or have candidacy status and will be evaluated according to the current requirements for a review every 10 years to ensure that the program meets regulatory requirements to maintain board approval in Virginia. Subsection C is amended to set out the current requirement for only practical nursing programs; those requirements will not change.

As stated above:
The intent of the proposed regulatory action is to use national accreditation as a standard for demonstrated quality in nursing education, create more opportunities for financial aid for students, enhance employment opportunities, and facilitate academic progression for graduates to baccalaureate or master degrees.

Quality may be demonstrated by a higher percentage of graduates passing the national examination (NCLEX) from accredited nursing education programs. In 2014, 86% of graduates from accredited programs passed NCLEX, and 76% of graduates from non-accredited programs passed. The Board requires a passage rate of 80% over a three-year period to maintain approval of a nursing education program.

Ninety-four percent (94%) of employers in Virginia (predominantly hospitals) reported that accredited nursing programs have a large to moderate impact on clinical outcomes for registered nurses. Accreditation standards result in a quality education demonstrated in a number of ways, but most importantly, in the clinical care nurses provide to patients. Therefore, it is essential to protect the health and safety of citizens for the Board of Nursing to move toward accreditation of all registered nursing education programs.

The goal of this action is to align educational programs with recommendations of the National Council of State Boards of Nursing and the Institute of Medicine’s Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Nurses from associate programs who graduate
from non-accredited programs will find it difficult, if not impossible, to obtain a baccalaureate degree. Graduates of non-accredited programs will also find it increasingly difficult to find employment as employers, especially many hospitals, are hiring only baccalaureate degree nurses.

There may be a very small number of nursing education programs that will not be able to achieve candidacy status and will be required to close. Those are programs that currently struggle with meeting quality standards for continued Board approval, particularly the 80% passage rate on NCLEX, and would find it necessary to close with or without the proposed accreditation requirement.