VIRGINIA BOARD OF NURSING
BUSINESS MEETING
Final Agenda

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 2**
Henrico, Virginia 23233

DHP Mission *– the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

Tuesday, May 17, 2022 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

ESTABLISHMENT OF A QUORUM.

ANNOUNCEMENT

Staff Update:

Board of Nursing Employee State Award Recipients
- Monica DeJesus – 15 years
- Latedra Fulton – 20 years
- Melissa Gregory – 35 years

A. UPCOMING MEETINGS:

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, June 15, 2022 at 9:00 am in Board Room 4.
- The Tri-Council for Nursing meeting is scheduled on June 16, 2022 in Washington, DC. Ms. Douglas will attend as the President of NCSBN BOD.
- The Education Informal Conference Committee is scheduled for Tuesday, July 6, 2022 at 9:00 am in Board Room 3.
- The NCSBN Board of Directors (BOD) is scheduled for July 12-13, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD.
- **PLEASE NOTE** - The July Board Week is scheduled on Tuesday, July 19, 2022 with two panels for formal hearings, Wednesday, July 20, 2022 with two panels for formal hearings, and Thursday, July 21, 2022 with one panel for formal hearings. There will be no business meeting.
- NCSBN Annual Meeting is scheduled for August 17-19, 2022 in Chicago, IL. Ms. Douglas will attend as

the President of NCSBN Board of Directors (BOD). Board Members who are interest in attending in person please inform Ms. Douglas or Mr. Jones. There is also an option to attend virtually.

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

B1 March 21, 2022 Formal Hearings*
B3 March 23, 2022 BON Officer Meeting*
B4 March 23, 2022 Panel A – Formal Hearings*
B5 March 23, 2022 Panel B – Formal Hearings*
B6 March 24, 2022 Formal Hearings*
B7 April 14, 2022 Telephone Conference Call*
B8 April 20, 2022 Telephone Conference Call*

C1 Board of Nursing Monthly Tracking Log as of April 30, 2022
C2 Agency Subordination Recommendation Tracking Log*
C3 HPMP Quarterly Report as of March 31, 2022*

C4 Executive Director Report – **Ms. Douglas**
C5 NCSBN APRN Roundtable-Hybrid on April 12, 2022– **Dr. Hills**
C6 NCSBN IT/Operations Conference Report – **Ms. Willinger**
C7 FSMTB Massage Board Executive (MBE) Summit – **Ms. Bargdill**

C8 The Committee of the Joint Boards of Nursing and Medicine DRAFT April 20, 2022 Formal Hearing* – **Ms. Gerardo**

DIALOGUE WITH DHP DIRECTOR OFFICE– Dr. Brown

B. DISPOSITION OF MINUTES – None

- **B2** March 22, 2022 Business Meeting

C. REPORTS

- "International Think Tank, May 4, 2022" (**verbal report**) **Mr. Jones and Ms. Gerardo**
- **C9** March 29, 2022 Board of Health Professions (BHP) Meeting DRAFT Minutes* – **Dr. Gleason**
- **C10** April 27, 2022 RMA Curriculum Committee Meeting Minutes** **- Dr. Smith**

Attachments: 68 Hour Registered Medication Aide Curriculum
Medication Aide Performance Record

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- Discipline Case Management Digital Processes (**verbal report**) – **Ms. Douglas**
- **D1** Informal Conferences (IFC) Schedule for the second half of 2022 – **Ms. Morris**
- **D2** Dates for 2023 Board Meetings and Formal Hearings* – **Ms. Douglas**

E. EDUCATION:

- Education Update – **Ms. Wilmoth** (**verbal report**)
  - Nursing Education Program Updates
  - Nurse Aide Program Updates
  - Medication Aide Program Updates

F. REGULATIONS/LEGISLATION– Ms. Barrett

F1 – Chart of Regulatory Actions

F2 - Licensed Certified Midwife DRAFT Regulations

- **F2a** - The March 31, 2022 CM Workgroup Meeting APPROVED Minutes
- **F2b** - The Committee of the Joint Boards of Nursing and Medicine DRAFT April 20, 2022 Business Minutes

F3 - Initiation of Periodic Review, Chapter 19 and 21

F4 - Consideration of Guidance Document (GD)

- **GD 90-10** Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

10:00 A.M. – PUBLIC COMMENT

12:00 P.M. – LUNCH

2:30 P.M. – E1 May 3, 2022 Education Informal Conference Committee DRAFT minutes

May 3, 2022 Education Informal Conference Committee Recommendations regarding:

- Dabney S. Lancaster Community College, PN, Buena Vista, US28107600
- Elite Healthcare Inc., Chesapeake, 0030000149
- Extensive Pharmaceutical Services, Inc., Kinston, NC, 0030000178
- Health Start Medication Aide Training Program, Chesapeake, 0030000214
- Healthcare Services 101, Suffolk, 0030000133
- Karlise Care Essentials Training Academy, Inc. Palmyra, 0030000155
- Koinonia Medical Institute, Portsmouth, 0030000237
- Patrick & Henry Community College, PN, Martinsville, US28200000
- Patrick & Henry Community College, RN, Martinsville, US28406900
- Ransone's LTC, Buchanan, 0030000023

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

1	Mehrin Redjaeian, RN*	2	Sabrina Deaton, CNA*
3	Stacey Lynn Roux, LPN*	4	Jessie Deel, CNA*
5	Megan E. Nash, RN*	6	Shannon Autumn Gunter, LPN*
7	Rebecca Anne Tolbert, LPN*	8	Melissa G. Johnson, RN*
9	Allen Crosby, III, RMA*	10	Allen Crosby, III, CNA*
11	Megan White, LPN*	12	Steva Hairston, LPN*

13	Priscilla McLeond, LPN*	14	Jessica Erin St. Mary, RN*
15	Lisa Kay Goddin Dover, LPN*	16	Amber Edenfield Breeden, LPN*
17	Candie Leeann Blankenship, LPN*	18	Petra Taft, LPN*
19	Stephanie Lee Shumaker, RN*	20	Katelyn Holcomb, RN*
21	Cynthia Lvonne Hurst Justus, LPN*	22	Cassidy Marie Rovertson Mounce, RN*
23	Brandy Nicole Morgan, LPN*	24	Chaleasa Leigh Jones, RMA*
25	Leon Liverman, CNA*	26	Angel Pruitt, CNA*
27	Angelia Lee Lantz Ludwig, CNA*	28	Lakenya L. Brown, CNA*
29	Colleen M. Leary, RN**		

CONSIDERATION OF CONSENT ORDERS

G1 – Kelly Presley Vargas, RN*

ADJOURNMENT OF BUSINESS AGENDA

BOARD MEMBER DEVELOPMENT

- Board Member Expectations – Mr. Jones
  - Virginia Board of Nursing Expectations of Board Member Document**
- Training by Board Counsel (pending) – Ms. Mitchell

MEETING DEBRIEF

- What went well
- What need improvement

DISCIPLINARY COMMITTEE MEETING – Board Room 4

Committee Members**:**
James Hermansen-Parker, MSN, RN, PCCN-K
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Cynthia Swineford, RN, MSN, CNE

- This will be brief meeting to set future Agendas

(* mailed 4/27) (** mailed 5/5) (***mailed 5/10)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 21, 2022

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M., on March 21, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
Dixie L. McElfresh, LPN
Mark D. Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

STAFF PRESENT:
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director**- joined at 12:47 P.M.**
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
Julia Bennett, Deputy Director, Administrative Proceedings Division
Jay Schmitz, Board of Nursing Discipline Staff

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

FORMAL HEARING: **Cristy Lynn Throneberry, RN** **0001-248835**

Ms. Throneberry appeared and was accompanied by Karen Pierce.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:42 A.M., for the purpose of deliberation to reach a decision in the matter of **Cristy Lynn Throneberry, RN**. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Morris, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:10 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 by Mr. Monson and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing approve the application of **Cristy Lynn Throneberry** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia and indefinitely suspend her license with the suspension stayed contingent upon entry into and compliance with the Virginia Health Practitioners' Monitoring Program (HPMP) and within six months of active practice provide proof of completion of Board approved refresher course. The motion was seconded by Mr. Monson and carried unanimously.

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

FORMAL HEARING: **Alex S. Caulker, CNA** **1401-031980**

Mr. Caulker did not appear.

Lori Pound, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the board. Andrea Pegram, court reporter, recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:33 A.M., for the purpose of deliberation to reach a decision in the matter **Alex S. Caulker, CNA** Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Morris Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:40 A.M.

Ms. McElfresh 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 by Mr. Monson and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing deny the application of **Alex S. Caulker** for reinstatement of his nurse aide certificate to practice in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenberg and carried unanimously.

RECESS: The Board recessed at 11:41 A.M.

Ms. Morris left the meeting at 11:41 A.M.

RECONVENTION: The Board reconvened at 12:47 P.M.

Ms. Douglas joined the meeting at 12:47 P.M.

Alex S. Caulker, CNA **1401-031980**

Mr. Caulker arrived at 12:47 P.M.

Mr. Monson moved to rescind the prior decision made at 11:40 A.M. The motion was seconded and carried unanimously.

Mr. Caulker testified on his own behalf.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:22 P.M., for the purpose of deliberation to reach a decision in the matter **Alex S. Caulker, CNA** Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:35 P.M.

Ms. McElfresh 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 by Ms. Gerardo and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing deny the application of **Alex S. Caulker** for reinstatement of his nurse aide certificate to practice in the Commonwealth of Virginia. The motion was seconded by Ms. Gerardo and carried unanimously.

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

FORMAL HEARING: **Kurtistine Bechelle Hathaway, LPN** **0002-080762**

Ms. Hathaway appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Ra Minor, former Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:23 P.M., for the purpose of deliberation to reach a decision in the matter of **Kurtistine Bechelle Hathaway.** Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:05 P.M.

Ms. McElfresh 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 by Ms. Gerardo and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing approve the application of **Kurtistine Bechelle Hathaway** for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia, indefinitely suspend her license with the suspension stayed contingent upon entry into and compliance with Virginia Health Practitioners' Monitoring Program, and (HPMP) provide evidence of completion of Board-approved refresher course prior to practice. The motion was seconded by Ms. Gerardo and carried unanimously.

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

FORMAL HEARING: **Danielle Marguerite Williams, LPN** **Georgia License # 92726**
With Multistate Privilege

Ms. Williams did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Maria Joson, Senior Investigator, Enforcement Division, and Katrina Williams, RN, Supervisor, Chesapeake Heath & Rehab, were present and testified. Latoya Downing, CNA, Chesapeake Health & Rehab, testified by telephone.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:49 P.M., for the purpose of deliberation to reach a decision in the matter **Danielle Marguerite Williams**. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:17 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 by Ms. Gerardo and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend the privilege of **Danielle Marguerite Williams** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Gerardo and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 5:18 P.M.

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

Virginia Board of Nursing
OFFICER MEETING

March 23, 2022 Minutes

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on March 23, 2022 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 300 – Inspiration Room, Henrico, Virginia.

Board Members Present: Brandon Jones, MSN, RN, CNE, NEA-BC; President, Chairperson
Cynthia Swineford, RN, MSN, SNE; First Vice-President
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

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

1. **January Board Week Debrief**:
   - Mr. Jones opened the meeting asking Officers to share their experience with the January Board meeting and with changing proceedings. Board members spoke of the importance of facilitating sessions so that all Board Members had an opportunity to participate and make motions. Board Members noted that the scripts were very helpful. Mr. Jones encouraged Officers to consider participation in ICRS courses specifically "**Parliamentary Procedures**" and "**The Role of Board Member**".

2. **Board Member Expectations' Document Review (formally a Guidance Document)**:
   - A suggestion was made to add a statement pertaining to review of all documents and materials prior to meetings and hearings.
   - The officers agreed that in addition to this document be used for new board member orientation, a yearly review with the full board should be undertaken.
   - Ms. Douglas will also review DHP policies related to Board Member conduct.
   - Officers discussed plans and suggestions for Board Members' future training.

3. **2022 Officer Meetings**:
   May 2022:
   - Best practices for conducting hearings - by Board Counsel
   - Review of Board Member Expectations' Document – by Mr. Jones

   September 2022:
   - Substance Abuse Disorders, Medication Assisted Treatment and HPMP update- possible presenters are HPMP staff and Substance Abuse Treatment providers (Ms. Phelps' suggestion)

4. **Disciplinary Committee**
   - Ms. Douglas shared that Ms. Phelps, Ms. Swineford and Mr. Hermansen-Parker had volunteered. Mr. Jones appointed the volunteers to this committee. Meetings will be scheduled by staff on the Tuesday of Board meetings following Board Business meeting.

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

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
March 23, 2022

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:05 A.M., on March 23, 2022 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Teri Crawford Brown, RNC, MSN
Ann T. Gleason, PhD, Citizen Member
Dixie L. McElfresh, LPN

STAFF PRESENT:
Jay Douglas, MSM, RN, CSAC, FRE, Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT:
James Rutkowski, Assistant Attorney General, Board Counsel
Julia Bennett, Deputy Executive Director, Administrative Proceedings Division (APD)

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

FORMAL HEARING: **Deja Stokes, CNA** **1401-187560**

Ms. Stokes appeared.

Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Scott Dillon, Senior Investigator, Enforcement Division, and Kacey Thomas were present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:06 A.M., for the purpose of deliberation to reach a decision in the matter of **Deja Stokes.** Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, 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 by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:23 A.M.

Ms. Buchwald 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 by Dr. Smith and carried unanimously.

ACTION: Dr. Gleason moved that the Board of Nursing reprimand **Deja Stokes.** The motion was seconded by Dr. Smith and carried unanimously.

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

FORMAL HEARING: **Sara L. Berry, LPN Reinstatement Applicant 0002-082054**

Ms. Berry did not appear.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Anna Badgley, former Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 11:52 A.M., for the purpose of deliberation to review the medical records of **Sara L. Berry**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode, Mr. Rutkowski, Ms. Badgley and Ms. Whisenand 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 by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:57 A.M.

Ms. Buchwald 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 by Dr. Smith and carried unanimously.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:59 A.M., for the purpose of deliberation to reach a decision in the matter of **Sara L. Berry**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode 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 by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:08 P.M.

ACTION: Dr. Smith moved that the Board of Nursing deny the application of **Sara L. Berry** for reinstatement to practice practical nursing in the Commonwealth of Virginia and to continue her license on indefinite suspension. The motion was seconded by Ms. Crawford Brown and carried unanimously.

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

RECESS: The Board recessed at 12:08 P.M.

RECONVENTION: The Board reconvened at 1:15 P.M.

FORMAL HEARING: **Kimberly Janai Smith, RN** **0001-288996**

Ms. Smith appeared.

Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Stephen Shirley, Senior investigator, Enforcement Division, Christy Thompson, HR Director, Brittany Burrage, RN Charge Nurse, and Sarah Kovalevich, LPN were present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:53 P.M., for the purpose of deliberation to reach a decision in the matter of **Kimberly Janai Smith** Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode 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 by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:20 P.M.

Ms. Buchwald 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 by Dr. Smith and carried unanimously.

ACTION: Dr. Smith moved that the Board of Nursing continue the license of **Kimberly Janai Smith** to practice professional nursing in the Commonwealth of Virginia on suspension with suspension stayed contingent upon her entry and compliance with to the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded by Dr. Gleason and carried unanimously.

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

FORMAL HEARING: **Shelly Jones, CNA** **1401-196299**

Ms. Jones appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, and Sean Murphy, Assistant Attorney General, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Shawn Ledger, Senior Investigator, and Jessica Jackson, Bank employee, were present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:23 P.M., for the purpose of deliberation to reach a decision in the matter of **Shelly Jones.**

Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Goode 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 by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:53 P.M.

Ms. Buchwald 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 by Dr. Smith and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing reprimand **Shelly Jones** and to continue her certificate to practice as a nurse aide in the Commonwealth of Virginia on suspension for not less than two years. The motion was seconded by Dr. Smith and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:54 P.M.

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

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel B
March 23, 2022

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M., on March 23, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia M. Swineford, RN, MSN, CNE; First Vice-President
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
James Hermansen-Parker, MSN, RN, PCCN-K
Mark Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Maria Mercedes Olivieri, LMT

STAFF PRESENT:
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Francesca Iyengar, MSN, RN; Discipline Case Manager
Breana Renick, Administrative Support Specialist

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General
Kim Taylor, Court Reporter, Farnsworth and Taylor Reporting**,** LLC

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

FORMAL HEARINGS: **John Walter Koons** **0019-007256**

Mr. Koons appeared and was represented by Margaret Hardy, his legal counsel. Mr. Koons was accompanied by Kristina Heuser.

Ann Joseph, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting**,** LLC, recorded the proceedings.

Scott Dillon, Senior Investigator, Enforcement Division, and Patient "A" were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:29 A.M., for the purpose of deliberation to reach a decision in the matter of **John Walter Koons**. Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:49 A.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 by Mr. Hermansen-Parker and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing dismiss cases against **John Walter Koons**. The motion was seconded by Ms. Phelps and carried unanimously.

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

FORMAL HEARINGS: **Maureen Daley, RN** **0001-177069**

Ms. Daley appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting**,** LLC, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division, Dr. Carol Bender and Amara Finnikin were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:52 A.M., for the purpose of deliberation to reach a decision in the matter of **Maureen Daley** Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:05 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 by Mr. Monson and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing reinstate the license of **Maureen Daley** to practice professional nursing in the Commonwealth of Virginia only. The motion was seconded by Ms. Friedenberg and carried unanimously.

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

RECESS: The Board recessed at 12:06 P.M.

RECONVENTION: The Board reconvened at 12:52 P.M.

FORMAL HEARINGS: **Kirk Pflager, RN** **0001-297011**

Mr. Pflager appeared.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Tosha Fishetti, Senior Investigator, Enforcement Division, and Marcella Luna, Investigator Supervisor, were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:48 P.M., for the purpose of deliberation to reach a decision in the matter of **Kirk Pflager.** Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:16 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 by Mr. Hermnasen-Parker and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing approve application of **Kirk Pflager** for reinstatement to practice professional nursing in the Commonwealth of Virginia only. The motion Ms. Friedenberg and carried unanimously.

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

FORMAL HEARINGS: **Angela Charlene Meadwell, RN** **0001-120178**

Ms. Meadwell did not appear.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter, Farnsworth and Taylor Reporting**,** LLC, recorded the proceedings.

Amy Tanner, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Angela Charlene Meadwell.** Additionally, Ms. Phelps moved that Ms. Morris, Ms. Bargdill, Ms. Renick and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:46 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 by Mr. Hermnasen-Parker and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend license of **Angela Charlene Meadwell** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Ms. Gerardo and carried unanimously.

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

ADJOURMENT: The Board Adjourned at 2:58 P.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 24, 2022

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M., on March 24, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia M. Swineford, MSN, RN, CNE; First Vice-President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Teri Crawford Brown, RNC, MSN
Laurie Buchwald, MSN, WHNP, FNP
Ann T. Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Dawn Hogue MA, LMT

STAFF PRESENT:
Jay. P Douglas, MSM, RN, CSAC, FRE; Executive Director – **joined at 1:00 P.M.**
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Francesca Iyengar, MSN, RN, Discipline Case Manager
Lakisha Goode, Discipline Team Coordinator

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

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

FORMAL HEARINGS: **HeeSook Kim, LMT** **0019-015552**

Ms. Kim did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Sarah Rogers, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:22 A.M., for the purpose of deliberation to reach a decision in the matter of **HeeSook Kim.** Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Goode and Ms. Mitchell, board counsel, attend the closed meeting because

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

RECONVENTION: The Board reconvened in open session at 9:34 A.M.

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

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing revoke the license of **HeeSook Kim** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

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

RECESS: The board recessed at 9:35 A.M.

RECONVENTION: The board reconvened at 9:42 A.M.

CONSIDERATION OF CONSENT ORDERS:

Christina Cook, CNA **1401-209219**

Mr. Hermansen-Parker moved to accept the consent order for voluntary surrender for indefinite suspension of the certificate of **Christina Cook** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Gleason and carried unanimously.

FORMAL HEARINGS: **Huafang Cui, LMT** **0019-014008**

Ms. Cui did not appear.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

Marcella Luna, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:11 A.M., for the purpose of deliberation to reach a decision in the matter of **Huafang Cui**. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Bargdill, Ms. Goode and Ms. Mitchell, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:23 A.M.

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

ACTION: Ms. Hogue moved that the Board of Nursing revoke the license of **Huafang Cui** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

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

RECESS: The Board recessed at 11:24 A.M.

RECONVENTION: The Board reconvened at 1:04 P.M.

Ms. Crawford Brown and Ms. Morris left the meeting at 1:00 P.M.

Ms. Douglas joined the meeting at 1:00 P.M.

FORMAL HEARINGS: **Yumei Nan, LMT** **0019-014013**

Ms. Nan appeared and was accompanied by her husband and daughter.

Erin Weaver, Assistant Attorney General, and Christine Corey, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter, recorded the proceedings.

ACTION: The hearings was continued to allow Ms. Nan to obtain a certified in-person interpreter.

ADJOURNMENT: The Board adjourned at 1:29 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 14, 2022

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 14, 2022 at 4:02 P.M.

The Board of Nursing members participating in the call were:

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**
Laurie Buchwald, RNC, WHNP, FNP
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Mark Monson, Citizen Member
Felisa A. Smith, PhD, MSA, RN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
James Schliessmann, Assistant Attorney General
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill BSN, MHS; Deputy Executive Director
Frencesca Iyengar, MSN, RN, Discipline Case Manager
Huong Vu, Operations Manager
Breana Renick, Administrative Support Specialist
Lakisha Goode, Discipline Team Coordinator
Julia Bennett, Deputy Director, Administrative Proceedings Division
Tammie Jones, Adjudication Consultant, Administrative Proceedings Division
Lisa Armstrong, Adjudication Specialist, Administrative Proceedings Division

The meeting was called to order by Mr. Jones. With 8 members of the Board of Nursing participating, a quorum was established.

James Schliessmann, Assistant Attorney General, presented evidence that the continue practice of Professional Nursing by **Lori Cross Herring, RN (0001-127428)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the license of **Lori Cross Herring** to practice professional nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Dr. Dorsey and carried unanimously.

The meeting was adjourned at 4:18 P.M.

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Christina Bargdill BSN, MHS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 20, 2022

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held April 20, 2022 at 12:15 P.M.

The Board of Nursing members participating in the call were:

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**
Terri Crawford Brown, RNC, MSN
Laurie Buchwald, RNC, WHNP, FNP
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Mark Monson, Citizen Member

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
James Schliessmann, Assistant Attorney General
Claire Morris, RN, LNHA, Deputy Executive Director
Frencesca Iyengar, MSN, RN, Discipline Case Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Huong Vu, Operations Manager
Breana Renick, Administrative Support Specialist
Julia Bennett, Deputy Director, Administrative Proceedings Division
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division

The meeting was called to order by Mr. Jones. With 9 members of the Board of Nursing participating, a quorum was established.

James Schliessmann, Assistant Attorney General, presented evidence that the continue practice as a Nurse Aide by **Marquita Byrd, CNA (1401-209175)** may present a substantial danger to the health and safety of the public.

Ms. Gerardo moved to summarily suspend the certificate of **Marquita Byrd** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her certificate with the suspension stayed contingent upon entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the time specified by the HPMP in lieu of a formal hearing. The motion was seconded by Mr. Monson and carried unanimously.

The meeting was adjourned at 12:25 P.M.

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Claire Morris, RN, LHNA
Deputy Executive Director

Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	*740*	*673*	*90.9%*	*57*	*7.7%*	*10*	*40*	*14*	*12*	*1.6%*	*2*	*10*	*2*	*13*	*18*	*15*	*0*	
CY2022 to Date:	*39*	*35*	*89.7%*	*2*	*5.1%*	*1*	*0*	*2*	*2*	*5.1%*	*0*	*2*	*0*	*0*	*0*	*0*	*0*	
Mar-22	*22*	*20*	*90.9%*	*1*	*4.5%*	*1*	*0*	*1*	*1*	*4.5%*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	
Jan-22	17	15	*88.2%*	1	*5.9%*	0	0	1	1	*5.9%*	0	1	0	0	0	0	0	
Annual Totals:																		
Total 2021	*51*	*48*	*94.1%*	*5*	*9.8%*	*0*	*2*	*0*	*0*	*0.0%*	*0*	*0*	*0*	*3*	*4*	*1*	0	
Total 2020	*77*	*69*	*89.6%*	*6*	*7.8%*	*5*	*6*	*0*	*2*	*2.6%*	*0*	*2*	*0*	*4*	*0*	*0*	N/A	
Total 2019	*143*	*129*	*90.2%*	*12*	*8.4%*	*0*	*10*	*2*	*2*	*1.4%*	*2*	*0*	*2*	*0*	*0*	*1*	N/A	
Total 2018	*200*	*172*	*86.0%*	*24*	*12.0%*	*4*	*17*	*7*	*4*	*2.0%*	*0*	*4*	*0*	*4*	*10*	*7*	N/A	
Total 2017	*230*	*220*	*95.7%*	*8*	*3.5%*	*0*	*5*	*3*	*2*	*0.9%*	*0*	*2*	*0*	*2*	*4*	*6*	N/A	

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

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

HPMP Quarterly Report (January 1, 2022 - March 31, 2022)

Board	License	Admissions[1]		Stays[2]	Comp[3]	Vacated Stays[4]		Dismissals[5]				
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Inel.	Dism. Resig.	Resig.	Death
`	LNP	1		1	3							
`	LPN	3			2			2				
`	RN	7	2	4	11	3		5		1		
`	Massage Ther											
`	CNS											
Nursing Total		**11**	**2**	**5**	**16**	**3**		**7**		**1**		
`	CNA											
`	RMA	2						1				
CNA Total		**2**						**1**				
`	DC											
`	DO		1	1								
`	DPM											
`	Intern/Resident		2									
`	LAT							1				
`	LBA											
`	Lic Rad Tech	1			1			1				
`	MD	1	1		5			1	1	1		
`	OT											
`	PA		1									
`	RT											
`	LM											
`	OTA											
`	SA											
Medicine Total		**2**	**5**	**1**	**6**			**3**	**1**	**1**		
`	Pharmacist	1	1		2							
`	Pharm Tech											
`	Intern											
Pharmacy Total		**1**	**1**		**2**							
`	DDS				1				1			
`	DMD											
`	RDH	1										
Dentistry Total		**1**			**1**				**1**			
`	DVM										1	
`	Vet Tech											
Veterinary Medicine Total											**1**	
`	PT							1				
`	PTA							1				
Physical Therapy Total								**2**				
TOTALS		**17**	**8**	**6**	**25**	**3**	**0**	**13**	**2**	**2**	**1**	**0**

Admissions[1]: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)

Stays[2]: Stays of Disciplinary Action Granted

Comp[3]: Successful Completions

Vacated Stays[4]: Vac Only=Vacated Stay Only; Vac &Dism=Vacated Stay &Dismissal

Dismissals[5]: N/C=Dismissed Non-Compliant; Inel=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING
MINUTES
April 20, 2022

TIME AND PLACE: The hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 1:01 P.M., on April 20, 2022.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Board of Nursing - **Chair**
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing
Ann Tucker Gleason, PhD; Board of Nursing
David Archer, MD; Board of Medicine
L. Blanton Marchese; Board of Medicine
Ryan P. Williams, MD; Board of Medicine

STAFF PRESENT: Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Charlette Ridout, RN, MS, CNE; RN Probable Cause Reviewer/Education Program Inspector
Lakisha Goode, Discipline Team Coordinator

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

ESTABLISHMENT OF A QUORUM: Ms. Gerardo called the meeting to order and established that a quorum consisting of six members was present.

FORMAL HEARING: **Kimberley Dawn Washbourne, LNP 0024-166086**
Ms. Washbourne appeared and was represented by Peter Baskin, Esq.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Committee of the Joint Boards. Kim Taylor, court reporter with Farnsworth and Taylor, recorded the proceedings

Kevin Wolfe, Senior Investigator, Enforcement Division was present and testified. Tammy Kirkland, RN, Director of Nursing at Rose Hill Health and Rehab, testified by telephone.

Dr. Hills left the meeting at 2:33 P.M.

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 2:33 P.M. for the purpose of deliberation to reach a decision in the matter of **Kimberley Dawn Washbourne**. Additionally, Dr. Gleason moved that Ms. Ridout, Ms. Goode and Ms. Mitchell, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in

its deliberations. The motion was properly seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 3:23 P.M.

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

Dr. Hills rejoined the meeting at 3:23 P.M.

ACTION: Dr. Archer moved that the Committee of the Joint Boards of Nursing and Medicine require **Kimberley Dawn Washbourne** to complete five total Committee-approved hours of continuing education in the subjects of ethics and medical documentation within 90 days from the date of entry of the Order. The motion was properly seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon the entry by the Committee of the Joint Boards of a written Order stating the findings, conclusions, and decision of this formal hearing quorum.

ADJOURNMENT: The meeting was adjourned at 3:25 P.M.

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

Virginia Department of Health Professions
Board of Health Professions

Draft Meeting Minutes

Call to Order
The March 29, 2022, Virginia Board of Health Professions meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer
James Wells, RPh

Members Present
Sahil Chaudhary, 1st Vice Chair, Citizen Member
Brenda L. Stokes, MD, 2nd Vice Chair, Board of Medicine
Barry Alvarez, LMFT, Board of Counseling
Sheila E. Battle, MHS, Citizen Member
A. Tucker Gleason, PhD, Board of Nursing
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work
Kenneth Hickey, MD, Board of Funeral Directors & Embalmers
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Steve Karras, DVM, Board of Veterinary Medicine
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Sarah Melton, PHARMD, Board of Pharmacy
Martha S. Rackets, PhD, Citizen Member
Susan Wallace, PhD, Board of Psychology

Members Absent
Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member
Helene D. Clayton-Jeter, OD, Board Chair, Board of Optometry
Mitchel Davis, NHA, Board of Long-Term Care Administrators
Margaret Lemaster, RDH, Board of Dentistry

Staff Present
Leslie L. Knachel, Executive Director
David E. Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst DHP
Erin Barrett, Senior Policy Analyst DHP
Charis Mitchell, Assistant Attorney General, Board Counsel
Laura Jackson, Board Administrator
Laura Paasch, Licensing & Operations Administrative Specialist

Public Present
W. Scott Johnson
Ben Trayham

Establishment of Quorum
With fourteen board members out of eighteen present, a quorum was established.

Mission Statement
Mr. Wells read the Department of Health Professions' mission statement.

Ordering of Agenda
Mr. Wells opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
There were no requests to provide public comment.

Approval of Minutes
Mr. Wells opened the floor to any additions or corrections regarding the draft minutes from the Full Board Meeting on December 2, 2021. Hearing none, the minutes were approved as presented.

Agency Director's Report
Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

Policy Analyst's Report
Ms. Yeatts' provided updates on the 2022 General Assembly & Regulatory Actions.

Ms. Knachel presented the amendments to Guidance Document 75-4 Bylaws that were presented at the December 2, 2021, board meeting.

Dr. Jones made a motion to accept the changes to Guidance Document 75-4 Bylaws as presented The motion was seconded by Dr. Stokes. The motion carried unanimously.

Discussion Items
<u>Format for Individual Board Reports</u>
Ms. Knachel gave an update on the format for the individual board reports at Board of Health Professions' meetings. The consensus of the board members is that the Board Executives will provide a brief summary of board actions to be reported. Information on

board statistics will not be included in the reports. The minutes will reflect the information provided in each report.

Board Counsel Report
Ms. Mitchell had no information to report to the Board.

Board Chair Report
Mr. Wells thanked Dr. Jones and Dr. Rackets for their years of service on the Board of Health Professions and to the Commonwealth.

Staff Reports
Ms. Knachel reported that the next meeting is scheduled for September 27, 2022. The meeting will include reports from the Enforcement and Finance Divisions and officer elections.

New Business
No new business was reported.

Next Meeting
The next full board meeting is scheduled for Tuesday, September 27, 2022.

Adjournment
Hearing no objections, Mr. Wells adjourned the meeting at 11:07 a.m.

VIRGINIA BOARD OF NURSING
Meeting of the Medication Aide Curriculum Committee
April 27, 2022

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 3**
Henrico, Virginia 23233

TIME & PLACE:	The meeting of the Medication Aide Curriculum Committee was convened by Dr. Felisa Smith, Chair at 9:08 a.m. on April 27, 2022 in Board Room 1, Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia,
BOARD MEMBERS PRESENT:	Felisa A. Smith**,** PhD, MSA, RN, CNE**,** RN Board Member (Chair) Margaret J. Friedenberg, Citizen Member Dixie McElfresh, LPN, LPN Board Member
STAKEHOLDERS PRESENT:	Karen Mittura, Germanna Community College, Medication Aide Education Program Krystal Lotts, Wellness Concepts Jennie Haden – Representing Judy Hackler, Virginia Assisted Living Association Catina King, Representing Dawn Ellis, Omnicare/CVS Theresa Mason, Fresh Start Rhonda Whitmer, Department of Social Services April Payne, Virginia Health Care Association
STAKEHOLDERS ABSENT:	Vonnie Adams, Administrator, Williamsburg Landing Jennifer Perez, A&J Total Care Enterprises, Medication Aide Education Program Dana Parsons, leading Age of Virginia
DHP STAFF PRESENT:	Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director Beth Yates, Nursing and Nurse Aide Education Coordinator
DHP STAFF ABSENT:	Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager
PUBLIC COMMENT:	There was no one present for public comment.

DISCUSSION OF CURRICULUM REVISIONS:

Dr. Smith thanked the committee for their time and input into review and revision of the curriculum.

Ms. Wilmoth thanked the committee for their patience as the curriculum was transitioned to a new format and revised. She acknowledged the work that Christine Smith, Nurse Aide/Medication Aide Program Manager completed in transitioning the curriculum to the new format. Additionally, a summary of the agreed upon changes from prior meetings were reviewed to include:

- Remove the introductions that were embedded in each section of the curriculum.
- Reorganize order of the curricular content for a more cohesive flow
- Update medication references
- Update language to be resident focused
- Removal of worksheets (workbook materials)
- Update regulatory and code references
- Remove links to websites

The committee reviewed and discussed the revised curriculum and agreed upon additional edits to the curriculum. The committee reviewed the curriculum regulatory requirements as set forth in 18VAC90-60-60 (C) and concluded that all curriculum requirements are met in the revised curriculum as presented. Additionally, the committee reviewed the updated Skills Performance Record and agreed it would be useful to provide as a sample to programs.

April Payne joined the meeting at 10:50 a.m.

PLAN FOR FOLLOWUP: The committee recommended to submit the amended curriculum to the full board on May 17, 2022.

ADJOURNMENT: The meeting adjourned at 1:20 p.m.

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Jacquelyn Wilmoth, RN, MSN

Deputy Executive Director for Education

2022

68 HOUR REGISTERED MEDICATION AIDE CURRICULUM

MEDICATION AIDE CURRICULUM FOR REGISTERED MEDICATION AIDES

VIRGINIA BOARD OF NURSING

REVISED 2022

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UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify legal and ethical issues in medication management	A. Ethical and legal standards 1. To guarantee that residents receive safe and competent care 2. To protect the Medication Aide B. Distinguish between ethical standards and legal standards 1. Ethical standards are guides to moral behavior 2. Legal Standards are guides to lawful behavior C. Legal issues of importance to Medication Aides. The Medication Aide: 1. Must work within her/his scope of practice 2. Performs only those acts which she/he is trained to do 3. Keeps skills and knowledge up-to-date 4. Requests help before taking action in a questionable situation 5. Always protects the safety and well-being of the resident	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	6. Performs their job according to facility policy and applicable laws and regulations D. Violation of ethical or legal standards 1. May result in: a. Loss of registration b. Loss of eligibility to work in assisted living facilities c. Disciplinary action by the facility and/or the Board of Nursing	
2. Demonstrate the implication of client's rights regarding medications, treatment decisions,and confidentiality	A. Client rights regarding medications and treatment decisions 1. Right to be informed of rights, responsibilities, policies and rules 2. Right to participate in planning personal medical treatment 3. Right to refuse medical treatment 4. Right to privacy during medical treatment including the administering of medications	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	5. Right to take only medications prescribed by personal Healthcare Provider (HCP) 6. Right to refuse to participate in research or experimentation 7. Right to choose physicians and other health care providers 8. The right to move around freely (free from chemical and physical restraints) B. Client rights regarding confidentiality 1. Right that only staff members providing care to a client may have access to the clients' medical records 2. Right to approve or refuse to release personal records to an individual outside the facility (except as otherwise provided by law) C. Implications for facility staff (§63.2-1808) 1. Must make rights, responsibilities & rules known to the client	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	2. Must not restrict any client rights 3. Must train staff to implement client rights	
3. Identify permitted practices and identify acts prohibited by Medication Aides in Virginia	A. Permitted Practice of a Medication Aide 1. May administer medications in assisted living facilities licensed by the Department of Social Services 2. May administer medications which the client would normally self-administer 3. May administer insulin injections as ordered by prescriber and as would normally be self-administered by the client 4. May administer EpiPen® and Glucagon as ordered by prescriber, in emergency situations only 5. Observe and report B. Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.) define acts prohibited by the Board of Nursing C. Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.) and	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	The Drug Control Act of Virginia (§54.1-3408) define acts prohibited by the Board of Pharmacy D. Regulations of the Virginia Department of Social Services (DSS) (§ 22VAC40-73 et seq.) define acts prohibited by the Department of Social Services E. Other Prohibited Practices 1. Medication Aides may not administer medications which have been poured by another person 2. Medication Aides may not pour medication for another person to administer 3. Medication Aides may not pre-pour medications for anyone (including self) 4. Medication Aides may not label or change the label of a medication 5. Medication Aides may not write prescriptions or order new medications 6. Medication Aides may not	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	administer medications to clients until all requirements for training and certification are met	
4. Identify the legal requirement to report client abuse, neglect and exploitation	A. Mandated reporting is a legal requirement in Virginia (§ 63.2-1606.A) 1. Who is mandated to report as defined by law? a. Any person licensed, certified or registered by a health regulatory board (except veterinary) b. Any guardian or conservator of an adult c. Any person employed by or contracted with a public or private agency or facility, and working with adults in an administrative, supportive or direct care capacity d. Any person providing full, intermittent or occasional	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	care to an adult for compensation e. Any law enforcement officer 2. What specific facts are mandated to report? a. The age of the abused individual (60 years or more, or 18 years or more and incapacitated) b. The identity of the adult or location of the adult about whom the report is being made c. The circumstances about the risk or suspected abuse, neglect and/or exploitation 3. Mandate reports should be submitted or called into: a. Adult Protective Services (APS)	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	b. Law enforcement and/or medical examiner, if appropriate 4. Other responsibilities of the person reporting: a. Report suspicion that an adult had died as a result of abuse or neglect b. Report suspected sexual abuse c. Report other criminal activity involving abuse or neglect that puts an adult in danger of harm or death 5. Rights of the person reporting a. Immunity from civil and criminal liability unless the reporter acted in bad faith or with a malicious purpose b. Right to have identity kept confidential unless consent to reveal his/her identity is given or unless the court	

UNIT I

LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	orders that the identity of the reporter be revealed c. The right to hear from the investigating local DSS confirming that the report was investigated 6. Penalty for failure to report: a. Civil monetary penalties 7. APS refers matters as necessary to the appropriate licensing, regulatory or legal authority for administrative action or criminal investigation	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Demonstrate principles of maintaining aseptic technique	A. The Occupational Safety and Health Administration (OSHA) 1. A government agency responsible for the safety of workers with set standards for equipment use when working in facilities 2. Standard Precautions is one of the OSHA safety guidelines B. Procedure for Standard Precautions (follow CDC and facility guidelines) 1. Always wear gloves when in contact with body fluids, or when a possibility of contact with body fluids exists 2. Perform appropriate hand hygiene before and after all procedures 3. If skin is contaminated with blood or body fluid, wash immediately with soap and	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	water 4. If assisting a client with insulin injections or blood glucose monitoring, place used needles and lancets into a rigid sharps container 5. Discard body waste directly into the toilet. Discard waste containing blood in accordance with the facility's exposure control plan 6. Discard used gloves into plastic bags for disposal in designated containers 7. Spills of blood, or body fluid visibly stained with blood, should be cleaned with chlorine bleach or spill kit and left for several minutes, in accordance with the facility's exposure	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	control plan C. Personal Protective Equipment (PPE) 1. To be worn when there is danger of contact with blood or body fluids 2. PPE includes: face coverings, gloves, gowns, and goggles D. Employee precautions 1. All employees must have access to protective gloves 2. Should a needle stick occur, follow facility policy to protect employee and/or client's health 3. Working in the health care industry also puts you at greater risk for other illnesses. The CDC's Advisory Committee on Immunization Practices (ACIP) is responsible for creating immunization	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	recommendations and has special recommendations just for health care personnel 4. Open wounds or breaks in the skin should be covered with a protective dressing E. Cleaning and disinfecting storage areas 1. It is important to use proper cleaning and disinfecting practices to maintain aseptic conditions 2. Always use approved cleaners and follow the facilities procedures for cleaning 3. PPE should be worn when processing dirty equipment F. How infectious waste is packaged and labeled for disposal 1. Infectious wastes should be contained in red, leak-proof	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	plastic bags 2. Bags are labeled, sealed, and disposed of according to facility policy 3. Needles and syringes must be placed in special rigid containers for disposal G. Special considerations for medication aides 1. Do not come to work ill 2. Ensure open skin areas or draining wounds are covered 3. Stay up to date on required immunizations	
2. Recognize emergencies and other health-threatening conditions and respond accordingly	A. Types of health-threatening conditions which should be reported 1. Life threatening emergencies 2. Non-emergency, but health-threatening conditions 3. Other significant changes in physical conditions or behavior	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	B. Causes for emergencies may include 1. Injuries 2. Illnesses 3. Complications related to illness or injury 4. Unwanted effects of medication C. Appropriate responses to emergencies 1. Call 911 2. Provide assistance to client until help arrives 3. Collect client's medical record for HCP D. Appropriate follow-up to emergencies 1. Follow facility protocol for reporting and documentation E. Appropriate responses to non-emergency but health-threatening conditions 1. Follow facility protocol for reporting and documentation F. Other significant changes in physical conditions or behavior 1. Follow facility protocol for reporting and documentation	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
3. Demonstrate basic concepts of communication with the cognitively impaired client	A. Basic communication skills 1. There must be message, a sender and a receiver 2. Be a positive communicator 3. Be a good listener B. Communication barriers 1. Caregiver barriers a. Failure to listen b. Doing something else while client is trying to communicate c. Assuming the client has nothing of value to say because of cognitive impairment 2. Cognitive Impairment a. Cognitive impairment is the inability to think, to reason, and/or to remember b. This inability is severe enough to interfere with the ability to function	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	c. It may be temporary or permanent, depending on the cause C. Communicating with the cognitively impaired client 1. Follow the plan of action regarding communication techniques that are effective for each client. This may be called the ISP (Individualized Service Plan) or, in some facilities, the "Action Plan" 2. Remember that what works for one client may not work for another, be flexible D. Communication with the aphasic client 1. Aphasia is the inability to speak a. Stand where client can see you b. Look at the client the entire time c. DO NOT SHOUT (clients who cannot speak are not necessarily hearing-	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	impaired and shouting may cause aggressive behavior) d. Speak clearly and enunciate carefully e. Do not rush the client f. Use writing pads, chalk boards or a communication board E. Managing behavior problems 1. The best way to manage difficult behavior is to prevent it by following sound behavior management principles 2. Knowing the client is a good way to avoid difficult behavior. Consistency of caregivers is important in this group of patients 3. To effectively manage challenging behavior: a. Identify the behavior and the cause using the ABC's of behavior management:	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	1) Antecedent – what happens before the behavior? 2) Behavior – what IS the behavior? (identify accurately) 3) Consequence – what happens as a result of the behavior? 4. Tools for managing behavior a. Directing and redirecting 1) When the client is not achieving goals, DIRECT them using such actions as cueing or mirroring 2) When the client is doing something inappropriate or of danger to self or others, we REDIRECT them to another action	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	b. Ignore the behavior, when appropriate c. Increase your tolerance for the behavior, especially with the dementia client F. Actions for managing the angry client 1. Agitation a. Listen closely and try to determine what triggered the behavior b. Watch the client's body language for signs of escalating anger such as: 1) loss of eye contact 2) repetitive movement, wringing of the hands, clenched fists 3) Increase in motor activity, such as frequent changes in position or pacing	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	4) Change in tone of voice, repetitive sounds, crying, complaining c. Remain calm; think before you speak d. Leave the client alone if appropriate and allow them to calm down 2. Physical aggression a. Avoid actions and issues that cause the client to become combative b. Call for assistance if the client loses control c. Back off when it is appropriate and allow the client time to settle down d. Keep yourself and others at a safe distance; protect yourself and the patient e. Stay calm; don't threaten; never hit back	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	f. When anger passes, talk with the client to try to understand and comfort	
4. Measure and document vital signs	A. When to measure Vital Signs 1. When ordered by HCP 2. To determine baseline vital signs 3. If required by facility policy and procedure on a routine basis 4. When monitoring the client's response to certain medications 5. When the client shows signs of physical distress B. Measuring and recording vital signs *ranges may vary per client 1. Temperature a. Older adults often have diminished ability to regulate body temperature putting them at higher risk for hypothermia 2. Pulse a. Rate b. Rhythm	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	c. Quality 3. Respirations a. Rate b. Rhythm c. Quality 4. Blood pressure a. Causes of Inaccurate Blood Pressure Readings 5. Pulse oximetry a. Oximeter may be placed on a fingertip, toe or ear lobe 6. Document vital sign measurements in the client's record 7. Report abnormal findings per facility protocol 8. Administer medications per facility protocol	
5. Demonstrate the use of International/Military Time	A. International Time 1. Counted from the first hour of the day (number 1) to the last hour of the day (number 24)	

UNIT II

PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	2. For hours after noon (12 pm) add 12 to the hour to determine the international time 3. Minutes remain the same	
6. Identify the "Rights" of medication administration	A. The rights of medication administration 1. Right Client 2. Right Medication 3. Right Dose 4. Right Route 5. Right Time 6. Right Documentation B. Purpose of the rights 1. To achieve therapeutic goal 2. To prevent harm to the client 3. To avoid ethical/legal complications C. Verify the rights 1. When in doubt about any of the rights, DO NOT administer the medication 2. Notify supervisor if medication is not administered	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Define key pharmacological terms, medical terminology and abbreviations associated with medication administration	A. Abbreviations associated with Medication Forms B. Routes of administration, abbreviations and meanings C. Measurements and associated abbreviations D. Times of administration and associated abbreviations E. Medical terms and associated abbreviations	
2. Identify medication and dispensing classifications	A. Medication Sources 1. Natural Sources a. Plants b. Animal c. Minerals 2. Chemical Sources a. Chemical b. Biotechnology B. Medication Names 1. Generic Name	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	a. The official name of the active ingredient used by all manufacturers 2. Trade Name a. Brand or product name b. Indicated by ® C. How Medications are Classified 1. Body System Affected 2. Mechanism of Action of Medications in the Body 3. Disease Medication is Intended to Treat 4. Dispensing Classifications a. Prescription Medications 1) Schedule I a. Not legal b. Illicit street drugs 2) Schedule II-V a. High abuse potential	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	b. Special storage & reporting c. Require a prescription d. Examples 3) Schedule VI in Virginia a. Have least abuse potential b. Require prescription c. Examples b. Over-the-Counter Medications Including Herbal Medications 1) Must have HCP order to administer 2) May be purchased without a prescription	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	3) Should be viewed in the same manner as prescription medications 4) Can cause harm, produce unwanted effects and medication interactions are possible	
3. Identify factors that affect medication mechanism of action	A. Absorption – First Step 1. When medication is introduced into the body 2. Rate of absorption influences medication action and may be affected by multiple factors B. Distribution – Second Step 1. Medication moves into fluids and tissues C. Metabolism – Third Step	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	1. Break down of the medication in the body occurs in order to eliminate the medication 2. Affected by many factors a. Age b. Health conditions D. Excretion – Final Step 1. Urine a. Kidney conditions may affect excretion 2. Feces 3. Expired air E. Factors That Affect Medication Action 1. Physical Factors a. Age b. Weight c. Gender d. Disease states e. Genetic factors 2. Psychosocial Factors	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	a. Diet b. Exercise c. Mental state d. History of medication response 3. Medication Administration Factors a. Dosage form b. Route of administration c. Time of administration	
4. Facilitate client awareness of the purpose and effects of medications	A. Communicating Purpose and Effects of Medication with the Client B. Purpose of Medication 1. Prevent disease (e.g. vaccines) 2. Eliminate and control infections 3. Control disease 4. Relieve symptoms related to illness 5. Maintain normal function C. Effects of Medication 1. Therapeutic effect 2. Undesired effect	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	a. Adverse event b. Medication interaction 1) Two medications combine to produce a new, different, unwanted effect 2) Follow facility protocol for medication interactions c. Unwanted side effects D. Medication Dependency 1. Physical dependency 2. Psychological dependency E. Medication Allergies 1. Hypersensitivity 2. Allergic reactions a. Appear within first few doses b. Observe and report 3. Anaphylaxis a. Observe and report b. Treatment	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
5. Demonstrate how to use medication information sources	A. Common Medication References 1. Physician's Desk Reference (PDR) 2. United States Pharmacopeia National Formulary (USP-NF) 3. Nurses Drug Handbook 4. The Pill Book B. Using Medication Reference Books 1. When a Medication Question Occurs a. Do not administer the medication until there is clarification	
6. Identify medication labeling requirements in Virginia and the Federal Drug Control Act	A. Label Information Contents 1. Drug Control 2. Code of Virginia 3. Written in ink, typed or printed 4. Name, address and telephone number, Drug Enforcement Administration (DEA) number of pharmacy 5. Prescription number and name of physician	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	6. Client's name and date prescription was filled 7. Medication name, strength and count of medication 8. Directions for taking the medication 9. Number of refills 10. Expiration date of medication 11. Stickers with special instructions	
7. Identify/explain how to complete three commonly used forms for documenting medication administration	A. Use of the Prescriber's Order Form B. Use of the Medication Administration Record (MAR) C. Use of the Medication Error Report Form D. Other Medication Administration Documentation Forms	
8. Demonstrate/explain procedures for receiving and transcribing physician's orders	A. Receiving Medication Orders 1. Written order 2. Verbal/Telephone order B. Guidelines for Receiving Telephone Orders 1. Board of Pharmacy (BOP) 2. DSS 3. Facility policy C. Prevention of Order Misinterpretation	

UNIT III

THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	1. When in doubt, contact HCP to verify order D. Transcribing Orders onto the Medication Administration Record (MAR) 1. Procedure for transcribing a medication per facility protocol 2. Procedure for discontinuing a medication per facility protocol	
9. Document medication administration on the Medication Administration Record (MAR)	A. Documenting Administration of Medications 1. All medications administered or omitted 2. Document per facility protocol	
10. Document medication errors	A. Documenting Medication Errors Procedure 1. Document on Medication Error Report Form per facility protocol	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify basic guidelines for administering medications	A. Basic Guidelines for Administering Medications 1. Know why the client is receiving the medication 2. Know the medication delivery system a. vial b. blister pack c. unit dose d. multi-dose 3. Verify each medication order a. written physician's order b. medication administration record (MAR) 4. Know the types of medication orders a. routine order b. PRN c. single dose d. stat 1) pursuant to § 22VAC40-73-680(N)(2) RMA may not administer 5. Read the medication label 3 times a. Verify the expiration date	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	6. Never administer a medication if there is any question about the order 7. Never administer a medication if its normal appearance has been altered in any way 8. Always check for allergies 9. Take vital signs as indicated 10. Practice aseptic technique 11. Document in the MAR per facility protocol B. Preparing to Pass Medication ("med-pass") 1. Know and follow facility protocol 2. Stock the cart per facility protocol 3. Follow the rights of medication administration C. Medication Administration Times 1. Not earlier than 1 hour before and not later than 1 hour after dosing time pursuant to § 22VAC40-73-680(C) 2. Confirm administration time window with facility protocol	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
2. Administer or assist the client with self-administration of oral medications	A. Purpose of Oral Medications B. General Guidelines for Administering Oral Solid Medications 1. Administer solid medication first and liquid second; do not mix liquids 2. Do not mix medication with food or liquids without a written order 3. Stay with client until medications have been consumed C. General Guidelines for Administering Oral Liquid Medications 1. Use measurement devices intended for measuring liquid medications 2. Do not mix liquid medications in the same measuring device	
3. Administer or assist the client with self-administration of eye drops and ointments	A. Purpose of Eye Medications B. Safe Administration of Eye Drops 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
4. Administer or assist the client with self-administration of ear drops	A. Purpose of Ear Medications B. Safe Administration of Ear Drops 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	
5. Administer or assist the client with self-administration of nasal drops and sprays	A. Purpose of Nasal Medications B. Safe Administration of Nasal Drops and Sprays 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	
6. Administer or assist the client with self-administration of topical preparations	A. Purpose of Creams, Lotions and Ointments B. Safe Administration of Creams, Lotions and Ointments 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
7. Administer or assist the client with self-administration of vaginal products	A. Purpose of Vaginal Medications B. Safe Administration of Vaginal Medications 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	
8. Administer or assist the client with self-administration of rectal products	A. Purpose of Rectal Medications B. Safe Administration of Rectal Medications 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	
9. Administer or assist the client with self-administration of soaks and sitz baths	A. Purpose of Soaks and Sitz Baths B. Safe Administration of Soaks and Sitz Baths 1. Procedure 2. Date and initial multi-use containers when opened 3. Document administration per facility protocol	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
10. Administer or assist the client with self-administration of oral hygiene products	A. Guidelines for Oral Care B. Oral Hygiene Products C. Safe Administration of Oral Hygiene Products 1. Procedure 2. date and initial multi-use containers when opened 3. document administration per facility protocol	
11. Administer or assist the client with self-administration of inhalation products	A. Purpose of Inhalation Products B. Types C. Safe Administration of Inhalation Products 1. Procedure 2. Date and initial multi-use containers 3. Document administration per facility protocol	
12. Administer or assist the client with self-administration of transdermal patches	A. Purpose of Transdermal Patches B. Safe Administration of Transdermal Patches 1. Procedure 2. Date and initial on patch per facility protocol 3. Document administration per facility protocol	

UNIT IV

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
13. Administer or assist the client with self-administration of EpiPen®	A. Purpose of The EpiPen® B. Safe Administration of the EpiPen® 1. Procedure 2. Call 911 3. Document administration per facility protocol	

UNIT V

STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify procedures for storing and securing medications	A. Importance of Proper Medication Storage 1. Client safety 2. Medication integrity and safety 3. Compliance with federal and state laws and regulations B. The Medication Cabinet, Container or Compartment 1. For medication storage only 2. Virginia DSS regulations a. § 22VAC40-73-660 C. The Pharmacy Container 1. Used by pharmacies for dispensation of medications 2. Containers must meet legal requirements 3. Medications must be kept and stored in these original pharmacy containers 4. Transfer of medications from one container to another is done only by a pharmacist	

UNIT V

STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	5. Only a pharmacist can change or alter the prescription label on a dispensed medication D. Storage of Internal and External Medication 1. Oral medications separate from topical or suppository type medications 2. Eye drops stored separate from internal/external medications E. Storage of Medications which Require Specific Temperatures F. Storage of OTC medication 1. Original container with residents name or pharmacy issued container until administered pursuant to 22VAC40-73-680 (G)	
2. Explain/demonstrate procedures for maintaining an inventory of medication including controlled substances	A. Maintaining an Inventory of Individual Client Medications 1. Adhere to facility protocol B. Maintaining an Inventory of Controlled Substances	

UNIT V

STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	1. Adhere to facility protocol C. Guidelines for Counting Schedule II-V Medications 1. Adhere to facility protocol D. Provision of Prescription Medications Sent Outside the Facility 1. Adhere to facility protocol	
3. Identify procedures for disposal and loss of medications	A. Reason for Disposal of Medications B. Guidelines for Medication Disposal 1. Adhere to facility protocol C. Documentation of Medication Disposal 1. Adhere to facility protocol D. Medication Losses 1. Adhere to facility protocol	

UNIT VI

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify special issues related to medication use in the elderly	A. Effects of Aging on Medication Action B. Special Administration Considerations 1. Adverse drug reactions (ADRs) 2. Non-adherence C. The Effects of Disease	
2. Recognize uses, adverse reactions and special considerations for selected psychotropic medications	A. Four Classes of Psychotropic Medications 1. Antidepressant agents 2. Antianxiety agents 3. Antipsychotic agents (also called neuroleptics) 4. Antimanic agents B. Conditions Commonly Treated with Psychotropic Medications 1. Depression 2. Anxiety disorders 3. Bipolar disorder (manic-depressive) 4. Psychotic disorders 5. Individualized disability	
3. Recognize when a medication is a chemical restraint	A. Virginia Department of Social Services' Definition of Chemical Restraint (§ 22VAC40-73-10) B. Danger of Chemical Restraints	

UNIT VI

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	1. Physical harm 2. Psychosocial harm C. Common Reasons for Chemical Restraints 1. Lack of understanding of what the client is trying to communicate through behavior 2. Lack of understanding of behavior management techniques 3. Inadequate staffing D. Managing Behavior 1. Review "Resident Rights" for ALFs 2. Review Communication E. Communicating with the Healthcare Team 1. Clearly describe what the client is doing 2. Do not use words like "agitated" or "angry" a. state facts, not opinions 3. If attempts to manage behavior fail, document every effort made to manage it per facility protocol	

UNIT VI

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	4. Transfer to another facility may be required	
4. Explain the importance of blood testing to monitor therapeutic levels of medication	A. Reason for Monitoring B. Blood Levels 1. Therapeutic level 2. Toxic level C. Determining Correct Dosage 1. Factors affecting medication levels D. Most Frequently Monitored Medications 1. Blood thinners 2. Anti-seizure medications 3. Asthma medications 4. Barbiturates 5. Psychotropic medications 6. Administration of high doses E. Factors That Can Interfere with Testing 1. Time between first dose and blood test 2. Consuming medications other than the ones being monitored a. prescription medications b. OTC medications	

UNIT VI

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	c. Alcohol d. Marijuana e. "street drugs" or any illegal substances F. Responsibility of Facility Staff 1. Monitor HCP orders for blood level requests 2. When ordered routinely, ensure test is done 3. Ensure results are reported to the HCP 4. Report unusual signs/symptoms related to medication levels	
5. Identify medications considered inappropriate for the elderly	A. Beer's Criteria 1. A list of medications considered inappropriate to administer to elderly clients due to risks outweighing benefits 2. List is based on recommendations from geriatric experts	
6. Identify reasons and ways of dealing with clients'	A. Reasons for refusal	

UNIT VI

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
refusal to take medications and respond appropriately	1. Questions to Ask when Determining Reasons for Medication Refusal B. Types of refusal 1. Active – client directly refuses 2. Passive – less obvious and requires observation C. Strategies for Managing Client Refusal 1. Rephrase offer to administer the medication 2. Follow the client's Individualized Service Plan (ISP) for actions to be taken regarding refusal D. When a client refuses 1. Notify the HCP regarding the refusal 2. Observe and report effects of medication refusal 3. Document refusal per facility protocol	
7. Recognize uses of over-the-counter medications, herbal preparations and non-medical substances	A. Use of Over-the-Counter (OTC) Medications 1. Must have an HCP order 2. Must be documented in the MAR	

UNIT VI

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	3. Errors must be reported 4. Must be stored in the same manner as prescription medications B. Use of Herbal Medications 1. Not regulated by the FDA 2. Do not have to meet federal/state standards 3. Must have HCP order if administered by Medication Aides 4. Must be documented on the MAR in the same manner as prescription medications C. Use of Non-Medical Substances 1. Effect of legal substances on physiology 2. Interaction of legal substances with OTC and prescription medications D. Use of Sample Medications 1. Must have an HCP order 2. Must be documented in the MAR 3. Follow facility protocol	

UNIT VII

INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Define and list the causes of two types of diabetes mellitus	A. The Purpose of Insulin in the Body B. Diabetes 1. Type I – insulin-dependent diabetes mellitus (IDDM) description 2. Type II – non-insulin-dependent diabetes mellitus (NIDDM) description C. Causes of Diabetes Mellitus D. Symptoms of Diabetes Mellitus	
2. Identify interventions involved in the management of diabetes	A. Diet Management B. Exercise C. Medication 1. Oral a. not insulin b. encourage the pancreas to produce and better utilize insulin 2. Insulin injections a. Types of insulin b. Client may take one type or a mixture of two types of insulin	

UNIT VII

INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	3. Non-insulin injections a. Medication aides may not administer pursuant to 18VAC90-60-110(B)(5) D. Blood Glucose Monitoring	
3. List commons signs and symptoms of hypoglycemia and hyperglycemia	A. Hyperglycemia – High Blood Glucose 1. Causes 2. Signs and symptoms 3. Treatment B. Hypoglycemia – Low Blood Glucose 1. Causes 2. Signs and symptoms 3. Treatment C. Client Reporting to the HCP	
4. Perform finger stick procedure for glucose monitoring	A. Blood Glucose Monitoring 1. Procedure a. Random blood glucose test b. Fasting blood glucose tests B. Report and document per facility protocol	
5. Administer insulin injections	A. Methods of Insulin Administration 1. Syringe 2. Pen	

UNIT VII

INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	3. Other B. General Guidelines for Administration of Subcutaneous Injections 1. Insulin Pen 2. Insulin Vial 3. Mixing two types of insulin	

Glossary

absorption How a substance is taken into the circulation (blood stream). How much of a medication is absorbed and how long it takes to absorb determines the medication's availability for use in the body.

abuse To willfully inflict physical pain, injury or mental anguish or unreasonable confinement.

active refusal When a client directly refuses to take a medication.

addiction Compulsive physiological need for and use of a habit-forming substance.

- **Physical addiction** Drug dependence in which the drug is used to prevent withdrawal symptoms or in which it is associated with tolerance, or both.
- **Psychological addiction** Drug dependence in which the drug is used to obtain relief from tension or emotional discomfort; may also be called emotional dependence.

ad lib Use as much as one desires. In licensed facilities, the order for such use must be specifically defined.

administer Direct application of a medication to the patient's body whether by injection, inhalation, ingestion or any other means.

administration route How the medication is administered, i.e., orally, topically, subcutaneous injection, inhalation, intranasal, rectally, vaginally, etc.

ADR Abbreviation for *adverse drug reaction.* An often undesirable or unexpected effect of a drug which can vary in significance. Some adverse reactions are minor, tolerable for the patient and short-lived, while others are more life threatening; also known as a side effect.

agitation Restless or excited behavior.

akathisia Constant pacing; a total inability to sit still. If forced to sit still the person may experience extreme anxiety and agitation.

ALF	Abbreviation for *Assisted Living Facility*, a housing facility for people with disabilities or for adults who cannot or who choose not to live independently.
Alzheimer's disease	A progressive neurodegenerative disease of the brain which impairs ability to think, reason or remember and interferes with the ability to function.
amnesia	Lack or loss of memory; inability to remember past experiences.
anaphylaxis	A severe allergic reaction to a substance to which a person has become sensitized. Requires emergency treatment.
anatomy	Study of the structure and the parts of the body.
antagonist	When referring to medications, a substance that stops the action or effect of another substance.
anxiety	State of feeling apprehensive, uneasy, uncertain, or in fear of an unknown or recognized threat.
aphasia	Loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language, due to injury or disease of the brain center.
APS	Abbreviation for *Adult Protective Services,* which receives and investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older.
aseptic	Free of disease-causing organisms.
ataxia	Irregular muscular action. Particularly affects walking; gait is typically very unsteady.
biohazardous waste	Waste which may cause disease or injury.
blood-borne pathogen	A disease-causing organism which is carried in the blood.
blood pressure	The force of circulating blood on the walls of the arteries.

BON	Abbreviation for *Board of Nursing,* the agency in Virginia which regulates Nurses (RN and LPN), Nurse Practitioners including Nurse Anesthetists and Nurse Midwives, Nurse Aides, Advanced Certified Nurse Aides, Clinical Nurse Specialists, Medication Aides and Massage Therapists. The BON also regulates Prescriptive Authority for Nurse Practitioners and approves and regulates in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides.
BOP	Abbreviation for *Board of Pharmacy.*
Bradykinesia	Very slow movement. May be medication side effect. Symptom of disease such as Parkinson's.
BUN	Abbreviation for *Blood Urea Nitrogen* which is a measure of the kidneys' ability to excrete urea, the chief waste product of protein breakdown. Elevated in renal failure; influenced by the amount of protein intake in the diet. In medication administration, the function of the kidneys affects medication excretion.
Catastrophic reaction	An abrupt outburst related to a stimulus or trigger.
catatonic	A condition of being apparently awake but unresponsive. Catatonia is a severe psychiatric and medical condition associated with a number of psychiatric and medical conditions, such as drug abuse, depression, and schizophrenia.
CE	Abbreviation for Continuing *Education.* Educational requirement to maintain a license or certificate.
chemical name	The name of a chemical compound that shows the names of each of its elements or sub-compounds.
CHF	Abbreviation for *Congestive Heart Failure;* a disease of the heart most commonly referred to as "heart failure."
cognitive impairment	Altered ability to think, to reason and/or remember which interferes with the ability to function normally.
Combative	Marked by eagerness to fight or contend.
communicable disease	One which can be transmitted from one human to another.
communication barrier	An internal or external obstacle which interferes with sending or receiving a message.

concentration	Amount of medication in a certain volume of liquid.
confusion	Usually refer to loss of orientation (ability to place oneself correctly in the world by time, location and personal identity) and often memory (ability to correctly recall previous events or lean new material). Confusion is a symptom. It may range from mild to severe. A person who is confused may have difficulty solving problems or tasks, especially those known to have been previously easy for the person and an inability to recognize family members or familiar objects, or to give approximate location of family members not present.
contamination	The act of process of rendering something harmful or unsuitable. Passage of an infectious organism, such as a virus, from an infected person to an object such as a needle, which then, when used, may pass infection to another person. The soiling or making inferior by contact or mixture, as by introduction of infectious organisms into a wound, into water, milk, food or onto the external surface of the body or on bandages and other dressings.
contraindication	Conditions in which the use of a certain medication is dangerous or inadvisable.
controlled substances	Potentially dangerous or habit-forming medications whose sale and use are strictly regulated by law; any prescription medication in Virginia.
COPD	Medical abbreviation for *Chronic Obstructive Pulmonary Disease*; a condition of the respiratory system in which breathing is difficult.
cueing	To give signs or signals to indicate a desired behavior or action.
CVA	Abbreviation for *cerebral vascular accident*. Medical term for a brain stroke.
DEA	Abbreviation for *Drug Enforcement Administration, a* federal agency which regulates and enforces laws on drugs in Schedules I-V; determines on a federal level which Schedule classification is most appropriate for drugs.
dehydration	A condition caused by the loss of too much water from the body. Severe diarrhea or vomiting can cause dehydration. Can be life-threatening if untreated.
delirium	A temporary state of mental confusion caused by disease, illness, drugs or alcohol. Usually subsides in time when the cause is removed.

delusions	False beliefs that are resistant to reasoning.
dementia	Mental deterioration caused by disease, injury or alcohol.
depression	A prolonged state of sadness. May be hereditary or caused by a life situation. A treatable condition.
diabetes	A disease in which the body does not properly control the amount of sugar in the blood resulting in a high level of sugar in the blood. Occurs when the body does not produce enough insulin or does not use it properly.
directing	To instruct, or indicate, for the client, a desired action. A behavior management technique.
disinfect	To render free from disease-causing organism.
disoriented	Lose of awareness of time, place or identity.
distribution	Movement of a medication throughout the body after it is absorbed into the circulation (blood stream).
dosage	The amount of medication to be administered, e.g., one 50mg tablet, 10 units, 5ml, etc.
drug	Chemical substance used in the diagnosis, treatment, prevention or cure of disease; also called medication.
DSS	Abbreviation for *Department of Social Services,* the agency which licenses and regulates Virginia assisted living facilities.
dystonia	Abnormal tonicity of muscle, characterized by prolonged, repetitive muscle contractions that may cause twisting or jerking movements of the body or a body part. Can be caused by prolonged or improper use of some psychotropic medications.
elimination	The process of eliminating a medication or other substance from the body.
enema	A procedure used for clearing the bowel and colon of fecal matter. Liquid is introduced, usually water and sodium bicarbonate or sodium phosphate, by means of a bulb or enema bag, into the anus and thus to the bowel and colon. This tends to stimulate the bowel to release fecal matter.

enteric	Pertaining to the small intestine.
enteric-coated	A coating placed on medication which allows it to dissolve in the small intestine rather than in the stomach.
EpiPen®	A unit dose syringe that is pre-filled with the medication, epinephrine. It is used for self-administration of epinephrine in the event of an allergy emergency.
ethical standards	Guides to moral behavior.
euphoria	A feeling of well-being or elation; may be medication related.
excretion	An excreting of waste matter: the act or process of discharging waste matter from the tissues or organs.
external medications	Those administered on the outside of the body such as creams, ointments or transdermal patches.
expiration date	Date after which a medication should not be used.
exploitation	The use of another person or his/her belongings for personal gain.
extrapyramidal	Refers to a group of symptoms that are usually related to the close and prolonged administration of antipsychotic medications.
FDA	Abbreviation for *Food and Drug Administration*, the federal agency which enforces the Food, Drug and Cosmetic Act; determines when a manufacturer can market its medication based on safety and efficacy data; determines if a generic medication is therapeutically equivalent to a brand name medication.
frequency	How often a medication is administered, e.g., once daily, twice daily before meals, every four hours as needed for cough, etc.
generic medication	An often lesser expensive medication that may be deemed therapeutically equivalent by the United States Food and Drug Administration to a trade name medication, because it has the same active ingredient(s) and is identical in strength, dosage form and route of administration.
geriatric	Relating to older people.

glucagon	Hormone secreted by the alpha cells of the pancreas. Glucagon is responsible for raising blood glucose.
glucose	Simple sugar; the form in which all carbohydrates are used as the body's principal energy source; transported in the blood and metabolized in the tissues.
glucometer	A small, portable machine that can be used to check blood glucose concentrations.
grievance	A situation in which a person feels she wishes to file a complaint.
hallucination	An experience involving the apparent perception of something not present.
handheld inhaler	A portable handheld device that delivers medication in a form that the person breathes in directly to the lungs.
HCP	Abbreviation for Healthcare Provider.
hyperglycemia	An abnormally high level of sugar (glucose) in the blood.
hypnotic	A medication that produces drowsiness and assists with the onset and maintenance of sleep.
hypoglycemia	A deficiency of sugar (glucose), in the blood caused by too much insulin or too little glucose.
hypothermia	An abnormally low body temperature.
IDDM	An abbreviation for insulin-dependent diabetes mellitus.
incapacitated adult	Any adult who is impaired by reason of mental illness, mental deficiency, physical illness or disability to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, or to the extent the adult cannot effectively manage or apply his/her estate to necessary ends.
Incident Report	A form that is required by the facility to be completed to document details of an unusual event that occurs at the facility, such as an injury to a patient or a staff member.
indications	Diseases, conditions and disorders for which a medication may be used to treat.

infection	The invasion of the body by pathogenic microorganisms thus producing a state of disease.
infectious waste	Refuse capable of causing infectious disease; items contaminated with blood, saliva, or other body substances, or those actually or potentially infected with pathogenic material.
inhalation	Administration of medications by way of droplets or mist that the patient breathes into the lungs.
inhalation therapy	Breathing treatment used to help restore or improve breathing function in patients with respiratory disease. If medication is included, it is usually administered by way of a nebulizer or a hand-held inhaler.
ISP	Abbreviation for Individualized Service Plan, a document required by DSS which outlines the plan of care for clients in assisted living facilities.
instillation	Placement of drops of liquid into the eyes, ears, nose, or some other body cavity.
insulin	A hormone that enables the body to metabolize and use glucose. Lack of or insensitivity to insulin results in diabetes.
insulin pen	An insulin injection device the size of a pen that includes a needle and holds a vial of insulin. It can be used instead of syringes for giving insulin injections.
jaundice	Yellowing of the skin and eyes caused by too much bilirubin in the blood.
ketoacidosis	A severe condition caused by a lack of insulin or an elevation in stress hormones. It is marked by high blood glucose levels and ketones in the urine, and occurs almost exclusively in those with type 1 diabetes; can result in diabetic coma.
ketones	Acidic substances produced when the body uses fat, instead of sugar, for energy.
legal standards	Guides to legal behavior.
lethargy	Lack of energy, sluggishness, dullness, apathy.
liable	Legally obligated; responsible for an action.

malnutrition	Poor nourishment of the body often due to not eating healthy foods, improper digestion, poor absorption of nutrients or a combination of these factors.
mandatory reporter	A person who has regular contact with vulnerable people and is therefore legally required to ensure a report is made when abuse is observed or suspected.
MAR	An abbreviation for Medication Administration Record, a form used to document all medications administered to a particular resident.
Registered Medication Aide	The official title given to those persons who meet all requirements of the Board of Nursing and who are registered and in good standing with the board; may be abbreviated *RMA*.
Medication Error Report Form	Used to document the details of a medication error.
medication inventory	To maintain and accurate supply and count of client's medications stored in the facility. A *Medication Inventory Form* may be used to document the count of certain drug schedules.
medicine cart	Movable unit for storing medications.
metabolism	The chemical breakdown of a medication within the body. The rate of metabolism or speed at which the body processes medication varies from individual to individual, and therefore, the magnitude and duration of a medication's effect may differ from one person to the next. Typically, the elderly or a patient with compromised kidney or liver function will metabolize medication at a slower rate. Therefore, the medication effect can be greater in these patients and last longer than in a younger, healthier adult. This is why lower strengths or smaller doses are often given to these patients.
metered dose inhaler	Small, portable devices used to administer medication into the lungs.
microorganism	An organism that can be seen only with the aid of a microscope; also called a microbe.
misappropriation	The unauthorized, improper, or unlawful use of funds or other property for purposes other than that for which intended.

motility	The ability to move; the movement of muscles that propel food through the intestinal tract.
nasal	By way of the nose. In medication administration, it refers to nose drops or nose sprays.
nebulizer	A machine or hand-held device used to administer medication for respiratory disease into the lungs, by way of inhalation.
neglect	Failure to provide food, medication, shelter or appropriate care or providing improper or inappropriate care that results in injury or harm, whether physical or emotional, to the person.
NIDDM	An abbreviation for non-insulin-dependent diabetes mellitus.
nostril	Either of two external openings of the nasal cavity in vertebrates that admit air to the lungs and smells to the olfactory nerves.
NSAID	An abbreviation for *Nonsteroidal Anti-Inflammatory Drug*. A medication that decreases fever, swelling, pain, and redness.
ophthalmic	Related to the eye. In medication administration, it usually refers to eye drops or eye ointments.
orthostatic hypotension	A large decrease in blood pressure upon standing; may result in fainting.
OSHA	Abbreviations for *Occupational Safety and Health Administration*. A federal agency under the Department of Labor that publishes and enforces safety and health regulations for business and industries.
otic	Related to the ear. In medication administration it usually refers to the administration of eardrops.
OTC	An abbreviation for *over-the-counter,* medications available without prescription.
passive refusal	A client accepts a medication but refuses to swallow or conceals and later spits it out. Swallowing a medication and then vomiting it back.
pathogen	Disease-causing microorganism.

patient abandonment	From a regulatory perspective, in order for patient abandonment to occur, the care provider must have first accepted the patient assignment and established a provider-patient relationship, then severed that provider-patient relationship without giving reasonable notice to the appropriate person (supervisor, employer) so that arrangements can be made for continuation of care by others.
perseveration	Continuance of activity after the stimulus is removed.
pharmacology	Study of medications; includes their composition, uses and effects.
pharmacy requisition form	Form used to order supplies and medications from the pharmacy.
Physician's Order Form	A form used by persons authorized to prescriber and treat; usually provided by the facility or the pharmacy provider. Often abbreviated as *P.O. form*.
PO	Accepted medical abbreviation for *by mouth*; a route of administration.
poly-pharmacy	When a client is taking a combination of two or more medications.
PPE	*Personnel Protective Equipment*, such as gloves, gowns, masks, goggles required by OSHA when exposure to possible blood-borne pathogens.
precautions	Warnings to use care when giving medications under certain conditions.
prescription medication	Means any medication required by federal law or regulation to be dispensed only pursuant to a prescription.
PRN order	A medication order for a medication to be administered, as needed, within a particular time parameter prescribed by the HCP.
pre-pour	To pour medication in advance of time for dose to be given.
Prescriber Form	A form used by persons authorized to prescribe and treat; usually provided by the facility or the pharmacy provider.

protrusion	The state of being thrust forward or laterally, as in tongue thrusting caused by voluntary or involuntary movements of the jaw muscle.
psychotic behavior	A term that refers to a group of severe mental illnesses where the person has periods of loss of contact with reality which results in a severe impairment in the ability to function. Common symptoms include hallucinations, delusions, withdrawal, and impairment of intellectual function, loss of personal care skills.
pulse oximetry	Pulse oximetry is a noninvasive method for monitoring a person's oxygen saturation.
redirecting	To divert from one action to another. A behavior management technique.
Resident's Bill of Rights	A document that states the rights of clients living in long-term care facilities. Frequently referred to as *Resident's Rights.*
routine order	Medication order for medication to be administered over a period of time until discontinued.
schizophrenia	One of the most complex of all mental health disorders; involves a severe, chronic, and disabling disturbance of the brain.
sedative	A medication that decreases activity and calms the recipient.
self-administration	The act of a person administering medications to himself with knowledge of the identity and purpose of the medication.
self-administer	A resident of, or applicant to, an ALF who is capable of self-administering medication will be described in the UAI (Universal Assessment Instrument) as one who is capable of taking medication without any assistance of any kind from another person. For these purposes, assistance is defined as verbal cues, prompting, set-up or any hands-on assistance by another individual.
solubility	The amount of a substance that can be dissolved in a liquid under specified conditions.
spacer	A device used to increase the ease of administering aerosolized medication from a metered-dose inhaler.

Standard Precautions	Established by OSHA to prevent contamination by blood-borne pathogens; wearing gloves when handling body fluids, wearing personnel protective equipment and disposing of biohazardous waste.
stat order	An order for a medication to be administered immediately.
sterile	Free of microorganisms.
subcutaneous	Beneath the skin; an area that is rich in fat and blood vessels. Some medications, such as insulin, are injected into this area to aid their absorption.
suppository	A solid cone or cylinder of usually medicated material which melts and is for insertion into a bodily passage or cavity (as the rectum, vagina, or urethra).
tardive dyskinesia	Potentially irreversible neurological side effects of antipsychotic medications in which there are involuntary repetitive movements of the face, limbs and trunk.
telephone order	An order received, by way of telephone, from a HCP for medication or treatment and received by an authorized person. Abbreviated as *T.O.*
therapeutic range	The concentration or level of a medication in the blood required for the desired outcome.
torticollis	A state of inadequate muscle tone in the muscles in the neck that control the position of the head. It can cause the head to twist and turn to one side, and the head may also be pulled forward or backward.
toxicity	The quality, state, or relative degree of being toxic or poisonous to the body.
trade name	Licensed name under which a medication prepared by a specific manufacturer is sold; also known as proprietary or brand name.
transcribe	To record information from one document to another. In medication management it usually means copying the HCP orders from the HCP form onto the Medication Administration Record (MAR).
UAI	Abbreviation for *Uniform Assessment Instrument*, a document required by DSS which identifies the level of care required for each client.

validation	To make valid; substantiate; confirm.
verbal order	An order from a HCP for medication or treatment which is transmitted verbally rather than written. Generally, unlicensed assistive personnel, such as a Medication Aide, should avoid accepting a verbal order.
void	To excrete or discharge from the body. Usually refers to urine.

Virginia Board of Nursing
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

RATING: S = Satisfactory U = Unsatisfactory

Unit I Legal and Ethical Issues			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Identify legal and ethical issues in medication management			
Demonstrate an understanding of the implication of client's rights regarding medications, treatment decisions and confidentiality			
Identify permitted practices and identify acts prohibited by Medication Aides in Virginia			
Identify the legal requirement to report client abuse, neglect and exploitation			
Instructor Comments:			

Unit II Preparing for Safe Administration of Medications			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Demonstrate principles of maintaining aseptic technique			
Recognize emergencies and other health-threatening conditions and respond accordingly			
Demonstrate basic concepts of communicating with the cognitively impaired client			
Measure and document vital signs			
Demonstrate the use of International/Military Time			
Identify the "Rights" of medication administration			
Instructor Comments:			

Virginia Board of Nursing
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit III The Basics of Medication Administration			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Define key pharmacology terms, medical terminology and abbreviations associated with medication administration			
Identify medication and dispensing classifications			
Identify factors that affect medication mechanism of action			
Facilitate client awareness of the purpose and effects of medications			
Demonstrate how to use medication information sources			
Identify medication labeling requirements in Virginia and the Federal Drug Control Act			
Identify/explain how to complete three commonly used forms for documenting medication administration			
Demonstrate/explain procedures for receiving and transcribing physician's orders			
Document medication administration on the Medication Administration Record (MAR)			
Document medication errors			
Instructor Comments:			

Virginia Board of Nursing
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit IV Administration of Prepared Instillations and Treatments			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Identify basic guidelines for administering medications			
Administer or assist with self-administration of oral medications			
Administer or assist with self-administration of eye drops and ointments			
Administer or assist with self-administration of ear drops			
Administer or assist with self-administration of nasal drops and sprays			
Administer or assist with self-administration of topical preparations			
Administer or assist with self-administration of vaginal products			
Administer or assist with self-administration of rectal products			
Administer or assist with self-administration of soaks and sitz-baths			
Administer or assist with self-administration of oral hygiene products			
Administer or assist with self-administration of inhalation therapy products			
Administer or client with self-administration of transdermal patches			
Administer or assist with self-administration of Epi-pen®			
Instructor Comments:			

Virginia Board of Nursing
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit V Storage and Disposal of Medication			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Identify procedures for storing and securing medications			
Explain/demonstrate procedures for maintaining an inventory of medication including controlled substances			
Identify procedures for disposal and loss of medications			
Instructor Comments:			

Unit VI Special Issues in Medication Administration			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Identify special issues related to medication use in the elderly			
Recognize uses, adverse reactions and special considerations for selected psychotropic medications			
Recognize when a medication is a chemical restraint			
Explain the importance of blood testing to monitor therapeutic levels of medication			
Identify medications considered inappropriate for the elderly			
Identify reasons and ways of dealing with clients' refusal to take medications and respond appropriately			
Recognize uses of over-the-counter medications, herbal preparations and non-medical substances			
Instructor Comments:			

Virginia Board of Nursing
Medication Aide Performance Record

Program Name:	Board Approval Number:
Trainee's name:	Program Completion Date:

Unit VII Insulin Administration			
Objectives	**Date**	**Rating S/U**	**Instructor Initials**
Define and list the causes of two types of diabetes mellitus			
Identify interventions involved in the management of diabetes			
List commons signs and symptoms of hypoglycemia and hyperglycemia			
Perform finger stick procedure for glucose monitoring			
Administer insulin injections			
Instructor Comments:			

Instructor Initials	Instructor name (printed)	Instructor Signature

I acknowledge I have received a copy of the Medication Aide Performance Record as required pursuant to 18VAC90-60-70(B)(1).	
Student Name (printed)	**Student Signature**
Date	

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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Virginia Board of Nursing
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Memo

To: Board Members

From: Jay P. Douglas, MSM, RN, CSAC, FRE

Date: July 19, 2022

Re: Dates for 2023 Board Meetings and Formal Hearings

The following dates are for the 2023 Board Meetings and Formal Hearings:

January 23 – 26, 2023

March 20 – 23, 2023

May 22 – 25, 2023

July 17 – 20, 2023

September 11 – 14, 2023

November 13 – 16, 2023

Current Regulatory Actions

Board **Board of Nursing**

Chapter		Action / Stage Information
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	Amendments to regulations governing nurse aide education programs Fast-Track - *AT Attorney General's Office – 39 days*
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	New regulations for licensed certified midwives NOIRA – *Published 1/17/2022*

Agenda Item: Consideration of regulations for licensure of licensed certified midwives

Included in your agenda package are:

Relevant portions of Virginia Code § 54.1-2900.

Virginia Code § 54.1-2957.04.

Draft regulations recommended by the Joint Committee of the Boards of Nursing and Medicine for adoption as proposed regulations.

Action needed:

- Motion to adopt proposed regulations governing the licensure of licensed certified midwives.

Relevant excerpts from Va. Code § 54.1-2900:

"Licensed certified midwife" means a person who is licensed as a certified midwife by the Boards of Medicine and Nursing.

"Practice of licensed certified midwifery" means the provision of primary health care for preadolescents, adolescents, and adults within the scope of practice of a certified midwife established in accordance with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i) providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating with or referring patients to such other health care providers as may be appropriate for the care of the patients; and (iv) serving as an educator in the theory and practice of midwifery.

4/20/2022

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 29. Medicine and Other Healing Arts

§ 54.1-2957.04. Licensure as a licensed certified midwife; practice as a licensed certified midwife; use of title; required disclosures.

A. It shall be unlawful for any person to practice or to hold himself out as practicing as a licensed certified midwife or use in connection with his name the words "Licensed Certified Midwife" unless he holds a license as such issued jointly by the Boards of Medicine and Nursing.

B. The Boards of Medicine and Nursing shall jointly adopt regulations for the licensure of licensed certified midwives, which shall include criteria for licensure and renewal of a license as a certified midwife that shall include a requirement that the applicant provide evidence satisfactory to the Boards of current certification as a certified midwife by the American Midwifery Certification Board and that shall be consistent with the requirements for certification as a certified midwife established by the American Midwifery Certification Board.

C. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as a licensed certified midwife if the applicant has been licensed as a certified midwife under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure as a licensed certified midwife in the Commonwealth.

D. Licensed certified midwives shall practice in consultation with a licensed physician in accordance with a practice agreement between the licensed certified midwife and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by the licensed certified midwife and provided to the Board upon request. The Board shall adopt regulations for the practice of licensed certified midwives, which shall be in accordance with regulations jointly adopted by the Boards of Medicine and Nursing, which shall be consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing the practice of midwifery.

E. Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife may prescribe Schedules II through VI controlled substances in accordance with regulations of the Boards of Medicine and Nursing.

F. A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation. As used in this subsection, "birthing center" shall have the same meaning as in § 54.1-2957.03.

G. A licensed certified midwife who provides health care to a patient shall be liable for the midwife's negligent, grossly negligent, or willful and wanton acts or omissions. Except as otherwise provided by law, any (i) doctor of medicine or osteopathy who did not collaborate or consult with the midwife regarding the patient and who has not previously treated the patient for this pregnancy, (ii) physician assistant, (iii) nurse practitioner, (iv) prehospital emergency medical personnel, or (v) hospital as defined in § 32.1-123, or any employee of, person providing services pursuant to a contract with, or agent of such hospital, that provides screening and stabilization health care services to a patient as a result of a licensed certified midwife's negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability for acts or omissions constituting ordinary negligence.

2021, Sp. Sess. I, cc. 200, 201.

Recommended by the Joint Committee: April 20, 2022
Considered by Board of Nursing: May 17, 2022

Project 7056 - Proposed

Board Of Nursing

New regulations for licensed certified midwives

Chapter 70

Regulations Governing the Practice of Licensed Certified Midwives

Part I

GENERAL PROVISIONS

18VAC90-70-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months.

"Approved program" means a midwifery education program that is accredited by the Accreditation Commission for Midwifery Education or its successor.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances containing an opioid may be prescribed for a period greater than three months.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"Licensed certified midwife" means an advanced practice midwife who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.04 of the Code of Virginia.

"MME" means morphine milligram equivalent.

"Practice agreement" means a written or electronic statement, jointly developed by the consulting licensed physician and the licensed certified midwife, that describes the availability of the physician for routine and urgent consultation on patient care.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

18VAC90-70-20. Delegation of Authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in 18VAC90-70-90(E) and (F). Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of licensed certified midwives shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-70-30. Committee of the Joint Boards of Nursing and Medicine.

A. The Committee of the Joint Boards of Nursing and Medicine, appointed pursuant to 18VAC90-30-30 and consisting of three members appointed from the Board of Medicine and three members appointed from the Board of Nursing, shall administer the Regulations Governing the Licensure of Certified Midwives, 18VAC90-70-10 et seq.

B. In accordance with 18VAC90-30-30, the committee may, in its discretion, appoint an advisory committee. The advisory committee shall include practitioners specified in 18VAC90-30-30.

18VAC90-70-40. Fees.

Fees required in connection with the licensure of certified midwives are:

1. Application	$125
2. Biennial licensure renewal	$80
3. Late renewal	$25
4. Reinstatement of licensure	$150
5. Verification of licensure to another jurisdiction	$35
6. Duplicate license	$15
7. Duplicate wall certificate	$25
8. Handling fee for returned check or dishonored credit card or debit card	$50
9. Reinstatement of suspended or revoked license	$200

Part II

LICENSURE

18VAC90-70-50. Licensure, general.

A. No person shall perform services as a certified midwife in the Commonwealth of Virginia except as prescribed in this chapter and when licensed by the Boards of Nursing and Medicine.

B. The boards shall license applicants who meet the qualifications for licensure as set forth in 18VAC90-70-60 or 18VAC90-70-70.

18VAC90-70-60. Qualifications for initial licensure.

An applicant for initial licensure as a licensed certified midwife shall:

1. Submit evidence of a graduate degree in midwifery from an approved program;
2. Submit evidence of current certification as a certified midwife by the American Midwifery Certification Board;
3. File the required application; and
4. Pay the application fee prescribed in 18VAC90-70-40.

18VAC90-70-70. Qualifications for licensure by endorsement.

An applicant for licensure by endorsement as a licensed certified midwife shall:

1. Provide verification of a license as a certified midwife in another United States jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;
2. Submit evidence of current certification as a certified midwife by the American Midwifery Certification Board;
3. File the required application; and
4. Pay the application fee prescribed in 18VAC90-70-40.

18VAC90-70-80. Renewal of licensure.

A. Licensure of a licensed certified midwife shall be renewed biennially.

B. The renewal notice of the license shall be sent to the last known address of record of each licensed certified midwife. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

C. The licensed certified midwife shall attest to current certification as a certified midwife by the American Midwifery Certification Board and submit the license renewal fee prescribed in 18VAC90-70-40.

D. The license shall automatically lapse if the licensee fails to renew by the expiration date. Any person practicing as a certified midwife during the time a license has lapsed shall be subject to disciplinary actions by the boards.

18VAC90-70-90. Continuing competency requirements.

A. In order to renew a license biennially, a licensed certified midwife shall hold a current certification as a certified midwife by the American Midwifery Certification Board.

B. A licensed certified midwife shall obtain a total of eight hours of continuing education in pharmacology or pharmacotherapeutics for each biennium.

C. The licensed certified midwife shall retain evidence of compliance with this section and all supporting documentation for a period of four years following the renewal period for which the records apply.

D. The boards shall periodically conduct a random audit of at least 1.0% of their licensed certified midwives to determine compliance. The licensed certified midwives selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.

E. The boards may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee submitted prior to the renewal date.

F. The boards may delegate to the committee the authority to grant an exemption for all or part of the continuing education requirements in subsection (B) for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-70-100. Reinstatement of license.

A. A licensed certified midwife whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee; and

2. Provide evidence of current professional competency consisting of:

a. Current certification by the American Midwifery Certification Board;

b. Continuing education hours completed during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, a current, unrestricted license as a certified midwife in another jurisdiction.

C. An applicant for reinstatement of a license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee; and

2. Present evidence that he is competent to resume practice as a licensed certified midwife in Virginia, to include:

a. Current certification by the American Midwifery Certification Board; and

b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act (§ 2.2-4000, et seq. of the Code of Virginia).

Part III

PRACTICE OF LICENSED CERTIFIED MIDWIVES

18VAC90-70-110. Practice of licensed certified midwives.

A. All licensed certified midwives shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-70-10.

B. The written or electronic practice agreement shall include provisions for the availability of the physician for routine and urgent consultation on patient care.

C. The practice agreement shall be maintained by the licensed certified midwife and provided to the boards upon request. For licensed certified midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the licensed certified midwife's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the licensed certified midwife shall be responsible for providing a copy to the boards upon request.

D. The practice of licensed certified midwives shall be consistent with the standards of care for the profession and with the applicable laws and regulations.

E. The licensed certified midwife shall include on each prescription issued or dispensed his signature and Drug Enforcement Administration (DEA) number, when applicable.

F. The licensed certified midwife shall disclose to patients at the initial encounter that he is a licensed certified midwife. Such disclosure may be included on a prescription or may be given in writing to the patient.

G. A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation.

H. The licensed certified midwife shall disclose, upon request of a patient or a patient's legal representative, the name of the consulting physician and information regarding how to contact the consulting physician.

Part IV

PRESCRIBING

18VAC90-70-120. Prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in §54.1-3303 of the Code of Virginia.

B. A licensed certified midwife shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in §54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the licensed certified midwife shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC90-70-130. Waiver for electronic prescribing.

A. A prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in subsection C of § 54.1-3408.02.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Part V

MANAGEMENT OF ACUTE PAIN

18VAC90-70-140. Evaluation of the patient for acute pain.

A. The requirements of this part shall not apply to:

1. The treatment of acute pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;

2. The treatment of acute pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

C. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the

complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse as a part of the initial evaluation.

18VAC90-70-150. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for a patient with acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME per day.

2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are used with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

18VAC90-70-160. Medical records for acute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part VI

MANAGEMENT OF CHRONIC PAIN

18VAC90-70-170. Evaluation of the chronic pain patient.

A. The requirements of this part shall not apply to:

1. The treatment of chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;

2. The treatment of chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;

5. Psychiatric, addiction, and substance misuse histories of the patient and any family history of addiction or substance misuse;

6. A urine drug screen or serum medication level;

7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance misuse; and

9. A request for prior applicable records.

C. Prior to initiating opioid analgesia for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC90-70-180. Treatment of chronic pain with opioids.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME per day;

2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist;

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present; and

4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-70-190. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall record in the medical records the presence or absence of any indicators for medication misuse or diversion and take appropriate action.

18VAC90-70-200. Informed consent and agreement to treatment of chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screen or serum medication levels, when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC90-70-210. Opioid therapy for chronic pain.

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess

the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner but at least once a year.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-70-220. Additional consultation.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a practitioner makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC90-70-230. Medical records.

The prescriber shall keep current, accurate, and complete records in an accessible manner and readily available for review to include:

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;

4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications, including date, type, dosage and quantity prescribed, and refills;

11. Patient instructions; and

12. Periodic reviews.

Part VII

DISCIPLINARY PROVISIONS

18VAC90-70-240. Grounds for disciplinary action against the license of a certified midwife.

The boards may deny licensure or relicensure, revoke or suspend the license, or place on probation, censure, reprimand, or impose a monetary penalty on a licensed certified midwife for the following unprofessional conduct:

1. Has had his license to practice midwifery in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly held himself out or represented himself to the public that he is a physician, or is able to, or will practice independently of a physician;

3. Has performed procedures or techniques that are outside the scope of practice as a licensed certified midwife and for which the licensed certified midwife is not trained and individually competent;

4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing, or certified midwifery;

5. Has become unable to practice with reasonable skill and safety as the result of physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals, or any other type of material;

6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration, or distribution of drugs;

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-70-90;

8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful;

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program;

10. Has practiced as a licensed certified midwife during a time when the practitioner's certification as a certified midwife by the American Midwifery Certification Board has lapsed; or

11. Has engaged in conversion therapy with a person younger than 18 years of age.

18VAC90-70-250. Hearings.

A. The provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) shall govern proceedings on questions of violation of 18VAC90-70-120.

B. The Committee of the Joint Boards of Nursing and Medicine shall conduct all proceedings prescribed herein and shall take action on behalf of the boards.

18VAC90-70-260. Delegation of proceedings.

A. Decision to delegate. In accordance with §54.1-2400(10) of the Code of Virginia, the committee may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a licensed certified midwife may be subject to a disciplinary action.

B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members, professional staff, or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Documents Incorporated by Reference (18VAC90-70)

Standards for the Practice of Midwifery, revised 2011, American College of Nurse-Midwives

AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime™

STANDARDS FOR THE PRACTICE OF MIDWIFERY

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS
The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.
The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY
The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.

3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.
The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.
The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.
The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.
The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.

2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.
The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
   a) Knowledge of risks, benefits, and client selection criteria.
   b) Process for acquisition of required skills.
   c) Identification and management of complications.
   d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice
Approved: ACNM Board of Directors, March 8, 2003;
Revised and Approved: ACNM Board of Directors, December 4, 2009
Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE

Licensed Certified Midwife Regulatory Workgroup Meeting

The Licensed Certified Midwife Regulatory Workgroup met on Thursday, March 31, 2022 at 10:00 a.m. at the Department of Health Professions, Perimeter Center - 9960 Mayland Drive, Suite 300 – Inspiration Room, Henrico, Virginia.

Workgroup members participating in the meeting were:

Marie Gerardo, BON LNP Member, Chair
Karen Kelly, CM
Arizette Thompson, CM
Komkwuan Paruchabutr, CNM
Katie Page, CNM

Staff participating in the meeting were:

Jay Douglas, Executive Director, Board of Nursing
Robin Hills, Deputy Executive Director for Advanced Practice, Board of Nursing
Erin Barrett, Policy Analyst, Department of Health Professions

Others participating in the meeting was:

Andrew Densmore, Medical Society of Virginia (MSV) – **joined at 10:25 A.M**.

The meeting was called to order by Ms. Gerardo. After introductions by attendees, Ms. Gerardo asked Ms. Barrett to review the charge for the workgroup:

> To draft regulations for the licensure of licensed certified midwives, to include criteria for licensure and renewal of a license as a certified midwife.

Staff proposed an initial draft of the regulations.

Public Comment: no public comments received.

Following review of the proposed draft by the workgroup, substantive revisions were recommended for the following:

- Definitions of "Approved Program" and "Practice Agreement"
- 18VAC90-70-90 - continuing competency requirements
- 18VAC90-70-110 - practice of licensed certified midwives
- 18VAC90-70-240 – grounds for disciplinary action

After the review of the draft regulations, Ms. Barrett explained the next steps in the regulatory process, specifically that the revised draft regulations will be on the following agendas for consideration:

April 20, 2022 - Committee of the Joint Boards for Nursing and Medicine
May 17, 2022 - Board of Nursing
June 16, 2022 – Board of Medicine

The meeting adjourned at 11:45a.m.

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
April 20, 2022

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., April 20, 2022 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT:
Marie Gerardo, MS, RN, ANP-BC; Board of Nursing - **Chair**
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing
Ann Tucker Gleason, PhD; Board of Nursing
David Archer, MD; Board of Medicine
Blanton Marchese; Board of Medicine
Ryan Williams, MD; Board of Medicine

MEMBERS ABSENT: None

ADVISORY COMMITTEE MEMBERS PRESENT:
Kevin E. Brigle, RN, NP
Sarah Hobgood, MD
Stuart Mackler, MD
Komkwuan P. Parachabutr, DNP, FNP-BC, WHNP-BC, CNM
Jean Snyder, DNaP, CRNA

STAFF PRESENT:
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Claire Morris, RN, LNHA – **joined at 11:00 A.M.**
Huong Vu, Operations Manager; Board of Nursing

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DO, DHP Director – **joined at 9:10 A.M.**
Erin Barrett, DHP Policy Analyst

IN THE AUDIENCE:
Kassie Schroth, McGuireWoods Consulting
Ben Traynham, Hancock Daniel & Johnson
Kelsey Wilkinson, Medical Society of Virginia (MSV)
Becky Bowers-Lanier, Lobbyist for Virginia Association of Clinical Nurse Specialists (VACNS)
Karen Kelly, President Elect, Virginia Chapter of American College of Nurse Midwives
Lisa Armstrong, Adjudication Specialist, DHP Administrative Proceedings Division (APD)

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

ESTABLISHMENT OF A QUORUM:

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

ANNOUNCEMENT:

Ms. Gerardo noted the announcements as presented on the Agenda:

- **Olivia Mansilla, MD's** nomination to the Advisory Committee of the Joint Boards of Nursing and Medicine was accepted on February 16, 2022 serving the first term ends through December 2026.

- **Jean Snyder, DNaP, CRNA**'s nomination to the Advisory Committee of the Joint Boards of Nursing and Medicine was accepted on February 16, 2022 serving the first term ends through December 2026.

Ms. Gerardo noted that Dr. Mansilla had other commitments so she is unable to attend this meeting.

Dr. Snyder shared her professional background and stated her appreciation for being selected to serve on the Advisory Committee.

Ms. Gerardo asked staff if there are any additional announcements. Dr. Hills stated that the Business meeting scheduled for June 15, 2022 has been cancelled but the Committee of the Joint Boards will conduct its disciplinary proceeding(s) and she will poll Committee of Joint Boards Members for their availability.

REVIEW OF MINUTES:

The minutes of the February 16, 2022 Business Meeting, February 16, 2022 Informal Conference, and the March 31, 2022 Regulatory Advisory Workgroup Meeting – Licensed Certified Midwife were reviewed. Dr. Archer moved to accept the minutes as presented. The motion was seconded by Dr. Williams and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

LEGISLATION/
REGULATIONS:

B1 Chart of Regulatory Actions:

Ms. Barrett reviewed the Chart provided in the agenda noting that the new certified midwife profession proposed regulations will be considered by the Committee of the Joint Boards later on today.

B2 Report of the 2022 General Assembly (GA):

Ms. Barrett reviewed the 2022 GA report provided in the agenda noting that most of these bills have been passed and there is no action needed by the Committee.

Ms. Barrett clarified that the use of the pronoun "he" in the Code is required by the statute.

Dr. Brown joined the meeting at 9:10 A.M.

Ms. Barrett highlighted the following bills:
HB192 (prescription of opioids) – the Governor amended the law to sunset in 2027
HB1245 (**Nurse practitioners; practice without a practice agreement, repeals sunset provision**) – This bill did not get resolved during the regular session so it is slated to be considered again during the upcoming special session called by the Governor.

Dr. Brown added that the marijuana bill as passed in 2021 for adult recreational use of non-medical marijuana will require 2-3 years to become fully implemented; consequently, implementation of the bill may be modified due to the change in control of the House. Dr. Brown noted that medical program is planned for implementation in 2023.

DIALOGUE WITH AGENCY DIRECTOR:

Dr. Brown reported the following:

- Dr. Allison-Bryan has retired from DHP.
- COVID update – numbers have settled down tremendously and as of April 19, 2022, masks are not required on flights.
- DHP – staff has returned to the building as of April 4 with the option of working remotely up to three days a week. It is anticipated that the new Administration will provide further guidance.
- New Security – feedback regarding the new security team for the building has been positive. The building is also moving toward stricter visitor security screening.
- Conference Center update – Although supply chain issues have slowed down obtaining audio equipment, installation of the new system is anticipated in late summer.

NEW BUSINESS:

C1 Licensed Certified Midwife DRAFT Regulations (4/14/2022 VERSION)

Attachments: 1) ACNM Standards for the Practice of Midwifery
2) Va. Code §§54.1-2957.04 and 54.1-2900 (Definitions)

Ms. Gerardo invited Ms. Barrett to proceed.

Ms. Barrett noted that the proposed draft regulations basically mirror the nurse practitioner regulations. A significant variation is that the section on Buprenorphine prescribing was omitted because LCMs are not included in

the list of providers who may obtain a SAMHSA waiver at the federal level.

Ms. Barrett reviewed each section of the proposed draft regulations and suggested additional amendments in order to be alignment with the statute:

18VAC90-70-70 (on page 4 of the draft regulations)

- Item 1 → deleting "***or certificate***"
- Item 1 → deleting "***and***"

18VAC90-70-100.B (on page 6 of the draft regulations)

Item c → deleting "***or certificate***"

Dr. Williams motioned to recommend the proposed draft regulations for licensed certified midwives as amended to the Board of Nursing and the Board of Medicine for adoption. The motion was seconded by Ms. Buchwald and carried unanimously.

RECESS: The Committee recessed at 10:03 A.M.

RECONVENTION: The Committee reconvened at 10:19 A.M.

NCSBN APRN Roundtable on April 12, 2022 (verbal report):

Dr. Hills stated that she attended the meeting virtually and reported 3 Takeaways from the meeting:

1. Results of a survey of 7,500 APRNs on the Impact of COVID-19 Pandemic on APRN Practice conducted by the Associate Dean for Clinical Scholarship at Vanderbilt University were presented.
   - All 50 states & all 4 APRN roles represented
   - APRN workforce took on an expanded leadership role and was deployed in unique ways during the pandemic
   - What was of particular interest was that institutional restrictions were reported by APRNs during the COVID crisis even in states where no practice agreement is required.
2. "The Great Resignation" or "The Great Awakening", like the healthcare workforce in general, has had a significant nationwide impact on the APRN workforce
3. Strategies for addressing the lack of diversity in the APRN workforce were presented

Dr. Hills notes that the National Task Force (NTF) on Quality Nurse Practitioner Education has developed a new set of standards designed to ensure quality in graduate programs that prepare nurse practitioners. She added that she will forward the information to interested Committee Members. Ms. Buchwald said she would like the information.

APRN Compact Update (**verbal report):**
Dr. Hills provided background including that the APRN Compact was adopted by the NCSBN membership in August 2020

- 2021 Legislative Session
  - APRN Compact bills were introduced in Delaware and North Dakota
  - Both bills were enacted into law with nearly unanimous legislative support
- 2022 Legislative Session
  - APRN Compact bills were introduced and passed in Maryland and Utah
- Seven state legislative enactments needed for the compact to become effective

ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS

Ms. Gerardo asked for updates from the Advisory Committee Members.

Dr. Parachabutr thanked the Committee for moving quickly on the Licensed Certified Midwife regulations

Dr. Snyder reported that many Virginia CRNAs moved to NY and NJ to work during the pandemic due to fewer regulatory barriers to practice.

Mr. Brigle is awaiting the outcome of HB1245

C2 Nurse Practitioners – CY2021 Statistics:

Ms. Gerardo asked if anyone has any questions regarding the CY2021 statistics. No questions were raised.

Dr. Hills notes that as April 14, 2021, the total number of autonomous practice designations that have been issued is 2037.

Ms. Gerardo thanked Advisory Committee Members for their participation.

The Members of the Advisory Committee, Dr. Brown, Ms. Barrett and the public left the meeting at 10:31 A.M.

RECESS: The Committee recessed at 10:31 A.M.

RECONVENTION: The Committee reconvened at 11:00 A.M.

Ms. Morris joined the meeting at 11:00 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Dr. Hills left the meeting at 11:01 AM

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:01 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Vu, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Archer and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:28 A.M.

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

Dr. Hills rejoined the meeting at 11:28 A.M.

Amy Elizabeth Kubler, LNP **0024-175068**
Ms. Kubler did not appear but submitted a written response.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Amy Elizabeth Kubler**. The motion was seconded by Dr. Williams and carried unanimously.

Ann Marie Smoot, LNP **0024-177208**
Ms. Smoot did not appear but submitted a written response.

Dr. Archer moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Ann Marie Smoot**, to require Ms. Smoot to provide written proof satisfactory to the Committee of the Joint Boards of successful completion of approved courses of at least five contact hours each in the subjects of 1) chronic pain management/prescribing of opioids, 2) ethical, legal and professional issues and 3) medical recordkeeping within 90 days from the date of entry of the Order, and to read and provide a written summary of Drug Laws for Practitioners, Regulations for Prescriptive Authority for Nurse Practitioners: Part VI Management of Chronic Pain

(18VAC90-40-180 through -240), and Board of Nursing Guidance Document 90-56: Practice Agreement Requirements for Licensed Nurse Practitioners within 90 days from the date of entry of the Order. The motion was seconded by Ms. Buchwald and carried unanimously.

Amy Austin Dickenson, LNP **0024-172952**
Ms. Dickenson did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate to reprimand **Amy Austin Dickenson** and to require Ms. Dickenson to enter into a Contract within 60 days from the date of entry of the Order with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with terms and conditions of the HPMP for the time specified by the HPMP. The motion was seconded by Dr. Williams and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:31 A.M.

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

Agenda Item: Initiation of Periodic Reviews, Chapters 19 and 21

Action needed:

- Motion to initiate periodic review for 18VAC90-19, Regulations Governing the Practice of Nursing; and

- Motion to initiate periodic review for 18VAC90-21, Medication Administration Training and Immunization Protocol.