

District of Columbia Board of Nursing
July 11, 2018

“The mission of the Board of Nursing is to safeguard the public’s health and well-being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel.”

BOARD MEMBERS	
Amanda Liddle, RN - Chairperson	
Meedie Bardonille, RN	
Layo George, RN	
Monica Goletiani, Consumer	
Margaret Green, LPN	
Elizabeth Lamme, RN	
Missy Moore, LPN	
Laverne Plater, RN	
Nancy Uhland, RN	
Winslow Woodland, RN	
Consumer Member-Vacant	

STAFF PRESENT	STAFF PRESENT
Senior Deputy Director, HRLA	Board of Nursing Staff
Sharon Lewis	Bonita Jenkins
	Concheeta Wright
Executive Director	Cathy Borris-Hale
Karen Scipio-Skinner	Joanne Drozdoski
	Antoinette Butler
Attorney	
Van Brathwaite	Investigator
Support	
Diane Moorer	

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OPEN SESSION

9:00 CALL TO ORDER

ROLL CALL OF BOARD MEMBERS AND STAFF

CONSENT AGENDA

9:10 COMMENTS FROM THE PUBLIC

9:15 REPORTS

Report from executive director

RN/APRN Renewal

ISSUE: Update regarding renewal status

Upcoming conference/meetings

ISSUE: NCSBN Annual Meeting will be held in Minneapolis, Minnesota August 14 - 17, 2018. Amanda Liddle, Meedie Bardonnille, Cathy Borris-Hale and Karen Skinner attending

Meeting with Apple Seed

ISSUE: Bonita Jenkins, Van Brathwaite and Karen Skinner met with Apple Seed representatives to discuss their comments regarding the NAP regulations. Recommended revisions will be discussed later in the meeting.

9:25 Feedback from meetings/conferences attended

IRE Conference Report

ISSUE: Layo George will provide a presentation from the IRE Conference she attended last week. The video below will be shown and she will lead the discussion regarding navigating the future in a regulatory environment.

This presentation will be from the section of the conference about "Navigating the Future with Nursing Foresight".

<https://www.youtube.com/watch?v=A3oliH7BLmg>

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Discipline Conference Report

ISSUE: Joanne Drozdoski and Cathy Borris-Hale will provide feedback from conference

10:00 Attorney advisor (Legislation impacting the board)

Vulnerable Population and Employer Protection Act

ISSUE: A hearing on the Vulnerable Population Bill will be held July 11th. This bill authorizes the health licensing boards to take disciplinary action against any health professional who engages in the financial exploitation of a patient, client, or employer. The bill also authorizes the Mayor to summarily suspend or restrict the license, registration, or certification of a health professional who engages in the financial exploitation of a patient, client, or employer.

Certified Professional Midwife Act

ISSUE: A hearing was held on June 22, 2018 regarding the regulation of Certified Professional Midwife. In attendance were Elizabeth Lamme, Layo George, Van Brathwaite and Karen Skinner.

DISCUSSION: Following feedback received at the hearing the Board needs to discuss whether or not to pursue regulation of CPMs and holding Midwifery Forum?

Certified Midwives

ISSUE: Review and Approve Certified Midwife HORA Amendments. The proposed amendments will place CMs under the regulatory authority of the Board. (See attached Certified Midwife Bill - Edits)

MOTION:

VOTE:

10:30 EDUCATION SUBCOMMITTEE

Proposed Language for Periodic Review of Approved NAP Programs

ISSUE: At its May 2, 2018 meeting the Board asked the Education Committee to develop clearly specified and progressive sanctions for maintenance of approved status. Attached are the sanctions for non-compliance with Board regulatory requirements. Once the Committee's recommendations are approved they will be incorporated in (CNA/HHA/MAC/PCT) regulations. (See below and attached MAC Regulations)

**District of Columbia Board of Nursing
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- 9525.1 Programs approved by the Board to train MA-Cs shall submit to the Board an annual report and the five hundred dollar (\$500) fee in accordance with procedures established by the Board.
- 9525.2 The Board shall annually re-evaluate the medication aide training programs.
- 9525.3 The Board may make unannounced visits to review and assess each nursing medication aide training program to ensure that the program is in compliance with the training requirements in §§ 9527, 9528, 9531 and 9532.
- 9525.4 The Board shall assess each training program on the basis of visits to the facility, the progress of the training program, and any other information deemed appropriate by the Board.
- 9525.5 Training program non-compliance with this chapter has been established in three levels, that may include but not limited to:
- (a) Level 1 Non-compliance:
 - (1) Less than or equal to 95% of student records reviewed during site visits are in compliance with §9531.
 - (2) Program is in compliance with §§9527, 9528, and 9532.
 - (3) Annual certification pass rates are at least 70% - 74%
 - (b) Level 2 Non-compliance:
 - (1) Less than or equal to 80% of student records reviewed during site visits are in compliance with §9531.
 - (2) Program is non-compliant with only one of the sections: §§9527, 9528, or 9532.
 - (3) Annual certification pass rates are at least 65% - 69%.
 - (c) Level 3 Non-compliance:
 - (1) Less than or equal to 70% of student records reviewed during site visits are in compliance with §9531.
 - (2) Program is non-compliant with more than one of the sections: §§9527, 9528, or 9532.
 - (3) Annual certification pass rates are at least 60 – 64%
- 9525.6 The Board will issue the sanctions to programs for non-compliance violations listed below including, but not limited to:
- (a) Level 1 non-compliance:

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- (1) Conditional Approval
 - (2) Corrective action plan is due within 30 days of receipt of the status letter.
 - (3) Site visit to review and assess implementation of the corrective actions within six months.
- (b) Level 2 non-compliance:
- (1) Conditional Approval
 - (2) Restricted Admissions
 - (3) Board will recommend actions to correct deficiencies.
 - (4) Corrective action plan is due within 30 days of receipt of the status letter.
 - (5) Site visit to review and assess implementation of the corrective actions within six months.
 - (6) Pass rates reviewed in six months
 - (7) Fine of **up to \$2000 (?)** if not in full compliance by the next annual review.
- (c) Level 3 non-compliance
- (1) Warning Status
 - (2) Restricted Admissions
 - (3) Hire consultant to assist in developing and implementing actions to correct deficiencies.
 - (4) Consultant's report is due to the Board within 60 days.
 - (5) Site visit to review and assess implementation of corrective actions within six months.
 - (6) Pass rates reviewed in six months.
 - (7) Fine of **up to \$3000 (?)** if not in full compliance by the next annual review.

9525.7

The Board shall withdraw approval of a training program in non-compliance if in the annual review of programs:

- (a) It determines that the program has failed to implement the approved corrective action plan.
- (b) The program has failed to correct deficiencies within time period specified by the Board; or
- (a) The education institution loses its licensure.

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Recommendation: Include specific language in NAP regulations regarding record retention.

Rationale: Detailed requirements will clarify the Board's expectations regarding records retention.

9631 RECORDS RETENTION

- 9631.1 Each CNA training program shall maintain an accurate and appropriate system of record keeping.
- 9631.2 Each training program shall ensure that administrative and personnel records are protected against loss, destruction, and unauthorized review.
- 9631.3 A record for each trainee shall be maintained by the facility and shall include the following information:
- (a) Completed and signed application,
 - (b) Results of entrance assessment,
 - (c) Trainee's Record of academic performance,
 - (d) Health information,
 - (e) Completed and signed Board issued clinical evaluation form,
 - (f) Signed statement for receipt of school policies and certification requirements regarding examination and criminal background check, and
 - (g) Additional documents per the school's policies
- 9631.4 Each instructor's personnel records shall be maintained by the facility and shall include application data, qualifications, and a position description, and shall be available for review by the Board.
- 9631.5 All records shall be maintained by the training program for a minimum of seven (7) years.

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Recommendation: Specify tools to be used in assessing HHA and CNA candidates.

Rationale: Provides for consistency in how HHAs and CNAs are assessed.

Each training applicant shall be required to take a Wonderlic General Assessment of Instructional Needs (GAIN), Comprehensive Adult Student Assessment Systems (CASAS) e-tests, Tests for Adult Basic Education (TABE) or other pre-admission examination recognized by the Board to assess reading, writing, and math skills prior to enrollment in a training program.

DECISION: Approve Recommended Language

11:00 REGULATION SUBCOMMITTEE

Proposed TME Regulation language revisions

ISSUE: The regulation subcommittee recommends the following language for revision of TME draft regulations.

Recommendation: The following language seeks to address the issue of timely drug administration

Rationale: This language specifies parameters to be used when assigning TMEs to administer drugs without being to prescriptive.

9813.3 TMEs shall be assigned to administer drugs in such a manner that allows the TME time needed to administer drugs timely and monitor drug reaction and affects.

Recommendation: Remove administration of insulin as an approved TME task

Rationale: Stakeholders did not voice a need to have TMEs administer insulin.

9815.2 In addition to the tasks in § 9815.1, the TME may perform the following under the supervision of an RN or LPN:

~~(b) — Administering insulin via a prefilled syringe;~~

Recommendation: Remove requirements below from TME regulations.

Rationale: While the TME should know the purpose of the drug being administered, expecting them to know side effects, compatibility, etc. is beyond their skill level. The prescriber and delegating nurse are responsible for knowing that the appropriate drug has been prescribed.

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- 9821.1 Following completion of TME training, all TMEs shall:
- (a) Observe a supervisory registered nurse administering drugs on at least two (2) occasions;
 - (b) Be observed by a supervisory registered nurse on at least four (4) separate occasions while engaged in the process of administration, documentation, and monitoring side effects at one hundred percent (100%) proficiency;
 - (c) Demonstrate his or her proficiency and knowledge of procedures for the storage of drug, and program policies pertaining to the administration of drugs; and
 - (d) **Demonstrate knowledge of indication for usage of drug(s) to be administered.**

The following was deleted and revised to read as above.

- ~~(d) Demonstrate knowledge of medications to be administered by reviewing the following with the supervisory nurse:
 - ~~(1) Compatibility with other prescribed and non-prescribed medications;~~
 - ~~(2) Known patient allergies;~~
 - ~~(3) Usage warnings;~~
 - ~~(4) Side effects;~~
 - ~~(5) Indications for usage; and~~
 - ~~(6) Other potential adverse reactions.~~~~

MOTION:
VOTE:

District of Columbia Board of Nursing
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ISSUE: On July 30, 2018, the Health Care Facilities Division invited Karen Skinner and Bonita Jenkins to participate in stakeholders meeting with representatives from DC Dialysis Centers. This meeting allowed an opportunity for stakeholders to provide feedback regarding the proposed DT regulation revisions. Several recommendations for revision were made. The most significant is below. The others will be discussed at the Board meeting. (See attached Proposed Dialysis Tech Regulations - rev):

RECOMMENDATION: Allow LPNs to supervise the practice of DTs.

RATIONALE: As currently written, the regulations only authorizes RNs to supervise the practice of DTs. Stakeholders agreed that in most instances the RN will be the supervisor but there may be occasions that the LPN may need to supervise the DT.

MATTERS FOR BOARD CONSIDERATION**ADJOURNMENT**

This concludes the Public Open Session of the meeting. The Board will now move into the Executive Section, which is closed to the public, to seek the advice of counsel to the board, to discuss disciplinary matters and ongoing or planned investigations.

FYI**Discipline Report:**

Rescind Suspension: 0

Letter of Concern: 1

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Notice of Intent to Discipline: 3
 Negotiated Settlement Agreement: 2
 Suspension: 2
 Revocation: 1
 Surrender of License: 0
 Deny Renewal of Licensure/Certification: 0
 Reinstate Licensure/Certification: 0

COIN Report:

Current Participants: 21
 New participants: 1 possible new participants (COIN meets 7/20/2018)

Completed: 2
 Referred to Discipline: 0

REGULATION STATUS

Board	Regulation	Status	Comment
NURSING	Registered Nurse (RN)	Draft	Board finalizing draft
	Licensed Practical Nurse (LPN)	Draft	Board finalizing draft
	Omnibus Advanced Practice Registered Nurse (APRN) Regulations	Legal sufficiency review	
	Omnibus Nursing Assistive Personnel (NAP)	Board review	Returned to board for review following public comments
	Trained Medication Employee (TME)	Board review	