

BOARD OF NURSING

Open Session Agenda

March 1, 2023

9:00 a.m.

VIRTUAL MEETING NOTICE

Due to the COVID-19 pandemic, all board meetings will be held virtually during the declared public health emergency.

Information on how to access the public portion of the meeting is listed below:

This meeting will be held in Person at 899 North Capital Street. Board Room 216

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mcc28cf799c8f6eccc4f690b77e9e8b4b>

Join by Phone:

1-650-479-3208 (US/Canada)

Access Code:

172 969 3891

Board of Nursing Mission Statement:

"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."

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov

**The Open Session Agenda continues on the next page with the
'Board Meeting Participants'.**

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:	
Meedie Bardonille, RN (MB)	
Laverne Plater, RN (LP)	
Rick Garcia, RN, PhD (RG)	
Margaret Green, LPN (MG)	
Michelle Clausen (MC)	
Patricia Howard-Chittams (PW)	
Kami Cooper (KC)	
Tiffany Simmons (TS)	
BOARD STAFF:	
Teresa Walsh, RN, PhD, NE-C, Executive Director	
Cathy Borris-Hale MHA, RN	
Concheeta Wright BSN, RN	
Mark Donatelli, Investigator	
Melondy Franklin, Supervisory Health Licensing Specialist	
Matteo Leib, Office of Government Relations	
DaNeeka Bigelow, Health Licensing Specialist	
LEGAL STAFF:	
Panravee Vongjaroenrat, Assistant General Counsel	

The Open Session Agenda continues the next page with 'Call to Order'.

AGENDA

CALL TO ORDER, APPROVAL OF AGENDA, MINUTES, AND STAFF REPORTS																								
OS-23-03-01	<u>CALL TO ORDER</u>																							
OS-23-03-02	<u>ROLL CALL OF BOARD MEMBERS AND STAFF</u>																							
OS-23-03-03	<u>AGENDA APPROVAL</u> Board Action: Consideration of the Open Session Agenda for today’s meeting, March 1, 2023.	Decision																						
OS-23-03-04	<u>MEETING MINUTES APPROVAL</u> Board Action: Consideration of the Open Session minutes from the January 3, 2023 meeting.	Decision																						
OS-23-03-05	<u>REPORTS</u> A. Board Chair Report B. Executive Director Report i. DC Health/HRLA Operational Status • Oversight hearing will occur on March 2, 2023. • LPN Renewal’s ii. Licensure Census <table><tr><th>LICENSE TYPE</th><th># OF ACTIVE LICENSEES (2/23/2023)</th></tr><tr><td>Certified Nurse Midwife</td><td>149</td></tr><tr><td>Clinical Nurse Specialist</td><td>36</td></tr><tr><td>Home Health Aide</td><td>7,892</td></tr><tr><td>Licensed Practical Nurse</td><td>1,855</td></tr><tr><td>Nurse Practitioner</td><td>3,228</td></tr><tr><td>Registered Nurse</td><td>30,302</td></tr><tr><td>Certified Registered Nurse Anesthetist</td><td>146</td></tr><tr><td>Trained Medication Employee</td><td>1,297</td></tr><tr><td>Certified Nursing Assistant</td><td>4,898</td></tr><tr><td>Total</td><td>49,913</td></tr></table> C. Office of Government Relations Report D. Board Attorney Report E. Education Subcommittee Report a. Approval of UDC Faculty, Ms. Henry, for 3 years, with pursuit of MSN. b. HELC Approve 2 CNA schools; St Joseph, AEA.	LICENSE TYPE	# OF ACTIVE LICENSEES (2/23/2023)	Certified Nurse Midwife	149	Clinical Nurse Specialist	36	Home Health Aide	7,892	Licensed Practical Nurse	1,855	Nurse Practitioner	3,228	Registered Nurse	30,302	Certified Registered Nurse Anesthetist	146	Trained Medication Employee	1,297	Certified Nursing Assistant	4,898	Total	49,913	Informational
LICENSE TYPE	# OF ACTIVE LICENSEES (2/23/2023)																							
Certified Nurse Midwife	149																							
Clinical Nurse Specialist	36																							
Home Health Aide	7,892																							
Licensed Practical Nurse	1,855																							
Nurse Practitioner	3,228																							
Registered Nurse	30,302																							
Certified Registered Nurse Anesthetist	146																							
Trained Medication Employee	1,297																							
Certified Nursing Assistant	4,898																							
Total	49,913																							

	<ul style="list-style-type: none">c. Next Gen -> April 1, 2023. <p>F. Discipline Subcommittee Report</p> <ul style="list-style-type: none">a. Review of Discipline Prioritiesb. DOJ / FBI Diploma update	
--	---	--

The Open Session Agenda continues the next page with ‘Misc. Items for Discussion’.

MISC. ITEMS FOR DISCUSSION

OS-23-03-06	<u>OPEN FORUM/PUBLIC COMMENTS</u>	Informational
	<p>Board Action: Open the floor to the public.</p> <p>Background: Time permitted the Board Chair will open floor to the public to allow for the following: comments, questions, and/or concerns.</p> <ul style="list-style-type: none">• Dr. Powell – LPN Program• Mr. Stern – Ketamine IM	

The Open Session Agenda continues the next page with ‘Motion to Close’.

OS-23-03-07	<p><u>MOTION TO CLOSE</u></p> <p>Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b)</p> <p>Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following:</p> <ol style="list-style-type: none"> 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); <p>To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14).</p>	Decision
OS-23-03-08	<p><u>MOTION TO ADJOURN</u></p> <p>Board Action: To adjourn the meeting.</p> <p>Background: At the end of every meeting a motion to adjourn must be made in open session to close out the business of the Board.</p>	Decision

This ends the Open Session Agenda.

BOARD OF NURSING

Open Session Minutes

January 4, 2023
9:00 a.m.

VIRTUAL MEETING NOTICE

Due to the COVID-19 pandemic, a hybrid fashion of board meetings will occur. Today's meeting is Virtual.

Information on how to access the public portion of the meeting is listed below:

Join by Web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mcc28cf799c8f6eccc4f690b77e9e8b4b>

Join by Phone:

1-650-479-3208 (US/Canada)

Access Code:

172 969 3891

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov

Board of Nursing Mission Statement:

“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.”

**The Open Session Agenda continues on the next page with the
‘Board Meeting Participants’.**

BOARD MEETING PARTICIPANTS:

BOARD MEMBERS:	
Meedie Bardonille, RN (MB)	Present
Laverne Plater, RN (LP)	Present
Rick Garcia, RN, PhD (RG)	Present
Margaret Green, LPN (MG)	Present
Michelle Clausen (MC)	Present
Patricia Howard (PW)	Present
BOARD STAFF:	
Teresa Walsh, RN, PhD, NE-C, Executive Director	Excused
Cathy Borris-Hale MHA, RN	Present
Dr. Justin Ortique, Executive Director, Pharmacy	Present
Concheeta Wright BSN, RN	Present
Mark Donatelli, Investigator	Present
DaNeka Bigelow, Health Licensing Specialist	Present
Amanda Attiya, Office of Government Relations Specialist	Present
Melondy Franklin, Supervisory Health Licensing Specialist	Present
LEGAL STAFF:	
Panravee Vongjaroenrat, Assistant General Counsel	Present

The Open Session Agenda continues the next page with ‘Call to Order’.

CALL TO ORDER, APPROVAL OF AGENDA, MINUTES, AND STAFF REPORTS

[illegible]

	<p>Certified Nurse Anesthetist. Approved from consent agenda by unanimous vote.</p> <p>Educational Sub-committee Consent agenda item approved to add Certified to Nurse Mid-Wife and Nurse Anesthesia</p> <p>b. TME discussion – Trained Medication Aides are specific to DC DOH Department of Disability Services (DDS). They were to be specifically targeted towards DDS are not to be utilized in Assisted Living or other types of facilities. Revision of regulations about oversight of TME by BON will be reviewed. Dr. Pope from Trinity noted the regulations that have not been reviewed for > 10 years. Board agreed to review the TME regulations and hence have an appropriate revision to the HORA. A subcommittee will consist of three (3) members. TME regulations to be reviewed by sub-committee of Rick Garcia, Patricia Howard-Chittam and Michelle Clausen.</p> <p>c. Licensure Census – comment about where TME are working; how has the number of HHA’s increased.</p>	<p>Decision</p> <p>Informational</p>																						
	<table><tr><th>LICENSE TYPE</th><th># OF ACTIVE LICENSEES (12/30/2022)</th></tr><tr><td>Certified Nurse Midwife</td><td>142</td></tr><tr><td>Clinical Nurse Specialist</td><td>35</td></tr><tr><td>Home Health Aide</td><td>7,736</td></tr><tr><td>Licensed Practical Nurse</td><td>1,809</td></tr><tr><td>Nurse Practitioner</td><td>3,079</td></tr><tr><td>Registered Nurse</td><td>28,731</td></tr><tr><td>Certified Registered Nurse Anesthetist</td><td>152</td></tr><tr><td>Trained Medication Employee</td><td>1,405</td></tr><tr><td>CNA</td><td>4,883</td></tr><tr><td>Total</td><td>47,972</td></tr></table>	LICENSE TYPE	# OF ACTIVE LICENSEES (12/30/2022)	Certified Nurse Midwife	142	Clinical Nurse Specialist	35	Home Health Aide	7,736	Licensed Practical Nurse	1,809	Nurse Practitioner	3,079	Registered Nurse	28,731	Certified Registered Nurse Anesthetist	152	Trained Medication Employee	1,405	CNA	4,883	Total	47,972	<p>Informational</p>
LICENSE TYPE	# OF ACTIVE LICENSEES (12/30/2022)																							
Certified Nurse Midwife	142																							
Clinical Nurse Specialist	35																							
Home Health Aide	7,736																							
Licensed Practical Nurse	1,809																							
Nurse Practitioner	3,079																							
Registered Nurse	28,731																							
Certified Registered Nurse Anesthetist	152																							
Trained Medication Employee	1,405																							
CNA	4,883																							
Total	47,972																							
	<p>C. Board Attorney Report-Panravee Vongjaroenrat –</p> <p>a. See TME comments above</p> <p>D. Legislative Report – Office of Gov. Relations Amanda Attiya</p> <p>Reproductive Healthcare Provider Legislation:</p>	<p>Informational</p>																						

	<ul style="list-style-type: none"> • Councilmember R. White introduced the <i>Protecting Health Professionals Providing Reproductive Health Care Amendment Act of 2022</i> (B24-0830). • <i>This proposed legislation would prevent DC Health licensing boards from taking certain actions, including the revocation or suspension of a license, against a licensed healthcare professional for providing or facilitating abortion services when that that service falls within the professional's scope of practice, and the disciplinary action is based exclusively on the patient residing in a jurisdiction where abortion services are prohibited.</i> • This legislation was passed unanimously on final reading by the entire Council on December 20, 2022. It is undergoing Mayoral Review after which it will undergo Congressional Review. <p>Healthcare Career Scholarship & Health Professional Loan Repayment Program (HPLRP) Expansion Legislation:</p> <ul style="list-style-type: none"> • Following emergency and temporary versions, Councilmember Gray introduced the <i>High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022</i> (B24-0943). <ul style="list-style-type: none"> ○ <i>This legislation establishes a scholarship program for education, training, transportation, and examination fees for eligible medical professionals. The bill would also expand the HPLRP to include loan repayments for medical sub-specialty professionals, part-time practitioners, and private providers in medically underserved areas.</i> ○ <i>The emergency and temporary versions have both passed.</i> • This legislation was passed unanimously on final reading by the entire Council on December 20, 2022. It is undergoing Mayoral Review after which it will undergo Congressional Review. <p>Domestic Worker Legislation:</p> <ul style="list-style-type: none"> • The Committee on Labor & Workforce Development held a hearing from the <i>Domestic Worker Employment Rights Amendment Act of 2022</i> (B24-0712). The bill has also been re-referred to the Committee on Government Operations and Facilities. <ul style="list-style-type: none"> ○ This legislation would establish new protections for domestic workers which may include some DC Health licensed professionals like Home Health Aides. 	
--	---	--

	<ul style="list-style-type: none"> This legislation was passed unanimously on final reading by the entire Council on December 20, 2022. It is undergoing Mayoral Review after which it will undergo Congressional Review. <p>Minor Consent Vaccination Legislation:</p> <ul style="list-style-type: none"> Following the passage by Council of the <i>Consent for Vaccinations of Minors Emergency Amendment Act of 2022</i> (B24-0890), Councilmembers Gray and Cheh introduced the <i>Consent for Vaccinations of Minors Amendment Act of 2022</i> (B24-0942) on July 13. <ul style="list-style-type: none"> <i>This legislation would allow certain eligible minors, including emancipated minors or unaccompanied homeless minors to access vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP) without the need for parent consent. The legislation would also allow providers to administer vaccinations recommended by the ACIP to any minor without parental consent given the provider “reasonably attempts” to obtain consent from a legal guardian and the legal guardian does not object.</i> <i>The emergency and temporary versions of this legislation have passed.</i> This legislation was passed (with one No vote) on final reading by the entire Council on December 20, 2022. It is undergoing Mayoral Review after which it will undergo Congressional Review. <p>Nursing Education Engagement Legislation:</p> <ul style="list-style-type: none"> The <i>DC Nursing Education Enhancement Program Emergency Amendment Act of 2022</i> (B24-1097) provides additional support to eligible nursing students at UDC. It expands the existing stipend program, the Nurse Education Enhancement Program, to also include living expenses and transportation to students pursuing an LPN to AASN degree through the UDC Community College. This legislation was enacted after unanimous approval by the Council and by the Mayor on December 8th. There is an accompanying temporary version that has also passed Council that would only be in effect until the summer of 2023. <p>Council Period 25:</p> <ul style="list-style-type: none"> The new Council Period started on January 3, 2023. There are two new members on the Council, Councilmember Frumin (Ward 3) and Councilmember Parker (Ward 	
--	--	--

	<p>5). Councilmember McDuffie, who previously represented Ward 5, has replaced At-Large Councilmember Silverman.</p> <ul style="list-style-type: none"> • Membership and leadership of the Committee on Health went through some changes. Councilmember Henderson (At-Large) replaces Councilmember Gray (Ward 7) as the new Committee Chair. The other Committee on Health members are Councilmember Nadeau (Ward 1), Councilmember Parker, Councilmember Allen (Ward 6), and Councilmember Gray. <p>E. Education Subcommittee Report – Dr. Garcia</p> <ul style="list-style-type: none"> a. RN to BSN programs <ul style="list-style-type: none"> i. UDC ii. Trinity <p>Subcommittee vote – recommended and approved by unanimous consent agenda</p> <p>F. Discipline Subcommittee Report -Cathy Borris-Hale</p> <ul style="list-style-type: none"> a. No report 	
--	---	--

The Open Session Agenda continues the next page with ‘Misc. Items for Discussion’.

MISC. ITEMS FOR DISCUSSION

OS-23-01-06	<u>OPEN FORUM/PUBLIC COMMENTS</u> Board Action: Open the floor to the public. Background: Time permitted the Board Chair will open floor to the public to allow for the following: comments, questions, and/or concerns. Discussion: Paula Roberts from Summa Prime requested information about course numbers and CE Direct point of contact. Ms. Borris-Hale will reach out to Ms. Roberts.	Informational
--------------------	--	----------------------

The Open Session Agenda continues the next page with ‘Motion to Close’.

OS-23-01-07	<p><u>MOTION TO CLOSE</u></p> <p>Board Action: To go into closed session to discuss confidential matters as permitted in DC Official Code § 2-575(b)</p> <p>Background: Pursuant to DC Official Code § 2-575(b), the Board will move into the Closed Executive Session portion of the meeting to discuss the following:</p> <ol style="list-style-type: none"> 1. To consult with an attorney to obtain legal advice and to preserve the attorney-client privilege between an attorney and a public body, or to approve settlement agreements pursuant to § 2-575(b)(4)(a); 2. Preparation, administration, or grading of scholastic, licensing, or qualifying examinations pursuant to section § 2-575(b)(6); 3. To discuss disciplinary matters pursuant to section § 2-575(b)(9); <p>To plan, discuss, or hear reports concerning ongoing or planned investigation of alleged criminal or civil misconduct or violations of law or regulations, if disclosure to the public would harm the investigation pursuant to section § 2-575(b)(14).</p> <p>Motion to close OPEN session by Rick Garcia. Approved by unanimous consent.</p>	10:01 am
OS-23-01-08	<p><u>MOTION TO ADJOURN</u></p> <p>Board Action: To adjourn the meeting.</p> <p>Background: At the end of every meeting a motion to adjourn must be made in open session to close out the business of the Board.</p>	Decision

This ends the Open Session Agenda.

PRIORITY II

Priority II: Disciplinary actions may be decided by BON staff
Cases where there is no harm to patient or flagrant HORA violation
Consent order maybe issued without review by BON

Offense	Disciplinary Action
1. Has been convicted of any crime involving moral turpitude, if the offense bears directly on the fitness of the individual to be licensed	1.A. Voluntary surrender of license for specified period of time 1.B. Probation w/ supervisor's report
2. Abandons a patient; for the purposes of this paragraph, the term "abandons" means termination, without adequate notice, of the professional relationship between a health care provider and a patient or client at a time when the patient or client is in need of further emergency care;	2.A. Voluntary surrender of license up to 1 year 2.B. Probation w/ supervisor's report 2.C. Course: Professional Accountability and 1000 Word Reflective Essay with at least 2 cite references
3. Performs, offers, or attempts to perform services beyond the scope of those authorized by the license held by the health professional;	3.A Letter of reprimand 3.B Probation w/supervisor reports 3.C. Course: Professional Boundaries and 1000 Word Reflective Essay with at least 2 cite references Complete HHA Training (if waiver applicant)
4. Fraud and/or deceit: 4.1. Against clients (e.g., undue influence, duress, fraudulent billing, misleading advertising) 4.2 Against employer	4.A. Probation 4.B. Course: <u>Ethics of Nursing Practice</u> and 1000 Word Reflective Essay with at least 2 cite references 4.C. Course: <u>Righting a Wrong: Ethics and Professionalism in Nursing</u> 1000 Word Reflective

	<p>Essay with at least 2 cite references</p> <p>4.C. Fine up to \$5000</p>
<p>5. Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;</p> <p>5.1 Inappropriate delegation/supervision</p>	<p>5.A. Probation</p> <p>5.B. Probation w/supervisor reports</p> <p>5.C. Course: Delegating Effectively Course and 1000 Word Reflective Essay with at least 2 cite references</p>
<p>6. Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;</p> <p>6.1 Failure to assess</p>	<p>6.A. Probation</p> <p>6.B. Probation w/supervisor reports</p> <p>6.C. Course: Critical Thinking and 100 Word Reflective Essay with at least 2 cite references</p>
<p>7. Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;</p> <p>7.1. Documentation errors</p>	<p>7.A. Probation</p> <p>7.B. Supervision for period of probation [Supervision for multiple occurrences not single episode.]</p> <p>7.C. Course: <u>Documentation: A Critical Aspect of Client Care</u> and 100 Word Reflective Essay with at least 2 cite references</p>
<p>8. Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;</p> <p>8.1. Dispenses, or administers drugs when not authorized to do so</p> <p>8.2 Does not comply with physician/nurse practitioner orders</p>	<p>8.A. Probation</p> <p>8.B. Supervision for period of probation [Supervision for multiple occurrences not single episode.]</p> <p>8.C. Course: Medication Error and 1000 word reflective Essay with at least 2 cite references</p>
<p>9. Provides, or attempts to provide, professional services while under the influence of alcohol or while using any narcotic or controlled substance in excess of therapeutic amounts or without valid medical indication</p>	<p>9.A. Require participation in COIN</p> <p>9.B. Course: <u>Understanding Substance Use Disorder</u></p> <p>9.C. Voluntary Surrender</p>
<p>10. Willfully breaches a statutory, regulatory, or ethical requirement of confidentiality with respect to a person</p>	<p>10.A. Fine \$250- \$500 or more</p> <p>10.B. Probation</p>

who is a patient or client of the health professional, unless ordered by a court	10.C. Course: <u>Ethics of Nursing Practice</u> and 1000 Word Reflective Essay with at least 2 cite references
11. Arrested for diversion of controlled substances for sale or distribution	11.A. Require participation in COIN 11.B. Course: <u>Understanding Substance Use Disorder</u> 11.C. Voluntary Surrender
12. Has been convicted in any jurisdiction of any crime involving moral turpitude that: 12.1. Offends the generally accepted moral code of mankind; 12.2. Is one of baseness, vileness, or depravity in the conduct of the private and social duties that an individual owes to his or her fellow man or to society in general; or 12.3. Is one of conduct contrary to justice, honesty, modesty, or good morals	12.A. Request withdrawal of application 12.B. Request voluntary surrender of license
13. Willfully makes or files a false report or record in the practice of a health occupation	13.A. Probation 13.B. Fine \$100- \$500 or more
14. Willfully fails to file or record any medical report as required by law, impedes or obstructs the filing or recording of the report, or induces another to fail to file or record the report	14.A. Probation 14.B. Fine \$100- \$500 or more
15. Willfully makes a misrepresentation in treatment	15.A. Probation 15.B. Fine \$100- \$500 or more
16. Willfully practices a health occupation with an unauthorized person or aids an unauthorized person in the practice of a health occupation	16.A. Probation 16.B. Fine \$100- \$500 or more
17. Submits false statements to collect fees for which services are not provided or submits statements to collect fees for services which are not medically necessary	17.A. Probation 17.B. Fine \$250- \$500 or more
18. Has been convicted of any crime involving moral turpitude, if the offense bears directly on the fitness of the	18.A. Probation up to a year w/ supervisor's report 18.B. Fine \$250 - \$1000

individual to be licensed/certified	
19. Prescribes, dispenses, or administers drugs when not authorized to do so;	19.A. Probation up to a year w/ supervisor's report 19.B. Fine \$250 - \$1000
20. At any time during the course of the practitioner-patient or patient-client [practitioner-client] relationship, in conduct of a sexual nature that a reasonable patient or client would consider lewd or offensive	20.A. Probation up to a year w/ supervisor's report 20.B. Fine \$250 - \$5000
21. Sexual contact with a former patient or client when the patient or client may still be vulnerable by virtue of the power imbalance that existed in the practitioner-patient or practitioner-client relationship, even if the relationship may appear to be or is mutually consensual when such contact is likely to have an adverse impact on the patient or client	21.A. Probation up to a year w/ supervisor's report 21.B. Fine \$250 - \$5000
22. Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services that the licensee, registrant, or person certified is licensed and qualified to render because the individual is HIV positive	22.A. Probation up to a year w/ supervisor's report 22.B. Fine \$250 - \$1000
23. Refuses on ethical, moral, or religious grounds to provide services to a patient, customer, or client	23.A. Fine \$250 - \$1000 23.B. Diversity: Building Cultural Competence and 100-Word Reflective Essay with at least 2 cite references
24. By corrupt means, threats, or force, intimidates or influences, or attempts to intimidate or influence, any person for the purpose of causing the person to withhold or change his or her testimony in a hearing or proceeding before a board, court, or the Office of Administrative Hearings	24.A. Probation up to a year 24.B. Fine \$250 - \$5000
25. By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to a board, court, or the Office of Administrative Hearings in furtherance of any investigation of a board, court, or the Office of Administrative Hearings;	25.A. Probation up to a year 25.B. Fine \$250 - \$5000
26. Filing false document or evidence; false statements 26. 1. No person shall file or attempt to file with any board or the Mayor any statement, diploma, certificate,	26.A. Probation up to a year 26.B. Fine \$250 - \$1000 or more

<p>credential, or other evidence if the person knows, or should know, that it is false or misleading.</p> <p>26.2. No person shall knowingly make a false statement that is in fact material under oath or affirmation administered by any board or hearing officer.</p>	
<p>27. Commits fraud or makes false claims in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance. [First offense]</p> <p>27.1 Submits falsified timesheet</p>	<p>27.A. Probation up to a year</p> <p>27.B. Fine \$250 - \$5000</p> <p>27.C. Fine based upon number of days: 90 days</p> <p>1 - 2 days \$100</p> <p>3-7 days \$250</p> <p>7- 10 days \$500</p> <p>Over 10 days require re-Training</p> <p>Time period: 6 months</p>

PRIORITY III

Priority III: Disciplinary actions forwarded to BON
Hearing prior to disciplinary action decision by the BON
Decision will be reported to National Practitioner's Data Bank

LICENSEE DEMONSTRATES WILLFUL; RECKLESS BEHAVIOR

EVIDENCE OF A PATTERN OF BEHAVIOR

EVIDENCE OF NON-COMPLIANCE WITH PREVIOUS ATTEMPTS AT CORRECTIVE ACTION

Offense	Disciplinary Action
1. Demonstrates a willful or careless disregard for the health, welfare, or safety of a patient, regardless of whether the patient sustains actual injury as a result	1.A. Suspension 2.B. Revocation
1. 1. Is subject to recurrent health claims or client-liability claims, which in a board's opinion evidences professional incompetence likely to injure the public	
2. Is professionally incompetent Harm/endangerment	2.A. Probation 2.B. Suspension 2.C. Revocation
3. Performs, offers, or attempts to perform services beyond the scope of those authorized by the license/certification held by the health professional;	3.A. Suspension 3.B. Revocation
4. Fails to conform to standards of acceptable conduct and prevailing practice within a health profession	4.A. Suspension 4.B. Revocation
5. Abandons a patient; for the purposes of this paragraph, the term "abandons" means termination, without adequate notice, of the professional relationship between a health care provider and a patient or client at a time when the patient or client is in need of further emergency care	5.A. Suspension 5B. Revocation
6. Is determined to be mentally incompetent	6.A. Revocation
7. Violates an order of the board or the Mayor, or violates a consent decree or negotiated settlement	7.A. Suspension

	7.B. Revocation 7.C. COIN referral
8. Arrested for diversion of controlled substances for sale or distribution 8.1. Is addicted to, or habitually abuses, any narcotic or controlled substance 8.2. Violates any of the conditions of an agreement between the licensee and the board to voluntarily limit the practice of the licensee made pursuant to § 3-1205.18	8.A. Probation 8.B. Suspension 8.C. Revocation 8.D. COIN Referral
9. Dispenses, or administers drugs when not authorized to do so	9.A. Probation 9.B. Suspension 9.C. Revocation
10. Willfully makes or files a false report or record in the practice of a health occupation;	10.A. Probation 10.B. Suspension 10.C. Revocation
11. Has been convicted in any jurisdiction of any crime involving moral turpitude that: 11.1. Offends the generally accepted moral code of mankind; 11.2. Is one of baseness, vileness, or depravity in the conduct of the private and social duties that an individual owes to his or her fellow man or to society in general; or 11.3. Is one of conduct contrary to justice, honesty, modesty, or good morals	11.A. Suspension 11.B. Revocation
12. Sexual harassment of a patient or client Sexual contact with: 12. 1. Patient or client concurrent with and by virtue of the practitioner-patient or practitioner-client relationship 12.2. Former patient or client when the patient or client may still be vulnerable by virtue of the power imbalance that existed in the	12.A. Suspension 12.B. Revocation

practitioner-patient or practitioner-client relationship, even if the relationship may appear to be or is mutually consensual when such contact is likely to have an adverse impact on the patient or client	
13. Fails to pay a civil fine imposed by a board, other administrative officer, or court	13.A. Suspend until licensee complies with board order. 13.B. Suspend until licensee appears before the board
14. Current discipline by another board [Probation, Suspension; Revocation]	14.A. Reciprocal action including any reporting requirements
15. Falsifies an application to establish a school of nursing or nursing program	15.A. Fine \$200 - \$1000 15.B. Deny proposal 15.C. Suspension 15.D. Revocation
16. Commits fraud or makes false claims in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance. [Repeated offenses]	A. Suspension B. Revocation C. Probation
17. Fraud and/or deceit in obtaining license (includes situations where the licensee has used dishonest means to obtain or attempt to obtain a license or other credentials)	A. Suspension B. Revocation C. Deny application
18. Submits false statements to collect fees for which services are not provided or submits statements to collect fees for services which are not medically necessary	A. Suspension B. Revocation
19. Has been convicted of any crime involving moral turpitude, if the offense bears directly on the fitness of the individual to be licensed/certified	A. Suspension B. Revocation C. Deny application

20. Commits fraud or makes false claims in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance.	20.A. Probation up to a year
20.1 Submits falsified timesheet	20.B. Fine \$250 - \$5000

All disciplinary actions requiring a Notice of Intent to Discipline (NOI) must be referred to the BON. The BON may either:

1. Offer a Consent Order (after issuance of NOI)
2. Settlement Agreement (before issuance of NOI)
3. Hearing (at the board's discretion/or request of applicant)

All disciplinary actions must be reported to the NURSYS (National Practitioner's Data Bank) within 10 days of the Board's decision.

FACTORS TO BE CONSIDERED WHEN DETERMINING DISCIPLINARY ACTIONS

DISTRICT OF COLUMBIA BOARD OF NURSING GUIDELINES FOR REPORTING COMMON HOME HEALTH AIDE OFFENSES

HORA: Commits fraud or makes false claims in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance.

- | | | |
|-----------|----------------------------|--|
| A. | Offense: | Submitting timesheets when not reporting to work |
| | Mitigating factors: | Submitted in error
First time offense |
| | Evidence needed: | Beneficiary hospitalized or not at home
Timesheet indicating dates worked |
| B. | Offense: | Representing work for multiple beneficiaries' same day same time |
| | Mitigating factors: | N/A |
| | Evidence needed: | Name and NPI |

HORA: Willfully practices a health occupation with an unauthorized person or aids an unauthorized person in the practice of a health occupation

- | | | |
|-----------|----------------------------|--|
| A. | Offense: | Sends another person to work in their place |
| | Mitigating factors: | N/A |
| | Evidence needed: | Report from beneficiary, family member, etc.
Report from monitoring visit |

HORA: Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;

- | | | |
|-----------|----------------------------|--|
| A. | Offense: | No show/no call |
| | Mitigating factors: | Family emergency
Notified family of beneficiary
First time offense
No phone access |
| | Evidence needed: | Report from beneficiary, family member, etc.
Result of monitoring visit
Vulnerability of the beneficiary---is other support available,
if not is the beneficiary ambulatory |

HORA: Abandons a patient; for the purposes of this paragraph, the term "abandons" means termination, without adequate notice, of the professional relationship between a health care provider and a patient or client at a time when the patient or client is in need of further emergency care;

- A. Offense:** Leaves home of beneficiary prior to end of assigned time/does not notify nurse/agency
- Mitigating factors:** Contact nurse/agency/family
- Evidence needed:** Report from beneficiary, family member, etc.
Explanation of the emergency nature (e.g. Non-ambulatory beneficiary left on the floor)

FACTORS TO BE CONSIDERED WHEN DETERMINING DISCIPLINARY ACTIONS

Aggravating circumstances that the board may consider as exacerbating the situation:

- ☐ Multiple or repeat criminal violations
- ☐ Prior disciplinary action
- ☐ Abuse of trust in order to commit the violations
- ☐ Exploitation of unique position or knowledge
- ☐ Financial benefit accrued by respondent
- ☐ Knowing, willful or reckless conduct
- ☐ Lack of rehabilitation potential
- ☐ Lying under oath and/or on an application for a credential
- ☐ Currently subject to court oversight (e.g., under probation for previous criminal convictions)

Mitigating circumstances in a case include:

- ☐ Lack of previous discipline, in this or any other jurisdiction
- ☐ The respondent acted under strong and immediate provocation
- ☐ At a time prior to detection, the respondent compensated or made a good faith attempt to compensate the victim for the injury or loss sustained
- ☐ The respondent was suffering from a mental or physical condition that significantly diminished his or her capacity for understanding the ramifications of or ability to control his or her conduct. This can only be applied if such condition is not an element of the violation (e.g., charges under impaired practitioner)
- ☐ Engaged in and benefited from rehabilitation
- ☐ The respondent sought and/or completed appropriate remedial measures prior to institution of disciplinary actions, i.e., responsible and accountable for own actions.
- ☐ Isolated incident
- ☐ Minimal risk of harm to patients or clients.

NCSBN COURSES

Course	Competencies include...
Acclimation of International Nurses into U.S. Nursing Practice	Overcome challenges and find resources to help you in the process of becoming a nurse in the U.S.
Delegating Effectively	Manage a heavier caseload by implementing the “who, what, where and when” of nurse delegation.
Disciplinary Actions: What Every Nurse Should Know	Protect your nursing license by learning how to minimize the risk of disciplinary action.
Diversity: Building Cultural Competence	Explore how cultural diversity in health care impacts your practice of nursing.
Documentation: A Critical Aspect of Client Care	Help doctors prescribe care based on accurate nurse charting.
End-of-Life Care & Pain Management	Improve pain management and provide compassionate end-of-life care.
Ethics of Nursing Practice	Balance your values and the right of your patient to self-determination.
Medication Errors: Causes & Prevention	Detect, prevent and report medication errors and near misses.
Patient Privacy	Build a stronger trust with patients that can lead to better outcomes.
Professional Accountability & Legal Liability for Nurses	Explore the legal liability of your decisions as a nurse.
Professional Boundaries in Nursing	Protect your patients, your license and the profession.
Righting a Wrong: Ethics and Professionalism in Nursing	Renew your commitment to ethical and professional conduct.
Sharpening Critical Thinking Skills	Think on your feet in today’s highly complex health environment.
Understanding Substance Use Disorder	Acquire the attitudes, skills and knowledge you need to compassionately get colleagues the help they need, while protecting the public.

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
for NURSING
SCHOOLS AND
PROGRAMS**

CHAPTER 56

NURSING SCHOOLS AND PROGRAMS

5600	APPROVAL OF NURSING PROGRAMS
5601	INITIAL APPROVAL
5602	DENIAL OF INITIAL APPROVAL
5603	FULL APPROVAL
5604	REPEALED
5605	CONDITIONAL APPROVAL
5606	WITHDRAWAL OF APPROVAL FOLLOWING CONDITIONAL APPROVAL STATUS
5607	ANNUAL REVIEW AND GENERAL ADMINISTRATION
5608	NURSING EDUCATION STANDARDS
5609	REPEALED
5610	ADVANCED PRACTICE REGISTERED NURSING EDUCATION STANDARDS
5611	CLINICAL PLACEMENT IN THE DISTRICT FROM PROGRAMS NOT APPROVED TO OPERATE IN THE DISTRICT
5699	DEFINITIONS

5600 APPROVAL OF NURSING PROGRAMS

- 5600.1 Pre-licensure, RN-to-BSN, or advanced practice nursing programs shall not operate in the District of Columbia without approval by the Board of Nursing (Board). This chapter sets forth the requirements and standards that a nursing education program in the District must meet to obtain approval by the Board, and the standards and procedures by which the Board shall approve, deny, or withdraw approval from a program.
- 5600.2 The approval status of a nursing education program in the District may be initial, full, or conditional. The nursing education program shall publicize the approval status of the program to its students and shall display its approval certificate conspicuously.
- 5600.3 Chapter 40 (Health Occupations: General Rules), Chapter 41 (Health Occupations: Administrative Procedures), Chapter 54 (Registered Nursing), Chapter 55 (Practical Nursing), Chapter 57 (Certified Registered Nurse-Anesthetists), Chapter 58 (Nurse-Midwives), Chapter 59 (Nurse-Practitioners), and Chapter 60 (Clinical Nurse Specialist) of this title supplement this chapter.

5601 INITIAL APPROVAL

- 5601.1 A college or university seeking initial approval of a nursing education program shall submit to the Board the following information:

- (a) A statement of intent to establish a pre-licensure, RN-to-BSN, or advanced practice nursing education program, including name of owners and organization;
- (b) A proposal which includes documentation of the following information:
 - (1) The present and future need for the program and the need for the specified level nurses in the District, including identification of potential students and employment opportunities for graduates;
 - (2) The potential impact on other nursing education programs in the area (e.g. clinical placements, faculty, and students);
 - (3) The organizational structure of the controlling college or university documenting the relationship of the program within that institution;
 - (4) The licensure status of the controlling college or university by the District of Columbia Higher Education Licensure Commission including accreditation status by a regional accrediting organization recognized by the U.S. Department of Education;
 - (5) The purpose, mission, and level of the program, including the method of education delivery;
 - (6) The availability of qualified administrators and faculty pursuant to the qualifications established under this chapter;
 - (7) The hiring procedures for ensuring that administrators and faculty will meet the requirements of this chapter;
 - (8) The budgeted faculty positions;
 - (9) The source and description of adequate clinical resources for the anticipated student population and program level, along with an attached Board of Nursing clinical verification form;
 - (10) The virtual lab or campus lab space and equipment, and an indication of the maximum number of students permitted in the lab in one session;
 - (11) Adequate academic facility and staff for campus-based programs, including instructional and administrative staff to support the program;

- (12) Evidence of financial resources adequate for the planning, implementation, and continuation of the program;
 - (13) A description of the anticipated student population and enrollment;
 - (14) The tentative time schedule for planning and initiating the program;
 - (15) The admission criteria and procedures;
 - (16) The progression criteria and procedures;
 - (17) The graduation criteria and procedures;
 - (18) A curriculum plan including framework, program objectives, and list of all courses; and
 - (19) A systematic plan for evaluation of the program; and
- (c) Submit a non-refundable application fee of ten thousand dollars (\$10,000).

5601.2 If the Board approves the proposal, the Board shall request the following information from the applicant:

- (a) A curriculum vitae for the appointed nurse administrator and program coordinator for programs as applicable;
- (b) A curriculum vitae for each faculty member who meets the regulatory requirements and the intent of the program;
- (c) A syllabus for each nursing course, which includes a course description, course or clinical objectives, prerequisites, course outline, and grading criteria; and
- (d) A Student Handbook that includes nursing student policies for admission, progression, retention, and graduation.

5601.3 The Board shall conduct a site visit or, if applicable, a joint site visit with the District of Columbia Higher Education Licensure Commission.

5601.4 The Board may grant initial approval to a newly established program upon receipt of evidence that the relevant standards and requirements of this chapter are being met.

- 5601.5 The Board may grant approval to RN-to-BSN programs currently operating in the District of Columbia and seeking to continue operation contingent on the occurrence of the following:
- (a) The program shall, within ninety (90) days of the effective date of these provisions, submit to the Board a statement of intent in accordance with § 5601.1(a) to seek Board approval for the program;
 - (b) Following or concurrent with the submission of a statement of intent in accordance with paragraph (a) above, the program shall submit, no later than one hundred eighty (180) days from the effective date of these provisions, a proposal in accordance with § 5601.1(b) and a non-refundable application fee of five thousand dollars (\$5,000); and
 - (c) After conducting a site visit in accordance with §5601.3, the Board determines that the program meets the requirements of this chapter and merits an initial approval.
- 5601.6 Following or concurrent with the submission of a statement of intent in accordance with § 5601.5, the program shall submit, within one hundred eighty (180) days of the effective date of these provisions, a proposal in accordance with § 5601.1(b) and a non-refundable application fee of five thousand dollars (\$5,000).
- 5601.7 The Board shall conduct a site visit of programs identified in §§ 5601.5 and 6 in accordance with § 5601.3 and may grant initial approval in accordance with § 5601.4.

5602 DENIAL OF INITIAL APPROVAL

- 5602.1 The Board may deny initial approval for any of the following reasons:
- (a) Failure to hire a nurse administrator who meets the qualifications of this chapter;
 - (b) Failure to hire faculty who meet the qualifications of this chapter;
 - (c) Facility's learning environment does not meet the educational needs of students or accommodate the specified number of students;
 - (d) Identified clinical facilities or simulation laboratory are inadequate to meet the requirements of this chapter or program's clinical objectives;

- (e) Incongruence among program's framework, objectives, courses, and course objectives;
- (f) Noncompliance with Nursing Education Standards of Practice; and
- (g) Noncompliance with any of the regulations in this chapter.

5603 FULL APPROVAL

5603.1 The Board may grant full approval to a program after initial approval provided that the program meets the following applicable standards:

- (a) The percentage of the program's National Council Licensure Examination (NCLEX) pass rate is at least eighty percent (80%) for first time test takers in pre-licensure programs;
- (b) The percentage of the program's certification pass rate is at least eighty percent (80%) for first time test takers in advanced practice registered nursing programs;
- (c) A self-evaluation report by the nursing administrator, following the graduation of the first class, indicates compliance with the provisions of this chapter;
- (d) The program has received accreditation from a national nursing accrediting organization recognized by the U.S. Department of Education;
- (e) The controlling educational institution has received accreditation from a regional accrediting organization recognized by the U.S. Department of Education;
- (f) The program has demonstrated continued ability to meet the standards and requirements of this chapter; and
- (g) Demonstrated compliance with the requirements of this chapter during the site visit.

5603.2 In order to maintain full approval a program shall demonstrate the following:

- (a) The annual pass rate for first time test takers on the licensure or certification examination is not less than eighty percent (80%);
- (b) The annual program reports that meet requirements of this chapter; and

- (c) The accreditation status that verifies the program meets requirements of this chapter.

5603.3 The Board shall maintain a list of approved programs. The list shall be maintained up to date on the Department's Internet website. The list shall also be compiled and published annually and available to the public upon request.

5604 REPEALED.

5605 CONDITIONAL APPROVAL

5605.1 The Board may place a program with initial approval on conditional approval status for any of the following:

- (a) The percentage of the NCLEX pass rate is less than eighty percent (80%) for first-time test takers in pre-licensure programs;
- (b) The certification pass rate is less than eighty percent (80%) for first time test takes in advanced practice programs;
- (c) The program has not received accreditation from a national nursing accrediting organization recognized by the U.S. Department of Education;
- (d) The controlling educational institution awarding the relevant degrees or diplomas does not have accreditation from a regional accrediting organization recognized by the U.S. Department of Education;
- (e) The program failed to demonstrate continued ability to meet the standards and requirements of this chapter; or
- (f) The program failed to demonstrate compliance with the requirements of this chapter during the site visit.

5605.2 Conditional approval status denotes that certain conditions must be met within a designated time period for the program to be granted full approval.

5605.3 A Bachelor of Science in Nursing (BSN) or Advanced Practice that has been granted conditional approval shall be allotted a maximum of four (4) years to correct deficiencies for the purpose of being granted full approval.

- 5605.4 An associate degree (AD) or RN-to-BSN program that has been granted conditional approval shall be allotted a maximum of three (3) years to correct deficiencies for the purpose of being granted full approval.
- 5605.5 A Practical Nurse (PN) program that has been granted conditional approval shall be allotted a maximum of two (2) years to correct deficiencies for the purpose of being granted full approval.
- 5605.6 Under conditional approval status, the program may continue to operate while correcting the identified deficiencies and working toward meeting the conditions for full approval.
- 5605.7 The first year that the annual licensure or certification pass rate for first time test takers is less than eighty percent (80%):
- (a) The Board shall send a written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter; and
 - (2) The program will be placed on conditional approval status for an allotted time pursuant to § 5605.3.
 - (b) The program's nurse administrator shall submit to the Board, within sixty (60) calendar days from receipt of the Board's written notice, the following:
 - (1) A report analyzing aspects of the education program, identifying areas believed to be contributing to the unacceptable performance; and
 - (2) An action plan to correct the deficiencies, to be approved by the Board.
- 5605.8 The Board may place limitations on the admittance of students where the pass rate for a program's first-time test takers falls below eighty percent (80%).
- 5605.9 The second successive year that the pass rate for a program's first-time licensure or certification test takers is less than eighty percent (80%), the program's nurse administrator shall submit to the Board, within ninety (90) calendar days or the time period specified by the board from receipt of the Board's written notice, the following:
- (a) Proof that the program has obtained the services of an external consultant, to be approved by the Board;

- (b) A report that is based on the findings of the consultant, which analyzes all aspects of the education program and identifies areas that contributed to the unacceptable performance; and
- (c) An action plan to correct the deficiencies, to be approved by the Board.

5605.10 After the Board determines that a program is out of compliance with the requirements and standards of this chapter, the Board may, in its discretion, prohibit a program that has conditional approval status from admitting new students until the program has been restored to full approval status. The program shall be given ninety (90) days' notice.

5605.11 Students who graduate from conditionally accredited programs shall be eligible to take the NCLEX in the District of Columbia and upon passing the examination licensed in the District of Columbia.

5605.12 If the program fails to meet the specified conditions within the designated time period, the Board may withdraw approval and the program shall be removed from the Board's list of approved programs.

5605.13 The Board may perform or assign a designee to perform announced or unannounced visits of the facility at any point during their conditional approval status to determine the program's compliance or its ability to do so.

5606 WITHDRAWAL OF APPROVAL FOLLOWING CONDITIONAL APPROVAL STATUS

5606.1 The Board may withdraw approval of the program upon its determination that the program is or has been unable to meet or maintain the requirements and standards of this chapter based on any of the following factors:

- (a) Failure to hire a nurse administrator who meets the qualifications of this chapter;
- (b) Failure to hire faculty who meet the qualifications of this chapter;
- (c) Noncompliance with the program's stated philosophy, program design, objectives, outcomes, or policies;
- (d) Failure to implement the approved curriculum;
- (e) Failure to maintain the required licensure or certification pass rate for first-time test takers;

- (f) Failure to obtain or maintain accreditation from a regional accrediting organization recognized by the U.S. Department of Education;
- (g) Failure to obtain or maintain accreditation by a national nursing accrediting organization recognized by the U.S. Department of Education;
- (h) Failure to submit records and reports to the Board in a timely manner;
- (i) Failure to correct identified deficiencies within the allotted time period;
- (j) Noncompliance with any of the regulations in this chapter; or
- (k) Other activities or situations, as determined by the Board, that indicate a program is not meeting the legal requirements and standards of this chapter.

5606.2 Before the Board withdraws approval of a program, the Board shall Issue a Notice of Intended Action to the program notifying the program that the Board intends to withdraw approval of the program and the reasons for the action.

5606.3 Before the Board withdraws approval of a program, the program has a right to a hearing.

5606.4 The Board shall send notice to the Higher Education Licensing Commission of the Board's intention to withdraw approval.

5606.5 The program shall provide its current student population and applicants with immediate notice of the Board's intended action, which shall include mailings and public postings on the premises and on their website.

5606.6 If requested by the Board or by students, the program shall provide its current student population with information and assistance for transferring to another nursing education program.

5606.7 After the Board has withdrawn approval of a program, the Board shall provide notice of the withdrawal to the District of Columbia Higher Education Licensure Commission.

5606.8 The effective date of the withdrawal of approval shall be the date the Board publishes on its website the final decision which shall notify the public of the withdrawal of approval. The Board may, at its discretion, postpone the effective date of the withdrawal of approval until the end of a current semester, when it determines such to be in the best interests of the program's graduating class or students.

- 5606.9 If the program appeals the Board's decision to the District of Columbia Court of Appeals, the effective date of the withdrawal of approval shall not be stayed pending appeal, but may be changed pursuant to an order of the Court of Appeals.
- 5606.10 The Board may designate persons to conduct an unannounced visit to the facility to ensure that the educational institution has not continued to operate the nursing education program or admit students after the effective date of the approved withdrawal.
- 5606.11 Within thirty (30) days after receipt of notice that approval has been withdrawn, the nurse administrator or school administrator shall submit to the Board a written plan for termination of the program. The plan shall include:
- (a) A plan for the current students that include completion of the program and transfer of students to other approved programs within a time frame established by the Board; and
 - (a) A plan outlining the arrangements made for storage and retrieval of the permanent records of the students, graduates, and faculty.
- 5606.12 Students enrolled in a program and graduating from the program prior to, or up to, the effective date of the withdrawal of approval shall be permitted to take the licensure examination in the District of Columbia; and upon passing and completion of other licensure requirements shall be licensed in the District of Columbia.
- 5606.13 The educational institution of a nursing program whose approval was withdrawn may apply to the Board for initial approval of a new program pursuant to § 5601 and shall disclose the name of the program under which it previously operated.
- 5606.14 A program aggrieved by a final decision of the Board may appeal the decision to the District of Columbia Court of Appeals in accordance with the District of Columbia Administrative Procedure Act, D.C. Official Code §§ 2-501 *et seq.*
- 5606.15 Students graduating from the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to sit for the NCLEX in the District of Columbia and upon passing, be licensed in the District of Columbia.

5607 ANNUAL REVIEW AND GENERAL ADMINISTRATION

- 5607.1 The Board shall conduct an annual review of all nursing education programs. A program approval that has not been reviewed and approved at the board-specified annual review shall expire.

- 5607.2 Each program seeking annual review shall submit an annual report on the forms provided and pay the renewal fee.
- 5607.3 The following changes may not be made to a program without an express approval from the Board:
- (a) A change in the approved nurse administrator or program coordinator. The program shall submit proof that the new nurse administrator or coordinator meets the requirements of this chapter;
 - (b) A change in the length of the program; or
 - (c) A change in the method of education delivery.
- 5607.4 The nurse administrator or coordinator of a program shall ensure that all official communication between the program and the accrediting organization is provided to the Board within thirty (30) days of receipt or submission. This requirement includes, evidence of accreditation status or change in the accreditation status of both the controlling institution and the nursing education program, scheduled site visits, and accreditation reports. The administrator shall arrange a joint site visit with the accrediting organization upon the Board's request.
- 5607.5 Students shall be entitled to access the program policies and services. The notice concerning program approval status by the Board shall be posted and visible to students.
- 5607.6 Programs shall make the following available to students:
- (a) A written statement of students' rights and responsibilities including admission, progression, graduation, and licensing requirements;
 - (b) A written policy on grievance procedures and a mechanism for resolution;
 - (c) Guidance and advisement counseling services; and
 - (d) Academic counseling for students who are failing.
- 5607.7 The educational institution operating the nursing education program shall determine whether a student possesses spoken and written competency in English, prior to the student beginning the nursing program.
- 5607.8 Programs shall have admission standards to ensure that each student possess the educational skills and competency to successfully complete the nursing education program prior to the student beginning the nursing program.

5607.9 Pre-licensure programs that require passing an exit examination as a requirement for completion of final course in program or for graduation shall:

- (a) Select exit examinations that have established reliability and validity, or have been normed;
- (b) Inform students in writing upon admission to the program of the requirement and the required passing score;
- (c) Have administered standardized examination throughout the program;
- (d) Provide remediation for students who are unable to pass standardized examinations that prevent progression;
- (e) Perform analysis and correlations of students' performance on course standardized examination with students' performance in courses; and
- (f) Develop a remediation program for the student who has satisfactorily progressed in the program but is unable to pass the standardized exit examination and unable to complete the final course or graduate from the program. The plan shall be in writing and placed in student's file.

5607.10 If an institution decides to close the program, the nurse administrator or program coordinator shall, ninety (90) days before closure:

- (a) Notify the Board of its intent;
- (b) Provide the date and reason for closing;
- (c) Submit to the Board its plan for the disposition of the records of the students and graduates;
- (d) Provide to the Board the name and position title of the individual to be responsible for the records, and the name and address of the agency in which the records will be located; and
- (e) Provide evidence to the Board that the program's current students have been given timely notice of the program's intent and provided assistance for transferring to another nursing program.

5608 NURSING EDUCATION STANDARDS

5608.1 This section applies to practical, associate degree, baccalaureate, RN-to-BSN, and entry-level master degree nursing education programs. All such nursing

education programs shall be accredited by a national nursing accrediting organization recognized by the U.S. Department of Education. A newly established program shall apply for such accreditation as soon as it becomes eligible.

- 5608.2 Upon becoming eligible for accreditation, the nursing education program shall pursue accreditation and shall provide evidence of current accreditation from a national nursing accrediting agency recognized by the U.S. Department of Education within twenty-four (24) months of eligibility.
- 5608.3 A nursing education program shall be part of and under control of a college or university that has accreditation by a regional accrediting organization recognized by the U.S. Department of Education.
- 5608.4 Notwithstanding the requirement of § 5608.3, a nursing education program already approved as of the effective date of this rulemaking shall have up to five (5) years from the effective date of these provisions to become a part of a college or university that has accreditation by a regional accrediting organization recognized by the U.S. Department of Education.
- 5608.5 All nursing education programs shall meet the following standards:
- (a) The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered;
 - (b) The input of stakeholders shall be considered in developing, revising, and evaluating the purpose and outcomes of the program;
 - (c) The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement;
 - (d) The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes;
 - (e) Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement;
 - (f) The nursing program administrator shall be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program;

- (g) Professionally, academically, and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement;
- (h) The fiscal, human, physical, clinical, and technical learning resources shall be adequate to support program processes, security and outcomes;
- (i) Program information communicated by the nursing program shall be accurate, complete, consistent and readily available; and
- (j) There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.

5608.6 Administrator qualifications for programs leading to a practical nurse license shall include:

- (a) An active District of Columbia Registered Nurse (RN) license in good standing and without restrictions or conditions;
- (b) Minimum of a graduate degree in nursing;
- (c) Minimum of five (5) years of progressive experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, program administration and evaluation; and
- (d) A current knowledge of nursing practice at the practical nurse or associate degree registered nurse level.

5608.7 Administrator qualifications for an associate, baccalaureate, including RN-to-BSN, or direct-entry master's degree program shall include:

- (a) An active District of Columbia RN license in good standing and without restrictions or conditions;
- (b) A doctoral degree in nursing, or a graduate degree in nursing and a doctoral degree in a related field;
- (c) Minimum of five (5) years of progressive experience in nursing education, teaching and knowledge of learning principles for adult

education, including nursing curriculum development, administration, and evaluation; and

- (d) A current knowledge of nursing practice at the registered nursing level.

5608.8 Faculty qualifications for programs leading to a practical nurse license shall include:

- (a) An active District of Columbia RN license in good standing and without restrictions or conditions;
- (b) Being academically and experientially qualified with a minimum of a graduate degree in nursing, or a bachelor's degree in nursing with a graduate degree in a related field;
- (c) Knowledge of teaching and learning principles for adult education, including nursing curriculum development and course evaluation; and
- (d) A minimum of two (2) years of patient care experience.

5608.9 Pursuant to § 5608.8, fifty percent (50%) of full-time and part-time faculty shall have a graduate degree in nursing.

5608.10 Faculty qualifications for associate, baccalaureate, including RN-to-BSN, and direct-entry master's degree programs shall include:

- (a) An active District of Columbia RN license in good standing and without restrictions or conditions;
- (b) Academic qualifications which include a minimum of a graduate degree in nursing;
- (c) Knowledge of teaching and learning principles for adult education, including nursing curriculum development and course evaluation; and
- (d) A minimum of two (2) years of patient care experience.

5608.11 The Board may waive specific requirements of § 5608.10 for good cause if it determines that a waiver does not impair or adversely affect the quality of the offered education.

5608.12 The criteria for selecting a preceptor shall be in writing and shall include the following:

- (a) The method of selecting clinical preceptors;
 - (b) The orientation of clinical preceptors;
 - (c) The objectives or outcomes of the preceptorship;
 - (d) Possession of nursing education at or above the level of the program;
and
 - (e) A system for monitoring and evaluating the student's learning experiences.
- 5608.13 The faculty shall verify that a student possesses the necessary clinical competency prior to placing him or her with a clinical preceptor.
- 5608.14 A clinical preceptor in District of Columbia health facilities shall have an active District of Columbia nursing license in good standing and without restrictions or conditions and shall be authorized to practice at the level in which the student is being trained or higher.
- 5608.15 Curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills, and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure.
- 5608.16 Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery.
- 5608.17 The curriculum of all nursing education programs, shall include:
- (a) Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan;
 - (b) Coursework including, but not limited to:
 - (1) Content in the biological, social, and behavioral sciences to provide a foundation for safe and effective nursing practice;
 - (2) Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care; and
 - (3) Content in the prevention of illness and the promotion, restoration, and maintenance of health, and end of life care in

patients across the lifespan and from diverse cultural, ethnic, social, and economic backgrounds.

5608.18 In addition to the requirements of § 5608.17, nursing education programs leading to a baccalaureate or higher degree shall include courses in:

- (a) Physical science;
- (b) Research and evidence-based practices;
- (c) Health assessment; and
- (d) Pathophysiology.

5608.19 In addition to the requirements of §§ 5608.17 and 5608.18, nursing education programs leading to a baccalaureate or higher degree shall include coursework in:

- (a) Gerontological perspectives and the care of the older adult; and
- (b) Community/populations and global perspectives on health care.

5608.20 In addition to the requirements of § 5608.17, the curriculum of pre-licensure nursing education programs shall include faculty-supervised clinical practice to occur in a variety of clinical settings and shall include:

- (a) Integrating patient safety principles throughout the didactic and clinical experiences;
- (b) Implementing evidence-based practice and patient values, including skills to identify and apply best practices to nursing care;
- (c) Collaborating with inter-professional teams through open communication, mutual respect, and shared decision-making;
- (d) Participating in quality improvement processes and monitoring patient care outcomes; and
- (e) Using information technology to communicate, mitigate error, and support decision- making;
- (f) Developing skills in direct patient care;
- (g) Making clinical judgments;
- (h) Caring and managing individuals and groups across the lifespan;

- (i) Measuring students' competencies that focus on demonstration of care management and decision-making skills when providing care;
- (j) When appropriate to the level of education, the delegating and supervising of other health care providers;
- (k) All student clinical experiences with preceptors; and
- (l) The following minimum number of hours:
 - (1) A minimum of six hundred and fifty (650) clinical hours for programs leading to the registered nurse license; or
 - (2) A minimum of six hundred (600) clinical hours for programs leading to the practical nurse license.

5608.21 Nursing education programs leading to a practical nurse license shall include supervised clinical experiences in the following areas:

- (a) Foundations;
- (b) Medical nursing;
- (c) Psychiatric and mental health nursing;
- (d) Pediatric nursing;
- (e) Community or home care; and
- (f) Long-term care.

5608.22 Programs leading to a registered nurse license shall include supervised clinical experiences in the following areas:

- (a) Foundations;
- (b) Medical nursing;
- (c) Surgical nursing;
- (d) Maternal and newborn health;
- (e) Pediatric nursing;
- (f) Psychiatric and mental health nursing;

- (g) Community health;
- (h) Acute care; and
- (i) Long-term services.

5608.23 RN-to-BSN programs shall include clinical experiences in the following areas:

- (a) Community/population health; and
- (b) Systems leadership and information management.

5608.24 Campus laboratory experiences shall provide attainment of psychomotor skills and clinical decision making in the care of patients.

5608.25 The ratio of credit hours to laboratory hours shall not exceed one to three (1:3).

5608.26 Not more than fifty percent (50%) of the required clinical experiences may be replaced by clinical simulations with the following requirements:

- (a) The use of high-fidelity computerized mannequins or standardized patients in courses beyond foundations;
- (b) Debriefing, using education theory;
- (c) Conducted by faculty with training in clinical simulations; and
- (d) The use of clinical simulations in the areas of maternal-newborn, medical-surgical, critical care, and pediatrics, and psychiatric mental health.

5609 REPEALED.

**5610 ADVANCED PRACTICE REGISTERED NURSING
EDUCATION STANDARDS**

5610.1 This section shall apply to advanced practice nursing education programs that prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

- 5610.2 An advanced practice registered nursing education program shall operate within, or be affiliated with an accredited college or university that is authorized to award graduate degrees or post-graduate certificates.
- 5610.3 To be eligible for approval, the advanced practice program shall be at the graduate or post-graduate level and have pre-accreditation or accreditation status.
- 5610.4 A college or university desiring initial approval of an advanced practice nursing education program shall submit a proposal to the Board as set forth in § 5601.1(b) to establish an advanced practice nursing education program that prepares students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.
- 5610.5 The nursing education program coordinator shall:
- (a) Be academically and experientially qualified in the role of the program offered;
 - (b) Have a minimum of two (2) years of clinical experience as an advanced practice nurse;
 - (c) Have a District of Columbia advanced practice registered nurse license in good standing;
 - (d) Have a minimum of a doctoral degree in nursing and a current certification in the role and a population of the program; and
 - (e) Have educational preparation and experience, in teaching and curriculum development or program administration at the graduate level.
- 5610.6 The faculty shall:
- (a) Be registered nurses licensed and in good standing in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing; and
 - (c) Meet the following additional qualification when teaching courses with associated clinical:
 - (1) Be academically and experientially qualified in the role and population of the program offered;
 - (2) Have a minimum of two (2) years of clinical experience as an advanced practice nurse; and

- (3) Have a District of Columbia advanced practice registered nurse (APRN) license in good standing.

5610.7 Preceptors, when used for clinical in the District of Columbia, shall:

- (a) Hold an active license to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus; and
- (b) Function as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

5610.8 The program of study shall:

- (a) Be comprehensive and prepare the graduate with the core competencies for one (1) of the four (4) APRN roles and at least one of the six (6) foci;
- (b) Prepare the graduate to assume responsibility and accountability for health promotion and maintenance, as well as the assessment, diagnosis, and management of patient problems, including the use and prescription of pharmacologic and non-pharmacologic interventions;
- (c) Include a minimum of three (3) separate core graduate-level courses in the following:
 - (1) Advanced physiology/pathophysiology, including general principles that apply across the lifespan;
 - (2) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
 - (3) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.
- (d) Include a minimum of five hundred (500) hours of supervised direct care clinical, with a minimum of fifty (50) minutes constituting one (1) hour.

5610.9 A certification program preparing an APRN specialty practice shall:

- (a) Build upon and in addition to, the education and practice of the APRN role and population focus;
- (b) Not prepare beyond the scope of practice of the role or population;
- (c) Address a subset of the population-focus; and

- (d) Be accredited by the nursing education accreditation organization.

5610.10 APRN students shall be currently licensed to practice as a registered nurse in the District of Columbia prior to participation in clinical practice as a student.

5611 CLINICAL PLACEMENT IN THE DISTRICT FROM PROGRAMS NOT APPROVED TO OPERATE IN THE DISTRICT

5611.1 Distance learning pre-licensure or advanced practice programs offered by approved District of Columbia nursing programs must be approved by the Board of Nursing.

5611.2 The distance learning program shall meet the same standards as the campus program.

5611.3 The campus nursing programs shall have full approval by the Board.

5611.4 Faculty supervising clinical experiences in other locations shall obtain licenses in those states, if required.

5611.5 Faculty teaching didactic classes online in the distance learning program shall obtain licensure in the District of Columbia.

5611.6 Programs desiring to seek approval for student nurse clinical placement in the District of Columbia shall meet the following standards:

- (a) Provide evidence of full approval by the Board of Nursing in the state in which the institution is located; and
- (b) Provide evidence of current accreditation by a national nursing accrediting agency recognized by the U.S. Department of Education.

5611.7 Faculty supervising preceptor guided clinical experiences in pre-licensure nursing programs shall meet the qualifications stated in §§ 5608.8 and 5608.10 of this chapter.

5611.8 On-site supervision of preceptors used in clinical experiences with pre-licensure students shall occur a minimum of two (2) times within a semester.

5611.9 Registered nurse students completing clinical experiences in the District of Columbia for advanced practice registered nursing programs must possess an active unencumbered license in the District of Columbia.

5699 DEFINITIONS

5699.1 As used in this chapter, the following terms have the meanings ascribed:

Act - Health Occupation Revision Act of 1985 (“Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.*).

Advanced practice program - a post-baccalaureate nursing education program at the master’s degree or doctoral degree level, whose purpose is to prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

Advanced practice registered nurse - a registered nurse who has completed an advanced practice nursing education program and has been licensed by the Board to practice as a nurse-anesthetist, nurse-midwife, nurse-practitioner, or clinical nurse specialist.

Annual pass rate – see “pass rate”.

Approval - Board approval to operate a basic nursing program or advanced practice nursing education program in the District of Columbia that is granted only after specified requirements, standards, and conditions have been met.

Board - the Board of Nursing, established by § 204 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)).

Campus-based program – a nursing education program that requires in-person attendance for the majority of course offerings.

Clinical experience - faculty planned and guided learning activities designed to assist students in meeting course objectives and to apply nursing knowledge and skills in the direct care of patients, including clinical conferences and planned learning activities in acute care facilities, and other community resources.

Clinical simulations - advanced laboratory experiences for students that mimic actual clinical experiences. They include the use of medium or high fidelity mannequins, and scenarios or case studies and reflection to enhance learning.

Conditional approval - the approval status that is granted, for a time period specified by the Board, to a nursing program to correct deficiencies when

the nursing program has failed to meet or maintain the requirements and standards of this chapter.

Controlling institution - a college, university, public agency, or institution is responsible for the administration and operation of a nursing program in the District.

Direct-entry master's degree program - A master's degree program designed for students with a baccalaureate or higher degree pursuing RN license and not the advanced practice registered nurse license.

District of Columbia Higher Education Licensure Commission - the District of Columbia government entity that issues licenses to and monitors compliance of postsecondary educational institutions and their agents operating in the District of Columbia; establishes minimum standards and criteria, rules, and regulations to ensure legitimacy of postsecondary institutions, and serves as the state approving agency for veterans' educational benefits.

Exit Examination - a standardized test taken by a student to determine proficiency in nursing knowledge prior to graduation.

Full approval - the approval status that is granted to a program after the graduation of its first class and after the Board has determined that the requirements and standards of this chapter have been met.

Initial approval - the approval status that is granted to a newly established nursing program that has not graduated its first class.

NCLEX - National Council of State Boards of Nursing Licensure Examination.

Nurse Administrator - the person with the responsibility and authority for the administration and instructional activities of nursing education program (*e.g.* Dean, Chairperson, Director)

Nursing process - the problem solving techniques of assessment, planning, implementing, and evaluating a plan of care that requires technical and scientific knowledge, judgment, and decision-making skills.

Nursing Program - any education program leading to a certificate, associate degree, or baccalaureate degree in nursing.

Online nursing education program – a nursing education program that offers the majority of course instruction via internet or other distance modalities.

Operate – actively admit students and offer courses.

Pass rate – NCLEX pass rates for first-time test takers-- in pre-licensure programs are calculated using the NCSBN's reports for a one (1) year period from January 1 to December 31 for a program's graduates testing within one (1) year of graduation. Certification pass rates for first-time test takers--- in advanced practice are determined based on the certifying organizations' prior calendar year pass rates and for a program's graduates testing within one (1) year of graduation.

Practical nurse - a person licensed to practice practical nursing pursuant to Chapter 55 of this title.

Preceptor - a licensed health professional meeting the requirements of this chapter who provides clinical supervision to a nursing student in a practice setting to facilitate student learning in a manner specified in a signed written agreement between the facility or practice setting and the educational institution.

Prelicensure program - a nursing education program at the certificate, associate degree, or baccalaureate degree level, whose purpose is to prepare students for practice as practical or registered nurses.

Program Coordinator - Faculty member responsible for planning, implementing and evaluating advanced practice nursing program.

Registered nurse - a person licensed to practice registered nursing pursuant to Chapter 54 of this title.

RN-to-BSN program – a nursing education program for registered nurses that is designed to build on the clinical and practical experiences of the registered nurse and provides the skills and knowledge of the baccalaureate-level registered nurses.

Withdrawal of Approval - Board revocation of the approval to operate a nursing education program or advanced practice nursing education program within the District.