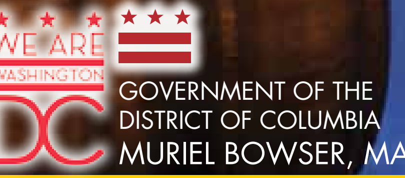
VOLUME 12 NUMBER 3
DECEMBER 2015

DISTRICT OF COLUMBIA NURSE

REGULATION EDUCATION PRACTICE

JUST CULTURE

- **Registered Nurse/Advance Practice Registered Nurse Licensure Renewal**
- **Nursing Assistive Personnel & the Committee on Impaired Nurses (COIN)**



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DISTRICT of COLUMBIA NURSE

Edition 44

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contents

Message from the Chair **4**

REGULATION

Continuing Education Non-Compliance Notice for LPNs **6**
RN/APRN Renewals to begin January 4, 2016 **8**
CE Broker Subscription Options **9**
Free CE Courses Available Online from the DC Center for Rational Prescribing (DCRx) **9**
IN THE KNOW **10**
NAP NEWS! **12**
COIN CONSULT: NAPs & COIN **14**
CNA & HHA Testing Update **15**
Paid Inactive **16**
Nursys e-Notify **16**
New eLearning Course on Opioids **16**
Leadership Symposium on Just Culture **17**
Just Culture Guidelines **20**

EDUCATION

NCSBN NEWS **22**
Nursing Schools/CNA & HHA Programs **23**
A Change of Leadership at NCSBN **24**
NCSBN Nursing Workforce Study **24**

PRACTICE

In the News: Sleeping Nurse **26**
Bed Bugs **27**
Kudos! **28**
Medical Device Safety and Recalls **28**
Expansion of Providers who Authorize Meal Accommodation for Children with Disabilities **29**
Disciplinary Action **30**

Address Change? Name Change? Question?
In order to continue uninterrupted delivery of this magazine, please notify the Board of Nursing of any change to your name or address. Thank you.

DC BON 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."

Circulation includes over 37,000 licensed nurses, nursing home administrators, nurse staffing agencies and nursing assistive personnel in the District of Columbia.

Feel free to e-mail your "Letters to the Editor" for our quarterly column. IN THE KNOW includes your opinion on the issues, and our answers to your questions. E-mail your letters to hpla.doh@dc.gov. (Lengthy letters may be excerpted.)

Message from the Chair

Cathy Borris-Hale, RN, MHA, BSN

Greetings from the DC Board of Nursing! As we approach 2016, I would like to take a moment to salute you—the Nurses and NAPs (Nursing Assistive Personnel) of the District of Columbia—for your dedication to providing quality care and for contributing to the vibrancy of our city. In this coming New Year, the Board resolves to continue to set standards for nursing excellence and to protect residents from unsafe practice.

In the spirit of this effort, on June 25, 2015, the Board sponsored a Leadership Symposium on the topic of Just Culture. Please take a moment to read the two articles on this important topic that we have in this issue of DC NURSE. The first article summarizes the Symposium (page 17); the second provides guidance on the basic concepts of Just Culture (page 20).

January also marks the beginning of licensure renewal for RNs, and Advance Practice RNs (APRNs). Renewal begins January 4, 2016 (page 8). Continuing Education is a significant part of your responsibility as a licensee. Please see the article which outlines the CE-related services offered by CE Broker (page 9). For course information, go online at **www.cebroker.com**. You may also want to explore the continuing education course information at **www.medlineuniversity.com.** APRNs should take note of the District of Columbia Center for Rational Prescribing's website at **http://doh.dc.gov/dcrx**, as well as a new eLearning course on Opioid use created by the US Department of Health and Human Services (pages 9 and 16).

Be sure to keep your continuing education up to date! There are disciplinary consequences for licensees who are audited and who have not fulfilled their CE requirements. See

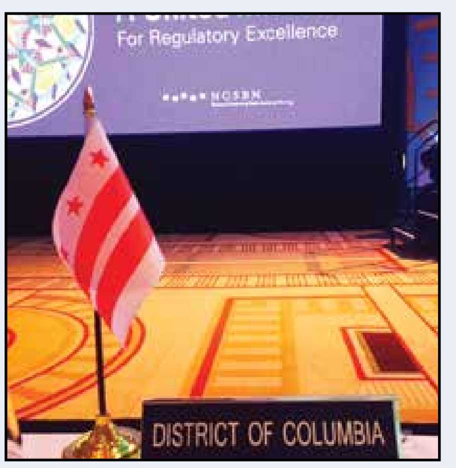
Ms. Borris-Hale with Mary Ellen Husted, RN, BSN, OCN.

the article regarding Continuing Education non-compliance on page Notice for LPNs (page 6).

In addition to our nursing Q&A section, there is also plenty of information regarding Nursing Assistive Personnel in this issue that provides answers to your questions about the practice and certification of Home Health Aides, Certified Nursing Assistants, Trained Medication Employees, and Medication Aides-Certified (page 12). NAPs are also the focus of this issue's **COIN CONSULT** article, which focuses on NAPs as essential to our health system and

NCSBN Annual Meeting

Board Education Specialist Dr. Bonita Jenkins and Chair Cathy Borris-Hale at NCSBN meeting.



DC Delegate table at NCSBN meeting

Correction:

Our June 2015 issue included an inaccurate job description for Board Member Toni A. Eason, DNP, MS, PHCNS, COHN-S, RN-BC. The correct information is that Dr. Eason manages a fitness for duty program for a law enforcement agency.

The Board thanks outgoing member, Mary Ellen Husted, for her years of Service on the Board.

who, like nurses in the District, are welcome to access the Committee on Impaired Nurses program which offers help to practitioners who face mental health or substance abuse challenges (page 14).

This issue also includes nursing news happening outside of the District. At the National Council of State Boards of Nursing (NCSBN), there has been a change in leadership and the organization has a new CEO (page 24). Another article focuses on the NCSBN's Nursing Workforce Study (page 24). Our own Board of Nursing staff member Felicia Stokes, BSN, JD, Nurse Consultant for Discipline/ Compliance, has an article in this issue about her experience as an NCSBN conference "newbie." Our "In the News" section (page 26) provides links to information about the "sleeping nurse" case in New York State, and the Supreme Court ruling concerning health boards and anti-trust immunity.

Again, thank you for your interest in DC NURSE, your dedication to excellence, your caring spirit and your work to better the health and well-being of the residents and visitors with the nation's capital. Information is powerful, so please share any information you gather from this issue with colleagues and friends. Have a Happy and Healthy Holiday Season!

FAREWELL AND WELCOME

The Health Regulation and Licensing Administration has had a change in leadership. The Board of Nursing would like to express our appreciation for the dedicated service of our out-going **Senior Deputy Director Rikin Mehta, PharmD, JD, LLM**, who served in that role January 2014 through September 2015. We also would like to welcome our new **Interim Senior Deputy Director Sharon Williams Lewis DHA, RN-BC, CPM**, who previously served as Program Manager of the Health Regulation and Licensing Administration's Health Care Facilities Division.

YOUR CORRESPONDENCE WITH HRLA & THE BOARD OF NURSING (LOCKBOX UPDATE)

Earlier this year, we announced that all correspondence should be sent to our post office box. This is an update to that requirement:

- All mail that includes payment of fees should be mailed to our lockbox, P. O. Box 37802, Washington, DC 20013.
- Mail that does not include payment of fees, such as name/address changes, transcripts, extraneous supporting documents, etc., should be sent to our street address at 899 North Capitol Street, NE, Washington, DC 20002.

Your Current Address and Email Address

Update your ADDRESS and EMAIL ADDRESS.

It is important that you keep us up-to-date on your current address and email address. If we attempt to contact you regarding a disciplinary issue and we are unable to establish contact with you, you will not be able to provide an explanation. In such cases, the Board will make a decision based upon the information available.

Please update your contact information by forwarding your updated mailing address and email address to Angela.Braxton2@dc.gov.

Continuing Education Non-Compliance Notice for LPNs

The Board of Nursing's Continuing Education (CE) Audit for Licensed Practical Nurses (LPNs) began in December 2014 prior to the renewal. At the time of publication of this edition of DC NURSE, we had not received a response to the Board's request from the persons listed at right. Failure to comply with the Board of Nursing's regulatory requirement will result in a fine up to $500.00 and/or disciplinary action against your license to practice in the District of Columbia. Please note that if your name appears on this list of LPNs, YOU WILL NOT BE ABLE TO RENEW YOUR LICENSE until you **provide evidence of the 18 hours of continuing education for the July 1, 2013 through June 30, 2015 renewal cycle**; or comply with the Negotiated Settlement Agreement.

If you have any questions, contact the DC Board of Nursing via email: Bonita Jenkins, bonita.jenkins@dc.gov or Felicia Stokes, felicia.stokes@dc.gov.

LPNs who were non-compliant with the CE audit:

Name	License #
ATEMNKENG, PRECILIA A	LPN1004963
BALANGUE, MAXIMA I	LPN1003679
GIBATEH, TENNEH	LPN1002266
MADUKA, ADELINE A	LPN1003636
MBAH, VERA C.	LPN1003333
MUNU, ISATU	LPN1006346
NKWAZEMA, HILDA	LPN1004115
TAKU, WILFRED A	LPN960869
OYELAKIN, GBADEBO	LPN8151
SULEMAN, BAMIDELE H	LPN8342 ■

Manager of Care Coordination Center

The Washington Home & Community Hospices has a rich heritage for compassionate care that is deeply rooted in the District of Columbia and Maryland. Its mission is to provide exceptional care with compassion and innovation while fostering dignity and independence in those served.

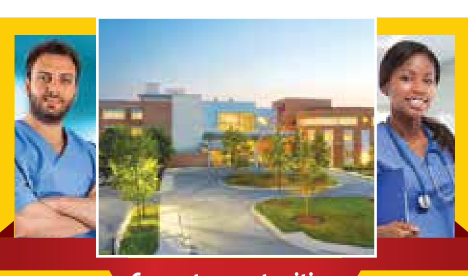
We are currently seeking a Care Coordination Manager to be responsible for the overall day to day management of the intake and admission process for Community Hospices of DC and Maryland. This position ensures that communication with the referral source and/or attending physician and family is accurate and compassionate to assure admission.

To qualify, candidate must be a graduate of an NLN school, and be an RN licensed in all jurisdictions that are served by Community Hospices (Maryland and Washington, D.C). BSN is preferred. Certification in Hospice and Palliative nursing is required within one year of employment.

We offer a competitive compensation package and a friendly, professional work environment.

To learn more, please send your resume to: recruiter@thewashingtonhome.org, or fax: (202)895-0133.

www.TWHCHCareers.com



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RN/APRN Renewals to begin January 4, 2016

Licenses Expire June 30, 2016

Please Note: CE Audit will Begin prior to the renewal period.

RN/APRN renewals will begin early this year, January 4, 2016. Licenses will expire June 30, 2016. All RN/APRN licenses expire June 30 of even numbered years. The renewal fee will not be prorated. If you were licensed anytime up to November 30, 2015, you must renew. If you are licensed on December 1, 2015, or later, you will not be required to renew. (If you were licensed in 2015, your license will expire June 30, 2016). A renewal notice will be mailed to your address of record and emailed to you approximately three (3) months before the expiration of your license/ certification. Please remember to keep your email updated in our system.Upon completion of the renewal application and payment of the renewal fee, your license will be renewed for a two-year period.

CONTINUING EDUCATION:
TO VERIFY COMPLIANCE YOU HAVE THE FOLLOWING OPTIONS

(1) Contact Hour Option: Provide an original verification signed or stamped by the program sponsor.

(2) Academic Option: Provide proof of having completed an undergraduate or graduate course in nursing or relevant to the practice of nursing.

(3) Teaching Option: Provide evidence of having developed or taught a continuing education course or educational offering approved by the Board or a Board-approved accrediting body. Applicants may receive four (4) contact hours for each approved course contact hour. (This is not an option for nurses required to develop and teach in-service education courses or educational offerings as a condition of employment).

(4) Author or Editor Option: Provide evidence that you are an author or editor of a book, chapter or published peer reviewed periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed. (Meets continuing education requirement.)

PLEASE NOTE: All continuing education must be relevant to your current field of practice.

SURVEY

Please complete or update the online Nurse's Workforce Survey when you renew. This survey will allow the Board of Nursing and the Health Regulation and Licensing Administration (HRLA) to accurately capture, quantify, and analyze our current nursing workforce demographics. This survey will provide the information needed by the DC health care community to develop strategies for building the capacity needed to meet the workforce needs of the future. **The data will be used for workforce statistical analyses and reporting purposes ONLY.**

APRN RENEWAL: Rx ISSUES

CONTROLLED SUBSTANCE REGISTRATION: APRNs, if you also possess a controlled substance registration, your registration is due for renewal. The fee for renewal of your controlled substance registration is $130.00. You may renew online after you renew your primary requisite RN license. Note that **if your RN license is placed on hold for any reason, you will not be able to renew your controlled substance registration** until the hold is released.

PHARMACOLOGY CONTINUING EDUCATION:
All renewing RNs/APRNs must complete twenty-four (24) contact hours in current area of practice. **APRNs must complete a minimum of fifteen (15) of the twenty-four (24) contact hours in an educational offering that includes pharmacological content.** Pharmacology content refers to pharmacokinetic or pharmacodynamic information related to drugs. Because we have a pharmacology continuing education requirement for APRNs, they must have the specific hours listed on their CE certificates.

RENEWAL TIPS

Here are a few renewal tips to avoid delay, now and in the future.

Renew online: RNs/APRNs can renew their licenses by accessing the HRLA website at https://app.hpla.doh.dc.gov/mylicense/PersonSearchResults.aspx

Contact Information: It is important to keep your contact information up-to-date. Please update your contact information by forwarding your updated mailing address and email address to Gwyn.Jackson@dc.gov. ■

CE Broker Subscription Options

CE Broker simplifies the process of tracking your continuing education so that your license renewal is a breeze. With easy reporting, digital storage for all your certificates and licenses, and a credit-counting CE Compliance Transcript all in one online portal, staying on top of your CE responsibilities won't be a problem. There are three subscription options to select from. Each offers a set of features to meet your unique CE requirement needs and lasts for one year.

THE PROFESSIONAL ACCOUNT ($29/YR): CE Broker's most popular option is the best value for professionals with several licenses or cards to keep up with. Get full access to all the CE management tools we have developed. **Online Reporting**—Easily report your accomplishments from your computer or phone.

CE Compliance Transcript—See all of your requirements, what has been completed, and what CE still needs to be fulfilled. **Course Search**—Search for all the board-approved courses needed to fulfill your requirements.

Plus digital certificate storage, course history backlog, helpful tips and deadline notifications.

THE CONCIERGE ACCOUNT ($99/YR): Designed for the extra busy healthcare professional, this full reporting service option provides you with a personal reporting assistant to take care of the small stuff.

THE BASIC ACCOUNT: This no-cost account provides licensees a no-frills way to report course completions and verify that all completed hours have been entered into the system.

1-877-434-6323
www.CEBroker.com ■

Free CE Courses Available Online from the DC Center for Rational Prescribing (DCRx)

The SafeRx Act of 2008 was passed by the Council of the District of Columbia to provide an evidence-based pharmaceutical education program. In September 2014, the DC Department of Health contracted George Washington University's (GWU) Milken Institute School of Public Health to establish, launch, and operate a virtual pharmaceutical education program named the DC Center for Rational Prescribing (DCRx). DCRx offers a series of online continuing education (CE) courses free to DC healthcare professionals. **Courses cover many topics including generic drugs, the federal drug approval process, and medical cannabis.** This content will be available online for nurses, physicians, pharmacists, and other healthcare professionals. The modules are accredited by the GWU Office of Continuing Education in the Health Professions, and by the GWU Hospital's Department of Pharmacy from the Accreditation Council for Pharmacy Education for CE credit. For more information, go online at **http://doh.dc.gov/dcrx** or **http://gwcehp.learnercommunity.com/dcrx**. ■

IN THE KNOW

The Board of Nursing has established the "In The Know" column in response to the many phone calls and e-mails the Board receives regarding licensure and other issues. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

Application Process with a Designated Representative

Q: What is the turnaround time in your office to grant a nursing license?

A: We have had an enormous influx of applications. Additionally, applications are initially sent to a lockbox so that we are not handling checks. The timeframe has extended to approximately 30 days. We are working to streamline the process.

Q: Will the Board of Nursing allow a designated representative to submit the documentation on behalf of the clinician?

A: Yes. They can submit the application; it must be complete and signed by the applicant.

Q: What type of payment is accepted (cash, check, credit), and which type allows for the quickest processing?

A: A check, money order, or MasterCard or Visa credit card may be submitted if you "walk-in" your application to our Processing Center on the first floor of 899 North Capitol Street, NE.

Q: What types of fingerprint scanning does the DC Board accept?

A: MorphoTrust is our vendor; they perform live scan fingerprinting.

Q: If a clinician sends in a fingerprinting card from a police or sheriff's department, would the designated representative be able to submit it to the Board with the application documents?

A: No. The applicant or representative must send the card to our vendor, MorphoTrust. (See box at top right.) Also, to expedite the processing of the application, please send applications directly to our post office box by regular mail (P.O. Box 37802, Washington, DC 20013).

Criminal Background Check for Applicants Residing Outside of the DC Metropolitan Area (Fingerprinting Card Scan) Processing Procedures: Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted, may use MorphoTrust's Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. For full details visit the MorphoTrust website at **www.indentogo.com** or contact them at:

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Springfield, IL 62704
Telephone 217-793-2080
Fax 217-793-0141

HIV Contact Hours

Q: How many contact hours on the topic of HIV are required for RNs in the District? What is the specific CE course and/or the specific curriculum requirements?

A: The requirement will be three (3) hours, but the Registered Nurse regulations have not been finalized and, until they are, persons are not required to complete the HIV/AIDS continuing education requirement. There is not a specific curriculum or CE course required.

APRN Regulation Changes

Q: Under the proposed changes to the APRN regulations, I would be unqualified to practice in my current role in an acute care facility without further education and certification. I urge the Board of Nursing to allow certified nurse practitioners with other population foci be allowed to continue

practicing in an existing focus area. Example: an adult NP should be able to continue practicing in an acute care setting if that was the only certification available at the time.

A: The intent of the Board is to allow persons currently licensed as APRNs to practice in their current role/setting. The proposed grandfathering clause will be: "A CNS/CNP currently practicing as an APRN in the District of Columbia as of the date these amendments are published as Final Rulemaking, shall continue in such practice with his or her specified population so long as he or she maintains certification and complies with any other requirements, if any, imposed by the Board of Nursing."

APRN Supervision

Q: In the District of Columbia, is a collaboration agreement or supervision required between a physician and an Advanced Practice RN? If so, how many APRNs can be supervised by one physician at one time and is there a combination ratio if a physician is supervising both APRNs. What are the statutes?

A: APRNs practicing in DC are not required to have a collaboration agreement nor are they required to be supervised by physicians. The law does require APRNs to work in collaboration with other licensed health professionals, which is consistent with the manner in which APRNs practice. The relevant sections of the law are as follows:

The **Health Occupations Revision Act of 2009 Subchapter I. Definitions; Scope§ 3-1201.01. Defines collaboration as:**

(2) "… the process in which health professionals jointly contribute to the health care of patients with each collaborator performing actions he or she is licensed or otherwise authorized to perform …"

§ 3-1201.02. Definitions of health occupations defines Advanced Practice Registered Nursing as:

(2) "…the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing. The practice of advanced practice registered nursing includes:

(A) Advanced assessment;
(B) Medical diagnosis;
(C) Prescribing;
(D) Selecting, administering, and dispensing therapeutic measures;
(E) Treating alterations of the health status; …"

(To view Health Occupations Revision Act of 2009 go online at http://doh.dc.gov/node/129252)

Telehealth

Q: I am starting to have request for services via the internet. Many of my patients travel domestically and internationally and do not want to discontinue treatment. Can you help me with the regulations regarding telehealth in DC? Feel free to just point me in the right direction.

A: You will need to be licensed, particularly if you plan to continue treating your client for a period of time. If your client is traveling on vacation, they may issue you a temporary license. Unfortunately the requirements vary from state to state. Also, as an APRN the requirements (such as needing a collaborating physician) will also vary. You would need to check with each state. Internationally, you will have the same issue. You would need to check with each jurisdiction.
This is a major issue that needs to be resolved for all health professionals. ■

BOARD OF NURSING MEETINGS

Members of the public are invited to attend…

Date:
First Wednesday of every **other** month.

Time:
9:30 a.m – 11:30 a.m.

Location:
2nd Floor Board Room
899 North Capitol St NE
Washington, DC 20002

Transportation:
Closest Metro station is Union Station.

To confirm meeting date and time, call (202) 724-8800.

January 6, 2016
March 2, 2016
May 4, 2016
July 6, 2016

Please note new schedule.

NAP NEWS!

Nursing Assistive Personnel Q & A

PCA/HHA "SKILLS CHECKLIST" NO LONGER REQUIRED

Personal Care Assistants (PCAs) and Home Health Aides (HHAs) have expressed concern that home health agencies, prior to hiring, are asking PCAs/HHAs to provide certificates from their training programs verifying their completion and/or provide a "skills checklist." These items are no longer required because a number of HHA programs are closed. Agencies have informed the Board of Nursing staff that surveyors are requesting this information. **Subsequently, the Board of Nursing Executive Director has spoken with HRLA surveyors and confirmed that they NOT require these documents.** Training is confirmed prior to certifying the PCA/HHA. Their certification status may be verified at www.hrla.doh.dc.gov or by going directly to https://app.hpla.doh.dc.gov/Weblookup/. Their current certification status can be verified at this site.

PCTs at Doctors' Offices

Q: Patient Care Techs (PCTs), or as we call them, Clinical Associates in our hospital have been required to be CNAs. We have private doctor offices in our [acute care] facility. Are those techs also required to have that certification, or is it sufficient that they demonstrate their skills or have years of experience?

A: We don't regulate doctor's offices and, therefore, are not authorized to mandate the requirements of the persons they hire.

HHA In-Service Training

Q: I am a Home Health Aide (HHA) and I only have seven hours of in-service hours for 2014. The agency offered in-service training, but they stopped. How much training do I need to renew the HHA license?

A: For the re-certification of your HHA certification, you are responsible for ensuring that you obtain 12 hours of in-service or continuing education each year. If you are not currently with a home health agency, you will need to meet your training requirements by completing continuing education courses. One site offering courses is https://www.cebroker.com/courses. Free CE Courses listed at www.medlineuniversity.com.

Will TMEs be Grandfathered?

Q: I oversee a small 8-bed facility, under the DOH Intermediate Care Facilities Division. On the Board of Nursing's Regulation Status List, Trained Medication Employees (TMEs) were not included. When will TMEs be phased out?

A: It is difficult to provide a specific date. The Medication Aide regulations need to be approved first. Then time will be needed for persons to be trained. But, at a time yet to be determined, we will no longer certify new TMEs. TMEs will still continue to function for a period of time while the Medication Aide program is phased in.

Q: Will TMEs be grandfathered-in as Medication Aides-Certified (MACs)?

A: Trained Medication Employees will not be grandfathered. TMEs are only recognized in DC. Certified Medication Aides (MACs) are recognized nationally, and in a number of jurisdictions are used to administer medications in nursing homes. The MAC training program is much more extensive than the program TMEs currently complete. Once we start certifying Medication Aides, we will phase out the training and certification of TMEs.

Q: Many TMEs are not certified as Home Health Aides. Will the staff be required to become HHAs or CNAs before they are eligible to become Medication Aides?

A: The proposed regulations require them to be either Home Health Aides, Certified Nursing Assistants or Direct Service Personnel (DSP).

TME/MAC Training

Q: Where will TMEs be attending MAC classes? The closest one I have found was at Anne Arundel Community College, which is in Maryland. Also, it appears that ALL classes require that the person be a CNA before they can attend classes. Is this going to be a requirement now for our DSPs?

A: The Medication Aide classes will not be offered in DC until the Nursing Assistive Personnel regulations are promulgated. Once the regulations are passed, we will provide DC training programs with the Board's approved MAC curriculum. Department on Disability Services (DDS) facilities will be provided the curriculum, and will be able to offer training.

RN MAC Trainer

Q: When is the next class available for Medication Aide trainers?

A: The Medication Aide regulations have not been approved as final. The proposed regulations do not include a train-the-trainer model. The courses will be offered either by a facility or a training program. As proposed, the facility/agency under whom the Medication Aide is employed can provide training. We will have a model curriculum and requirements for trainers. The MAC applicant would also have to pass a certification examination.

TME Initial Application

Q: What is the deadline for new TME applicants to submit applications for the next test?

A: There is no deadline for submitting the TME applications. Applications are processed as they are received. Once the exam candidate is approved, authorization letters are mailed, and the candidate registers with PSI Services, LLC. PSI provides the dates available for testing.

Application Status and Progress: To obtain application status, go to **https://app.hpla.doh.dc.gov/mylicense/PersonSearchResults.aspx**.

TMEs and Adult Day Center

Q: Can we use TMEs at our adult day treatment center, or is it only a nurse that can perform medication administration for the people supported? Since the TMEs are due for renewal by October 30, 2015, should we go ahead and renew? Not sure if we should, due to the upcoming Medication Aide Certification regulation.

A: According to Trained Medication Employee (Title 17 DCMR Chapter 61), "This chapter applies to...holders of a certificate as a trained medication employee, employed to work in a program, who administer medications to persons with mental retardation or other disabilities..."

If your facility does not meet this criteria they may not use TMEs to administer medication. ■

NURSING ASSISTIVE PERSONNEL ADVISORY COMMITTEE

Outgoing Member: The Board is dismayed to announce that Tippi Hampton will no longer be able to serve on the Nursing Assistive Personnel (NAP) Advisory Committee. Ms. Hampton has accepted a new position and is no longer eligible. We thank her for her long-time commitment to NAPs and the clients they serve. We wish her well in her new position.

New Member Needed: The NAP Advisory Committee is currently seeking individuals to fill the following committee vacancies:

- Certified Nursing Assistant
- Patient Care Technician, and
- LPN or RN supervising the practice of an NAP.

If you would like to apply to serve on the committee, please contact Angela Braxton at angela.braxton2@dc.gov.

Reporting Requirements for Health Care Facilities

Please be reminded that employers must report terminations to the Board of Nursing:

§ 44-508. Reporting to licensing authority.

(a) Except as provided in subsection (b) of this section, in the event that a health professional's: (1) clinical privileges are reduced, suspended, revoked, or not renewed; or (2) employment or staff membership is involuntarily terminated or restricted for reasons of, or voluntarily terminated or restricted while involuntary action is being contemplated for reasons of, professional incompetence, mental or physical impairment, or unprofessional or unethical conduct, a facility or agency shall submit a written report detailing the facts of the case to the duly constituted governmental board, commission, or other authority, if one exists, responsible for licensing that health professional.

(b) The reporting requirement in subsection (a) of this section shall not apply to a temporary suspension or relinquishment of privileges or responsibilities if a health professional enters and successfully completes a prescribed program of education or rehabilitation. As soon as there exists no reasonable expectation that he or she will enter and successfully complete such a prescribed program, the facility or agency shall submit a report forthwith pursuant to subsection

(a) of this section.

(From: Division VIII. General Laws. Title 44. Charitable and Curative Institutions. Subtitle I. Health Related Institutions. Chapter 5. Health-Care and Community Residence Facility, Hospice and Home Care Licensure. Subchapter I. Licensure. D.C. Code§ 44-508 (2015))

NAPs & COIN:
Support for Certified Nursing Assistants and Home Health Aides

By Teresa (Terry) M. Walsh, PhD, RN

NAPS ARE ESSENTIAL CAREGIVERS

Nursing Assistive Personnel (NAPs), such as Certified Nursing Assistants and Home Health Aides, have evolved into essential caregivers, team members, and stakeholders in the 21st century. The World Health Organization (WHO) describes assistive personnel as persons who monitor patient conditions and act on treatment plans that are established by the health care professional team (1). A collaboration statement between the National Council State Boards of Nursing (NCSBN) and the America Nurses Association (ANA) describes the significance that NAPs have in helping improve the outcomes of patient goals in regards to RN delegation (2). It is clearly evident that collaborative teams are a part of the equation to fulfill the expectation for one Healthy People goal for 2020 (3). One goal that is noticeably linked to NAPs is the improvement of the health-related quality of life and well-being for all individuals (4). Because of this added visibility and importance, the roles and expectations of the Nursing Assistive Personnel have become more scrutinized. Such standards include the NCSBN endorsement of the utilization of a National Nurse Assistant Assessment Program with standardized examinations.

ARE YOU A HOME HEALTH AIDE OR A CERTIFIED NURSING ASSISTANT?

Nursing Assistive Personnel in DC know that job expectations, requirements, and inquiries surrounding your duties have become more highlighted recently. Moreover, in most recent times, you have undergone criminal background checks and a more detailed review of their credentials. This is all new and ever-changing for all health care providers, regardless of our roles or status in the health care community. However, this is especially noticeable for NAPs.

Just as you are a health care provider, you too are an individual within our community with your own human needs and fallibilities. The high pressure and challenges connected with NAPs lead to some disturbing trends that reflect the stress you as a NAP endure (5). Research has shown that NAPs have fairly high turnover rates and lower than average job satisfaction. Yet, the visibility and attention that is being focused upon you, as a NAP, could feel uncomfortable as these new practices emerge.

However, regardless of our role in care giving, the reasons for rigorous standards for all of us are routed in the purpose of keeping healthcare safe and effective for everyone. In an effort to keep the community safe, we at the DC Board of Nursing recognize that **you as individuals, as NAPs, have the same hurdles, hardships, and needs as the clients and patients we serve**. Hence, we want to help you stay safe and that you can practice in a wholesome environment. Your safety and well-being ensure the safety and well-being of the public.

Hence, we want to introduce to you a group of health care providers that work through the DC Board of Nursing. This group is supportive for NAPs who have some type of limitation in their capacity to function fully in their role as a NAP. This limitation can also be called impairment or a disability. The issues that could be considered under this category could include, but are not limited to, **substance abuse, anxiety, depressive, or nervous disorders.** The group of volunteers from the DC Board of Nursing who support health care individuals with these types of issues is called the Committee on Impaired Nurses (COIN).

COIN's goal is to help the community at large remain safe while specifically working with health care providers. NAPs are an important part of the community and keeping NAPs safe is vitally important

Contact COIN

If you are a **NAP (Home Health Aide or Certified Nursing Assistant), LPN, RN,** or **APRN** whose practice is unsafe due to **drug or alcohol dependence, or mental illness**, please feel free to contact Concheeta Wright, Nurse Manager II, by email at concheeta.wright@dc.gov. The purpose of the COIN (Committee on Impaired Nurses) is to provide an alternative to Board discipline. The Committee monitors the recovery of participants and their practice to ensure that they practice within acceptable standards of care. **All information about the participants in the program is confidential.**

to the longevity of the NAP workforce as well as the patients under their care. Hence, **if you are a NAP and you have had disturbances in your ability to healthily maintain yourself, whether that be due to anxiety, depression, or substance abuse, or something else**, please feel free to contact Concheeta Wright, Nurse Manager II, at email: concheeta.wright@dc.gov.

REFERENCES

(1) World Health Organization (2010). *Classifying health workers: mapping occupations to the international standard classification*. Geneva, WHO, 2010.

(2) National Council State Board of Nursing (NCSBN) (2015) https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

(3) U.S. Dept. of Health and Human Services (2015) *Health People 2020*. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/

(4) Morgan, S.P. & DeRose, C., (2003, Nov.) Nursing Management. Reduce workload intensity with PCTs

(5) Mittal, Vikas, Jules Rosen, & Carrie Leana (2009) "A dual-driver model of retention and turnover in the direct care workforce" *The Gerontologist*, October (49), 623-634. (2009). ■

CNA & HHA Testing Update

The American Red Cross will accept credit card payments for CNA and HHA testing, effective 12/1/2015. There will be a surcharge for the convenience.

The fee schedule below will be listed on the application and in the handbook.

Test	Takers	Money order	Credit card
Skills & Written	1st time takers	$117.00 for money order	$121.00 for credit card
Skills & Oral	1st time takers	$127.00 for money order	$131.25 for credit card
Skills & Written	Retake	$105.00 for money order	$108.75 for credit card
Skills & Oral	Retake	$115.00 for money order	$119.00 for credit card
Skills Only		$ 65.00 for money order	$ 67.25 for credit card
Written Only		$ 40.00 for money order	$ 41.50 for credit card
Oral Only		$ 50.00 for money order	$ 51.75 for credit card

Credit card payments have been requested by candidates for a long time. This will enable candidates to fax their applications with their credit card payment and avoid the time taken to purchase a money order and mail the information. Credit card information will not be taken over the phone. ARC requires a valid signature to complete a credit card transaction. For further information, contact Susanne Durante, Operations & Program Manager, Health & Professional Services, Pearson VUE, 3 Bala Plaza West - Suite 300, Bala Cynwyd, PA 19004, at 610-617-5010. ■

PAID INACTIVE: DON'T LET YOUR LICENSE EXPIRE

Don't know if you will work in DC again? Planning to take a break from your nursing career? Instead of letting your license expire, consider selecting "Paid Inactive" status. Paid Inactive status allows your licensure to remain dormant until you choose to reactivate the status to "Active Status." While on Inactive status, **you will not be subject to the renewal fee**; you can continue to use your RN title but you cannot practice, attempt to practice, or offer to practice as an RN.

Why Paid Inactive? If you don't select this Inactive status, your license will expire. To reactivate an expired license, you will need to apply for reinstatement of your license. If on Paid Inactive status, you pay the reactivation fee, currently $34.00. Also, 24 hours of continuing education must be presented to the Board when applying for licensure reactivation.

NCSBN Launches Nursys e-Notify for LPNs, RNs, and APRNs

E-NOTIFY is a **no cost licensure notifying system** that can be used by health care facilities to receive notification of expired licenses and board discipline.

The National Council of State Boards of Nursing's Nursys e-Notify is the national nurse licensure notification system that automatically delivers licensure and publicly available discipline data directly to employers free of charge as the data is entered into the Nursys database by U.S. boards of nursing.

The e-Notify system:

- Alerts subscribers when changes are made to a nurse's record, including changes to license status, license expirations, pending license renewals, and public disciplinary action/resolutions and alerts. If a nurse's license is about to expire, employers have the option to receive a notification about the expiration date.
- Nursys e-Notify eliminates the need for employers to proactively search for nurse data.

Nursys is the only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical nurses (LPNs). It is comprised of data obtained directly from the licensure systems of U.S. boards of nursing through frequent, secured updates.

The employer may also send licensure renewal reminders to the nurses directly from the e-Notify system.

To view a video about the new e-Notify system, please go to the Nursys website at www.nursys.com

Questions about e-Notify? Need assistance? Please send an email to nursysadmin@ncsbn.org

New eLearning Course:

"Pathways to Safer Opioid Use"

Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year. The Department of Health & Human Services (HHS) Office of Disease Prevention and Health Promotion has announced the launch of their interactive eLearning course, "Pathways to Safer Opioid Use." The new, interactive training, "Pathways to Safer Opioid Use," teaches health care providers how to implement patient-centered strategies to communicate the safe use of opioids in managing chronic pain. This course teaches health care providers how to:

- Apply health literacy strategies to help patients prevent opioid-related ADEs
- Identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk
- Recognize the importance of a multidisciplinary, team-based approach to treating patients with chronic pain
- Demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model of chronic pain management through case study examples.

To launch the course, visit: health.gov/hcq/training-pathways.asp

ODPHP's eLearning courses help health professionals, students, and community leaders acquire the skills they need to improve the nation's health.

Designation Statement: The APHA designates this web-based educational activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. ■

DC Board of Nursing's

Leadership Symposium on Just Culture

By Nancy Kofie

The DC Board of Nursing offered a symposium last spring, for nursing leaders, focusing on the topic of "Just Culture," a healthcare philosophy and practice environment where professionals are not afraid to report errors, and where the emphasis is not on punishment but on looking for the root cause of the error and correcting the system that allows such errors to occur. Just Culture is not a "Get out of Jail Free" card. It is a set of principals which facilitate the development of guidelines to address errors as a symptom of a broken system rather than as proof of an individual's flaws.

SHARED ACCOUNTABILITY

Health Regulation and Licensing Administration Senior Deputy Director Dr. Rikin Mehta opened the meeting by saying he was "impressed and humbled by the knowledge nurses must retain to keep the system rolling." He noted that medical errors used to be solely an occasion for laying blame and keeping silent—because of an atmosphere of fear of reporting in a punitive environment. He also noted that some administrators then moved toward creating a "blameless" environment, which was also not helpful in thwarting medical errors. "But how to do we promote patient safety?" he asked. "The answer is in between–Just Culture. It is a system of shared accountability."

The Affordable Care Act has changed the landscape, he said, and health care professionals now work as a team. We must establish safe systems that ensure patient safety and prevent errors.

DC Board of Nursing Chairperson Cathy Borris-Hale, RN, MHA, BSN, also addressed attendees, and added, "Errors happen. If we punish the nurse will that solve the problem? No. The problem is seldom the fault of the person who makes the error. The person who makes the error is just the last person to touch the patient. It is often the system."

TRANSITIONING TO JUST CULTURE

Ms. Borris-Hale then welcomed the first speaker, Linda Burhans, PhD, RN, FRE, Associate Executive Director for Practice, Regulation, & Education at the North Carolina Board of Nursing.

Linda Burhans PhD, RN, FRE

"To err is human," Dr. Burhans told attendees. "We each make fifty to one-hundred mistakes per day. Most of the errors that we make, we don't even know about. Human beings have the tendency to err or drift—to take short cuts. We drive differently now than we did when we were in Driver's Ed class, for instance. We don't hold the steering wheel at 10 and 2 o'clock as taught."

Traditionally, the response to errors has been reactive, to place the blame on the last person who touched the patient, she said, and the more severe the outcome, the more severe the discipline exacted by a board of nursing. In 2005, however, the North Carolina Board of Nursing began to incorporate the Just Culture methodology, and the next year they initiated the pilot projects.

"Transitioning to Just Culture is not easy. It's a hard change for many people to make," Dr. Burhans said. Our first instinct is to punish people for making mistakes. We must distinguish between willful acts and errors. Another aspect of Just Culture is dealing with errors fairly, so that the nurse with an appealing personality is not dealt with differently than the nurse with the less appealing personality.

Dr. Burhans shared a Complaint Evaluation Tool (CET) created by the North Carolina Board (**see at http://www.ncbon.com/myfiles/downloads/ce-tool.pdf**), which provides guidance when an error is alleged. The ultimate goal of Just Culture is to ensure safe practice. "Our primary goal is patient safety," Dr. Burhans said. "The CET provides a mechanism for employers of nurses and the regulatory board to come together to promote a culture that promotes learning from practice errors and events." Non-punitive learning is balanced with individual and system accountability.

LOSING A PATIENT DUE TO AN ERROR

The second speaker was Mary Anne Hilliard, Esq., BSN, CPHRM; VP, Deputy General Counsel and Chief Risk Counsel at Children's National Health System (CNHS). Ms. Hilliard shared the story of a 2002 medical error where a toddler was administered an overdose of morphine.

Continued on page 18

Continued from page 17

The nurse administered the morphine after double checking that it was consistent with the order that had been faxed to the unit. However, the amount was erroneous—the decimal point was missing. Initially, the reaction from outside of the hospital was that "somebody needs to be fired." The case presents a lot of questions. Are nurses expected to take into consideration the body weight of the child before following a physician's order? The hospital did not fire the nurse, but people above her were terminated.

Attendees participate in group exercise.

Mary Anne Hilliard, Esq.

The old way of thinking was to simply fire the lowest person on totem pole, and in that kind of environment people stop talking about errors, Ms. Hilliard said. Institutions need to create an environment where people can talk about mistakes. Ms. Hilliard noted that the silence around medical errors is compounded in the District of Columbia because "in DC, we have one thousand times more lawyers than New York."

ROOT CAUSE

Another error she recounted was when a toddler suffered digit loss because a bandage on the child's hand was wrapped too tight. However, when Risk Management traced the root cause of this error, Ms. Hilliard said, "they found that the RN had been *taught* to wrap the site in this manner by her manager and that is how everyone on the unit did it." Just Culture allows the facility to identify and correct or improve unsafe patterns of practice.

A DEEPER-FELT HARM

"Medical errors are a different kind of harm," Ms. Hilliard said. "Families feel guilty—that they could have prevented the error." Children's National Health System tracks the rate of errors as well as the harm from a mistake. Health care professionals have to feel safe to report. Ms. Hilliard told attendees that, at Children's, the nurses, physicians and technicians all collaborate and are empowered to speak up when they become aware of an error.

Nurses are expected to speak up if the person next to them is doing something wrong.

SMALL MISTAKES

As new healthcare professionals enter the facility, she said, they get used to reporting all errors they make. "The little mistakes make it easier for big mistakes to happen," she said. Staff are still accountable; but the Just Culture algorithm is fair and impartial, and the error is seen in the larger context of the facility's systems.

DO NOT LIE

Nurses may be initially afraid to report due to potential court or board of nursing actions, but they learn that consequences could be worse if one is not honest. The penalties will change from civil to criminal (in court) or from admonishment to revocation by the board—if you lie.

ACKNOWLEDGE ERRORS, ACKNOWLEDGE GOOD PERFORMANCE

It is important to acknowledge not only errors, but good performance. Ms. Hilliard said that the feedback ratio should be 5:1—five positive comments to one negative, and that counseling must be in real time

Board of Nursing Members Simmy Randhawa and Toni Eason

Board Executive Director Karen Scipio-Skinner

and direct. "Be grateful for things they do well. Read letters from families who are grateful. Recognize people who go extra mile." Children's recognizes employees with the "Power of One" Award. This is an honor bestowed at staff meetings to let selected employees know "You did a good job!" Recipients have been very gratified to receive this award and it shows the power of recognition.

LEARNING CURVE

When Just Culture is introduced into a facility, Ms. Hilliard said, change is not immediate. "At first, the error rate goes up because everyone starts reporting everything. It takes three years to change the culture, and then the error rates go down." Just Culture flourishes in the collaborative setting—where teamwork is valued.

LONG TERM CARE

Dr. Burhans added to the conversation by noting that it is much harder to establish Just Culture in Long-Term Care (LTC) in comparison to the acute care setting. "Long-Term Care doesn't have the resources that hospitals have for monitoring, education, or identifying systemic problems. In addition to the lack of resources, LTC has a long history of perceiving that if they have an error they are expected to fire the person who made the error. However, simply terminating an employee is an easy fix." This does not allow the facility to address the root cause of unsafe practices.

Dr. Burhans also urged nurses to be conscious of delegating to NAPs, and said that RNs must follow up on care that they have delegated to others to provide.

FROM THE TOP

With Just Culture, you really need the engagement of the facility from the top down. The CEO and Board of Directors have to be onboard so that the philosophy is integrated into all policies and procedures.

TELL THE DC BOARD OF NURSING

Board of Nursing Executive Director Karen Scipio-Skinner, MSN, RN, urged attendees to share evidence of unsafe practice with the Board: "We want to encourage you to report to the Board," she said. "The Board is working on doing more with remediation and training, rather than punishment. Our new challenge is how to discipline Nursing Assistive Personnel (NAPS), and how we address intentional errors that do not cause harm."

Board of Nursing Vice Chair Simmy Randhawa, DNP, MBA, MS, RN, NE-BCW and Toni Eason, DNP, MS, PHCNS, COHN-S, RN-BC, urged attendees to always report to the Board: "Even if you are not sure—report it to the Board."

Board Chair Cathy Borris-Hale added: "Executives, regulators, teachers…we have a huge responsibility to prepare people to take care of the people that no one else wants to take care of. We have to prepare CNAs, HHAs, LPNs, RNs.

Board Chair Cathy Borris-Hale, RN, MHA, BSN

For more on Just Culture, go online to visit the American Nurses Association website on Just Culture: http://legacy.justculture.org/

North Carolina Board of Nursing Just Culture Overview:

http://www.ncbon.com/dcp/i/discipline-compliance-employer-complaints-just-culture-resources ■

Rikin Mehta, PharmD, JD, LLM

JUST CULTURE

Guidelines for Reporting Practice Related Incidents to the Board

The District of Columbia Board of Nursing wishes to thank the North Carolina Board of Nursing for its graciousness in allowing the adaptation of its "Guidelines for Evaluating and Reporting Practice Violations to the Board."

OVERVIEW OF JUST CULTURE

David Marx, an engineer and attorney, who is well known for his work in patient safety and safe system design, describes "Just Culture" as follows: On one side of the coin, it is about creating a reporting environment where staff can raise their hand when they have seen a risk or made a mistake. On the other side of the coin, it is about having a well-established system of accountability. A "Just Culture" must recognize that while we as humans are fallible, we do have control of our behavioral choices.

The principle behind a "Just Culture" is this: Discipline needs to be tied to the behavior of individuals and the potential risks their behavior presents more than the actual outcome of their actions. A "Just Culture":

- Places focus on evaluating the behavior, not the outcome;
- Requires leadership commitment and modeling;
- Distinguishes between normal error, unintentional risk-taking behavior and intentional risk-taking behaviors;
- Fosters a learning environment that encourages reporting of all mistakes, errors, adverse events, and system weaknesses (including self-reports);
- Lends itself to continuous improvement of work processes and systems to ensure the highest level of patient and staff safety;
- Encourages the use of non-disciplinary actions whenever appropriate (including coaching, counseling, training and education); and
- Holds individuals accountable for their own performance in accordance with their job responsibilities but does not expect individuals to assume accountability for system flaws over which they had no control.

"Just Culture" encourages discussion and reporting of errors and near misses without fear of retribution. It is a culture that focuses on the behavioral choices of the practitioner, not merely the fact that an error occurred or that a bad outcome resulted from an error.

- "Just Culture" recognizes that perfect performance is not something that can be sustained, and errors will occur. It recognizes that the threat of disciplinary action does NOT prevent individuals from making errors.
- In a "Just Culture" there is agreement that even the most experienced and careful nurse can make a mistake that could lead to patient harm. There is recognition that nurses will make mistakes and that perfect performance is impossible.
- "Just Culture" is not a "blame-free" response to all errors. It focuses on the behavioral choice of the nurse, the degree of risk-taking, and whether the nurse deliberately disregarded a substantial risk. It holds the nurse who makes unsafe or reckless choices that endanger patients accountable.

In fulfilling its mission to safeguard the public's health and well-being by assuring safe quality care, the Board is committed to nursing practice regulation that is prompt, fair, and appropriate to public protection.

The Board believes protection of the public can be facilitated by fair and just treatment of nurses who are involved in practice events. The Board reacts promptly to complaints and allegations of violations of the Health Occupations Revision Act (HORA) and Board of Nursing regulations. All allegations are evaluated with respect to the merits of the individual case and the potential harm to the public. The Board's responses to substantiated violations fall within a continuum of remedial and disciplinary action.

The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of HORA. This is particularly true when there are mechanisms in place in the nurse's practice setting to identify nursing errors, detect patterns of practice, take corrective action, and monitor the effectiveness of remediation on deficits in a nurse's behavior and practice including judgment, knowledge, training, or skill.

The purpose of this guide is to provide a mechanism for employers of nurses and the Board to nurture a culture that promotes learning from practice errors while properly assigning accountability for behaviors, and consistently evaluating events. As healthcare facilities' nursing leaders and DC Board of Nursing staff review and discuss events, these guidelines will be utilized so that matters are handled as consistently as possible.

The review of a practice issue by the employer may result in:

1. Consultation Only – Employer supports nurse and no further action is needed.
2. Employer Directed Corrective Action - Employer addresses incident with nurse through system intervention, internal disciplinary processes, and/or individual remediation.
3. Formal Reporting – Employer submits report/complaint to Board. Board then conducts an inquiry and/or investigation according to established policies and processes.

NON-REPORTABLE INCIDENTS

Definition: Employee has failed to follow employment policies. They are generally not reportable as violations of HORA and therefore would not be addressed by the Board. There may, however, be circumstances that could merit the Board's attention. Nothing in these guidelines is intended to prevent or discourage direct reporting of a potential violation to the Board of Nursing. Please contact the Board's Practice Consultant with any questions about specific situations.

Examples of Non-reportable Incidents:

- No Call-No Show.
- Failure to complete a 2 week notice (abrupt termination).
- Refusal to accept an assignment.
- Rudeness or inappropriate verbal interactions with patients or staff.
- "Nodding" or falling asleep momentarily, unless this is a pattern of practice, or results in patient neglect or harm.
- Falsification of employment application (unless falsification relates to licensure status).
- Failure to follow agency policy (unless this is ALSO a violation of practice act).
- Failure to submit agency paperwork in timely manner (unless jeopardizes patient care versus reimbursement only).
- Mental/emotional problems or issues that do not impact or relate to the nurse's practice.
- Information related to mental or physical conditions of a nurse, when you are providing care for the nurse (which means information is protected).

SYSTEMS ISSUES

Definition: Incidents that are primarily the result of factors beyond the nurse's control.

Criteria: Some incidents, whether minor or significant, may be the result of or influenced by systems factors, as well as by individual factors. Organizational and nursing leaders are responsible for evaluating and addressing system impact on any incident or event, regardless of reportability. Opportunities for system improvements may exist independent of, or in conjunction with, opportunities for individual improvement.

Examples of Systems Issues:

- Malfunctioning equipment.
- Staffing/work hour issues.

HUMAN ERROR

Definition: Nurse inadvertently did something other than intended or other than what should have been done; a slip, a lapse, or an honest mistake.

Examples of Human Error:

- One-time medication error (wrong dose, wrong route, wrong patient, or wrong time).
- Failure to implement a treatment order due to oversight.

REPORTABLE INCIDENTS

Definition: Employee demonstrates at-risk or reckless behaviors. At-risk behaviors may be reportable if it is determined that the nurse does not appreciate the risk and has a pattern of at-risk behavior. Reckless behavior is reportable as violations of HORA and therefore would be addressed by the Board.

AT-RISK BEHAVIOR

Definition: Nurse makes a behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified; nurse does not appreciate risk; unintentional risk taking. Generally the nurse's performance and conduct does not indicate that their continuing practice poses a risk of harm to clients or other persons.

Examples of At Risk Behavior:

- Exceeding scope of practice.
- Pre-documentation.
- Minor deviations from established procedure.

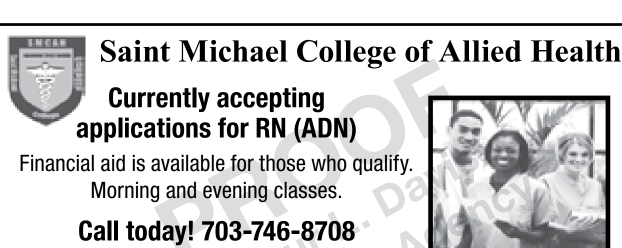
RECKLESS BEHAVIOR

Definition: Nurse makes the behavioral choice to consciously/willfully disregard a substantial and unjustifiable risk. Reckless nurse behaviors MUST be reported to the Board.

Examples of Reckless Behavior:

- Nurse leaves workplace before completing all assigned patient care (and does not report to another nurse) because he or she has a date waiting.
- Nurse observes patient starting to climb over bedrails but walks away without intervening.

Nurse makes serious medication error, realizes it when patient experiences adverse reaction, tells no one, denies any knowledge of reason for change in patient condition, and falsifies documentation to conceal error. ■



NCSBN Midyear Meeting:
A First-time Attendee's Perspective

By Felicia Stokes, JD, RN
Nurse Consultant for Discipline, District of Columbia Board of Nursing

Looavul. Luhvul. Loueville. Looaville. Looeyville. Louisville!

My first National Council of State Boards of Nursing (NCSBN) Midyear Meeting was in the great city of Louisville, Kentucky! It was one week before the NCAA basketball championship and the city was buzzing with basketball fever! This was my first Midyear Meeting and I was looking forward to seeing what it was all about.

As always, I was greeted with a warm smile from Colleen Neubauer during registration. I received my "First Time Attendee" name tag, but instead of feeling like I stuck out, I was welcomed by everyone. I was finally able to meet many NCSBN staff members whom I often email, but had never met in person. I decided to sit down with members from my neighboring state of Maryland. Maryland Board of Nursing Director of Nursing Licensure Pamela Burris saw my name tag and said, "Come with me!" She took me to the First Time Attendee table and I was welcomed with a new member gift (chocolate is always a winner in my book!) and valuable information about NCSBN and the future of nursing regulation.

The discussion at this Midyear Meeting primarily revolved around the Nurse Licensure Compact (NLC). Although the D.C. Board of Nursing is in the nation's capital, we are often unaware of how fast things are changing on a national level. I was impressed at how far legislation has progressed with the new NLC. We, as nurses, are always looking for innovative ways to improve the lives of our patients and health care overall. By improving on an already existing compact, NCSBN is the pioneer in licensure portability. I was even more impressed by the fact that nursing paved the way for other health care professionals crafting compact-licensure legislation. A discussion by Kentucky Rep. Mary Lou Marzian, who is a nurse, provided some practical tools on how to advocate for legislation. Rep. Marzian recalled several stories about the legislative process and how to anticipate resistance of health care bills, despite being logically beneficial. Most interesting was her realization that her colleagues in the legislature were everyday people who may or may not know anything about the bills they vote on. She gave some insightful advice and inspired the audience to return to their respective states and advocate for nursing!

By the second day of the meeting, I realized I had networked and connected with members from Hawaii to Arkansas! It is always fun to discuss "how other boards do it." Networking on a national level provides the opportunity to reflect on individual state practices and the ability to use other states as resources. In most cases, there is no need to reinvent the wheel. Other states generally encounter similar issues and it is nice to be able to confer with other states to discuss challenges and successes. The camaraderie among members truly resonated with me. Finally, NCSBN strongly encouraged everyone at the Midyear Meeting to think about leadership within the organization. Leadership is a fundamental part of a successful profession. I appreciated the open and honest dialogue in our breakout sessions regarding the process for running for office. Members discussed past successes and failures, but focused on the resolve and determination to contribute to the continued improvement of nursing regulation. NCSBN provides training for current leaders and anyone thinking about becoming a leader. I value this initiative, which encourages everyone to consider leadership. But more importantly, NCSBN provides the skills to be a successful leader.

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PROFESSIONAL NURSING SCHOOLS

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HHA email: captecprofessional@gmail.com
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CONDITIONAL - HHA

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HealthWrite Training Center (CNA/HHA)
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FULL APPROVAL - HHA
INITIAL APPROVAL - CNA

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CONDITIONAL - HHA

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CONDITIONAL - HHA

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CONDITIONAL - CNA & HHA

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FAX: (202) 282-0012
BRIDGE COURSE - HHA
FULL APPROVAL - CNA
CONDITIONAL - HHA

Change of Leadership at NCSBN

Outgoing CEO Kathy Apple: Kathy Apple, MS, RN, FAAN, retired on September 30, 2015, after 14 years of distinguished service as the CEO of the National Council of State Boards of Nursing (NCSBN). Throughout her tenure, Ms. Apple has worked diligently to support the important work of U.S. boards of nursing (BONs), steadfastly promoting the mandate to protect the public through the regulation of nursing practice at the state, national and international levels. In support of evidence-based regulation, Ms. Apple initiated the NCSBN Center for Regulatory Excellence, a grant program for research related to nursing regulation that has awarded more than $11 million in grants since its inception in 2007. She brought forth the viability of a professional, peer-reviewed journal for the purpose of publishing nursing regulation research with the launch of the Journal of Nursing Regulation in 2010. Under Ms. Apple's collaborative direction, NCSBN's national presence was increased through the building of effective working relationships with major national nursing and other health care organizations. Ms. Apple established the Tri-Regulator Leadership Collaborative composed of the Federation of State Medical Boards and the National Association of Boards of Pharmacy to address issues of mutual concern and to model interprofessional leadership. Ms. Apple established NCSBN's leadership presence internationally with the International Council of Nurses, expanded the associate membership of NCSBN to 21 nurse regulatory bodies from other countries and launched the International Nurse Regulator Collaborative, a seven country diplomatic collaborative for respective nurse regulatory bodies to work on issues of common interest.

In-Coming CEO David Benton: The NCSBN Board of Directors selected David Benton, RGN, RMN, BSc, M Phil, PhD, FFNF, FRCN, to succeed retiring CEO Kathy Apple. Dr. Benton assumed role of CEO on October 1, 2015. Dr. Benton was formerly the CEO of the International Council of Nurses (ICN), a post he has held since 2008. Immediately prior to that appointment he served as an ICN consultant in nursing and health policy specializing in regulation, licensing and education. He has also served on the Editorial Advisory Board for the NCSBN Journal of Nursing Regulation since its launch in 2010. Dr. Benton has held senior leadership roles for more than 25 years across a range of organizations including working as executive director of nursing at a health authority in London; as a senior civil servant in Northern and Yorkshire Region in England; as chief executive of a nurse regulatory body in Scotland; and as nurse director of a University Trust Health System. Dr. Benton has a PhD from the University of Complutense in Madrid, Spain. His area of research was an international comparative analysis of the regulation of nursing practice. He qualified as a general and mental health nurse at the then Highland College of Nursing and Midwifery in Inverness, Scotland. ■

Board of Nursing Executive Director Karen Scipio-Skinner, MSN, RN, with outgoing CEO Kathy Apple, MS, RN, FAAN.

NCSBN Nursing Workforce Study

This summer, NCSBN and the National Forum of State Nursing Workforce Centers, launched the only national-level survey specifically focused on the U.S. nursing workforce. Unlike a previous study conducted by this partnership in 2013, focusing solely on registered nurses (RNs), this study includes licensed practical/vocational nurses (LPN/VNs). The study is aimed at generating accurate information on the supply of nurses in the U.S. From the more than 4.5 million RNs and LPN/VNs currently licensed in the U.S., the study will draw a national representative sample of 5.8 percent, approximately 260,000 nurses. Their aggregate responses will comprise the national nursing workforce dataset, which will be analyzed by NCSBN and The National Forum of State Nursing Workforce Centers researchers.

Current data on the nursing workforce is vital to predicting potential shortages and assisting in the allocation of resources, program development and recruitment efforts in both the education and health care sectors. The results of the 2015 survey will be especially valuable in light of expanding demand for nursing services, including primary care for the millions of newly insured under the Affordable Care Act, the growing population of aging Americans in long-term care facilities, and the advance of technologies that provide virtual access of health care providers to patients.

For more information, go online at www.ncsbn.org. ■

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Mon	Fun Day At Sea		
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Wed	Montego Bay, Jamaica	09:00 AM	06:00 PM
Thu	Grand Cayman Island	07:00 AM	04:00 PM
Fri	Cozumel, Mexico	10:00 AM	06:00 PM
Sat	Fun Day At Sea		
Sun	Galveston, TX	08:00 AM	

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In the News

SLEEPING-NURSE CASE RENEWS FOCUS ON NURSE FATIGUE: A recent case involving a New York nurse whose patient with a disability died when the nurse fell asleep on the job highlights the importance of nurse fatigue reduction recommendations. The nurse was sentenced to 90 days in prison and her nursing license was revoked along with a ban preventing her from caring for patients considered vulnerable under New York law. The American Nursing Association (ANA) has made several recommendations to reduce nurse fatigue, calling for hospitals and nurses to work together on this issue to prevent possible harm to patients. Among the ANA evidence-based recommendations for registered nurses and employers to enhance performance, safety and patient outcomes: limit work weeks to 40 hours within seven days, limit work shifts to 12 hours, eliminate mandatory overtime as a "staffing solution," promote frequent rest breaks during work shifts and restrict consecutive night shifts for nurses who work days and nights. (Source: NCSBN Morning Policy Brief, online at http://us2.campaign-archive1.com/?u=a6c6f7da1b05b0e47f0cb6193&id=9993271f6c&e=e501b8563e) **Link to article on case:** "The case of Tanya Lemon, a DeWitt, New York nurse whose disabled patient died when Lemon fell asleep on the job, has reignited the debate on how to reduce fatigue among healthcare workers, according to the Associated Press…" *To read the rest of this article, click this link:* http://www.fiercehealthcare.com/story/sleeping-nurse-case-renews-focus-nurse-fatigue/2015-03-26

SUPREME COURT RULING: BOARDS LOSE ANTITRUST IMMUNITY IF NOT "ACTIVELY SUPERVISED" BY STATES:

In a key ruling on competition in professional services, the U.S. Supreme Court has found that a state dental board that ordered non-dentists to stop whitening teeth does not have state-action immunity from Federal Trade Commission antitrust enforcement. (*North Carolina State Board of Dental Examiners v. FTC*). The FTC had charged the board with an anticompetitive and unfair method of competition. (Source: www.professionallicensingreport.org). Also see, "Supreme Court Rules North Carolina Dentist Board Not Immune From Antitrust Scrutiny," online at http://www.natlawreview.com/article/supreme-court-rules-north-carolina-dentist-board-not-immune-antitrust-scrutiny. ■

Bed Bugs

Persons who provide care in the home setting in the District have voiced concern about the presence of bed bugs in the homes of those receiving care. While bed bugs do not carry disease, many individuals are wary about providing care to persons in homes with bed bug infestations. The Board of Nursing invited Rodent Control Program Manager Gerard Brown to speak to the Board about bed bug facts and myths.

Rodent Control Program Manager Gerard Brown speaks to the Board of Nursing about Bed Bug infestation and prevention in the District.

WHAT IS A BED BUG?

- Two species of bed bug feed on humans:

Common bed bug *Cimex lectularius L.*

Tropical bed bug *Cimex hemipterus Fabr.*

- Blood feeders on humans and pets.
- Adults are the size of an apple seed; nymphs and eggs are much smaller.
- Brown colored, flat, oval, with six legs and two antennae. They do not fly (no wings) or jump.
- They feed at night and hide by day.
- Development 5 to 8 weeks from egg to adult.

DO YOU HAVE BED BUGS?

- Unexplained, often itchy red spots appearing on skin usually in rows or clusters (skin reactions may be more severe). Drugs, medical, mental conditions, and allergies may mimic insect feeding.
- Look for scattered brown spots on bed linen and/or mattress seams, or favorite seats.
- Look for small oval brown insects on beds or chairs.
- Get expert to identify insects if found; carpet beetles, fleas, ticks, and small cockroaches can be mistaken for bed bugs.

WHAT TO DO IF YOU HAVE BED BUGS

- Don't panic; feelings of violation, disgust and stigma are common.
- If bed bugs are confirmed, tenants should notify landlord; property owners should contact pest control professionals with experience. Delays in treatment can make control harder.

SELF-TREATMENTS DON'T WORK

- Cooperate with your service professional. This may mean cleaning (clutter) ahead of treatment.
- Educate yourself. Be careful surfing the web. University (.edu) and government (.gov) sites are preferable, because information has been reviewed.

BED PROTECTION DURING INFESTATION

- Move bed 4″-6″ away from wall.
- Put bed feet into insect interceptors or wrap legs with packing tape, sticky side out.
- Put mattress and box spring in encasements.
- Vacuum cracks of bed (not a perfect remedy, but it will offer some relief).
- Wash linen, remake bed; have nothing touch the floor.

PREVENTING BED BUGS

Bed bugs may be found on:

- Discarded furniture, beds, appliances or other abandoned articles. Never bring home items found on the street.
- Purchased used furniture, TVs, linens, clothes, boxes, etc.
- Items from self-storage facilities.
- Rental furniture.
- Items carried by rental, moving or delivery trucks.
- Belongings of visitors, friends, or family members who have traveled or stayed in long-term care, hostels, universities, colleges, cruise ships, etc.
- Used gifted items from friends or family.
- Also, self infesting by bed bugs themselves, moving from room to room, apartment to apartment.

TRAVEL PRECAUTIONS

When you travel:

- Select hot drier and wash tolerant travel clothes.
- Hard smooth luggage is preferable to fabric luggage.
- Pack plastic bags to seal purchases and/or items that may have become infested.
- At destination, inspect bed area for signs of bed bugs on headboards, mattress seams, adjacent furniture, and objects near to the bed.
- At destination, keep luggage off floors and beds, place them on high luggage racks.
- Do not unpack clothes.
- Always keep luggage closed.
- Place hanging items on shower rail.
- Keep shoes away from bed.
- Before checking out, seal suspicious items in plastic bags.
- On arriving home, unpack materials outside residence and take laundry, etc. directly to washer and/or drier for immediate cleaning.
- Delicate items or objects can be frozen in a freezer for 5 days to kill all stages of bed bugs. ■

Kudos!

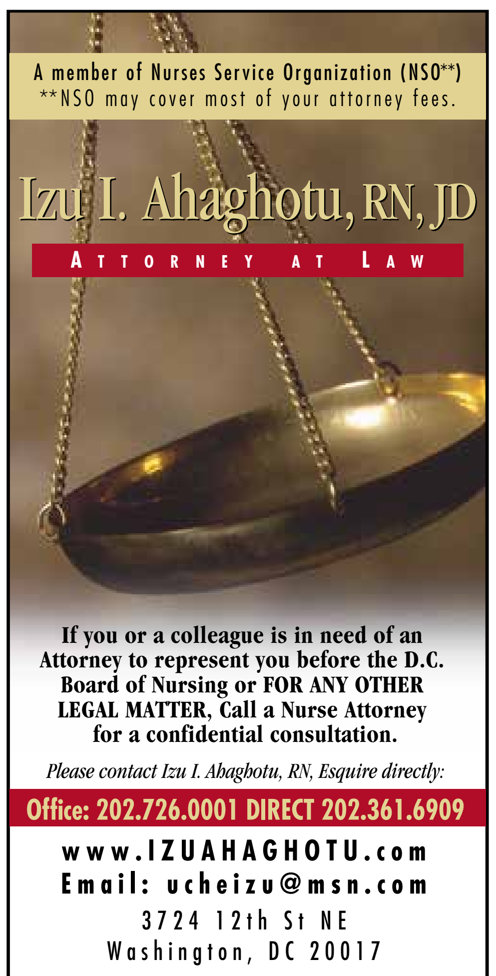
Congratulations to **Jonas Nguh, PhD, FACHE, NEA-BC, RN** (former director of Nursing Certificate Programs at UDC, and current faculty at Walden University Graduate School of Nursing), who was one of three U.S. nurses selected to attend the Global Nursing Leadership Institute, sponsored by the International Council of Nurses, in Geneva, Switzerland. The institute is a leadership program for nurses in senior and executive level positions in which participants are prepared to lead sustainable change in the future of global health architecture.

Congratulations to **Ottamissiah Moore, BS, LPN, WCC, CLNI, GC, CHPLN**, who has been selected by the National Council of State Boards of Nursing to serve as a member for the Practical Nurse Item Review panel, meeting December 8-10, 2015.

NURSING BOARD EXECUTIVE DIRECTOR ELECTED TO NCSBN BOARD OF DIRECTORS

The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors (BOD) during its 2015 Delegate Assembly.

The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors (BOD) during its 2015 Delegate Assembly. DC Board of Nursing Executive Director Karen Scipio-Skinner, MSN, RN, was elected director-at-large. She previously chaired NCSBN's Executive Officers Network and served as member of NCSBN's Commitment to Ongoing Regulatory Excellence Committee and the Awards Committee. ■



Medical Device Safety and Recalls: Unintentional Injection of Soft Tissue Filler into Blood Vessels in the Face: FDA

A safety communication has been posted regarding Unintentional Injection of Soft Tissue Filler into Blood Vessels in the Face. The FDA has reviewed information that suggests unintentional injection of soft tissue fillers into blood vessels in the face can result in rare, but serious side effects. Unintentional injection can block blood vessels and restrict blood supply to tissues. Sometimes this can result in embolization. This means the filler material has traveled to other parts of the body. This can cause vision impairment, blindness, stroke and damage and/or death of the skin (necrosis) and underlying facial structures. While unintentional injections into blood vessels may occur with injection sites anywhere on the face, the FDA's review of literature and adverse event reports submitted to the FDA identifies certain injection locations where blood vessel blockage have been reported more often. These sites include the skin between the eyebrows and nose (glabella), in and around the nose, forehead, and around the eyes (periorbital region). ■

Expansion of Providers who Authorize Meal Accommodation for Children with Disabilities

There has been an expansion of the list of healthcare providers who may sign-off on meal accommodations for children (in the Child Nutrition Programs) with special dietary needs, and make recommendations for alternate foods for children whose disability restricts their diets. Regulations required program operators to provide reasonable accommodations for children whose disability restricts their diet for all meals and snacks when supported by a medical statement signed by a licensed physician. However, in many states, laws permit specific state-recognized medical professionals to treat patients and write medical prescriptions. With this in mind, FNS has determined that **along with licensed physicians** and at the discretion of a State agency, **it is reasonable to also permit other recognized medical authorities to complete and sign a medical statement for meal accommodations** in the Child Nutrition Programs and recommend alternate foods for children whose disability restricts their diet. A State recognized medical authority for this purpose is a State licensed **health care professional who is authorized to write medical prescriptions under State law.** This update is effective immediately. State agencies should direct questions to the appropriate FNS Regional Office.

The United States Department of Agriculture's Food and Nutrition Service (FNS) has facilitated access for children with special dietary needs through the Child Nutrition Programs (National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), Child and Adult Care Food Program (CACFP), and Summer Food Service Program (SFSP)) regulations, (NSLP 210.10(m), SBP 220.8(m), 220.23(d) CACFP 226.20(m), and SFSP 225.16(f)(4)) and guidance, which includes FNS Instruction 783.2, *Meal Substitutions for Medical or Other Special Dietary Needs* and *Accommodating Children with Special Dietary Needs in the School Nutrition Programs*. ■

District of Columbia
Department of Behavioral Health
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REVOKED

Alemnji, Cedonne LPN1006012, HHA0996 (7/27/15) – This licensed practical nurse's license and home health aide's certification was revoked based on a criminal conviction of one count of second degree fraud related to defrauding the D.C. Medicaid program.

Bakare, Oluwatoyin HHA3363 (7/27/15) – This home health aide's certification was revoked due to a failure to respond to a notice of intent to discipline based on a criminal conviction of Health Care Fraud related to the D.C. Medicaid program.

Besong, Emiline HHA2338 (7/27/15) – This home health aide's certification was revoked due to a failure to respond to a notice of intent to discipline based on a criminal conviction of Making or Causing to be made False Statement related to defrauding the D.C. Medicaid Program.

SUMMARILY SUSPENDED

Britt, Paula RN1028382 (08/12/15) – This registered nurse's license was summarily suspended based on an allegation that she knowingly or intentionally possessed a controlled substance which was not obtained directly from or pursuant to a valid prescription.

Faulkner, Howard RN1010367 (08/20/15) – This registered nurse's license was summarily suspended based on a reciprocal action by the Maryland Board of Nursing.

Gbuyiro, Adeyimi HHA4340 NA603467 (10/1/15) – This home health aide's certification was summarily suspended secondary to a guilty plea of one charge of second degree Sexual Abuse of a patient or client and one charge of misdemeanor threats to do bodily harm.

Kaufman, Yvonne RN46442 (08/20/15) – This registered nurse's license was summarily suspended based on an allegation that she knowingly or intentionally possessed a controlled substance which was not obtained directly from or pursuant to a valid prescription.

Weldeyohannes, Endale LPN1007061 (10/1/15) – This licensed practical nurse's license was summarily suspended secondary to conduct of a sexual nature by virtue of the practitioner-patient relationship that a reasonable patient would consider lewd and offensive that would be grounds for Board action. (Endale Weldeyohannes is also known as Endale Arega.)

SUSPENDED

Bridges, Yunlay RN64283 (7/27/15) – This registered nurse's license was suspended due to a failure to respond to a complaint alleging he improperly restrained and secluded a patient. This RN's license was reinstated on 11/17/15.

Gaines, Cynthia LPN6617 (06/22/15) – This licensed practical nurse's license was suspended due to a failure to respond to a complaint alleging failure to properly respond to a patient who was not breathing. This LPN's license was reinstated on 7/27/15.

Isaiah, Itoro RN1017984 (7/27/15) – This registered nurse's license was suspended due to a failure to respond to a complaint alleging that completed a home visit for a patient who was hospitalized. This RN's license was reinstated on 11/4/15.

Mbangowah, Vivian LPN1004943, HHA 4219 (6/22/15) – This licensed practical nurse's license and home health aide's certification was suspended due to a failure to respond to a complaint alleging she left a patient to whom she was assigned to a male who holds no medical credentials. This LPN and HHA's license and certification were reinstated on 7/14/2015.

LICENSE/CERTIFICATION DENIED

Rosario, Lucy HHA10750 (07/27/15) – This home health aide's certification was denied based on information from the educational training site which indicated she was never a student at their institution, thereby making the document submitted in her application fraudulent.

Referrals to COIN = 1
Notice of Intent to Discipline = 14
Requests to Withdraw = 1

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