

NURSE

REGULATION EDUCATION PRACTICE

Regulation Ethics Nursing Assistive Personnel
Practice Licensed Practical Nurses Ethics
Discipline Just Culture Best Practices
Self-Care Advanced Practice Registered Nurses Medication
Documentation NURSING
Registered Nurses Honesty
Clinical Nurse Specialists Ethics Caring Education
Nurse Midwives Nurse Anesthetists Nurse
Nurse Practitioners Honesty Discipline Ethical
Professionalism Best Practices Communication

- LPN Renewal
- HHA & TME Renewal
- HHAs: Be Prepared for An Emergency
- Medicare Fraud
- Meet the New Board Members



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DISTRICT of COLUMBIA NURSE

Edition 47

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Senior Deputy Director
Health Regulation and Licensing Administration
Sharon Williams Lewis, DHA, RN-BC, CPM

Board Members

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Meedie Bardonille, RN, BSN, FCN
Layo George, BSN, RN
Margaret A. Green, LPN
Elizabeth Lamme, MS, CNM
Vera Waltman Mayer, JD
Ottamissiah Moore, BS, LPN, WCC, CLNI, GC, CHPLN
Laverne Plater, BSN, RN-BC
Winslow B. Woodland, RN, MSN
2 Vacancies (1 RN member, 1 Consumer member)

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dc.bon@dc.gov
Web site: <http://doh.dc.gov/bon>

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Nurse Specialist II/Discipline
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Address Change? Name Change? Question?

Please notify the Board of Nursing of any changes 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. The IN THE KNOW and NAP Q&A columns include your opinion on the issues, and our answers to your questions. E-mail your letters to dc.bon@dc.gov. (Lengthy letters may be excerpted.)

Message from the Chair



DC Mayor Muriel Bowser and DC Board of Nursing Chairperson Amanda Liddle, Dr.PH, RN, FAAN.

In April of this year, I was appointed and sworn-in as a RN board member and as Chairperson for the District of Columbia's Board of Nursing by Mayor Muriel Bowser. As a RN, licensed by the District for close to 30 years, it was a proud moment. It was one that was a longtime coming, and I am very honored to have the opportunity to serve the people of District as Chair of the Board of Nursing. The District has encouraged and supported me to professionally and personally thrive; it is time to give back in such a way.

In addition to my becoming a board member, we also have two other new members on the Board: Meedie Bardonille, RN, BSN, FCN, and Elizabeth Lamme, MS, CNM. I think I can safely speak on their behalf, and greatly thank the seasoned Board members and staff for the incredibly warm welcome they extended to us. We have some members stepping down:

Cathy A. Borris-Hale, RN, MHA, BSN, Toni A. Eason, DNP, MS, PHCNS, COHN-S, CEAS, RN-BC, FAAOHN, Chioma Nwachukwu, DNP, Mamie Preston, BSN, RN, and Simmy Randhawa, DNP, MBA, MS, RN, NE-BC, and I would like to recognize them for their sterling service. (See the article at the bottom of page 10, "Board Member Testifies At Council Hearing," for a listing of the Board's many accomplishments during their tenure.)

Since joining the Board, I have been looking at the issues facing the various health care professions the Board licenses as they deliver the highest standard of care possible to the people within the District. Over the next few months the Board will be considering carefully how the quality of the services you, our licensees, provide can continue to improve and be supported. As ever, we look forward to open, transparent dialogue with you,

and encourage you to attend our public Board meetings so your voice can be heard on the many issues addressed. (Board meetings are open to the public every (odd-numbered) other month (see page ???)

Further in August, I plan to represent us at the National Council of State Boards of Nursing (NCSBN) conference in Chicago. This is an important opportunity for Boards of Nursing across the country to share information and experiences of health care delivery within their states, as well as lessons learned. I look forward to bringing those lessons back to the District so we can incrementally and collaboratively build; I will brief you in my next letter.

Again, I am happy and excited to be able to serve you, and the people in the District, as we all work together to provide the best health care possible.

Best,
Amanda

Amanda Liddle, Dr.PH, RN,
FAAN
Chairperson
DC Board of Nursing

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Cathy Borris-Hale, RN, MHA,
BSN

Message from Outgoing Chair

Dear Fellow Nurses, Board Members, and Board Staff:

THIS WILL BE MY FINAL LETTER I write you as Chair of the District of Columbia Board of Nursing. After five years on the Board, the time has come for me to move on to my next challenge. The message I bring you today is simple, heartfelt and very personal.

First I am proud to be a nurse and proud of the profession. It has been a true honor to have served as chair of the District of Columbia Board of Nursing and I leave that post confident the new Board Chair will bring her talents and wisdom to lead the Board towards becoming a transformational board.

During my term of office, I believe we successfully shared our views on many issues and had an extraordinary number of major accomplishments. However, I want to break from tradition and not list all of the important work we did together, but rather use this opportunity to share something close to my heart.

While preparing to write this letter, I recalled the awe that never failed to overcome me in this prestigious environment. Coming from an administrative background, I felt comfortable writing policies and procedures, mentoring and

counseling nurses, as well as addressing concerns of those we serve. Consequently, I was fairly confident this “Board thing” would be easily under control. I do not exaggerate when I tell you I was in for a rude awakening! The tasks of writing public policy, giving advisory opinions, addressing providers, challenging educational institutions, and presiding over disciplinary hearings—well, to put it mildly—those are tremendous responsibilities.

Board members are volunteers and, while many are supported by their organizations, some are not and must arrange their work schedules in order to serve. Members commit to a minimum day each month to attend meetings and give up additional private time to review materials and research topics prior to the meetings. Consumer members bring the perspective of the patient, client, family or friend to keep us grounded.

It is astounding how much work goes on behind the scenes to license, certify and monitor the likes of 28,000 Advance Practice Nurses, RNs, LPNs and nursing assistive personnel. Before my own involvement on the Board I had no idea how labor intensive Board business is and I want to personally thank the licensing specialists, attorneys and nurse specialists who work tirelessly to support that aspect of our mission.

One major challenge the Board faced was the effort to bring some

8,000 home health aides (HHA) under the board of nursing. This was a comprehensive endeavor that included overseeing the revision of the skills exams, monitoring the pass rate of graduated students, and ensuring training facilities were adhering to Board requirements. A most alarming concern was the increasing number of discipline cases involving HHAs. The offenses ranged from false documentation and fraudulent billing to failure to conform to standards of acceptable conduct and prevailing practice. It appeared that the home health system was in serious condition. It was unsettling to say the least and served as our motivation to set standards for improvement.

It wasn't until I was faced with my own family crisis that I realized how vital home health care is for our community. Although I am a nurse with over 30 years of experience, from bedside nursing to the board room, I didn't have a clue how my family was going to meet my dad's needs. After emphatically telling the hospital discharge coordinator that “my father” would not be going to a nursing home and we would care for him at home, I was left wondering—just how are you going to do that?

I was starting a new job and not covered by FMLA [Family and Medical Leave Act]. All my siblings worked and my amazing mom was managing all of this with two bad knees and torn rotator cuff that she would probably never have repaired. It was in that moment

I called a colleague and cried out for help. A few days later, I sat anxiously, pacing the living room, arms folded, looking out of the window to peep the glance of the “dreaded” home health aide.

She arrived exactly on time. Dressed in bright colored scrubs, she extended her hand and introduced herself. She seemed friendly enough but she wouldn’t pull one over on me. I began to tell her about my dad using every medical term I could think of. She listened intently, smiling and nodding her head. Her response, “May I meet your father?” “Sure,” I replied as I simultaneously introduced her to my mom. We climbed the stairs silently, as we

entered the room, I heard this warm and strong voice say, “Good Morning Mr. B. My name is... and I am here to help you feel better.” I saw my father’s face light up and respond, “Is that so? ... So nice to meet you, darling.”

It has now been one year since my Dad’s HHA arrived and I can’t even imagine life without her. I am thankful and Blessed that my family is able to care for our dad in his home, surrounded by the people who love him and without a doubt this wouldn’t be possible without our home health aide, Miss Avril.

So the moral of this story: the healthcare landscape is moving from the hospital to the home. We need to ensure we educate and

support ongoing training for our nursing assistive personnel. They are caring for our most vulnerable populations. I encourage you to be proud of, and want you to thank, recognize, promote, and respect the thousands of women and men who provide expert nursing care in many settings with compassion and love.

Again, I thank you all for allowing me to lead this progressive board and I look forward to our future.

Warmest Regards,



Cathy Borris-Hale

Message from the Executive Director



Karen Scipio-Skinner,
MSN, RN

While it is sad to lose Cathy Borris-Hale as Chair of the Board, I am pleased to have her on staff as Nurse Specialist for Discipline. Her presence on the staff has already made a positive impact. I am equally pleased to have Dr. Amanda Liddle as Chair of the Board. Dr. Liddle is not only the new Chair, but also a new Board Member and has already brought new energy to the Board.

Over the coming months, you will have an opportunity to hear from Dr. Liddle in these pages.

In addition to Dr. Liddle, we have added Elizabeth Lamme and Meedie Bardonille as new RN Board Members.

As is our custom, we have asked Board Members to answer several questions to give you an opportunity to know them better. We start this

month with an introduction to Elizabeth Lamme, on page 11.

Thank you again for all you do! And, in keeping with the theme of this year’s National Nurses Week—take care of yourself as well as you care for the patients you serve.

Karen Skinner, MSN, RN
Executive Director
DC Board of Nursing

Nurses Rank #1 again for the 15th Straight Year!

For the 15th year in a row, the American public has honored our profession with the ranking of the “highest honesty and ethical standards,” according to the annual Gallup poll. In Gallup’s annual poll ranking the most honest and ethical careers, nurses retain the top spot! In the 2016 poll, 84 percent of Americans surveyed say nurses have “very high” or “high” standards of honesty and ethics. Nurses have topped the honest and ethics ranking every year since they were added to the list in 1999, except for 2001, when firefighters ranked number one in response to their work during and after the 9/11 attacks. (Go to: <http://www.gallup.com/poll/200057/americans-rate-healthcare-providers-high-honesty-ethics.aspx>) ■

Courtesy of the National Council of State Boards of Nursing (NCSBN)

Nursing in 2017: Take the Time to Balance Body, Spirit and Mind!

by Nancy Kofie

As one of the District of Columbia’s 28,000 licensed nurses, you have accomplished a lot in the past year. The care you provide has been crucial to our efforts to continually raise the standards of care in the District. This year, we once again celebrated National Nurses Week, May 6-12, 2017. **The theme of this year’s National Nurses Week is “Nursing: The Balance of Mind, Body, and Spirit.”** The American Nurses Association designated 2017 as the “Year of the Healthy Nurse.”

During each workday, you focus a lot of time and energy on providing quality care to your patients. This year, begin the habit of taking time to care for yourself. You cannot provide quality care unless you pay attention to yourself and your well-being. The tasks you are required to complete, and the knowledge you must continuously acquire, necessitate that you are healthy in mind, body and spirit. The mission of the Department of Health is to ensure a healthy citizenry—and you are an essential part of the District’s citizenry.

Make 2017 a year of wellness. Address your health



challenges, make prevention a priority, eat healthy foods and make exercise a part of your self-care routine. Balance your mind, body and spirit. As you strive to ensure quality care to your patients, take time to care for yourself and get plenty of rest. The health and safety of both you and your patients hangs in the balance.

We value our nurses here in the District of Columbia. Your dedication to the art of caring, and your professional expertise, contribute greatly to the quality of life of our residents and the comfort of our visitors. We want to take this opportunity to let you know how much we appreciate your work, and so do our residents and the millions of visitors who travel each year to the nation’s capital.

Remember to take care of yourself, body, spirit and mind! ■

Thomas Memorial Hospital FP ad to come

Thank You for Your Service



Left to right: Mamie Preston, BSN, RN (Member); Simmy Randhawa, DNP, MBA, MS, RN, NE-BC (Vice Chairperson); Dr. Sharon Lewis (Senior Deputy Director of the Health Regulation and Licensing Administration); and Cathy A. Borris-Hale, RN, MHA, BSN (Chairperson). Outgoing members who are not pictured: Chioma Nwachukwu, DNP, PHNCNS-BC, RN (Vice Chairperson); Toni A. Eason, DNP, MS, PHCNS, COHN-S, CEAS, RN-BC, FAAOHN (Member).

Farewell!

The Board of Nursing bid farewell and presented certificates of appreciation to our outgoing Board Members. We would like to publicly offer our thanks to outgoing Board Members for their dedicated service to the Board of Nursing. ■



Board Member Testifies At Council Hearing



Layo George, RSN, RN

Board of Nursing Member Layo George, BSN, RN, testified before the Council of the District of Columbia Committee on Health, Councilmember Vincent C. Gray (Ward 7), Chairperson. Ms. George provided an update

on the Board of Nursing's activities over the last year at the Oversight Hearing held in March 2017. She said, in part: "The Board has been busy. Last fiscal year we held numerous hearings and settlement conferences and imposed some 100 disciplinary sanctions. We held a Home Health Agency Roundtable focusing on submitting complaints [when to submit, and the information needed to be provided when submitting] to the board. The Board also convened a meeting between Primary Care Centers and Nursing Programs to discuss clinical placement options for nursing students. We have completed the revision of the Advanced Practice Registered Nurse regulations and are currently completing the revision of the RN and LPN regulations. The Nursing Assistive Personnel Omnibus regulations are currently being reviewed for legal sufficiency and we hope that these regulations will be promulgated by the end of this fiscal year." ■

Meet the New Board Members: Elizabeth Lamme

This is an exciting time for the Board of Nursing! We look forward to implementing Nursing Assistive Personnel (NAP) regulations, which will allow the Board to regulate Certified Nursing Assistants (CNAs), Patient Care Techs (PCTs), Medication Aide-Certified (MA-C), and Dialysis Techs. The Board is also considering regulating non-nurse Midwives. In light of this impending challenge, we welcome new **Board member and Certified Nurse Midwife Elizabeth Lamme, MS, CNM**. Below, is our DC NURSE interview with Ms. Lamme. In future issues we will hear from our other new board members. Stay tuned!

When were you appointed to the Board?

I was appointed in January 2017.

What sparked your interest in service as a Board member?

Before I was a nurse I worked in health policy and was committed to staying involved with advocating for healthcare consumers at a systemic level. A class in graduate school (taught by a fellow new Board Chair, Dr. Amanda Liddle) introduced me to Boards of Nursing and encouraged me to become involved in my profession even as a new advanced practice nurse.

Can you tell us (briefly) about your background?

I am a Certified Nurse Midwife with Women's and Infants' Services at MedStar Washington Hospital Center where I practice full-scope midwifery care. I received my Master of Science



Vera Mayer, re-appointed as Consumer Member; Amanda J. Liddle, DrPH, Chairperson; Elizabeth Lamme, RN Board Member; and Meedie Bardonille, RN Board Member.

degree at Georgetown University and my bachelor's degrees from Johns Hopkins University (nursing) and the State University of New York at Geneseo (psychology). Before I became a CNM I was a labor & delivery nurse at MedStar Georgetown University Hospital. Prior to my nursing career I worked in health policy and advocated for expanded provisions for women's health in the Affordable Care Act.

What unique perspective do you bring to the Board?

As nurse-midwife I have the honor and privilege to care for women and families at the most special and vulnerable times in their lives. I understand the importance of a strong health care workforce to support families from the very beginning.

What Board-related issues interest you the most?

How best to address the obstacles that stand in the way of safe practice.

Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?

I was surprised to learn about the many different types of providers of health care the Board regulates as well as the Board's role in regulating education and training programs.

What would you tell someone thinking about applying to serve on the Board?

Go for it! As a healthcare provider you have much to offer, and being on the Board is a special opportunity to serve your community.

Any message you would like to convey to licensees?

Thank you for providing respectful, safe, and compassionate care to the Washington, DC community. You make our city stronger! ■

Letter from a COIN Participant

To Whom It May Concern,

COIN has been immensely helpful to me over the past few years. As well as helping keep me accountable to someone other than myself, COIN has provided me with much needed support from the nursing community. Never once did I feel judged or punished; on the contrary I felt nothing but support and respect from members of the committee; that their greatest wish was for me to succeed in both my career as well as my personal life. The past few years have absolutely flown by, and I am eternally grateful for the love and support they have shown me.

Best wishes,

A.B.

COIN Contact Information

If you are a Trained Medication Employee, Home Health Aide, Certified Nursing Assistant, Licensed Practical Nurse, Registered Nurse, or Advanced Practice Registered Nurse whose practice is unsafe due to **drug or alcohol dependence**, or **mental illness**, please feel free to contact Concheeta Wright, Nurse Specialist 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. ■

LPN Licensure Renewals Have Begun!

Your license will EXPIRE June 30, 2017.

RENEW BY JUNE 30, 2017

Licenses not renewed by June 30, 2017 will expire. Between July 1st and August 30th you will be charged an additional \$85.00 for late renewal. You will have to reinstate your licensure if not renewed by August 30, 2017.

RENEWAL TIPS

DO

- Renew by accessing the HRLA website at: <https://app.hpla.doh.dc.gov/mylicense/>
- Read all screening questions carefully before answering, as incorrect or unintentional responses may result in a "Hold" on your renewal application even though the system will allow you to pay and exit the renewal program.
- Answer "Yes" to the continuing education (CE) question if you are renewing for the first time.
- Send written explanation(s) to screening questions to dc.bon@dc.gov. Please include your name, license number, and the question to which you are providing the explanation.
- Print out receipt after completion of your online application renewal process.

Verify your renewal after 24 hours at www.hpla.doh.dc.gov/weblookup. Allow ten (10) business days to receive the renewed license in the mail.

DON'T

- Wait until the last minute to renew.
- Let your license "expire" if you plan to work in DC.
- Disregard the Continuing Education audit notification if you are a random audit selectee.

If your license did not renew it may have been for one or more of the following reasons:

Reason: You could not finish the online renewal process.

Remedy: Retrace your steps, and complete the process. Your renewal effort is successful once you enter payment information, press submit, and the website processes that data and produces a Renewal Payment Receipt for inspection and printing.

Note: Please print receipt as evidence of successful renewal.

Reason: Your payment was not processed.

Remedy: Please refer to above response. If payment information is entered and submit button is pressed and that button does not depress and/or no Renewal Payment Receipt is produced, payment was not processed.

Retrace your steps and repeat your process.

Reason: You answered "No" to completion of Continuing Education contact hours.

Your renewal will be placed on "Hold" if you answered "No."

Remedy: If you answered "No" you will not have completed your CE requirements by June 30, 2017; you will be required to submit evidence of satisfactory completion of 18 contact hours of continuing education before your license will be renewed. Please email evidence of your completed CE requirements to dc.bon@dc.gov.

Reason: You owe the District Government \$100 or more in fees.

Remedy: Provide evidence on an official document from agency to which you owe fees that you have either paid the fee or have an approved payment plan.

Q: What are my options if I will not be practicing in DC during the next two years?

A: You can choose to:

- Keep your license active; or
- Cancel your license, in which case you will have to apply again as a new applicant when you decide to resume practice in DC; or
- Apply for Inactive status. Your license will remain valid, but you will not be able to practice until you apply to reactivate your license.

Continued on page 14

Continued from page 13

Q: What do I need to do if I wish to place my license on Inactive status? Can I request this on line?

A: No. You will have to complete and sign a paper renewal application (print from our website) indicating your desire to go on "Inactive Status," include a check or money order for the fee and then mail to:

D.C. Board of Nursing
P.O. Box 37802
Washington, D.C. 20013

Designation Changed from "Expired—Renewal Eligible" to "Expired"

The renewal status designation for nursing personnel who have not renewed their license/ certification prior to the end of their renewal

period is "Expired." Nursing personnel regulated by the Board of Nursing (which includes registered nurses, advanced practice registered nurses, licensed practical nurses, trained medication employees and home health aides) who have not been licensed/certified by the end of their renewal period will no longer receive a status of "Renewal Eligible." The status will now read "Expired." Nursing personnel will continue to have a 60-day "grace period," but their license/ certification status will show as "expired" not "renewal eligible" on our website. The "grace period" allows persons to continue to work 60 days beyond the expiration of their license, without being considered by their licensing board to be practicing without a license/ certification, as long as they renew within the 60-day period after the expiration of their license/ certification and pay the late fee. The law has not changed, only the designation. ■

Track Your CE with CE Broker

CE Broker simplifies the process of tracking your continuing education with easy reporting, digital storage for your certificates and licenses, and a credit counting CE Compliance Transcript all in one online portal. There are three subscription options.

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.

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. **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.

For more info call 1-877-434-6323 or go to www.CEBroker.com.

What You Need to Know about Continuing Education

- It is not required for those who are first time renewals but is required for all others.
- It must be obtained from July 1, 2015 – June 30, 2017 to satisfy the CE requirement for license renewal.
- It must be consistent with your nursing position, totaling 18 Contact Hours.

A member of Nurses Service Organization (NSO**)
**NSO may cover most of your attorney fees.

Izu I. Ahaghotu, RN, JD
ATTORNEY AT LAW

If you or a colleague is in need of an Attorney to represent you before the D.C. Board of Nursing or FOR ANY OTHER LEGAL MATTER, Call a Nurse Attorney for a confidential consultation.

Please contact Izu I. Ahaghotu, RN, Esquire directly:
Office: 202.726.0001 DIRECT 202.361.6909

www.IZUAHAGHOTU.com
Email: ucheizu@msn.com
3724 12th St NE
Washington, DC 20017

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 better outcomes we can expect.

REGISTERED NURSE AND ADVANCED PRACTICE REGISTERED NURSE RENEWAL REMINDER

Early Bird Renewals will begin March 2018

Please be informed that the 2018 RN/APRN Renewal will begin in March of 2018. As you know, we began the last renewal in January of 2016. After analyzing when nurses renew, the largest percentage, 43%, apply in June. Traditionally, we begin renewals in April, however, the 2018 renewal period will begin with "Early Bird" renewals in March and we will send RNs frequent reminders.

NURSE LICENSURE COMPACT

Q: Why isn't DC a participant in the Nurse Licensure Compact?

A: A compact is an interstate agreement between two or more states established for the purpose of remedying a particular problem of multistate concern. The Nurse Licensure Compact (NLC) allows a nurse to have one compact license in the nurse's primary jurisdiction of residence (the home state) and to practice in other compact jurisdiction. Licensure fees are paid to the home jurisdiction and the nurse must follow the nurse practice act of each jurisdiction in which they practice. The nurse will be subject to the discipline process in the jurisdiction of practice. Currently 26 jurisdictions have implemented the NLC.

The traditional licensure model, used by DC, requires nurses to be licensed in the jurisdiction in which they practice. The NLC model requires nurses to be licensed in their home jurisdiction or primary jurisdiction of residence. Nurses in the Compact are only required to have a license for the compact jurisdiction state in which they live. But, if they choose to work in a non-compact jurisdiction, they must apply to that jurisdiction for licensure.

Although the District of Columbia has 23,673 active RN licensees; of these, only 2,673 (1%) actually live in the District. DC would therefore lose licensure fees from 99% of our licensees if we join the Compact.

During Fiscal Year 2016, the DC Board of Nursing approved 3,655 RN endorsement applications. Although 100% of our applicants are not from compact states, the vast majority of our applicants for licensure by endorsement are from our neighboring jurisdictions Maryland and Virginia, which are compact jurisdictions.

LGBTQ CONTINUING EDUCATION REQUIREMENT?

Q: The new Continuing Education law mandates that two (2) credits of CE pertinent to cultural competency or specialized clinical training that focuses on Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) patients must be completed for any license, registration, or certification. Can you clarify? I think this is only for physicians (not nurses). Is that correct?

A: No. All health professionals, licensed, registered or certified by a health professional board, will need to fulfill this requirement, however this District of Columbia law will not be enforced until the regulations have been revised incorporating this requirement. The regulations have not yet been promulgated for APRNs, RNs and LPNs.

RNs WITH DOCTORATES

Q: I would like to get information concerning Advanced Practice Registered Nurses (APRNs) who have doctorates. I am particularly interested in the District's law concerning the title "Doctor" when it comes

Continued on page 16

Continued from page 15

to APRNs. Also, how does this relate to APNs that work in the federal government?

A: Our legislation doesn't make a distinction between APRNs with or without doctorates.

Q: In the District of Columbia are APRNs allowed to use the title "Doctor" in practice? Certain states have rules about this issue. Does the Board of Nursing have any written policy concerning this?

A: DC does not have rules regarding non-physicians using the title "Doctor." ■

BOARD OF NURSING ADVISORY OPINION AUTHORIZATION FOR USE OF RESTRAINTS AND SECLUSION

Q: Is it within the role and scope of responsibilities of the nurse practitioner to authorize the use of restraints and seclusion in patients or clients?

A: In the opinion of the Board of Nursing for the District of Columbia it is within the role and scope of practice of an Advanced Practice Registered Nurse to authorize the use of restraints and seclusion, in emergency or other situations that necessitate their use, in accordance with federal and District laws and regulations as applicable.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

ATTENTION APRNs: DRUG ENFORCEMENT ADMINISTRATION RENEWAL NOTIFICATIONS

Renewal Reminders: As of January 2017, the Drug Enforcement Administration (DEA) no longer sends its second renewal notification by mail. Instead, an electronic reminder to renew is sent to the email address associated with the DEA registration. DEA will otherwise retain its current policy and procedures with respect to renewal and reinstatement of registration. This policy is as follows: If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application. DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required. Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration. For more information, go online at:



<https://www.deadiversion.usdoj.gov/drugreg/index.html>

<https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/renewalAppLogin.jsp>

BOARD OF NURSING MEETINGS

Members of the public are invited to attend...

Date:

First Wednesday of every **other** month.

Time:

9:00 a.m. - 11:00 a.m. (subject to change)

Location:

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

Transportation:

Closest Metro station is Union Station. (Red Line)

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

Meetings scheduled:

July 5, 2017
September 6, 2017
November 1, 2017

Home Health Aide and Trained Medication Aide Renewals

HHAs and TMEs please be reminded that your certification will expire October 31, 2017

HOME HEALTH AIDE (HHA) RECERTIFICATION BEGINS AUGUST 1, 2017

REGULATORY REQUIREMENTS FOR HHA RECERTIFICATION:

- **Work a minimum of eight (8) hours** during the prior twenty-four (24) months as an HHA under the supervision of a licensed nurse or other licensed health professional.
- **Twelve (12) hours each year of in-service training/continuing education.** (In-service/ continuing education will not be audited this first renewal period.)

COMPLIANCE AUDIT:

Prior to the renewal period, you **may be** selected for audit. If selected, you will be asked to provide the following information:

- **Verification Form:** Completed employment verification form signed by your employer, supervising nurse or licensed health professional, verifying that you have worked at least eight (8) hours within the last twenty-four (24) months prior to certification renewal under the supervision of a nurse.

Please note: Non-compliance with these regulatory requirements **will result** in a fine and/or discipline against your certification status.

TRAINED MEDICATION EMPLOYEE (TME) RECERTIFICATION BEGINS AUGUST 1, 2017

REGULATORY REQUIREMENTS FOR TME RECERTIFICATION:

- Supervisory **registered nurse's verification** of the TME's continued adequacy of performance.
- **Twelve (12) hours of in-service training in pharmacology or medication administration.**

Prior to the renewal period, you **may be** selected for audit. If selected, you will be asked to provide the following information:

- **Verification Form:** Completed verification form signed by your supervising nurse verifying continued adequacy of performance.
- **In-service:** Successful completion of twelve (12) hours of board approved in-service training in pharmacology or medication administration.

Please note: Non-compliance with these regulatory requirements **will result** in a fine and/or discipline against your certification status. ■

STEP-BY-STEP ONLINE RENEWAL PROCESS FOR HHAs AND TMEs

To renew online:

- Step 1:** Go to the HRLA website at www.hpla.doh.dc.gov.
- Step 2:** Click on Online License Renewal.
- Step 3:** Scroll down to bottom of page and log in: Enter your Social Security Number and Last Name (as it appears on your certificate).
- Step 4:** Once you log on, the screen will display your address and other personal information [Please update your email address and other information, if needed].
- Step 5:** Establish a User ID and Password. Follow the step-by-step instructions.
- Step 6:** To pay renewal fee, enter the credit card information for your VISA or MASTERCARD number.
- Step 7:** After 24 hours you will be able to verify the renewal of your certification at www.hpla.doh.dc.gov/weblookup.

Don't have access to a computer? Please know that if you have internet access on your cell phone you can access this site from your cell phone's internet connection.

DC HOME HEALTH AIDE NOT PREPARED FOR PATIENT EMERGENCY

The following is an email sent to the Health Regulation and Licensing Administration regarding a Home Health Aide who was not prepared to deal with a patient emergency:

As the Fire Officer with DC Fire and Emergency Medical Services Department, I was called to the address of _____ Street, SE, Washington, DC today for a man with trouble breathing. I was met by a female named _____ who stated she was a Home Health Aide for the patient. When asked for pertinent documents (Care plan, medical history, medication regiment, current diagnosis, DNR, etc.) the caregiver acted lost and kept attempting to hand the phone to me to speak with “a nurse from my agency.” She did search in vain for several minutes handing many pieces of paper that did not relate.

I did ask her who she worked for and was told _____ [HHA Agency], located at _____, Washington, DC. Ms. _____ was flustered and kept saying it was her first day as I reminded her that such records should be at the ready for emergencies whether in a facility or in the home care setting. I was able to find a POA [Power of Attorney] for the man’s daughter who advised he was under Hospice care with a DNR [Do Not Resuscitate Order] (Unable to locate contact numbers or paperwork). The daughter further advised that Hospice advised the “Agency” that [the client] should no longer be transported due to his end stage condition. There were several other facts that Ms. _____ was not aware of, but in all this agency and its care giver could not provide basic information for this terminal patient.

In a later discussion, I reminded Ms. _____ that when she arrives at a location to give care, she is supposed to review a care plan and written orders to assist any patient with positive outcomes, exercise, meals and medication administration. With a very surprised look from her I asked her to produce her Board of Nursing License. Her License number is HHA[#####] expiring 10/30/17.

I feel, although a very nice person, Ms. _____ and her Agency are not providing the adequate standard of care to the gentleman I have referred to. Furthermore, I feel their practices should be investigated as they are receiving government funds for administration of care.

Response from Karen Skinner, the executive director of the Board of Nursing:

Thank you for this referral. We appreciate your taking the time to make Dr. Nesbitt and me aware of this issue. Copied (on this email) are staff from our Intermediate Care Facilities Division, the division that regulates Home Health Agencies. It is of course of concern that the Home Health Aide was not aware of the patient’s care plan. We will be in touch with the agency as well as the aide.

LESSONS LEARNED

When a Home Health Aide is assigned, the Home Health Agency must:

- Ensure that the aide knows the name and contact information of their Supervising Nurse (The nurse must always be available to the aide for a call.)
- Ensure that the HHA knows the patient’s Plan of Care.

The Home Health Aide must:

- Make sure they have the contact information for their Supervising Nurse.
- Know where the patient’s Plan of Care is located; it should include the medical history, medication regiment, current diagnosis, DNR, etc. Knowing this information will alert the aide to changes in behavior which may indicate the need to call the supervising nurse and/or 911. ■



NAP NEWS!

Nursing Assistive Personnel Q&A

VERIFICATION OF CNA CERTIFICATION

Q: I'm writing to clarify the verification of Nurse Aide certification. Currently, there does not appear to be a direct method to verify these licenses on the District of Columbia Department of Health (DOH) website. The DC website has a link that takes users to a third party (Pearson Vue) website. While it does contain the District of Columbia Department of Health logo, we want to validate that this is an acceptable

source of information to be used by health care facilities in DC. So, my fundamental question is: Can the Pearson Vue website be used as the source of truth for Nurse Aide certification currently? Are there any other plans to validate Nurse Aide licenses and certifications through the DOH website?

A: Pearson Vue is the site for validating District of Columbia Certified Nursing Assistants (CNA). They certify DC CNAs under the authority of the Department of Health. Once the CNA regulations pass, CNAs will continue to be certified by Pearson but will be under the authority of the DC Board of Nursing. You can go to <http://www.pearsonvue.com/dc/>

[nurseaides/](https://doh.dc.gov/node/149282) and click on "Search the Nurse Aide Registry" to verify their certification status. The DC CNA Abuse Registry can be found at <https://doh.dc.gov/node/149282>.

CNA RENEWALS

Q: I work at Long-Term Care facility and we know that the date for renewal for CNAs has changed, so what is the renewal process for them on-line or still by mail?

A: The process has not changed. We are readjusting their expiration date so that they will all expire on the same as our other licensees. Otherwise the process is the same. ■

MEDICAID FRAUD LAWSUIT BROUGHT AGAINST HOME HEALTH AIDE

Attorney General Karl A. Racine has filed a False Claims Act lawsuit against Deborah Kale, a personal care aide, for allegedly committing Medicaid fraud. The suit alleges that Kale submitted a phony time sheet to Health Management Incorporated (Health Management), causing the company to bill the District's Medicaid program for home health aide services that Kale did not perform. **The lawsuit was brought under the District's False Claims Act, which provides for a recovery of triple damages plus civil penalties if the District proves its allegations.** In this case, the District lost \$783.36 in taxpayer funds to the alleged fraud, and the suit requests damages of \$2,350.08 and a civil penalty of up to \$11,000. The Attorney General alleges that Kale fabricated a **time sheet indicating she provided 94 hours of services** to a Medicaid recipient, **when, in fact, she was on a cruise in the Bahamas.**

The District's Medicaid program reimburses personal care services provided by aides to Medicaid beneficiaries in their homes when the beneficiaries are disabled or have chronic or temporary conditions rendering them homebound. **The Medicaid Program Integrity Division within the District's Department of Health Care Finance (DHCF) provides oversight of the District's Medicaid program.** The principal function of the Program Integrity Division is to reduce and eliminate fraud, waste, and abuse in the Medicaid Program. This includes prevention, investigation, education, audits, recovery of improper payments, and cooperation with the District's Medicaid Fraud Control Unit and other federal and local law enforcement agencies.

Individuals or health care company employees who suspect fraud against the District's Medicaid program can make an anonymous report online:

www.dhcf.dc.gov/page/reporting-fraud-waste-and-abuse-01

or by calling:
(877) 632-2873

"We will continue to aggressively pursue caregivers who steal from Medicaid," said Attorney General Racine.

HHA ALERT: Home Health Aides, please be aware that if you submit a timesheet for hours that you did not work, you too can be prosecuted for Medicaid fraud and, as well, you also risk losing your HHA certification. ■

NCSBN NEWS

RN/LPN SALARY REPORT 2016

According to a survey conducted by Medscape, the average full-time RN earned **\$78,000** in 2015, and the average LPN earned **\$43,000**. The average salaries for various Advanced Practice RNs were cited as: **\$176,000** for nurse anesthetists, **\$104,000** for nurse midwives, **\$103,000** for nurse practitioners and **\$95,000** for clinical nurse specialists. About half of RNs (47 percent) are salaried employees, according to survey results.

NCSBN notes the following from the survey: "Average hourly wages were identical for full-time and part-time/per diem RNs (\$37 per hour) and similar for LPNs (\$21 per hour for full-time and \$23 per hour for part-time/per diem). Earnings increased with level of education. There was an 11 percent increase in earnings among RNs going from an associate degree in nursing (ADN) to a Bachelor of Science degree in nursing (BSN). For RNs going from a BSN to a Master of Science degree in nursing (MSN), the average salary increases by 9 percent and a move from a MSN to a doctorate is associated with a five percent increase."

(For more, go online at <http://www.medscape.com/features/slideshow/nurse-salary-report-2016#page=1>.)

HEALTH OUTCOME OF CERTIFIED NURSE MIDWIFE (CNM) SCOPE OF PRACTICE (SOP) LAWS

A new working paper from the National Bureau of Economic

Research examines SOP laws for CNMs and their effect on health outcomes. Researchers used the variation in SOP laws governing CNM practice that has occurred over time to evaluate the effect of these laws on the markets for CNMs and their services, and on related maternal and infant outcomes. Researchers focused on SOP laws that apply to physician oversight requirements and prescribing rules, and examined the effects of SOP laws in medically underserved areas.

Researchers found that restrictive SOP laws to CNM practice do not have a significant impact on maternal health behaviors or infant health outcomes. Instead, these laws "primarily serve as barriers to practice and removing these restrictions has the potential to improve the efficiency of the health care system for delivery of infant care." Additionally, researchers found that states that allow CNMs to practice without SOP-based barriers have lower rates of induced labor and Cesarean section births. Researchers also found that regardless of SOP restrictions, CNMs work collaboratively with physicians.

TELEMEDICINE QUALITY MEASURES AND OUTCOMES IN STROKE

The American Heart Association/American Stroke Association recently released a scientific statement on quality measures and outcomes for use of telemedicine in stroke. According to the statement's

authors, "Telestroke has evolved over the last decade and is now used extensively to care for acute stroke patients" and the statement "provides a structure against which hospitals can measure the quality of their telestroke programs so patients can be assured of getting the quality they deserve."

The statement sets out standards and recommendations on how telestroke programs should be measured for quality and outcomes. Specific standards described include:

- Process measures, such as time to consultation and time to treatment;
- Information on where patients are transferred to and reasons for that decision;
- Outcomes such as mortality, clinical status, hemorrhage rate and patient satisfaction; and
- Quality of communication.

The authors stress that time is of the essence in treating acute stroke patients, and telestroke systems must ensure that technology does not introduce time delays that could reduce the probability of recovery after acute stroke therapy.

For more, go online at: <http://stroke.ahajournals.org/content/early/2016/11/03/STR.0000000000000114>. ■

PROFESSIONAL NURSING SCHOOLS

Catholic University School of Nursing

Dr. Patricia McMullen, Dean

Catholic University School of Nursing

620 Michigan Avenue, N.E.

Washington, DC 20017

email: mcmullep@cua.edu

PH: (202) 319-5400

FAX: (202) 319-6485

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George Washington University School of Nursing

Dr. Pamela Jeffries, Dean

The George Washington University School of Nursing

2030 M Street, NW Suite 300

Washington, District Of Columbia 20036

email: pjefries@gwu.edu

PH: (202) 994-3484

APRN Program Only

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Dr. Edilma Yearwood, Chair,

Department of Professional Nursing

Georgetown University

3700 Reservoir Road N.W.

Washington, DC 20007

email: ely2@georgetown.edu

PH: (202) 687-0754

RN, APRN Programs

FULL APPROVAL

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Dr. Tammi L. Damas, Associate Dean

2400 6th St. N.W.

Washington, DC 20059

email: tammi.damas@Howard.edu

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FAX: (202) 806-5958

RN, APRN Programs

CONDITIONAL – RN PROGRAM

FULL APPROVAL – APRN PROGRAM

Trinity Washington University School of Nursing and Health Professions

Dr. Denise Pope, Associate Dean

125 Michigan Avenue, N.E.

Washington, D.C. 20017

email: PopeD@trinitydc.edu

PH: (202) 884-9682

FAX: (202) 884-9308

RN Program Only

CONDITIONAL – RN PROGRAM

University of the District of Columbia Community College

Ms. Susie Cato, Director

Associate Degree Nursing Program

801 North Capitol Street NE Room 812

Washington, DC 20002

email: scato@udc.edu

PH: (202) 274-5914

FAX: (202) 274-5952

RN Program Only

CONDITIONAL – RN PROGRAM

PRACTICAL NURSE PROGRAMS

St. Michael School of Allied Health

Dr. Michael Adedokun, Director

1106 Bladensburg Road, N.E.

Washington, DC 20002-2512

email: MAdedokun@comcast.net

PH: (202) 388-5500

FAX: (202) 388-9588

LPN Program

CONDITIONAL – PN PROGRAM

NURSING ASSISTANT AND HOME HEALTH AIDE TRAINING PROGRAMS

Allied Health & Technology Institute (CNA/HHA)

2010 Rhode Island Avenue, NE 2nd Fl

Washington, DC 20018

email: alliedhealthdc@yahoo.com

PH: (202) 526-3535

FAX: (202) 526-3939

APPROVAL STATUS PENDING

Bethel Training Institute

824 Upshur Street, NW

Washington, DC 20011

email: BethelTrainingDC@aol.com

PH: (202) 723-0755

CONDITIONAL APPROVAL – CNA & HHA

Captec Med Care

3925 Georgia Avenue, NW

Washington, DC 20011

email: captecec@gmail.com

PH: (202) 291-7744

APPROVAL – CNA & HHA

Carlos Rosario International Public Charter School (CNA)

514 V Street, NE

Washington, DC 20002

email: cramirez@carlosrosario.org

PH: (202) 797-4700

FAX: (202) 232-6442

APPROVAL – CNA

HealthWrite Training Center (CNA/HHA)

2303 14th St NW, Suite 100

Washington, DC 20009

www.healthwrite.org

PH: (202) 349-3934

BRIDGE COURSE – HHA

CONDITIONAL – HHA

APPROVAL – CNA

Intellect Health Institute

3811 Minnesota Ave., NE

Washington, DC. 20019

www.intellect-health.com

PH: (202) 239-2666

Email: intellecthealth@yahoo.com

APPROVAL STATUS PENDING

Immaculate School of Allied Health

2512 24th Street NE

Washington, DC 20018

email: immaculateschool2512@gmail.com

PH: (202) 735-5925

INITIAL APPROVAL – HHA

Innovative Institute (CNA/HHA)

1805 Montana Avenue NE

Washington, DC 20002

email: nazoroh@thcii.com

PH: (202) 747-3453/ 202 747-3450

FAX: (202) 747-3481

APPROVAL STATUS PENDING

Nursing Assistant Academy

1418 Pennsylvania Avenue, SE

Washington, DC 20003

www.nassistantacademy.com

PH: (202) 748-5479

FAX: (202) 748-5593

INITIAL APPROVAL – CNA

Opportunities Industrialization Center of

Washington DC (OIC DC) (HHA)

3016 Martin Luther King Jr. Avenue S.E

Washington, DC 20032

email: dlittle@oicdc.org

PH: (202) 373-0330

(202) 373-0336

CONDITIONAL – HHA

University of the District of Columbia-Community College (CNA/HHA)

Bertie Backus Campus Certificate Programs

5171 South Dakota Avenue, NE

Washington, DC 20017

email: cthornton@udc.edu

PH: (202) 274-6950

APPROVAL – CNA

VMT Education Center (CNA/HHA)

901 First Street, NW

Washington, DC 20002

email: cdallas@vmttc.com

PH: (202) 282-3143

FAX: (202) 282-0012

BRIDGE COURSE – HHA

APPROVAL – CNA

CONDITIONAL – HHA

New LGBTQ Cultural Competence

By Nancy Kofie



Dr. Sean Robinson



Ken Pettigrew



Bianca Palmisano



Eric Ackridge

REQUIREMENTS

Once the rules are promulgated, health care practitioners in the District will be required to obtain three (3) continuing education credits per renewal cycle on the topic of LGBTQ [Lesbian, Gay, Bisexual, Transgender and Questioning] cultural competence. At an Open House event hosted in the John A. Wilson Building by the DC Board of Chiropractic, a panel discussion on the basic concepts defining the LGBTQ community was led by **Dr. Sean Robinson**, Associate Professor, Higher Education & Student Affairs at Morgan State University. The other panel participants were Bianca Palmisano, Ken Pettigrew and Eric Ackridge.

BASIC TERMINOLOGY

The challenge to health care providers is to create a health care system that does not render LGBTQ patients “invisible”. The first step is grasping the basic concepts affecting all patients—gender and sex:

Sex – Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’.

Gender Identity – What your internal sense tells you your gender is.

Gender Expression – How you present your gender to society through clothing, mannerisms, etc.

Sexual Orientation –

Whom you are physically and emotionally attracted to.
Whom you have sex with.

How you identify your sexuality.

Once a health care professional becomes familiar with the concepts impacting LGBTQ identity, providers can use that knowledge to better serve LGBTQ people. Inclusion can begin with an intake form which recognizes the diversity of identities. Do your intake forms assume that your clients are not part of the LGBTQ community?

FORMS FOR NEW PATIENTS CAN BE A MEANS FOR LEARNING ABOUT THE PERSON'S LIFE AND IDENTITY:

Do you think of yourself as:

- ☐ Straight/Heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual/Pansexual
- ☐ Queer
- ☐ Questioning
- ☐ Don't know _____
- ☐ Other: _____

What is your relationship status:

- ☐ Single
- ☐ Married
- ☐ Partnered/Long-Term Partnership
- ☐ Living Together
- ☐ Divorced/Separated
- ☐ Widowed

What is your current gender identity? (check ALL that apply)

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/FTM
- ☐ Transgender Female/Trans Woman/MTF
- ☐ Gender Queer
- ☐ Additional Category
(please specify): _____

What sex were you assigned at birth? (Check one)

- ☐ Male
- ☐ Female
- ☐ Decline to answer

Continued on page 24

Marshall FP ad to come

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Nursing Practice

Continued from page 22

During the discussion, panelists noted considerations health care providers should keep in mind regarding LGBTQ patients:

- LGBTQ persons have historically been a **marginalized population**.
- It is only recently that homosexuality and gender identity issues have **not been labelled psychological disorders**.
- 74% of LGBTQ individuals were subjected to **bullying, harassment, or discrimination** during the K-12 years.
- LGBTQ persons may be **isolated**, as they are less likely to have the support of family and community.
- LGBTQ persons have a **higher suicide rate** and higher rate of Sexually Transmitted Disease and homelessness.
- Ask new patients about possible use of **alcohol/recreational drugs**.
- Ask if patients have a history using anti-HIV **Pre-Exposure Prophylaxis (PrEP)**, hormones or puberty blockers.
- Use **inclusive language** on intake forms.
- If your intake interview is the same for all, consider **reframing** what you are asking to ensure inclusivity.
- Your questions about members of the household should be inclusive. If you traditionally ask "What is your wife's/husband's name?," ask for the **name of the "husband, wife or long-term partner."**
- If you would like to **initiate a discussion** about identity or gender, make room for "other" on the form—with space for the patient to explain their situation. An open form gives the patient permission to talk about themselves and their experiences.
- One **ice breaker** question on the intake form could be "Do you consider yourself to be a part of the LGBTQ community?"
- If a patient indicates that they are **"trans,"** ask them what that designation means to them. Different people may use this term in different ways.
- If you are not sure **which pronoun** to use, ask the patient which they prefer.
- Be affirming—through your actions, the format of your intake forms, and through the **pictures on your website**.
- Engage in outreach; obtain a **vendor table** at LGBTQ community events.
- LGBTQ issues are human issues. LGBT patients have jobs and families. ■

LGBTQ CULTURAL COMPETENCE CONTINUING EDUCATION REQUIREMENT

Once rules are promulgated, health care professionals in the District of Columbia will be required to obtain LGBTQ cultural competency CE credits. The law has passed but the following conditions have to be met prior to implementation:

1. Rules must be promulgated to implement this law.
2. The DOH Director and the Executive Office of the Mayor will not approve rules that would implement the LGBTQ continuing education (CE) requirement in the middle of a CE cycle. The rules will only apply to the next CE cycle after the rules are effective.
3. For most professions, each board needs to recommend for each occupation whether the LGBTQ CE requirement is included in existing CE hour requirements or in addition to existing CE hour requirements.
4. For a health occupation without existing CE requirements, the rules must establish the CE program for at least the LGBTQ CE requirement based on the relevant board's recommendation. More CEs can be established.
5. Rules need to specify subspecialties considered to be exempt under the statutory provision for a rule waiver as they "do not see patients in a clinical setting." (For example, radiologists, pathologists, administrative doctors.)

See DC Law 21-95, LGBTQ Cultural Competency Continuing Education Amendment Act of 2016 at: <http://lims.dccouncil.us/Download/33671/B21-0168-SignedAct.pdf>)

St Michael 1/2 ad to come

Kudos!

Black Nurse of the Year:

Cynthia E. Edwards, BSN, RN

The Black Nurses Association of Greater Washington, DC Area, Inc., selected Cynthia Edwards, BSN, RN, as the 2017 Black Nurse of the Year. Ms. Edwards is a Board Certified Psychiatric Nurse for the District of Columbia Department of Behavioral Health.

Her nursing education reflects a continuous climb up the professional ladder. She began her nursing education in a two-year nursing program at Guilford Technical Institute in Greensboro, NC. There, she was advised to seek further education by transferring to the nursing program at North Carolina A&T State University, which was also in Greensboro. While attending A&T, she had the opportunity to complete a semester at Columbia University in New York. Her credits were accepted at A&T, and she subsequently earned a Bachelor of Science in Nursing. In addition, her time in New York provided an introduction to a chapter of the National Black Nurses Association.

Cynthia's professional career began as a psychiatric nurse at the Washington Hospital Center. She remained at Washington Hospital Center for over 15 years and was privileged to have Ada Cain, another charter member of the Black Nurses Association, as her supervisor. After attending a National Black Nurses Conference in Miami, Florida, Cynthia was inspired to collaborate with Ada and Black nurses at other DC hospitals to establish a DC chapter. Cynthia was elected as the founding president of the Black Nurses Association of the Greater Washington DC Area. In 1977, she was elected as the Black Nurses Association of Greater Washington Area's first member to serve on the Board of Directors of the National Black Nurses Association, and served two consecutive terms.

In addition, Cynthia's past professional experience includes a more than 10-year tenure, as a program manager in the District of Columbia Commission on Mental Health at the Geriatric Outpatient



Cynthia E. Edwards, BSN, RN

Clinic (Spring Road NW). She also worked at the Capitol Hill Hospital and Riverside Hospital as a nursing supervisor.

Cynthia was honored as one of "100 Extraordinary Nurses" by the Gamma Beta chapter of Sigma Theta Tau at Howard University. She is a member of the National Black Nurses Association and the District of Columbia Nurses Association (DCNA). Currently, she serves on the DCNA legislative committee. In addition, her membership at the First Baptist Church of Glenarden Maryland affords her the opportunity to minister with the "Sister for your Journey Ministry."

A native North Carolinian, Cynthia is the mother of three adult children. In her spare time, she enjoys travel, reading and spending time with her wonderful grandchildren and great-grandchildren. ■

Congratulations to **Lori Yerrell-Garrett, RN, MSN, PMHCNS-BC**, who has been appointed to serve as a member of the Committee on Impaired Nurses (COIN). Ms. Yerrell-Garrett currently serves as Deputy Chief Nurse Executive at Saint Elizabeths Hospital and is a DNP Candidate in the College of Health Professions at Coppin State University College of Graduate Nursing.

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DOCUMENTATION

IMPORTANT ELEMENT OF NURSING PRACTICE

Documentation is an important element of nursing practice. The majority of licensees called upon to appear before the Board of Nursing have been contacted by the Board due to documentation errors, lack of documentation or poor documentation.

Documentation must be factual, accurate, legible, and reflect the nursing process. It should reflect your assessment, intervention and patient response—assessment, diagnosis, planning, implementation, and evaluation.

Good documentation protects you and your facility. Poor documentation can have a damaging impact on your licensure and a financial impact on your employer. Good documentation also will help you remember what occurred. If you or your facility is sued, in court you may be asked to testify about a patient you have not seen or thought about in three years.

Good documentation also helps to ensure continuity of care for that patient when colleagues read what you have written.

HEALTH PROFESSIONALS HOLD HANDS

Nursing staff, physicians, and all other staff members who write in a patient's documentation are all linked together. When you document in a record, you are holding hands with everybody else who writes in that record. The documentation must be consistent. The patient's progress will be monitored based upon changes in symptoms noted in the patient record.

GOOD DOCUMENTATION IS CLEAR THINKING MADE VISIBLE AND A REFLECTION OF INTEGRITY

- Document with accuracy, clarity, legibility and completeness
- Document objectively
- Place the patient's name on the top of each page
- Document what you did and why you did it
- Date and sign each note
- Document what you see, hear and smell
- Document in real time
- Correct mistakes correctly
- Documentation should be readily accessible and systematically organized
- Documentation should be factual

USE PROPER ABBREVIATIONS AND DATE/TIME

Use proper medical abbreviations and not your own [made up] abbreviation. That is incorrect!

Accurately date and time-stamp the entry. Fill out all required sections accurately and completely. Don't take short cuts.

DOS & DON'TS

- Documentation should be clear enough so it will be understood ten years from now.
- Document after an action has been completed—not before—because you may be interrupted and may not actually complete an intended task.
- Document in ink. Write on every line. Do not leave blank spaces.
- Rewriting? Strike out old text with a single line; do not completely black out old wording. And if you make an error do not destroy the note or start another note.
- Do not erase, do not use liquid correction fluid, or cross out entries using more than drawing a single line through error.
- Be mindful that altering a record is a criminal offense.
- Use universal abbreviations, not your own made-up abbreviations.
- Place patient's name and identification number on every page of the chart.
- Do not use vague language, such as: "Patient had a good day."
- Strive to be objective. Do not chart your opinion. Write "patient tearful and crying

constantly" not "patient was depressed."

- If an order is questioned, report that clarification was sought.
- Record each phone call to a physician, including time, message and response.
- Chart patient's refusal if they refuse a treatment.
- Never document for anyone else.
- Learn your institution's documentation guidelines. Know your facility's policies and procedures.
- Read your Nurse Practice Act and Regulations. Keep abreast of changes.

COMMON DOCUMENTATION ERRORS

- Not documenting the completion of all or part of a Physician's Order.
- Failure to document in the patient's Medication Administration Record.
- Failure to document the administering and/or wasting of medications.
- Willfully writing false notes into a patient's medical file.
- Submitting false statements to collect fees for which services are not provided.

HEALTH OCCUPATIONS REVISION ACT VIOLATIONS RELATED TO POOR DOCUMENTATION

- Willfully makes or files a false report or record in the practice of a health occupation.
- 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.
- Willfully makes a misrepresentation in treatment.
- 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.
- Prescribes, dispenses, or administers drugs when not authorized to do so.
- Fails to conform to standards of acceptable conduct and prevailing practice within a health profession.
- 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.

- Failure to document the patient's medication administration record
- Failure to document the administering or wasting of medication

DOCUMENTATION AND CONSEQUENCES: THE CHART TELLS THE STORY

- **Proof of Best Practices:** In one case, a family was going to sue for malpractice when a young man died after going into respiratory distress after what should have been a routine appendectomy. After reviewing the medical record, however the family's attorney advised the family to drop the case because the documentation maintained by the hospital made it perfectly clear that everything that could have been done for this patient had been done, leaving no basis for a claim of negligence or malpractice.
- **Proof that you Communicated:** In another case, a nurse assessed positive Homans Sign and told her supervisor and the physician about the patient's positive Homans's—but the nurse never wrote the words "Positive Homans's" in the documentation. Later, during a malpractice trial, the supervisor and physician both testified that the nurse had never mentioned positive Homans's.
- **Respond Appropriately:** In one case, a resident, age 40, had a fecal impaction. He had a gunshot wound and not functional from the waist down. On his ADL [activities of daily living] sheets, under bowel function, there were notations of 'C, C, C, C, C, C' [Continent]. There was no further evidence that the resident was asked about their bowel functioning. Consequently, the young man ended up with a colostomy.
- **Fully Inform other Practitioners:** There was a resident in long-term care who hit, kick, spit, and threw a chair, but because it was not consistently documented for months, the psychiatrist looked at the records and then reduced the patient's medication based on the record.

Documentation can reveal Diversion:

When a nurse signs-out narcotics, but then there is no documentation to show that it was ever given to the residents, this is ??????

NURSING ASSISTIVE PERSONNEL

TIP: As the RN, you are expected to co-sign documentation written by nursing assistive personnel (NAP). You are responsible for that documentation. If you have concerns about what is written, you can put a disclaimer on the chart, or you can raise the issue with your supervisor. You can also ask the NAP to rewrite it.

DRUG DIVERSION

If it is determined that a nurse is of immediate danger to the safety of patients — due to the amount of and schedule of drugs diverted — the nurse may be issued a Notice of Summary Suspension (issued when it has been determined that the nurse's "conduct presents an imminent danger to the health and safety of the public". "The nurse is Summarily Suspended upon personal service of a Summarily Suspended order specifying that they cannot practice at all and have 72 hours to request a hearing. The employer will be notified too. This individual cannot work." Then the matter goes before an administration law judge to determine whether or not the order is withheld. The nurse is also referred to the Board of Nursing for possible discipline and possible referral to COIN. And because they are part of the public record, summary actions are posted online.

(See COIN on page 12)

HOW DOES THE BOARD LEARN OF POSSIBLE VIOLATIONS?

- The employer contacts the Board
- The patient files a complaint
- A colleague reports an incident to the Board
- DOH health care facility survey report
- Boards of Nursing in other jurisdictions.

BOARD INVESTIGATORS

A board investigator's role is to determine the truth: What really happen? When did it happen? Why did it happen? An investigation can substantiate a complaint or determine that the accusation against a licensee is completely unfounded. "Documentation is key in establishing that a violation occurred, and proper documentation can serve as evidence that a violation did not occur. Proper documentation can shield a licensee from disciplinary action from the Board of Nursing.

TOOLS AGAINST MALPRACTICE

- Documentation, Communication and Reporting
- Risk Management or Quality Assurance
- Malpractice Insurance to protect yourself
- Remember: You are a nurse 24 hours a day, wherever you go, but your facility's
- malpractice insurance may not extend beyond the grounds of your facility.

MYTH OR FACT: "INSURANCE CAUSES LAWSUITS."

Some people believe that having malpractice coverage attracts lawsuits. However, if you have car insurance, do you believe that causes automobile accidents? As long as you do not go around telling everyone you meet about your coverage, no one will know you have it.

THE BASICS

- Put the resident/patient's name at the top of each piece of paper.
- Document the date and time.
- Put the proper gender of your resident/patient.
- Be sure you have written all the words you intend to. Write "admitted with right leg fracture" not "admitted with right leg."
- Record the date and time of each entry; a big gap is a big concern to juries: 'What happened?'

DISCIPLINARY ACTION

The following is list of licensure actions taken between November 1, 2016 to March 31, 2017

The full citation for disciplinary actions can be found on the DC Department of Health website at <https://app.hpla.doh.dc.gov>. Each individual nurse and healthcare facilities should report any actual or suspected violations of the Nurse Practice Act. To submit a report, use the online complaint form at <https://doh.dc.gov/nod> or contact Compliance and Discipline at (202) 724-8691 or mail to D.C Board of Nursing, Department of Health Regulation and Licensing 899 North Capitol St., NE Washington, DC 20002.

Licensee	Date of Action	Action	Violation
Agwi, Blessing HHA4610	11/2/16	Suspension	Unprofessional conduct – by demonstrating a willful or careless disregard for the health, welfare or safety of a patient.
Henry, Anne RN1024474	11/2/16	Suspension	Dishonorable Conduct – Reciprocal Action Intentional falsification of material facts in a material document connected with the practice of nursing.
Walters, Karen RN1039415	11/3/16	Probation	Unprofessional conduct – worked prior to obtaining licensure.
Igwacho, Bernice, RNO37986 HHA4973	11/4/16	Revoked	Dishonorable Conduct – Commits fraud or make a false claim in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance.
Kindvall, Carol RN1007764	11/23/16	Suspension	Dishonorable Conduct – Reciprocal Action Violation of Controlled Substance Act – failure to conform to the standards of acceptable and prevailing practice of a profession.
Ogbuchi, Peter HHA1741	12/7/16	Suspension	Dishonorable Conduct – Commits fraud or make a false claim in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance.
Acquah, Cecelia HHA3357	12/20/16	Revocation	Unprofessional Conduct – convicted of a crime of moral turpitude.
Pendarvis, Kanie, HHA	12/21/16	Application Denied	Dishonorable Conduct – convicted of a crime of moral turpitude.
Atabe, Elvis HHA9359	2/16/17	Suspension	Dishonorable Conduct – Commits fraud or make a false claim in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance.
Achoh, Daniel HHA10109	12/16/16	Suspension	Dishonorable Conduct – Commits fraud or make a false claim in connection with the practice of nursing or relating to Medicaid, Medicare, or insurance.
Awasum, Jeannette RN1015095	12/14/16	Denial of Reinstatement	Dishonorable Conduct – Intentional falsification of material facts in a material document connected with the practice of nursing.
Britt, Paula RN1028382	2/1/2017	Revocation	Violation of Controlled Substance Act Unprofessional Conduct – failure to conform to the standards of acceptable and prevailing practice of a profession. Dishonorable conduct.
Kelbore, Bereket, CNA807322	3/1/2017	Suspension	Unprofessional conduct – committing any act which endangers patient safety and welfare



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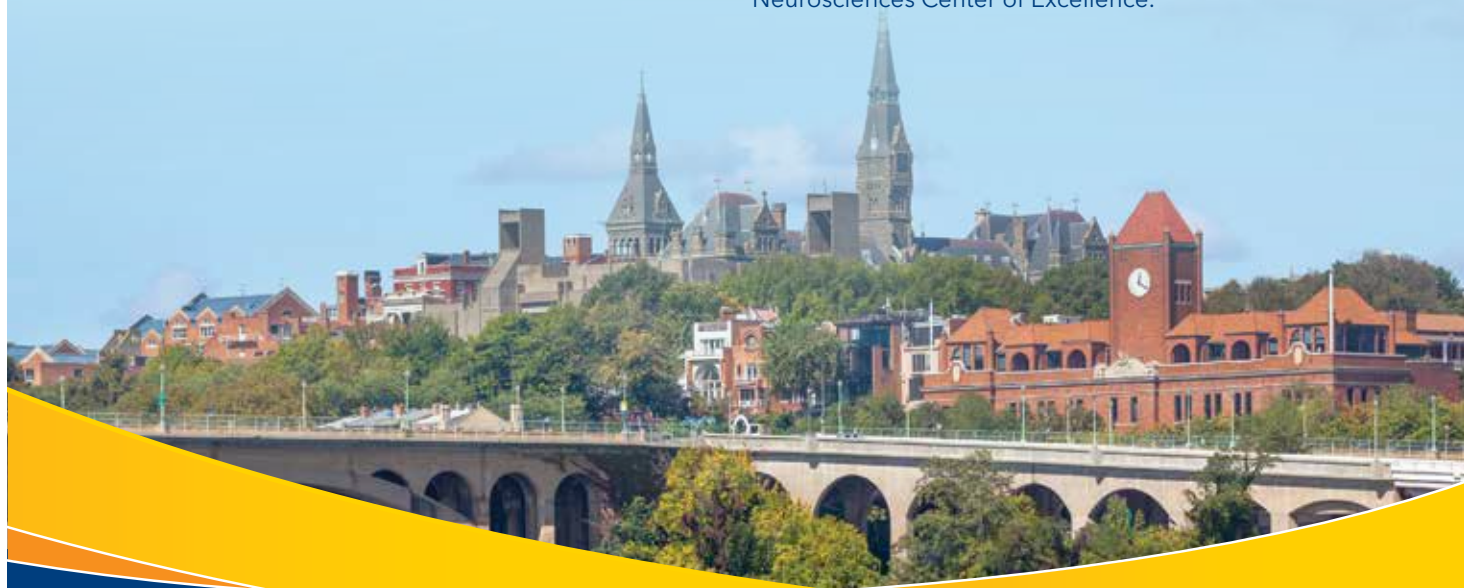
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