VOLUME 14 NUMBER 1
SEPTEMBER 2018

DISTRICT OF COLUMBIA NURSE

REGULATION • EDUCATION • PRACTICE

Community Nursing

- Q&A on Inactive Status, "Clean Hands" and PDMP
- APRN Prescribers: Advise Patients about Drugs and Vehicle Safety
- Community Nursing: Best Practices in Home Care

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

OFFICIAL PUBLICATION **of the DISTRICT OF COLUMBIA BOARD OF NURSING**

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This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

POETRAVEL

Day	Port	Arrive	Depart
Sun	Galveston, TX		4:00 PM
Mon	Fun Day At Sea		
Tue	Fun Day At Sea		
Wed	Mahogany Bay, Isla Roatan	8:00 AM	6:00 PM
Thu	Belize	8:00 AM	5:00 PM
Fri	Cozumel, Mexico	8:00 AM	4:00 PM
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

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DISTRICT of COLUMBIA NURSE

Edition 49

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

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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 40,000 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". 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

Amanda Liddle

"Thank You!" for your continued dedication to provide excellent care to the residents and visitors of the District of Columbia. Your commitment to the nursing profession is what helps ensure quality care for persons accessing healthcare services in the District.

This issue of DC Nurse contains a lot of good information for nurses to share and discuss, and I urge you to please take a moment to read and share the articles in this issue:

- The District of Columbia Department of Health has a new logo and a **new name—DC Health**! Please see the letter from DC Health Director of Communications Tom Lalley (page 6) regarding this exciting evolution in the history of the District of Columbia Department of Health.

- There is a message of "Thanks" from Senior Deputy Director Dr. Sharon Lewis (page 5).

- In this issue, our **COIN CONSULT** column features letters from two nurses who have completed the COIN program (page 12-13). COIN was established to provide an alternative to Board discipline for nursing licensees (home health aides, certified nursing assistants, licensed nurses, advanced practice RNs) who are struggling with **a substance use disorder or mental illness**. There is no better evidence of the program's value than testimonial letters from program graduates who have learned how to overcome the obstacles to acceptable standards of care, and to provide positive feedback indicating that they are not only safe practitioners but that they have grown in their personal journey. Please be reminded that information about COIN participants is confidential.

- In a related matter, **The United States National Transportation Safety Board** has contacted DC Health professional licensing boards as well as other health profession boards across the nation, requiring them to warn their patients about using controlled substances while driving (page 15). We encourage those of you who have not done so, to register with the District of Columbia Prescription Drug Monitoring Program.

- Advanced Practice Registered Nurses should be sure to review the article entitled **Personalized Prescriber Reports** (page 14). These reports provide a summary of each practitioner's prescribing of covered substances over a specific period of time.

- In response to the use of **opioids** in the District, the Department of Behavioral Health has initiated a campaign aimed to catch the attention of African American men which promotes the use of Naloxone to rapidly reverse an opioid overdose (page 15).

- The education section of this issue of District of Columbia Nurse provides charts of the **passing rates** of nursing and NAP (Nursing Assistive Personnel) students at District of Columbia educational institutions (page 18-19).

- The practice section of the publication provides tips from our continuing education program entitled **Community Nursing: Best Practices in Home Care** (page 20-24). DC Health joined forces with the District of Columbia Department of Health Care Finance and the DC Home Health Association to highlight methods for improving the quality of home care. Communication, collaboration and documentation are key components for ensuring excellence in this practice setting.

- Last but not least, on page 28-29 of the issue is an essay written by a nurse responding to disciplinary action taken against her license entitled "**Recognition of Misjudgment**." The essay is part of the agreement she signed with the Board as part of her discipline. The essay is accompanied by an article by our Board Investigator discussing the "Conditions of Discipline".

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

Message from the Senior Deputy Director


Dr. Sharon Lewis

Dear DC Nurse:

I would like to take this opportunity to thank our DC Licensed Registered Nurses and Advance Practice Nurses for your patience during the renewal period. As we transitioned to a new online renewal system, we became aware and are sensitive to the challenges expressed by applicants. A new positive feature of the new online renewal system, for completed applications, is the immediate email delivery of your license. Please note DC Health's IT department will continue to enhance our online renewal process to be more efficient and user friendly.

I would like to extend a special "Thank You" to Board of Nursing Supervisory Health Licensing Specialist Ms. Melondy Franklin Scott and Health Licensing Specialist Ms. Gwyn Jackson, who both were champions in the midst of an overflow of phone calls from nurses and visits from on-site walk-in applicants. Each of them put in long hours and would often forego lunch in order to ensure that they would serve as many nurses as possible.

Nurse Specialist II/Discipline Cathy Borris-Hale, RN, MHA, BSN and Nurse Specialist II/Education Bonita Jenkins, EdD, RN, CNE also played a key role in this year's renewal process. Ms. Borris-Hale and Dr. Jenkins assisted applicants in person and on the phone. Their efforts were invaluable as we sought to get nurses renewed.

I would also like to thank Board Executive Director Karen Scipio-Skinner, MSN, RN, for her endurance during these last few months of technology development, ongoing enhancements toward improving our renewal process and being responsive to the nursing community.

Renewal is just a small part of ensuring quality care in the District of Columbia. I would also like to urge nurses to give careful consideration to our collective responsibility to ensure nurse competency and safeguard the safety of our patients. We need a workforce with verified skills as well as providing care with a positive regard to our patients. The academic rigor of our nursing schools and the clinical experiences provided by those programs are an important aspect of establishing high standards. Each licensed nurse must be sure to access continuing education opportunities in order to stay current with best practices.

I look forward to seeing you continue to make the District of Columbia a beacon for good nursing practice in the nation!

Sincerely,

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

DEAR LICENSEE,

After nearly 22 years with roughly the same logo, the DC Department of Health has released an updated brand identity, which includes a new logo with the name "DC Health," colors, and font. Over time, you'll see the new DC Health logo anywhere we're in public, like on our website, on official documents and Twitter. We believe the new look better matches what we've become: the city's chief health strategist with a vision of making the District the healthiest city in America.

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

While we are excited about our new brand identity, our focus remains on our mission to promote health, wellness and equity in the District and protecting the safety of residents, visitors and those doing business in our nation's capital.

In an effort to conserve taxpayer dollars, we will not dispose of any materials that include the old logo, and we ask that you do the same. For that reason, you will see the old logo for some time to come.

As a trusted partner, we also ask you help us spread the word about the new logo.

If you have any questions about the new logo, or anything else related to our new brand identity, please contact DC Health's Office of Communications and Community Relations at: tom.lalley@dc.gov / (202) 724-7481 or alison.reeves@dc.gov / (202) 442-9194.

Sincerely,

Tom Lalley
Director, Office of Communications and Community Relations (OCCR)
DC Health, 899 North Capitol Street NE, 5th Floor
Washington, DC 20002
dchealth.dc.gov

BRAND PLATFORM

VISION

To be the healthiest city in America.

MISSION

The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.

STRATEGIC PRIORITIES

- Promote a culture of health and wellness
- Address the social determinants of health
- Strengthen public-private partnerships
- Close the chasm between clinical medicine and public health
- Implement data driven and outcome oriented approaches to program and policy development

GUIDING PRINCIPLES

- Servant Leadership and Teamwork
- Transparency, Integrity and Accountability
- Strategic Thinking, Creativity and Innovation
- Health Equity applied to all that we do
- Know our brand and be informed ambassadors

CORE VALUES

- Equity—We believe that everyone should have a fair and just opportunity to achieve health and well-being.
- Integrity—We are trustworthy and hold ourselves to the highest ethical standards.
- Compassion—We care deeply about our city, our residents and our communities.
- Humility—We are inclusive servant-leaders who are always learning. ■

NURSYS.COM

No Cost Nurse Licensure Verification Service

Typically, when employers want to know if a nurse's license is about to expire, they have to look it up one nurse at a time. When it comes to learning about discipline status, employers must seek out this information on their own as well. *Not anymore!* With NCSBN's Nursys e-Notify® system, institutions that employ nurses or maintain a registry of nurses, now have the ability to receive automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge. **Nursys e-Notify** is an innovative nurse licensure notification system that **automatically provides institutions licensure and publicly available discipline data** as it is entered into Nursys by boards of nursing (BONs). Institutions don't have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically.

The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary action/ resolutions and alerts/ notifications.

For example, if a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/ her institution will immediately learn about the disciplinary action, including access to available documents.

UNDERSTANDING NURSYS®

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating BONs' database (for participating jurisdictions visit nursys.com). Nursys is live and dynamic, and all updates to the system are reflected immediately.

Through a written agreement, participating BONs have designated Nursys as a primary source equivalent database. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

NURSYS® BENEFITS NURSES TOO!

Nurses can self-enroll for free and take advantage of a quick, convenient and free way to keep up-to-date with their professional licenses. They can receive license expiration reminders, licensure status updates and track license verifications for endorsement.

Learn more about Nursys® e-Notify: introductory video – **https://www.nursys.com/Help/HelpVideoPlayer.aspx?VID=EN**
Nursys website – **https://www.nursys.com/**

Questions? Contact:
Dennis S. Roy, MBA
Nursys E-Notify Project Consultant
National Council of State Boards of Nursing
Email: **droy@ncsbn.org** or **nursysenotify@ncsbn.org**
Website: www.nursys.com/e-notify ■

THANK YOU
OTTAMISSIAH MOORE, RN

The Board of Nursing would like to express our deep appreciation to outgoing Licensed Practical Nurse Board Member Ottamissiah "Missy" Moore, RN who served on the Board from 2006 to 2018. Missy's dedication to the Board and the profession of nursing is immense. Thanks to Missy for the numerous continuing education programs she organized on behalf of the Board; these excellent programs provided many of our licensees with the opportunity to obtain CE credit free of charge. She will be missed!

RENEWAL 2018

THANK YOU for your patience and your persistence over these last few months. We know that this has been a challenging renewal period. While most of you were able to renew your licenses without a problem, a significant number of you were *not*—we know from the multitude of emails, calls and walk-ins.

We sincerely apologize for the challenges you experienced this renewal period and pledge to have a much smoother online renewal process in 2020.

Sincerely,

Karen V. Scipio-Skinner

Executive Director
District of Columbia Board of Nursing

BOARD OF NURSING MEETINGS

Members of the public are invited to attend...

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

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)

Meetings scheduled:

September 5, 2018
November 7, 2018
January 2, 2019
March 6, 2019
May 1, 2019

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. ■

NCLEX® Practice Exam

NCSBN has developed an NCLEX® Practice Exam designed to provide the look and feel of the NCLEX exam candidates will take on their test day. The NCLEX practice exam includes actual test questions from previous NCLEX exams and is presented in a similar format as the NCLEX.

There are three different versions of the NCLEX Practice Exam:

English version for the NCLEX-RN;
English version for the NCLEX-PN; and a
French version for the NCLEX-RN

What does the NCLEX Practice Exam include?

- Two separate exams with 125 questions on each exam;
- Six continuous hours to take each RN practice exam;
- Five continuous hours to take each PN practice exam;
- A tutorial to demonstrate the different question types;
- A score report with the percentage of questions answered correctly; and
- A computerized adaptive testing (CAT) experience similar to the NCLEX.

How much does the NCLEX Practice Exam cost?

$150 USD

NCSBN
Leading Regulatory Excellence

To learn more, visit www.nclex.com

IN THE KNOW

The District of Columbia 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.

PSYCHIATRIC NURSE PRACTITIONERS

Q: Do we have psychiatric NPs? Because there are NP programs with a psych focus. If not, what would qualify one to be a psych NP?

A: Yes. DC licenses psychiatric Nurse Practitioners (NPs) as well as psychiatric Clinical Nurse Specialists (CNSs).

Q: We have providers trying to replace psychiatrists with psychiatric NPs. My take, which may be incorrect, is that the two are not interchangeable.

A: NPs and Clinical Nurse Specialists can practice as independent practitioners, perform psychotherapy and they have prescriptive authority. It is at the agency's discretion regarding who would work best with their clientele.

CLEAN HANDS

Q: Does the Clean Hands Act apply to Non-DC residents and traffic violations? Would I be able to renew my RN license if I have outstanding traffic violations in DC?

A: The Clean Hands Act applies to anyone owing fees to the DC Government and applying for licensure. If you owe for traffic violations, you would need to either submit evidence of a payment plan with DC Motor Vehicles or pay your traffic fines prior to applying for licensure.

YELLOW FEVER

Q: Why do I need to have a yellow fever permit?

A: You are not required to have a Yellow Fever Permit. But if you have a practice that would like to administer the yellow fever vaccine you are required to apply to DC HEALTH for a yellow fever permit. There is no charge for the permit. However, please be advised that your facility will be inspected by pharmaceutical control annually. For more information go to https://dchealth.dc.gov/node/165262

INACTIVE STATUS

INACTIVE ADVANTAGE

Q: What is the benefit of placing a license in Inactive status? I am working in Maryland and don't have plans to work in DC. However, it looks like it costs the same ($145) to put it in Inactive status as to renew. Is that correct?

A: The advantage is that if you decide to work in DC again, you will only have to *reactivate* your licensure status as opposed to applying for *reinstatement* of your license. The current fee to reactivate a license is $34, the fee to reinstate is $230.

Follow-up

Q: If I keep it in Inactive status, I won't have to renew it every two years? I will only pay the reactivation fee if I end up working in DC in the future?

A: Correct. Your license will remain inactive until you decide to reactivate it. No additional renewal fees will need to be paid.

INACTIVE VERSUS EXPIRED

Q: I would like to make my license inactive. Why are you requesting a fee—the same fee as an active license—to switch to an inactive license? Can I just let it expire? I have not worked in the District and do not plan to work in the District at this time.

A: The reason that you have to pay a fee to place your license on Inactive status is that you must have an active license in order to place the license in "Inactive status." Your other option is to not pay the fee and allow your license to expire. (See "Inactive Advantage" above).

APRN INACTIVE

APRN Rx REFILLS WHILE INACTIVE

Q: I am a psychiatric nurse practitioner who will soon be moving out West; I will not be practicing in Washington, DC. Inactive status appears to be $145. What is the benefit of this versus letting my license expire? Can I get it reinstated more quickly in the future if I go on Inactive status? Also, what will happen with the refills I provide to my patients after July 31st if my license expires? I have spoken with the Drug Enforcement Administration about transferring my number, but I am not sure what happens with the license and the CDS (controlled dangerous substances) number.

A: You can place your license on Inactive status and, if you return to work in DC, you can apply to have your status reactivated. (See "Inactive Advantage" above).
We conferred with the Pharmaceutical Control Division to answer the second part of your question. Your patients will continue to receive their refills. However, if you are no longer licensed in DC, you will not be allowed to write prescriptions for refills after your license expires.

MUST HAVE LICENSE

Q: If nurses licensed in Maryland have applied for reciprocity in DC, can they work for 30 days in DC until they receive their DC licenses?

A: No. They cannot work until they are licensed or receive a temporary license.

SUPERVISION

CAN AN ADN SUPERVISE A BSN?

Q: Can a registered nurse with an associate's degree supervise or evaluate another nurse with a higher degree?

A: Yes, they can. Board of Nursing regulations don't specify the education a nurse has to have to supervise another nurse. This is at the employer's discretion. ■

PDMP: FREQUENTLY ASKED QUESTIONS FOR NURSE PRACTITIONERS

Q: What is the Prescription Drug Monitoring Program (PDMP)?

A: The PDMP is an electronic database that collects information on the dispensation of controlled substances (CS) and drugs of concern (cyclobenzaprine/butalbital). The PDMP identifies and reduces the diversion of prescription drugs without impeding appropriate medical utilization of CS. It also provides prescribers with the prescription data needed to enhance patient care by assuring legitimate use of CS in all areas of health care.

Q: How can Nurse Practitioners and their Delegates register for the PDMP?

A: All users must register individually to access the system. To begin the registration process, go to **https://districtofcolumbia.pmpaware.net/** login then click "Create an Account." Please visit the DC PDMP website via **https://dchealth.dc.gov/pdmp** to access the user guides, forms, notices, and regulations. Licensed practitioners will need the following information to complete their PDMP registration:

- National Provider ID (NPI)
- DC Health Professional License Number
- DEA Number
- DC Controlled Substance Registration Number

Q: Who can be a Nurse Practitioner's Delegate?

A: The delegate role for the PDMP is designed to enable a user to generate prescription data reports on behalf of another user. Nurse Practitioners may have up to two health care professionals as delegates who are: (1) licensed, registered, or certified by a health occupations board; and (2) employed at the same location and under the direct supervision of the nurse practitioner. The delegate must submit his/her own application for registration, signed by the supervising nurse practitioner(s).

Q: Is the District of Columbia's PDMP interoperable with other states' PDMPs?

A: Yes, the DC PDMP is connected through National Association of Boards of Pharmacy® PMP InterConnect to the following states: Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New York, Pennsylvania, Rhode Island, Virginia, and West Virginia.

Questions? Send an email to: **doh.pdmp@dc.gov**

I am a nurse – I am also an alcoholic in recovery. The latter is due in great part to the support, encouragement, and structured guidance I received from COIN (Council on Impaired Nurses). Please allow me to share a bit my story with you...

On June 26, 2015 my life changed.

Several weeks earlier I was terminated from a DC hospital for making a series of medication errors that occurred while I was under the influence of alcohol.

Due to the nature of these errors, hospital officials were required to report me to the DC Board of Nursing. At my termination meeting, a nurse leader suggested that I seek help from the board. He further elaborated that if I self-reported there was a rehabilitation program I could enter where I would be treated and monitored. The program is non-disciplinary and its purpose is to protect and preserve nurses while safeguarding the public's health.

This was life-saving advice – and I took it.

I found contact information on-line for the Council on Impaired Nurses. I called the number listed and spoke to a wonderfully compassionate woman – Concheeta Wright. I took all of her advice and direction and arrived at my first COIN meeting on the morning of June 26, 2015 not knowing what was in store for me.

The initial intake meeting was stressful and intimidating but the council members immediately put me at ease. It was council member, Dr. Kate Malliarakis who said to me "if you do everything we tell you to do – you'll be just fine". She said this while placing her hand gently on my wrist. She could see I was frightened. At first I felt resentful – it seemed like I was being punished for my mistakes. Resentment slowly evolved into gratitude as I realized that the council members had my best interest at heart and wanted nothing for me but success.

By the end of June I was back at work (at a different facility) with a renewed vigor and enthusiasm that been lacking in my professional life for many years. I was enrolled in a 3 year monitoring program, which involved participation in outpatient rehab at Kolmac Clinic, random urine screens, attendance at 12-step meetings, work with a sponsor, and quarterly appointments with the council members. Both my sponsor and I would be required to send monthly email updates detailing all aspects of my life and my journey in recovery.

My three-year program provided me just right amount of accountability I needed to stay sober. Every four months I would attend a meeting to update COIN on my progress. Never once during these meetings did I feel chastised or reprimanded in any way. COIN provided me with reassurance, support, and guidance in a firm but loving manner. On June 15, 2018 I was discharged having successfully completed all aspects of my rehab program. During my time with COIN I completed an RN-BSN program with 4.0 GPA and now I am a graduate student at George Washington University. Every day I wake up I am grateful to be sober. At times it has not been easy but it has been totally worth it.

If you are a nurse with drug, alcohol, or mental health difficulties and you are reading this: you are not alone. You are not your mistakes. Reach out. Ask for help. Your life may take on new meaning and purpose in ways you could never have imagined – mine did.

With gratitude,
A DC nurse

COIN Participants Speak About Recovery

Change is Good (My Lesson)

I needed a reason to feel good about myself, so I could be my best. I knew God almighty was with me always, so I had to change my thoughts. In order to change my direction, I placed all my perspectives (my faith/what I believed in) into two categories: 1) my liabilities, and 2) my assets.

My Weaknesses vs My Strengths:

Liabilities	*Assets*
When feeling Guilt	*I'd try Loving Myself*
When feeling Shame	*I'd try Thoughtfulness*
When feeling Remorse	*I'd try my Faith*
When feeling Self-Pity	*I'd try Respecting Myself*
When feeling Resentment	*I'd try Acceptance*
When feeling Anger	*I'd try Generosity*
When feeling Frustration	*I'd try Sharing with Someone*
When feeling Confusion	*I'd try Being Clean/Sober*
When feeling Loneliness	*I'd try Kindness*
When feeling Anxiety	*I'd try Being Gracious*
When feeling Betrayal	*I'd try Being Loyal*
When feeling Hopelessness	*I'd try Courage*
When feeling Failure	*I'd try Being Fearless*
When feeling Fear	*I'd try Positive Actions*
When feeling Denial	*I'd try God's Awareness*

So all my Assets proved to me that I am greater than, not less than. So I decided to give myself a chance, and I got moving using my assets because "change ain't never hurt nobody" when its positive and for the better. Just try it, one day at a time, twenty-four hours a day, 1,400 minutes a day, one day truly does make a difference.

Anonymous

COIN Contact Information

The Committee on Impaired Nurses (COIN) is a resource for impaired Board of Nursing licensees.

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. ■

Personalized Prescriber Reports

The District of Columbia Department of Health Prescription Drug Monitoring Program (PDMP) began issuing personalized Prescriber Reports on April 11, 2018.

The report is intended to provide a summary of a practitioner's prescribing of covered substances over a specified period. The implementation of prescriber reports presents an opportunity for self-analysis of a practitioner's practice as it relates to their prescribing of controlled substances and substances of concern. Additionally, by providing these metrics and notifying practitioners of their standing among their peers may positively influence their prescribing of controlled substances and may assist practitioners with their treatment decisions.

Prescribers: Please login to your AWARxE account and do the following:

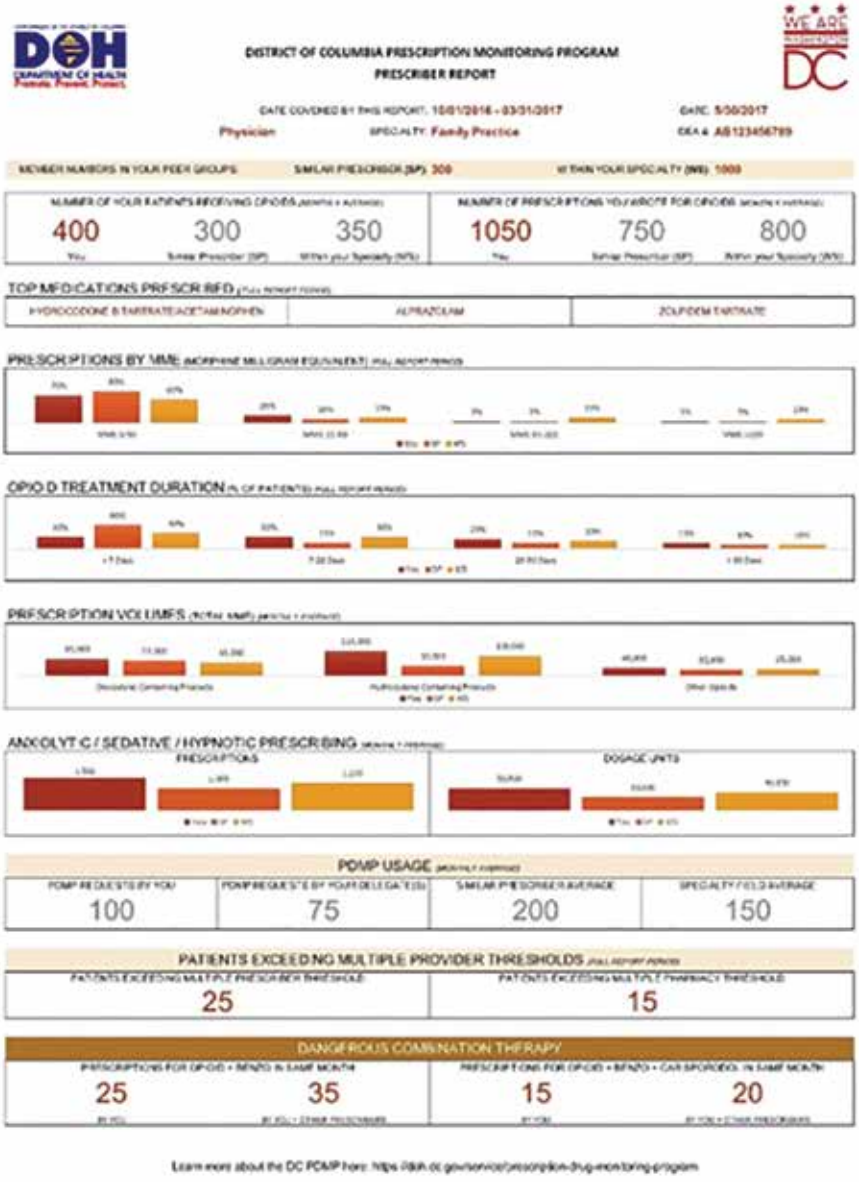
1. Verify your DEA (Drug Enforcement Administration) registration number or email doh.pdmp@dc.gov to update this information.
2. Verify your healthcare specialty information and add or update this information.

To view your personalized Prescriber Report, users must be registered for PMP AWARxE then click, "Prescriber Report" on the AWARxE dashboard.

District of Columbia licensed practitioners who are not currently registered with the DC Prescription Drug Monitoring Program are encouraged to register as users via https://districtofcolumbia.pmpaware.net/login. Once at the login screen, the user must click the "Create an account" button to begin the process.

For more information on registration, refer to the User Support Manual available on the DC PDMP website. After your registration is submitted, you must click the "Submit Your Registration" button to continue the process.

If you have any questions or concerns about navigating the system, please contact Appriss technical support directly at (855) 932-4767. Technical assistance is available 24/7. Please submit any Program questions by email to doh.pdmp@dc.gov. ■



FREE CE COURSES AVAILABLE ONLINE FROM THE DC CENTER FOR RATIONAL PRESCRIBING (DCRx)

DCRx, a service of the District of Columbia Department of Health, offers online continuing education (CE) courses free to DC healthcare professionals. Courses cover opioids, PrEP, taking a sexual history, diabetes, generic drugs, drug approval and promotion, medical cannabis, and other topics; new modules are available every year. Credit is available for nurses, physicians, physician assistants, and pharmacists. To access modules visit http://doh.dc.gov/dcrx.

Controlled Substance Prescriber Notice: Vehicle Safety

PLEASE BE ADVISED: The United States National Transportation Safety Board (NTSB) has issued Safety Recommendation I-14-1, which recommends that all governmental agencies who license health care providers to advise licensees who prescribe controlled substances to routinely speak with their patients about the possible safety implications of increased drug use in all modes of transportation.

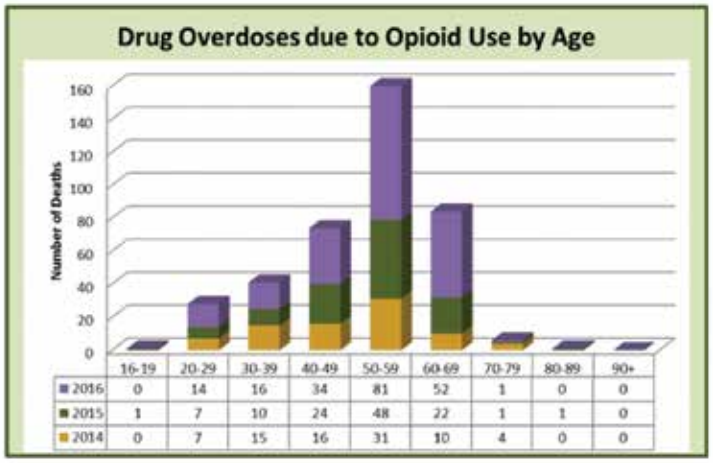
When prescribing a controlled substance for pain, practitioners are encouraged to discuss with their patients the effects their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation. ■

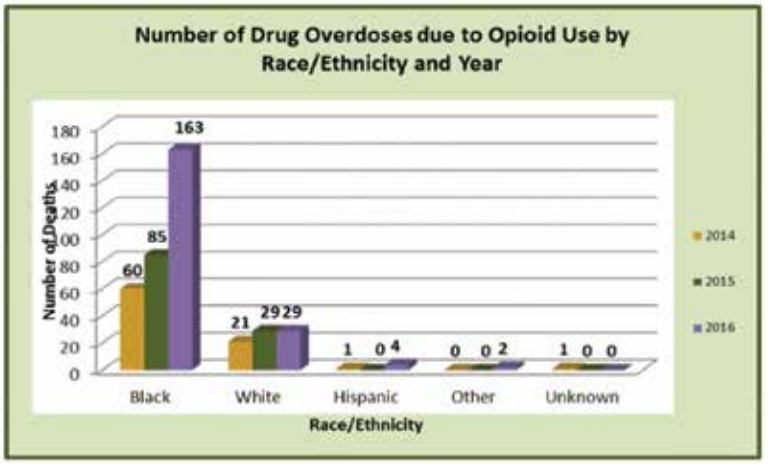
DC Health Data in Action: Naloxone Promotion

Most people who use opioids in the District of Columbia are older African-American men, according to the data collected by DC Health and other participants in an opioid workgroup. When the deadly opioid called fentanyl began showing up in DC, overdoses rose dramatically. The city now endeavors to reach opioid users with potentially life-saving information:

1. Don't use opioids alone
2. Don't use opioids without naloxone which can reverse an overdose

The District of Columbia Department of Behavioral Health's campaign to promote the use of naloxone uses cultural references that resonate with the target audience of older African-American men (note "action movie" style layout). ■





Nursing Assistive Personnel (NAP) Q&A

HHAS ACROSS STATE LINES

Q: I am aware that DC Home Health Aides (HHAs) are limited to providing services in the District. However, I understand that exceptions have been made to allow HHAs to provide assistance to beneficiaries in Maryland if they are crossing into Maryland for the purpose of medical/dental appointments. We have a beneficiary who attends Holy Cross Adult Day program in Silver Spring, Maryland. The HHA does not currently accompany the beneficiary to the Day Program. The Day Program recently sent a letter requesting that an HHA accompany the beneficiary to the day program because the staff cannot ensure his safety due to his unstable gait and fall risk. We informed the family that HHAs cannot provide services in Maryland and the exception for medical appointments does not extend to Day Programs. Please advise.

A: Since the laws in each jurisdiction are different, you will need to confer with Maryland. And since this will be a daily occurrence, the HHA would more than likely need to be certified as an HHA in Maryland. HHAs may apply for endorsement as an HHA in Maryland.

PCA SCOPE OF PRACTICE

Q: I am a Nurse Specialist in the Long Term Care Administration at the DC Department of Health Care Finance. During my compliance review of our EPD waiver providers it was revealed that a Personal Care Assistant (PCA) is applying Ammonium Lactate to a beneficiary's lower extremities. Is this task, applying a medicated lotion, outside of the PCA's scope of practice?

A: Yes. These are not tasks that they are allowed to perform. Personal Care Assistants and Home Health Aides are not authorized to administer drugs/medication.

TRAINED TO ADMINISTER MEDS

Q: Can persons who are not Trained Medication Employees (TMEs) administer 2% topical medications?

A: Only persons trained and authorized to administer medications may do so. This is true of any delegated task. The person must be trained to perform the task. While the Board of Nursing does not regulate Direct Support Professionals, the Board's opinion is that persons trained to do so should be administering medication.

MEDICAL ASSISTANTS

Q: Are Medical Assistants able to administer medication and vaccines in the District of Columbia?

A: The District of Columbia does not regulate "medical assistants" and therefore "medical assistants" are not authorized by any statute or rule to administer medications and vaccines. However, if the "medical assistant" qualifies as a Trained Medication Employee under 17 DCMR 6100 or one of the classes of Nursing Assistive Personnel for which rulemaking is in progress, they may be qualified to administer certain medications and vaccines. Please visit our website (dchealth.dc.gov/bon) for information on the requirements for licensing, registration or certification of Nursing Assistive Personnel. **Administration of medication may be delegated to medical assistants by physicians.** ■

New Method for Reporting HIV, Hepatitis and STDs

DC Health is pleased to announce the availability of a new secure, electronic method for Health Care Providers to use for reporting cases of HIV, hepatitis B and C, and sexually transmitted diseases (STDs), to the District of Columbia Department of Health (DC Health).

All suspected and diagnosed cases of HIV, hepatitis B and C and STDs should be reported within 48 hours (District of Columbia Municipal Regulations Chapter 22-B2).

The case report form and guidance document for reporting HIV/AIDS, hepatitis B and C, and sexually transmitted diseases (STDs) can be accessed online:

https://dchealth.dc.gov/node/1194555

(Case reporting for tuberculosis remains unchanged. The case report form for tuberculosis can be accessed online **https://dchealth.dc.gov/node/199582** and should be submitted by fax.)

Why report cases? We use the information in case reports:

- To ensure treatment of those who have been affected
- To notify people who have been in contact with persons with communicable diseases (partner notification)
- To offer prevention strategies to those who have been exposed, such as PrEP (HIV preexposure prophylaxis)
- To prevent mother-to-child transmission of communicable diseases
- To develop focused strategies for disease prevention

For more information, please contact us by email at: HAHSTA_case_report@dc.gov ■

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
RN, APRN Programs
FULL APPROVAL

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: pjeffries@gwu.edu
PH: (202) 994-3484
APRN Program Only
FULL APPROVAL

Georgetown University School of Nursing & Health Studies
Dr. Edilma Yearwood, Chair
Department of Professional Nursing
email: ely2@georgetown.edu
Dr. Mary Haras, Chair, Advanced Practice Programs
mh1842@georgetown.edu
Georgetown University
3700 Reservoir Road N.W.
Washington, DC 20007
PH: (202) 687-0754
RN, APRN Programs
FULL APPROVAL

Howard University Division of Nursing
Dr. DeVora Winkfield, Interim Chief Nurse Administrator
2400 6th St. N.W.
Washington, DC 20059
email: devora.winkfield@Howard.edu
PH: (202) 806-7456
FAX: (202) 806-5958
RN, APRN Programs
FULL APPROVAL

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

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

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 – CNA & HHA

Bethel Training Institute
824 Upshur Street, NW
Washington, DC 20011
email: BethelTrainingDC@aol.com
PH: (202) 723-0755
CONDITIONAL APPROVAL – 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
APPROVAL - CNA & HHA

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
APPROVAL - HHA

Innovative Institute (CNA/HHA)
1805 Montana Avenue NE
Washington, DC 20002
email: innovative.don810@gmail.com
PH: (202) 747-3453/ 202 747-3450
FAX: (202) 747-3481
APPROVAL STATUS PENDING - CNA & HHA

Nursing Assistant Academy
1418 Pennsylvania Avenue, SE
Washington, DC 20003
www.nassistantacademy.com
PH: (202) 748-5479
FAX: (202) 748-5593
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
APPROVAL - 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@vmtltc.com
PH: (202) 282-3143
FAX: (202) 282-0012
APPROVAL - CNA & HHA

District of Columbia NCLEX® Pass Rates

National Council Licensing Examination (NCLEX) Test Results
October 1, 2016 – September 30, 2017

REGISTERED NURSE PROGRAMS	% pass	Status
Catholic University of America	88.61	Full Approval
Georgetown University – BSN	96.43	Full Approval
Georgetown University – CNL	100.00	Full Approval
Howard University	96.00	Full Approval
Trinity Washington University	64.71	Conditional Approval
University of District of Columbia Community College	66.67	Conditional Approval
National Average: Baccalaureate Programs	89.89	
Associate Degree programs	84.08	
District of Columbia Required Pass Rate	80.00	

PRACTICAL NURSE PROGRAMS	% pass	Status
Saint Michael School of Allied Health	100.00	*Conditional Approval
National Average: Practical Nurse Programs	84.36	
District of Columbia Required Pass Rate	80.00	

*Accreditation Pending

DC National Nurse Aide Assessment Program Pass Rates • *2017*

Training programs	% pass	Status
Allied Health & Technology Institute	88.46	Conditional Approval
Carlos Rosario International	90.00	Approval
Healthwrite Training Center	76.08	Approval
Innovative Institute	82.51	Approval
Nursing Assistant Academy	89.47	Approval
University of District of Columbia Community College	79.78	Approval
VMT Educational Center	83.76	Approval
Required DC Pass Rate	75%	

DC Home Health Aide Exam Pass Rates • *2017*

Training programs	% pass	Status
Allied Health & Technology Institute	93.30	Conditional Approval
Bethel Training Institute	68.56	Conditional Approval
Healthwrite Training Center	78.30	Approval
Immaculate School of Allied Health	86.15	Approval
Innovative Institute	87.13	Conditional Approval
Intellect Health Institute	82.50	Conditional Approval
Opportunities Industrialization Center	88.89	Approval
VMT Education Center	78.37	Approval
Required DC Pass Rate	75%	

Free Resource for Nursing Graduates

NCSBN "Welcome to the Profession" Booklet

The National Council of State Boards of Nursing (NCSBN) has just published a new booklet entitled "NCSBN Welcomes You to the Nursing Profession." Offered as a gift to newly licensed nurses in honor of its 40th anniversary, NCSBN created this booklet as a resource to help nurses better understand nursing regulation and their board of nursing (BON). It is the goal of the organization to provide each newly licensed nurse in the U.S. with this booklet. Designed to ease the transition from student to working professional, the booklet provides information about the nursing licensure process and the responsibilities of nurse licensure. The booklet also features case studies that cover a wide variety of topics including substance use disorder, the appropriate use of social media and professional boundaries. Additionally, the document provides links to free online resources such videos, brochures, posters, magazines and newsletters. Hard copies of the booklet can be ordered or the publication can be accessed online at: https://www.ncsbn.org/12096.htm ■

Community Nursing: Best Practices in Home Care

By: Cathy Borris-Hale, RN MHA, Caitlin Houck, RN MS, Alma Brannum, RN, and Ericka Walker, MSW Health Regulation and Licensing Administration, DC Health

EMERGING ISSUES

During review of Home Health Agencies, nurses from the District of Columbia Department of Health Care Finance (DHCF) were becoming increasingly concerned about the following issues:

- Timely follow up on change in condition
- Lack of Care Coordination
- Personal Care Aide (PCA) supervision
- PCA Training
- Setting care measures for Diabetes, Hypertension and other chronic conditions in the Plan of Care (POC)
- Lack of RN supervision
- Lack of documentation reflecting the parameters of vital signs and reporting, and
- Lack of systems to ensure continuous quality improvement.

Initiative to Address the Issues:

In response, DHCF joined forces with DC Health (Department of Health), and the District of Columbia Home Health Association, to sponsor a continuing education program entitled "Best Practices in Home Care." The program was held at United Medical Center. Program planners Mary Devasia, DHCF's Long term Care Administration Program Manager, and Sharon Mebane, Program Manager of the Intermediate Care Facilities Division of DC Health, sought

Case Scenario (Dramatized in a News Broadcast skit)

Mr. Charles Flowers is a seventy-eight (78) year old male. His diagnoses included Type 2 Diabetes, Congestive Heart Failure (CHF), Hypertension, Cardiovascular Accident (CVA) with left-sided weakness, and legal blindness in one eye.

On January 31, 2018, Mr. Flowers' daughter made an official complaint to the District of Columbia Department of Health's Health Regulation and Licensing Administration alleging that her father was neglected by his Home Care Agency. According to his daughter, Mr. Flowers had been receiving skilled nursing services for at least five years. Also, Mr. Flowers was hospitalized on January 27, 2018.

The daughter stated that since her father was discharged from the hospital on January 29, 2018, he had not seen a nurse from the agency. The daughter also alleged that the nurses had not provided adequate teaching about her father's health condition and care needs prior to his hospitalization. She reported that her father had a stroke and could not fill his own insulin syringe or perform finger sticks. **The daughter further stated she had not been educated by the nurse on how to administer the insulin or do the finger sticks**. Mr. Flowers had been observed to self-administer insulin from the prefilled syringe into his abdomen. However, his daughter stated that the nurse was aware her father was administering the insulin without knowing his "sugar level." The daughter stated that she was informed that the **aide was not allowed to help her father administer the insulin or perform the finger sticks**. The daughter was also concerned that the nurse took her father's blood pressure and did not tell her if it was high or low. The nurse also told the daughter that she needed to cook differently, but failed to provide any instructions.

During a follow-up interview two weeks later, the daughter stated that she went to check on her father. When she arrived at his apartment, he was alone. Mr. Flowers was **found lying unresponsive** on the floor and bleeding from his head. When touched, his skin was cool and clammy. His daughter said that she called 911 and her father was transported by ambulance back to the hospital. **The hospital told her that Mr. Flowers had sustained a closed head injury and was in a diabetic coma**. Subsequently, he was admitted to the intensive care unit (ICU).

to create a forum that would lend itself to the exchange of information across disciplines, agencies and DC government departments.

NEWS BROADCAST FORMAT USED

The organizers used the guise of a make-believe newscast and an imaginary television talk show as a fun way for drawing attendees into a serious discussion about important issues. The "News" featured DC Health Surveyor Roland Follot and Nurse Specialist Caryn Stringfield, RN, as news reporters, while Surveyor Shelia West-Morton played a family member (daughter) distraught about the quality of care given to her father by a Home Care Agency.

WE ARE ON THE AIR

The scenario set, it was time to start the talk show to discuss these serious issues with a panel of real experts. "TV Director" Breona Brent, Sanitarian/ QIDP (Qualified Intellectual Disabilities Professional) informed the audience they were all about to "go live" for the show hosted by DC Health Nurse Specialist for Discipline Cathy Borris-Hale, RN. The talk show panelists included DC home care providers and governmental regulators.

QUESTIONS POSED

Panelists addressed questions related to the situation described in the scenario:

- "How could care have been better coordinated to address Mr. Flower's change in condition?"

- "Based on the documentation, it does not appear that neither the designated Case Manager nor the Supervisory RN were providing routine visits. What are DHCF's requirements?"

- "What guidance and oversight should have been provided by the home care agency to make certain the Aide(s) were aware of Mr. Flower's specific Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), and health needs, as well as ensure he was provided with the needed support and care?"

- "If Mr. Flower's blood sugar levels were not routinely monitored as specified by the physician and stipulated in the plan of care and, as a result, he subsequently experienced a change in condition, and/or was not visited by a supervisory nurse, what actions (could/should) have been taken by the Personal Care Aide(s)?"

Audience members were encouraged to engage with panelists as the panel members identified methods for ensuring effective care (see below). The talk show format and subsequent small group meetings proved to be an innovative way to facilitate interaction between healthcare providers and frontline staff, as they tackle real issues and offered useful solutions.

METHODS FOR ENSURING EFFECTIVE CARE

Plan of Care: Central to ongoing, effective care coordination are the development and implementation of a beneficiary plan of care which incorporates person-centered care planning principles, sharing the plan of care with the Case Manager, and conducting joint case reviews to monitor progress, changes, or additional support needs.

Continued on page 22

Small group discussion.

Home Health Agency panelists Grace Abraham and Fessha Mollaligan.

Board of Nursing Nurse Specialist for Discipline Cathy Borris-Hale.

Board Executive Director Karen Scipio-Skinner and Health Care Facilities Division Supervisory Nurse Consultant Cassandra Kingsberry.

Continued from page 21

Coordinate the Care: Each service provider is responsible to coordinate the care of a beneficiary with other service providers, which requires extensive communication and consistency, thorough documentation. As a best practice, agencies should establish documentation standards to ensure uniformity and consistency, and provide retraining support when routine quality assurance record audits indicate that these standards are not being practiced in the field.

Who, What, How, By When: Effective documentation should detail plans and actions for specifically *who* is responsible for *what, how,* and *by when* in order to resolve identified needs and to accomplish established beneficiary goals. Remember, as a fundamental principle of healthcare provision, if it is not documented, it did not happen!

Follow-Up: When performing beneficiary visits, Case Managers and RNs should prepare in advance of the visit by referring to previous notes and any follow-up activity conducted between visits, such as calls to healthcare practitioners and status updates from medical appointments attended.

Communication & Documentation: For beneficiaries receiving Personal Care Aide (PCA) services, it is critical for Case Managers and RNs to reinforce documentation guidelines with all Home Health Aides (HHAs), encourage open lines of communication for timely information sharing, and be responsive when directly contacted by an HHA.

Reimbursement Driven by Outcomes: As more beneficiaries continue to receive care in community settings and healthcare reimbursement models are driven by outcomes, there will be an increased demand on service providers to leverage both human capital and technology to ensure necessary care coordination through communication, documentation, and interdisciplinary collaboration.

TAKEAWAYS: COMMUNICATION AND DOCUMENTATION

- Care coordination involves the deliberate **organization of a beneficiary's specific care activities** and the **sharing of information**

DC Health Intermediate Care Facilities Division (ICFD) staff members Sanitarian/ QIDP (Qualified Intellectual Disabilities Professional) Breona Brent, Supervisory Health Services Program Specialist Ericka Walker, and Program Manager Sharon Mebane.

Audience members applaud program panelists.

with all service providers and relevant parties. Central to effective care coordination are the development and implementation of a beneficiary plan of care which incorporates person-centered care planning principles, sharing the plan of care with the Case Manager, and conducting joint case reviews to monitor progress, changes, or additional support needs.

- Each service provider is responsible for **coordinating the care** of a beneficiary with other service providers. This requires extensive communication and consistency, thorough documentation. As a best practice, agencies should establish **documentation standards** to ensure **uniformity and consistency**.
- Effective documentation should detail plans and actions for specifically ***who*** is responsible for ***what***, ***how***, and ***by when*** in order to resolve identified needs and to accomplish established beneficiary goals.
- Case Managers and RNs should **prepare in advance of each visit** by referring to previous notes and any follow-up activity conducted between visits.
- **Reinforce documentation guidelines with all Home Health Aides (HHAs)**, encourage open lines of communication for timely information sharing.
- There will be an increased demand on service providers to **leverage both human capital and technology** to ensure necessary care coordination through communication, documentation, and interdisciplinary collaboration.

BREAK-OUT SESSIONS

During the afternoon break-out sessions, the attendees were organized into 12 separate teams to review different case scenarios that involved patients with complex clinical issues. Each team was comprised of a skilled nurse, a social worker or a nurse case manager, and a home care agency administrator. The teams reviewed the case study that included the patient profile, the plan of care and the problem to address. Each team was tasked with identifying and reporting the following:

- Accuracy of the plan of care based on the client's health care needs;
- Responsibility of the skilled nurse, case manager, and the home care agency;
- Effective communication and coordination of care between the skilled nurse, case manager, and home care agency;
- Client/caregiver specific health care education provided; and
- Documentation that accurately reflects the identified health care needs.

The small-group breakout sessions (to discuss various scenarios) were, by design, an exercise to model the **interdisciplinary communication and collaboration** that should take place between Case Managers, supervisory Registered Nurses, and agency administrators on behalf of beneficiaries towards the goal of care coordination.

Attendee Comment: *"I pride myself on my ability to meet my patients' needs. However, this session has shown me I will build on my* ***documentation to include all parts of a patient's needs during my visits****. I have also learned the* ***importance of care coordination****. I will call all of my Case Managers to familiarize myself with them and them with me."*

ICFD Surveyor Gayle Duggar.

DC Health Nurse Specialist Jeanine Carter.

Panel discussion.

Health Care Facilities Division (HCFD) Nurse Specialist Gloria Portsmouth, ICFD Surveyor Caryn Stringfield, and HCFD Nurse Specialist Marcia McLennon-Sampong.

Continued on page 24

Continued from page 23

Establish Policies to Combat these Deficient Practices:

- Failure to:
  - **provide individualized plans of care**, or **provide skilled nursing services** in accordance with the patient's plan of care and physician's orders.
  - **notify the RN and the primary care physician when there is a change** in the patient's physical and psychosocial health status.
  - **identify where glucose readings and vital signs** are monitored and factually documented in the clinical notes.
  - **coordinate care** between all service providers that are involved in the care of the patient.
- Failure of the supervising nurse to:
  - **follow-up on concerns** identified by the patient/caregiver, or follow-up on concerns reported by the LPN.
  - **train and educate** patients/caregivers and personal care aides/home health aides.
  - **evaluate the patient's comprehension** of nursing instructions.
  - **intervene when there are gaps in the patient's understanding** or an inability to perform ongoing care.
  - **identify the value of return demonstration** to evaluate the effectiveness of teaching. ■

Thank You
to all of the participants who made this such a successful event!!

Ieisha Gray, Director, Long Term Care Administration, Department of Health Care Finance

Eric Walcott, MPA, CPM, Executive Director, District of Columbia Home Health Association

Forrest Daniels, MPA, DSc, FACHE, Deputy Director for Operations, Health Regulation and Licensing Administration, DC Health

Full Page ad to come

Kudos!

Doctoral Students Visit (l. to r.) Board of Nursing Executive Director Karen Scipion-Skinner, students Deirdre O. Rea and Becky Howdyshell, and Board Nurse Specialist for Discipline Cathy Borris-Hale.

Deirdre O. Rea and **Becky Howdyshell** are James Madison University doctoral students who participated in a health policy immersion experience with the DC Board of Nursing May 2 – 10, 2018. They began their experience by attending a Board of Nursing meeting on May 2nd. During their short stay, they completed a national search of the roles of Certified Nurse Midwives, Certified Midwives and Certified Professional Midwives. They drafted a "Guide to the Disciplinary Process." They also researched the role of registered nurses and nurse practitioners in medi-spas. The Board staff enjoyed hosting their immersion experience and wishes each the best of luck in completing their degree!

Congratulations to **outgoing LPN Board Member Ottamissiah "Missy" Moore RN** (see page 5), who was recently licensed as an RN after earning her BSN degree from International College of Health Sciences, Boynton Beach, Florida. ■

Black Nurse of the Year

Martinious (Mark) Handy, MSN, RN, has been recognized as "Black Nurse of the Year," by the Black Nurses Association of the Greater Washington DC Area. Mark is the Nurse Educator Generalist, Staff Development Coordinator for Providence Health System which is a member of Ascension Health, the largest Catholic and non-profit health care system in the United States. In this role, he is responsible for the onboarding of the new nursing associates, the core competencies, ongoing annual competencies, orientation, Basic Life Support & Advanced Cardiac Life Support certifications and inservice education.

Mark commenced his nursing career as a Medical – Surgical Nurse, Women's Health & Oncology Nurse, and telemetry nurse before becoming a nurse educator. He has held numerous nurse educator positions from Medical – Surgical, Women's Health & Oncology, Telemetry, Med-Surg & Critical Care Educator (telemetry & cardiology), Float Pool and interim nurse educator positions (Perioperative Services & Emergency Care Center).

During Mark's tenure at Providence, he has distinguished himself as a likeable, reliable, enthusiastic and conscientious nurse provider. He serves as a role model for excellence in nursing for his fellow peers. He is always willing to share his knowledge and experience with his peers in terms that are acceptable to all. He has served as a preceptor and mentor for over 30 years for novice as well as experienced nurses.

Mark is a graduate of the University of District of Columbia (Associates in Applied Science), Bowie State University (Bachelor of Science in Nursing) and the Catholic University of American (Master of Science in Nursing – Promoting Healthy People in Vulnerable Communities Blended Program: "Nurse Practitioner and Advance Community / Public Health Nurse Specialist").

Mark has been a member of various nursing organizations and numerous nursing committees to include Association for Nurses Professional Development; District of Columbia Nurse Practitioner Association; Olivia Society at the Catholic University of America; Sigma Theta Tau International Nursing Honor Society – 9th Chapter (the Catholic University of America).

Over the years, Mark has been the recipient of many awards and honors, "Donation Champion," Washington Regional Transplant Community 2017; "Recognition of Service Award for 30 Years," Providence 2017; "Nurses' Week Award: Nurse Educator Partners of the Year," Providence 2017; "Nurses' Week Award: Nurse as Teacher," Providence 2016; induction in "Sigma Theta Tau National Honor Society" – the Catholic University of America; "100 Extraordinary Nurses in Washington, DC," Howard University; induction in the "Nursing Honor Society," "Alpha Chi National Honor Scholarship Society" and "Student of Distinction" Bowie State University.

Mark recognizes the importance of providing culturally competent and relevant care to people living in vulnerable communities without bias and preconceptions. He is a tireless source of energy that continues to give back to the nursing profession by serving in various adjunct professor roles at the Catholic University of America since 2009; Washington Adventist University 2017; Trinity Washington University 2013 – 2014 and Radians College 2014 – 2016.

Mark thanks God for the privilege to serve people living in the most vulnerable communities, the underinsured, and the uninsured with joy, care & respect. ■

Responding to a Complaint Against Your License

Essay by Nurse Disciplined by the Board

RECOGNITION OF MISJUDGMENT

During employment with [REDACTED], my position of employment was one created to assist the Medicaid population who are in need of either Personal Care Aide or Day Program services. I was mandated to visit our beneficiaries either at their home or location of day program depending on the type of assessment needed. In many circumstances, several measures had to be taken in order to contact the individuals for an appointment date and time. Due to the individual's other obligations or home/family life, this often proves difficult. It is always the expectation that the beneficiary should be convenienced in these circumstances, as their medical conditions and impairments often already prove as inconveniences in their daily life. On rare occasions, beneficiaries are unable to be reached at all due to residence changes, spontaneous hospital admissions, or disconnected telephone lines. Unfortunately, these selective beneficiaries often go without the necessary services they require due to these obstacles. It is disheartening to imagine beneficiaries without the proper advocacy and resources they need to get by on a daily basis.

On a particular case involving an elderly woman, I was tasked with the renewal of her day program services. The woman lived alone and displayed anxiety in regards to meeting with myself despite being educated on the requirements for renewal. Appointments were scheduled with this writer on a couple of occasions yet upon arrival to the arranged location, the beneficiary was absent. When questioned by this writer regarding what obstacles she had making these appointments, she responded vaguely and instead scheduled a future appointment which again was missed. On the day in question, I arrived at the current day program location as discussed with the beneficiary. I was met at the door by the facility nursing staff who reported all the program attendants went on a field trip and would not return until the close of the business day. I asked whether I could view the beneficiary's file and the nurse obliged my request. I explained my dilemma to the staff member and she assured me that the beneficiary was doing well in her program and is usually eager to interact with staff. I took notes on the file provided and later discussed this with the beneficiary that evening. I documented my assessment and corresponding assignments as expected with all cases and submitted them to my superiors.

I am fully aware that I exercised poor judgment in an attempt to serve a client utilizing Medicaid services; I was

CONDITIONS OF DISCIPLINE: PATHWAY TO POSITIVE GROWTH

Learning that a Complaint has been filed with the Board of Nursing against one's license or certification can be daunting—even shocking—for a health professional. Responding to the Complaint and embarking on the discipline process can produce even greater concern and potential anxiety. However, like many things in life, discipline, while always undesirable, can—and, often does—result in positive growth for the Respondent, RN, LPN, or other health professional. Moreover, the experience of simply having to answer a Complaint (which may result in formal discipline) can yield and nurture a deeper appreciation of how one's actions may impact patients, clients, institutions—even society at large—as well as one's own license or certification.

What follows, below, is an essay written by a Respondent, nurse, as part of the disciplinary process: specifically, the essay was a condition of the Negotiated Settlement Agreement (mutual agreement wherein the nurse commits to the completion of certain Board-approved terms in place of further, public discipline) between this particular nurse and the Board. In this case, the actions taken by the Board of Nursing with regard to the Respondent, nurse, will remain private and the nurse's name will not be shared publicly. However, Board staff were impressed with the depth and thoughtfulness of the nurse's essay and wanted to share it with our readers.

Joanne C. Drozdoski, JD
Investigator
District of Columbia Board of Nursing

ordered by administrative staff to perform a face-to-face assessment in order to grant or deny approval for day program renewed services. However, after failed attempts to meet with the client I instead gained assessment information from phone conversations with the client in addition to records from the current day program staff. The beneficiary was conclusively delayed in services due to administrative investigation, prolonging her paperwork and causing further anxiety, unnecessarily.

Clinical decision making in nursing involves applying critical thinking skills to select the best available outcome for those served. Our duty as healthcare professionals is to remain accountable and address patients' needs in the provision of high quality care. Nurses are expected to be accountable for the quality, safety and effectiveness of their clinical decision making, ultimately responsible for duty of care. It is noted by this writer that the accountability in decision making also extends to the agencies and institutions which we are employed by. It is of dire importance that nurses be able to justify their actions at all times and while it was irresponsible to defy the rules of the foundation, I in turn attempted to act on behalf of the beneficiary by approving her renewal; I believed the patient's best interest was at stake. The use of clinical judgment in order to enable our clients to improve, recover or maintain their well being and quality of life is what we optimally want as professionals for our patients. I did not take into consideration the integrity of the foundation's reputation when acting, causing me to misrepresent both our team and mission.

Clinical practice is directly associated with risk reduction and the development of healthcare litigation, therefore placing a big emphasis on risk management for both the patients and health care staff. At the time of the incident, I only evaluated the risk which might occur for the beneficiary if her services were discontinued, I knew she lived alone and a change in habitual lifestyle might dismantle normalcy in her life. I've observed throughout my nursing career the importance of health holistically and the effects of sociological and psychological strain on overall health. In retrospect, I recognize that jeopardizing the integrity of the company could have put the program's funding and livelihood at risk.

As the board of nursing has requested, I fully take responsibility for my actions and admit my wrongdoings. It is my duty and oath to never take upon myself such decisions and conform to the policies and procedures set forth by the board and any future employers. I heavily appreciate the opportunity to redeem my wrongdoings and move forward in the most positive fashion in my career. Retrospectively analyzing the situation, I realize that my actions should have been better planned and consultation with managerial staff should have been implemented. As I progress to an elevated position in my career, I will use experiences such as this one to increase my awareness of patient's rights and outcomes. For future reference, I will utilize all resources as necessary when making critical decisions involving patient care. I will utilize ethics in the highest regard going forward and put forth my best practice in the years to come.

Anonymous

Licensure Actions: November 2017 – May 2018

The following is list of licensure actions taken between November 1, 2017 and May 30, 2018.
The full citation for disciplinary actions can be found on the DC Health website at **https://app.hpla.doh.dc.gov/Weblookup/**. Licensed nurses and health care facilities should report any actual or suspected unsafe practice to the Board of Nursing. **To submit a report to Compliance and Discipline:** Use the online complaint form at **https://doh.dc.gov/nod**; or send an email to **bon.dc@dc.gov**; or mail your complaint to DC Board of Nursing, DC Health, Health Regulation and Licensing Administration, 899 North Capitol Street NE, Washington, DC, 20002.

Licensee	Date of Action	Action	Violation
Faulkner, Howard	12/6/17	RN Suspended until appears before the Board.	Violation of Controlled Substance Act Unprofessional Conduct Failure to conform to the standards of acceptable and prevailing practice of a profession
Dent, Stacy	2/06/18	CNA Revoked	Dishonorable Conduct Committing an act of fraud
Kiddick, Clint	3/14/18	HHA Application Denied	Dishonorable Conduct Convicted of a crime of moral turpitude
Brown, Shauniece	3/18/18	TME Revoked	Dishonorable Conduct Committing an act of fraud
Deborah Morrison	5/24/18	RN Revokes	Dishonorable Conduct Committing an act of fraud Failure to conform to the standards of acceptable and prevailing practice of a profession

Board of Nursing Options for Disciplinary Actions

(1) Deny a license, registration, or certification to any applicant or an application to establish a school of nursing or nursing program;
(2) Revoke or suspend the license, registration, or certification of any licensee, registrant, or person certified or withdraw approval of a school of nursing or nursing program;
"Revocation" means termination of the right to practice a health profession and loss of licensure, registration, or certification for 5 years or more.
"Suspension" means termination of the right to practice a health profession for a specified period of time of less than 5 years or until such time that the specified conditions in an order are satisfied.
(3) Revoke or suspend the privilege to practice in the District of any person permitted by this subchapter to practice in the District;
(4) Reprimand any licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;
(5) Impose a civil fine not to exceed $ 5,000 for each violation by an applicant, licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;
(6) Require a course of remediation, approved by the board, which may include:
(A) Therapy or treatment;
(B) Retraining;
(C) Require participation in continuing education and essay.
(7) Require a period of probation; or
(8) Issue a cease and desist order pursuant to § 3-1205.16.

Source: District of Columbia Health Occupations Revision Act (HORA) ■

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