

# NURSE

REGULATION EDUCATION PRACTICE



## DC Nurse is "Going Green"



Government of the  
District of Columbia  
Vincent C. Gray, Mayor



- Expansion of Renewal Period for Nurses
- Three Phases of the Licensure Renewal Process





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# DISTRICT of COLUMBIA NURSE

Edition 41

**DIRECTOR, DEPARTMENT OF HEALTH**  
JOXEL GARCIA, MD, MBA

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Address Change? Name Change? Question?

In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank you.

**DC BON Mission Statement:** "The mission of the Board of Nursing is to safeguard the public's health and well being by assuring safe quality care in the District of Columbia. This is achieved through the regulation of nursing practice and education programs; and by the licensure, registration and continuing education of nursing personnel."

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

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



# Message from the Chair

Welcome to the August edition of DC NURSE. Many exciting changes are happening that I would like to bring to your attention:

## GOING GREEN

DC NURSE is “Going Green”! As part of a Going Green initiative toward becoming more environmentally friendly, we will be mailing a reduced number of printed copies, in batches to locations such as health care facilities, community agencies and nursing programs. You will receive an electronic version of this publication that will be sent to your designated email address. You will no longer receive this publication at home—so **please be sure we have your current email address.**

## RENEWAL PERIOD BEGINS IN JANUARY

Please take note of the short article on page 5—the Board has approved the expansion of the licensure period for nurses. The licensure period will be expanded (for RNs and LPNs) and will now **begin on January 1st and end on June 30<sup>th</sup>**. Licensees will have an additional 3 months to renew.

## NAP NEWS

I would like to draw your attention to our new DC NURSE column, “NAP NEWS!”. NAP NEWS! will focus on issues of particular interest to Nursing Assistive Personnel (NAPs), their employers, supervising nurses and training programs. The Board currently regulates NAPs who are Trained Medication Employees

(TMEs) and Home Health Aides (HHAs)/ Personal Care Aides (PCAs). In the coming months, regulations will be issued

for: Certified Nursing Assistants (CNAs); Patient Care Technicians (PCTs); Medication Aides (MA-C); and Dialysis Technicians (DTs).

We are pleased to welcome our NAP readers, and hope to foster an open line of communication so that NAPs and their employers are clear about their role in health care delivery in the District of Columbia, and aware of the requirements that these new regulations will outline.



Cathy Borris-Hale, RN, MHA, BSN

## CRIMINAL BACKGROUND CHECK 2015

Be aware that the time has come for the quadrennial criminal background check (fingerprint) process mandated by DC law for DC health care professionals. All health professionals licensed in the District Columbia are required to obtain a fingerprint-based criminal background check every four (4) years per District of Columbia Municipal Regulation Title 17 § 8501.5.

**In order to maintain an active license**, you are required to be fingerprinted again and to obtain a new criminal background check within four (4) years from the date of your previous background check.

To complete your criminal background check, please contact MorphoTrust at <http://www.l1enrollment.com> or (877) 783-4187 to schedule your live-scan (fingerprinting) Failure to complete the background check can result in loss of licensure status.

## A PROUD TRADITION

Please continue to read DC NURSE and share the information that it provides with your colleagues.

As nurses in the District, we are part of a wonderful tradition of service. As Councilmember Yvette Alexander has noted (see page 24): “Nurses are the frontline and the backbone of health outcomes in this city.”

We are a vital part of this city, and it is up to us to ensure that excellence in nursing remains our mission and our goal. ■

Cathy Borris-Hale, RN, MHA, BSN  
Chairperson, DC Board of Nursing

## DC NURSE IS “GOING GREEN”!

The magazine will be emailed to licensees, so please be sure we have your current email address. Send your updated email address to [Angela.Braxton2@dc.gov](mailto:Angela.Braxton2@dc.gov). Also, if your facility is interested in receiving DC NURSE, please contact [gjones@pcipublishing.com](mailto:gjones@pcipublishing.com)

## Expansion Of Renewal Period For Licensed Nurses

**January 1st - June 30th**

The Board of Nursing has approved the expansion of the licensure period for its licensees. Traditionally, the licensure period for nurses has begun April 1st and ended June 30th.

Beginning 2015, the licensure period will be expanded and will begin January 1st and end June 30th (odd-numbered years for LPNs and even-numbered years for RN/APRNs). The

extended period will give licensees an additional 3 months to renew their license prior to the expiration of their license. ■

### Board of Nursing's 2014 Continuing Education (CE) Audit For Registered Nurses, Advanced Practice Registered Nurses

The Board of Nursing's Continuing Education (CE) Audit for RNs and APRNs began March 2014, prior to the 2014 renewal period. As of the date this publication went to press, we had not received a response to the Board's request from the persons listed below. **If your name appears on the list of RN/APRNs below, YOUR LICENSE WILL NOT BE RENEWED until you:**

- Provide documentation of meeting Continuing Education Requirements during the timeframe of July 1, 2012 – June 30, 2014; OR
- Complete the Negotiated Settlement Agreement that will be sent to the address on file.

CRUMBLY, IAN G	RN964453
EGWUAGU-NDUBISI, CHINWE N. NP	RN56166
ENO, BRENDA E	RN1016390
FERRARA, ANDREA L.	RN963856
IMPERIO, AIDA A	RN56691
KENSIE, WENDY L	RN36456
SAL, STEPHANIE T.	RN1007173
SPRAGGINS, CRYSTAL N	RN1015759

If you have any questions or need additional information, please feel free to send an email to [Bonita.Jenkins@dc.gov](mailto:Bonita.Jenkins@dc.gov). ■

### Speakers Wanted! Board of Nursing Speakers Bureau

Do you love to share your knowledge of nursing and healthcare? Are you an RN or Healthcare Professional with excellent speaking skills and knowledgeable in any of the topics below?

*Continuing Education topics:*

- Faculty Development
- Risk Management
- Wound Care
- RN Physical Assessment - Update
- Professional Ethics
- Patient Safety and Quality
- Delegation
- Preventing Patient Abuse

Join our Speakers Bureau for Board-sponsored continuing education programs. Please email your resume/CV to Dr. Bonita Jenkins at [bonita.jenkins@dc.gov](mailto:bonita.jenkins@dc.gov). ■

# HRLA's Pharmaceutical Control Division Launches Prescription Fraud Reporting Website

In an effort to tackle prescription drug abuse, the DC Department of Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD) has developed and launched a website for 'Prescription Fraud Reporting' - to report lost, stolen, and fraudulent prescriptions (website: <http://doh.dc.gov/page/prescription-fraud-reporting>). This method will provide an accessible way for licensed practitioners and pharmacies to notify HRLA of incidents of fraudulent prescriptions. The HRLA website includes links to documents to report fraudulent prescriptions, tips for safeguarding prescriptions and helpful resources for prescribers, pharmacists and other health care professionals. This brings us one step closer to tackling a pervasive public health problem. The link can be found on the HRLA/Pharmaceutical Control Division website (<http://doh.dc.gov/pcd>) or you may access it directly at <http://doh.dc.gov/page/prescription-fraud-reporting>

Prescription drug abuse has risen to historic high levels across the United States, and this includes the District of Columbia. With this rise come many methods of obtaining prescription drugs for abuse. Some of these drugs are obtained legally for a legitimate purpose, and then used in a manner inconsistent with the intended purpose. This method for abuse of prescription drugs is not something that can be easily controlled. The other method of obtaining prescription drugs for abuse is through diversion by theft or fraud, which can be controlled to some degree.

In an effort to track, monitor, and curtail prescription fraud, the District of Columbia Department of Health, Pharmaceutical Control Division (PCD) has developed a method for reporting lost, stolen, and fraudulent prescriptions. This method will provide a convenient way for licensed practitioners and pharmacies to notify PCD of those incidents of fraudulent prescriptions.

**The HRLA website includes links to documents to report fraudulent prescriptions, tips for safeguarding prescriptions and helpful resources for prescribers, pharmacists and other health care professionals**

The website includes links to documents to report fraudulent prescriptions, tips for safeguarding prescriptions and helpful resources for prescribers, pharmacists and other health care professionals.

The link can be found on the Pharmaceutical Control Division website (<http://doh.dc.gov/pcd>) or you may access it directly at <http://doh.dc.gov/page/prescription-fraud-reporting>



### **HRLA DEPUTY DIRECTOR SALUTES NURSING**

Health Regulation and Licensing Administration (HRLA) Senior Deputy Director Rikin Mehta, PharmD, JD, LLM, (center) salutes nursing during 2014 National Nurses Week by meeting with nurses of the administration to convey his gratitude for their dedicated service to the DOH and their dedication to protecting the public.

# 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. The Board often receives multiple inquiries regarding the same topic. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

## CNA CEUs

**Q:** A nursing assistant terminated from our organization came to my office yesterday to sign her nursing assistant certification renewal form. The problem is she has not completed the number of hours she needs for her CEUs: she has 2 CEUs, not the required 12 hours of CEUs. I am therefore reluctant to sign the form. Please advise me as to what I need to communicate to this nursing assistant.

**A:** Advise her to complete the required ACEUs/in-service requirements. CNAs are required to complete 12 CEUs or In-service hours each year.

Here is a link to the website which lists continuing education courses for CNAs. They can now go to CE Broker to select continuing education courses (to access go to [www.cebroke.com](http://www.cebroke.com)—click "Course Search"; select "Regulating Entity" – DC Department of Health; "Select profession" –CNA).

## HHA CBC

**Q:** We require all Home Health Aides to get a police clearance every year. As you already know, they now get a background check done by MorphoTrust. Many aides have questioned why they still need to do the police clearance since they now get cleared through the background check.

**A:** Background checks (fingerprinting) are not required for certification every year, but if an employer wants their personnel to have a yearly police clearance they can do so. Background checks are currently required every 4 years for the purpose of certification.

## HHA EXAM TRANSLATION

**Q:** Is the DC Home Health Aide Board Exam offered in Spanish?

**A:** Yes, the HHA examination is now offered in Spanish. It is offered as an oral examination.

## HHA BRIDGE FOR MARYLAND CNAs

**Q:** Are Maryland CNAs eligible to take the Bridge Program to Home Health Aide?

**A:** Maryland CNAs are eligible to take the HHA Bridge Course and take the HHA examination.

The "HHA Bridge" course provides CNAs with content focusing on the role and specific skills needed for HHA to provide care in the home-setting. (Please note: A "CNA Bridge" Course is offered to HHA focusing on the role and specific skills needed to provide care in a long term care setting.)

Maryland CNAs (persons who have not taken and passed the nursing assistant certification examination) would be required to take both the skills and written HHA examination. Maryland GNA (persons who have passed the nursing assistant certification examination) will only be required to take the written HHA examination.

## HHA EXAM PROCESS

**Q:** How will the written HHA exam be scheduled?

**A:** Both written and skills testing will be scheduled at the same time. Persons interested may contact the Red Cross at (888) 399-7729. The applicant will be given test taking instructions.

**Q:** Can you tell me what the process will be? I assume the student must pass the skills exam and then goes on to take the written exam. Is this correct?

**A:** Both written and skills tests are given during the same day. The student takes the written exam and then the skills exam. Once they complete both, they are informed whether or not they passed.

## HHA CERTIFICATION PROCESS

**Q:** On-going, what is the process once our students complete the course? In the past they first applied to the Board, and once their applications were accepted, they would receive a letter from the Board and then we would schedule the exam and fingerprinting. Will this change with the new process?

**A:** This process was changed in July 2014. The applicant will not apply to the Board for certification until they pass the HHA examination. They will submit their exam application to the Red Cross. Once they pass the examination they will submit their application to the Board for certification and get fingerprinted.

## HHA's TRAVELING WITH CLIENTS

**Q:** We had no idea Home Health Aides were not allowed to travel to Maryland. The entire medical team is at Johns Hopkins. There has to be something I am missing.

**A:** As long as the trip out of the District is for a medical appointment, the aide can accompany the client. This is the position of the

**Continued on page 8**



Continued from page 7

Department of Health Care Finance. In addition, the Maryland Board of Nursing does permit CNAs, LPNs, and RNs to escort patients from another state to medical appointments in Maryland.

## HHA AGENCY EXAM PAYMENTS

**Q:** We have collected fees upfront to cover the cost of the exam, Board certification, and fingerprinting. Is there any way that we can use our company's credit card to pay for the testing? It will be a nightmare for our finance person to have to cut individual checks for the students that are waiting to be tested.

**A:** You would need to contact PearsonVUE at (888) 274-6060 and request vouchers. You can pay for as many students as you like using a credit card. You will give the student the voucher to submit to the Red Cross when they apply for testing.

## TMEs IN THE COMMUNITY

**Q:** My nurses and DON are saying that a TME cannot carry medications around and dispense in the community. I do not see why meds, packed by the pharmacy in whatever form necessary (and in a locked container if necessary) cannot accompany the person into the community then a TME dispenses. Clearly this has to be done on a daily basis, based on the attendance of the person to the community program. I know there are others providing community-based day services, and TMEs are dispensing meds.

**A:** TMEs can administer medications to Department on Disability Services clients in a community setting, given the parameters you have described; the medication must be properly labeled for the client and packaged.

## RN ABILITY TO PERFORM

**Q:** I just renewed my DC license online. I replied "Yes" to the question about a physical condition that, if not treated, could impair my ability to perform my job. I have

Type 1 diabetes, insulin dependent. If I do not receive insulin, I die. That would impair my ability to function as a nurse. I have had diabetes for 42 years. I am a diabetes educator and nursing supervisor. I wear an insulin pump. My last A1C was 7.1%. I see an endocrinologist regularly. Please contact me directly if this affects my ability to renew my license.

**A:** We appreciate your candid response. The answer is: No. Your medical condition *does not* impact your license renewal.

## APRN LICENSE REQUIRED

**Q:** When an APRN applies for an APRN position, is it the responsibility of the applicant or the employer to know that practicing in DC requires an APRN license?

**A:** They both should know. A nurse should know that they have to be licensed in the jurisdiction in which they work in order to practice. Likewise, the facility, especially human resources, should know the licensure requirements. Both can be penalized—the nurse for practicing without a license and the facility for allowing the nurse to work before being licensed.

## LICENSES IN PERSONNEL FILES

**Q:** Do long-term care surveyors require that we have a copy of a license, with a picture on it, in our personnel records?

**A:** The Department of Health's Health Regulation and Licensing Administration Health Care Facilities Division has not required or cited any provider for not having copies of original licenses with pictures since the automation of licenses on the DOH website, [www.doh.dc.gov](http://www.doh.dc.gov). The employer has the option of maintaining the printed document of an individual's license verification from the DOH website or a copy of the original. Most importantly, the facility must have its own policies and procedures for personnel record practices. The surveyors will verify

compliance with the facility's policies and procedures. If your policy is more stringent, the surveyors will follow that practice for their review.

## STATS

**Q:** Can you tell me the number of RNs and LPNs licensed in DC and the number living in DC?

**A:**

Active RNs	23,600
RNs with DC addresses	2,600
Active LPNs	2,800
LPNs with DC addresses	450

## APPLICATION PROCESS

**Q:** I would like to share my experiences and frustrations related to attempting to obtain a nursing license in the District of Columbia. The employees in the Health Professions Licensing Administration found my concerns to be amusing or apathy-inducing, although I found them to be neither.

For whatever reason, the District of Columbia does not participate in the Nursing Licensure Compact, although both Virginia and Maryland do. That means that the angst I went through to get those licenses does not facilitate my obtaining a license to practice in the District. I had to pay an additional \$30 to have my licenses verified again through [nursys.com](http://nursys.com), and said verification sent to the Health Professions Licensing Administration. Another \$50 to the American Nurses Credentialing Center to verify my advanced practice certification verified and an email sent to [Board staff members] [nicole.scott@dc.gov](mailto:nicole.scott@dc.gov) and [melondy.franklin@dc.gov](mailto:melondy.franklin@dc.gov). An additional \$375 to APPLY for licensure in the District of Columbia. If that is not enough, and from my perspective, it is, there is the inane situation that has been devised for the criminal background check.

I completely understand the need to protect the public from incompetent and



unscrupulous healthcare providers. In fact, I endorse that laudable goal. The Health Professions Licensing Administration, however, has designed a system that has less to do with protecting the public and more to do with seeing how adept healthcare providers are at jumping over hurdles. The criminal background check can be accomplished in one of three ways - go through a proprietary agency that has offices in Baltimore or Hagerstown, that are only open Monday through Friday, 9a - 3p and charge \$50; go to an office of the Metropolitan Police Department that is open Monday through Friday, 9a - 5p, or send a notarized letter (which, of course, requires taking time away from work to go to a notary) to the Metropolitan Police Department and wait 6 weeks. The common theme here is that if one works during the week, as I do, the only way to have a criminal background clearance completed is to take time off from work. This would not be quite so irritating had I not already had two FBI criminal background checks completed in the past 20 months, once for my position in the federal government, and once for my Maryland nursing license. Maryland also uses a proprietary company to mediate their FBI criminal background checks, that also has offices across the country, but is not the same one that the District of Columbia uses, and neither jurisdiction will accept the other's clearance, although they are both FBI clearances obtained by

proprietary entities.

If the District of Columbia has enough nurses that they do not need applicants from other states, great. The District fortunate indeed, as just about every place else is experiencing a nursing shortage. If, on the other hand, the District is actually interested in employing nurses and advanced practice nurses who are licensed in other jurisdictions, you may want to consider some commonsense revisions to the process of obtaining a license. Participating in the nursing licensure compact would be a good start. Contracting with a criminal background clearance agency that is user-friendly is another possibility. Accepting documentation from other proprietary background clearance agencies is yet another option.

In the meantime, I'm not going to be acting on that job offer in the District of Columbia for quite some time. I have to accrue some more vacation time that I am willing to use for the purpose of either tracking down a notary or taking a day trip to MPDC headquarters.

**A**: Thank you for taking the time to share your experiences with our application process. While my clarification of the process will not make it any easier. I would like to explain our licensure process and the reason for our requirements. First, why isn't DC part of the licensure compact? DC is unable to be a member

of the compact because of the "licensure where you live" requirement. Of DC's 20,000 RN/APRNs, a little over 2,000 live in DC. We would lose revenue from 18,000 licensee but still be required to maintain the same board functions. We cannot afford that monetary loss. But, the Board has been working with other boards of nursing to find a viable option.

Licensure verification is available for the board to whom you have submitted an application. It is therefore required each time you apply to a board for initial licensure. The same is true for APRN certification, it needs to be verified by our Board. We don't have access to information that has been provided to another board.

Criminal background check information can only be shared with the agency/board requesting the information. Even though you have had previous CBCs the results cannot be made available to others.

While I do understand that this explanation does not make the process any easier, I do want you to know that the licensure requirements are not arbitrary.

Readers, please see "BON Licensure Application Process" on page 10. ■

**Correction:** In our April 2014 issue, we incorrectly spelled the name of physician Jehan El-Bayoumi, MD. We apologize to Dr. El-Bayoumi for this error.

## **BOARD OF NURSING MEETINGS** *Members of the public are invited to attend...*

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

**Time:**  
9:30 a.m - 11:30 a.m.

**Location:**  
2nd Floor Board Room  
899 North Capitol St NE  
Washington, D.C. 20002

**Transportation:**  
Closest Metro station is Union Station.

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

**September 4, 2014**

**November 6, 2014**

**January 7, 2015**

**March 4, 2015**

**\*Please note new schedule**



## BOARD OF NURSING LICENSURE APPLICATION PROCESS FOR NURSES (LPNs, RNs, APRNs) AND NURSING ASSISTIVE PERSONNEL (NAPs)

### IMPORTANT INFORMATION

- **TIMEFRAME:** The application process has **THREE PHASES** and may take **30 to 45 days**.
- **EMAIL:** Provide **CURRENT EMAIL** to facilitate correspondence.
- **RESPOND:** Applications may be closed or referred to the Board if requested information is not received.
- **DEADLINE:** Incomplete applications may be closed **120 DAYS** after submission.
- **MISSING DOCUMENTS:** To see if any “missing documents” are causing a delay, check application status at: <https://app.hpla.doh.dc.gov/mylicense/>
- **NON-REFUNDABLE:** Licensure fees are **NOT REFUNDABLE** for any reason after applications are closed.

### HLRA PROCESSING UNIT REVIEW (FIRST PHASE)

Before the Board of Nursing receives applications, they go to the HRLA Processing Unit. The Processing Unit will not forward applications to the Board until they have received:

1. A completed application form
2. All required supporting information (e.g. NURSYS Verification; Official Transcript; CFGNS Certification)
3. Two (2) Passport sized photos
4. Fees (made payable to DC Treasurer)
5. Criminal Background Check results (completed by MorphoTrust)

WHEN ALL OF THESE DOCUMENTS HAVE BEEN RECEIVED, the application is entered into the system as **“COMPLETE” FOR THE FIRST PHASE ONLY** and will be sent to a Board Health Licensing Specialist (**HLS**).

### BOARD HEALTH LICENSING SPECIALIST (HLS) REVIEW (SECOND PHASE)

The HLS will conduct a detailed review of the application and documents received. If further information or documents are necessary, the HLS will contact the applicant. **WHEN THE SECOND PHASE IS COMPLETE**, the HLS may:

1. **Approve the application:** HLS determines that the applicant meets the criteria and approves the application. “Active” status will be online at <http://app.hpla.doh.dc.gov/weblookup/> and the license /certificate will be **mailed within 8-10 business days, OR**
2. **Ask the applicant to submit additional documents** (e.g. court papers; IRS acknowledgment of debt paid or approved payment schedule), **OR**
3. **Refer the application to the Board:** HLS refers applications to the Board of Nursing if HLS determines that the application does not meet the requirements for licensure/certification.

### BOARD OF NURSING MEMBERS REVIEW AND DECISION (THIRD PHASE)

Applications may not be approved for licensure or certification due to:

1. Results of **criminal background check**,
2. Termination from employment due to **unsafe practice**, and/or
3. **Discipline** by another board.

**WHEN THE HLS REFERS APPLICATIONS TO THE BOARD**, it may ask the applicant to:

1. **Appear in person before the Board** to provide relevant information.
2. **Withdraw their application/or deny licensure.** The applicant will be notified regarding the request for withdrawal or denial of licensure/certification. **QUESTIONS? EMAIL HLRA CUSTOMER SERVICE AT:** [hrla.doh@dc.gov](mailto:hrla.doh@dc.gov)

## Substance Use Disorder in Nursing

from The National Council of State Boards of Nursing (NCSBN) (<https://www.ncsbn.org/2106.htm>)

Substance Use Disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, legal drugs or illegal drugs. Substance Use Disorder can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender. It is a progressive and chronic disease, but also one that can be successfully treated.

Nurses who abuse substances pose a unique challenge to the nursing profession. The behavior that results from this disease has far-reaching and negative effects, not only on the nurses themselves, but also upon the patients who depend on the nurse for safe, competent care. Substance Use Disorder among health care providers also creates significant legal and ethical responsibilities for colleagues who work with these individuals.

Prior to the 1980's, nurses were often fired by employers and/or disciplined by the board of nursing when evidence of substance use became apparent. Non-disciplinary programs, offering an alternative to traditional discipline, are now used by a growing number of state boards of nursing. These programs provide the nurse with rapid involvement in a rehabilitation or

treatment program and remove the nurse from providing care until safety to practice can be established and confirmed.

When treatment for nurses is individually tailored to meet their needs and an appropriate supportive monitoring system is in place, then nurses can recover and return to practice safely. An extensive body of scientific evidence demonstrates that approaching substance use disorders as treatable illness is extremely effective for the individual using substances, as well as for society.

For information regarding substance abuse in the workplace please access NCSBN's new "Substance Use Disorder in Nursing" video at <https://www.ncsbn.org/2106.htm>. You will also find the resource materials listed below at this site. Please be reminded that the Board of Nursing's Committee on Impaired Nurses (COIN) is always available to offer an educational program focusing on unsafe practice due to substance abuse and/or mental illness at your facility. If you would like COIN to speak at your facility, contact us at (202) 724-8870. ■

### ONLINE RESOURCES:

Substance Use Disorder in Nursing Video: <https://www.ncsbn.org/2106.htm#video>

Related Online Courses: <https://www.ncsbn.org/2106.htm#courses>

Related Journal of Nursing Regulation articles: <https://www.ncsbn.org/2106.htm#jnr>

Substance User Disorder in Nursing Manual: <https://www.ncsbn.org/2106.htm#manual>

## DRUG HARM REDUCTION STRATEGIES

Deaths from drug overdose have steadily risen in the U.S. over the past 20 years. Policymakers continue to take action across the country to address this health care crisis. Vermont Governor Peter Shumlin devoted his entire State of the State address to heroin and opiate drug addiction, advocating that the state build appropriate and coordinated

treatment, criminal justice and prevention strategies.

A number of states are adopting harm reduction strategies to combat this crisis. Harm reduction laws generally fall within two categories. The first category addresses increasing access to the anti-overdose drug, Naloxone, an agent that counteracts the effects

of heroin or opiates and helps prevent overdose deaths. The second category of laws, known as Good Samaritan laws, address fear of criminal repercussions or civil liability for bystanders assisting overdose victims.

Information on harm reduction: <http://knowledgecenter.csg.org/kc/system/files/OverdoseDeaths.pdf> ■



# NAP NEWS!

## Nursing Assistive Personnel

The DC Board of Nursing currently regulates Trained Medication Employees (TMEs) and Home Health Aides/Personnel Care Aides. In the coming months, regulations will be issued for Certified Nursing Assistants (CNAs); Patient Care Technicians (PCTs); Medication Aides (MA-C); and Dialysis Technicians (DTs). "NAP NEWS!" will be a new feature for DC NURSE, with a focus on issues of particular interest to NAPs, their employers, supervising nurses and training programs. We welcome our NAP readers.

### 2015 RENEWALS

Please be reminded that TME and HHA certifications expire October 30, 2015. The Board of Nursing requires that NAPs complete 12 continuing education or in-service hours per year (24 hours per renewal period).

### HOME HEALTH AIDE CERTIFICATION APPLICATION

There is a new process for persons applying for HHA certification by examination.

The District of Columbia Department of Health, Health Regulation and Licensing Administration, has contracted with Pearson VUE®, a nationally recognized leading provider of assessment services to regulatory agencies and national associations, to develop, score,

and report the results of the NNAAP/HHA Examination to the DC Board of Nursing. The American Red Cross (ARC) will be working with Pearson VUE to schedule and administer the NNAAP Examination. DC is only the second jurisdiction to offer this examination to HHAs.

HHA applicants completing a training program will now apply to the Red Cross upon completion of their training program. Applicants will be required to pass a skills and written examination. Once the HHA examination is passed, applicants will apply to the Board for certification.

Passing the NNAAP examination will give HHAs, as well as CNAs, more options. Once the skills and written examinations have been passed, persons will be able to add an additional certification to become a CNA or HHA by taking a HHA or CNA bridge course and passing the written examination.

Bridge courses provide additional training focused specifically on the role of the CNA or HHA. Persons completing the CNA training can complete an HHA bridge course, and HHAs can complete a CNA bridge course. Passing both examinations will allow persons to practice in a nursing home as a CNA and in a home-setting as an HHA.

Persons taking a bridge course will not have to re-take the skills examination if passed previously; they will only be required to take the written examination. ■



## THE WASHINGTON HOME & COMMUNITY HOSPICES

125 Caring Years

The Washington Home & Community Hospices has a rich heritage for compassionate care that is deeply rooted in the community. Located in Northwest DC, its mission is to provide exceptional healthcare with compassion and innovation while fostering dignity and independence in those served.

### Community Hospices Positions Available

#### Registered Nurse-Inpatient Unit

We are currently seeking a Registered Nurse-IPU to plan, organize, and direct hospice patient care and who is experienced in nursing with emphasis on hospice, community health and education of patients/caregivers. The professional nurse builds from the resource of the IDT, patient/caregivers, and the community in order to plan and direct services to meet the needs of individual and families within their homes and communities.

To qualify, candidate must be a graduate of an accredited school of nursing with 1-2 years of recent acute care experience in an institutional, hospice or home health setting. Bachelor's degree preferred. Must hold current licensure in DC. This position is also required to maintain or acquire Hospice Nurse Certification within 2 years.

#### RN Clinician Liaison

We are currently seeking an experienced Clinical Liaison to coordinate smooth entry into our hospice service system. This position meets with families referred within assigned facilities to explain care delivery and collaborates with discharge planners and physicians for the entry of patients into hospice.

To qualify, candidate must possess a Bachelor's degree or equivalent work experience. BSN or degree in other health related field preferred required in the region assigned if discipline warrants. Previous experience in hospice, home health, healthcare sales or marketing and clinical experience desired. At least 1 year hospice experience is preferred. Additionally, a current driver's license and automobile insurance is required.

We offer a competitive compensation package and a friendly, professional work environment. To learn more, please send your resume to: [recruiter@thewashingtonhome.org](mailto:recruiter@thewashingtonhome.org), fax: (202)895-0133. EOE

[www.communityhospices.org](http://www.communityhospices.org)

# NAP NEWS!

## Nursing Assistive Personnel Advisory Committee

The Board is establishing an NAP Advisory Committee to provide advice regarding regulatory, educational and disciplinary issues. Persons interested in serving on this committee must submit their application no later than **September 15, 2014**. See application on page 14 of this publication and on the HRLA website: [www.hrla.doh.dc.gov](http://www.hrla.doh.dc.gov).

### The charge of the NAP Committee will be to:

- Provide advice regarding regulatory requirements
- Recommend NAP in-service/continuing education needs
- Provide advice regarding training programs
- Provide advice regarding disciplinary options

### The NAP Committee Composition will include:

- Chairperson: Board of Nursing Member (1)
- Member: NAPs (5)
- NAP Educator (1)
- RN/LPN (2)

### The following positions are available:

- Certified Nursing Assistant (1): Currently working in a DC Long Term Care facility
- Dialysis Technician (1): Currently working in a DC Dialysis Center
- Medication Aide (1): Currently administering medications in a DC facility
- Patient Care Technician (1): Currently working in a DC acute care facility
- RN or LPN educator (1): Currently teaching or administering a NAP Program
- RN or LPN (2): Currently supervising the practice of NAPs

### The frequency of meetings:

The committee will be called upon to meet on an ad hoc (as needed) basis.

### The terms of committee membership are as follows:

- Committee members will be appointed by the Board
- Length of term will be 2 (two) years or until a replacement is appointed

### Applicants must submit the following documents:

- Application (Incomplete applications will not be considered)
- Letter of recommendation and support from your supervisor
- RN/LPN applicants attach your resume

### Send to the attention of:

Angela Braxton  
DC Board of Nursing  
899 North Capitol Street, NE  
Washington, DC 20002  
[Angela.Braxton2@dc.gov](mailto:Angela.Braxton2@dc.gov)

Deadline date for submission: **September 15, 2014** ■

*Ninth Annual* **NURSING CONTINUING EDUCATION**  
*Cruise*

April 12-19, 2015

**ThinkNurse.com**  
**CE NURSING CRUISE**  
**ThinkNurse.com**

**Carnival.**  
The Fun Ships.®

Day	Port	Arrive	Depart
Sun	New Orleans, LA		4:00 PM
Mon	Fun Day At Sea		
Tue	Cozumel, Mexico	8:00 AM	6:00 PM
Wed	Belize	8:00 AM	5:00 PM
Thu	Mahogany Bay, Isla Roatan	9:00 AM	5:00 PM
Fri	Fun Day At Sea		
Sat	Fun Day At Sea		
Sun	New Orleans, LA	8:00 AM	

### Who says Continuing Education can't be fun?

Join ThinkNurse and Poe Travel for our 9th Annual CE Cruise. Cruise the Caribbean on Carnival's Dream while you earn your annual CE credits and write the trip off on your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at only \$838 per person (not including airfare to New Orleans) A \$250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

South Central Accreditation Program (SCAP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**For more information about the cruise and the curriculum (to be determined by Aug. 30, 2014) please log on to our Web site at [ThinkNurse.com](http://ThinkNurse.com) or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.**

**POE TRAVEL**

# Regulation



**Government of the District of Columbia**  
**Department of Health**  
**Board of Nursing**



**Application for Appointment to Board of Nursing**  
**NURSING ASSISTIVE PERSONNEL ADVISORY COMMITTEE**

Title:  Mr.  Ms.  Mrs.

Name: (First, Middle, Last)			
Home Address:		Work Address:	
Home Phone:		Current Employer:	
Cell Phone:		Work Phone:	
Email:		Secondary Email:	
Date of Birth:			
DC License/Certification Type and Number:			

**Education and General Qualifications**

Level	Name of School	Location (City, State)	Degree(s)	Graduation Year	Major Course of Study
High School/GED					
College/Other					
Graduate					

**Declarations**

Do you live in the District of Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a current employee of the DC government? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a professional/occupational license/certification revoked or suspended as a result of disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything in your background that could be an embarrassment were it to become public? <input type="checkbox"/> Yes <input type="checkbox"/> No
In space provided, please specify your interest in serving on this committee: <hr/> <hr/> <hr/> <hr/> <hr/>	
In space provided, please specify years of experience and how your experience can contribute to the work of this committee: <hr/> <hr/> <hr/> <hr/> <hr/>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Incomplete applications will not be considered**



# NAP NEWS! Focus on Education

**CHARGING A FEE FOR EDUCATIONAL COURSES:** Some Home Health Care agencies have been offering for-charge “In-services” to Home Health Aides. Agencies are only allowed to offer In-services (free of charge) to *their employees*. [Home Health agencies may NOT offer courses to other HHAs for a charge.](#) Agencies may contract with a school or instructor to teach these courses as Continuing Education programs. If an agency would like to offer a course for charge to any HHA, the agency must obtain Board approval via CE Broker – [www.cebroker.com](http://www.cebroker.com). (Please see CE Broker article on page 16.)

## DIFFERENTIATING CONTINUING EDUCATION FROM IN-SERVICE EDUCATION:

### CONTINUING EDUCATION (CE)

(1) **Definition:** “Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses’ contributions to quality health care and their pursuit of professional career goals” (Scope and Standards of Practice for Nursing Professional Development, ANA, 2000). Continuing education is not: basic skill training, competency training, local policy administrative procedures training, or update briefings.

### (2) Characteristics:

- (a) **Content:** Reflects current and emerging concepts, principles, practices, and/or nursing assistive information beyond that which is taught in NAP training program.
- (b) **Application:** Immediate or futuristic application in meeting

nursing practice needs or goals of the learner. Knowledge and skills may be utilized in a variety of practice and education settings.

- (c) **Examples:** Learning activities encompassing topics from the realms of clinical practice, administration, research, and education.

### IN-SERVICE EDUCATION

(1) **Definition:** “Learning experiences provided in the work setting for the purpose of assisting staff members in performing their assigned functions in that particular agency or institution” (Scope and Standards of Practice for Nursing Professional Development, ANA, 2000).

### (2) Characteristics:

- (a) **Content:** Reflects employer’s goals and service commitments; includes, but is not limited to, review of previously learned skills.
- (b) **Application:** Knowledge and skills are specific to a given employment setting and are immediately applicable to the learner.
- (c) **Examples:** Training in procedures such as Basic Life Support, operation of specific equipment, and standard operating policies and procedures for a particular institution or agency.

**NOTE:** To find approved CE courses, go to [www.cebroker.com](http://www.cebroker.com). Please note that contact hours cannot be awarded for in-service education activities. ■



**NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES**  
*The Spirit of Care \*\*\* The Heart of Nursing*

---

**The 65<sup>th</sup> Annual NFLPN Convention**  
**The Future of Nursing: Leading Change, Advancing Health**

**Will be held at the Anne Arundel Medical Center at the Belcher Pavilion**  
**7<sup>th</sup> Floor, 2001 Medical Pkwy, Annapolis, Maryland 21401**

**October 9 -10, 2014**  
**From: 8 am-5 pm**

**Educational Topics Include:**

**End of Life Care for Geriatrics**  
Sponsored by VITAS



**Mental Health First Aide**





	<b>Early Bird Rate</b> <small>(register on or before July 1, 2014)</small>	<b>Conference Rate</b> <small>(register on or after July 2, 2014)</small>
Member	\$275	\$325
Non-Member	\$375	\$425
Student Day Only	\$50(per person)	
Casino Night	\$30 (availability limited)	

**Please go to [NFLPN.org](http://NFLPN.org) to register**

# NAP NEWS! Focus on Education (continued)

### CE BROKER: CNA & HHA CE COURSES

The DC Board of Nursing has requested that Nursing Assistive Personnel (Certified Nursing Assistants and Home Health Aides) be able to use the course search function on the CE Broker website ([www.cebroke.com](http://www.cebroke.com)) to find acceptable continuing education courses.

Although CE Broker cannot yet be used to track CE for NAPs (providers will NOT be required to report course completions), NAPs will be able to use CE Broker as an easy way to find approved courses.

### CNAs and HHAs:

- Log-on to [www.cebroke.com](http://www.cebroke.com) to search for continuing education programs for nursing assistive personnel.

### Educational Providers:

- If you are interested in advertising your courses for DC

CNAs or HHAs, log into your provider account and click the link on your welcome page to apply to an additional Board. The DC Board of Nursing Assistive Personnel will be first in the list. Click the "Apply Now" button to begin registering. Once you are registered and approved, you can update your existing courses to include hours for DC professionals.

- Remember, **you will not have to report course completions** for the DC CNAs or HHAs who complete your courses; listing your course is just a way to assist these professionals with finding acceptable courses.
- If you have any questions about course content, please contact Bonita Jenkins at the DC Board of Nursing, at [202-724-8846](tel:202-724-8846). For questions about the application process or updating courses, please contact the CE Broker support center via chat, email at [support@cebroke.com](mailto:support@cebroke.com), or by calling toll free, [877-434-6323](tel:877-434-6323). ■



## THE WASHINGTON HOME & COMMUNITY HOSPICES

*125 Caring Years*

The Washington Home & Community Hospices has a rich heritage for compassionate care that is deeply rooted in the community. Located in Northwest DC, its mission is to provide exceptional healthcare with compassion and innovation while fostering dignity and independence in those served.

### RN House Supervisor

We are currently seeking a RN House Supervisor to assume responsibility for directing the clinical, operational and personnel activities of resident units.

To qualify, candidate must be a Registered Nurse with current licensure in DC and current CPR certification. Two years of continuous medical-surgical or geriatric nursing experience is preferred.

### Long-Term Staff Registered Nurses

Full, Part-Time, and Every Other Weekend Opportunities

We are currently seeking an experienced Registered Nurse to join our team in caring for our patients and residents. The position will be responsible for implementing and managing patient/resident care through the continuing life cycle and end of life care. The Staff RN is also responsible for implementing interventions and coordinating patient/resident activities and delegating those aspects of care which may be provided by others, providing total individualized patient/resident care.

Qualifications include graduation from an accredited school of nursing and current DC Registered Nurse licensure. CPR certification is required and medical/surgical and/or geriatric nursing experience highly preferred.

We offer a competitive compensation package and a friendly, professional work environment. To learn more, please send your resume to: [recruiter@thewashingtonhome.org](mailto:recruiter@thewashingtonhome.org), fax: (202)895-0133. EOE

[www.thewashingtonhome.org](http://www.thewashingtonhome.org)

## Home Health Agencies Prohibited From Directly Contacting Beneficiaries

The Department of Health Care Finance (DHCF) has a long-standing policy that prevents our managed care plans from directly marketing beneficiaries' who are assigned to competing plans. The health plans are free to generally advertise their services, but they are prohibited from directly contacting beneficiaries in other plans for recruitment purposes. [Effective May 20, 2014, this prohibition was extended to home health care providers as well.](#) There are a range of possible sanctions for violating this policy, including termination of the Medicaid provider agreement. This policy is posted to DHCF's website. Please inform all staff in your respective agencies, as well as the personal care aides in your employ, of this prohibition. (For more information, visit the DHCF webpage at <http://dhcf.dc.gov/>) ■

# DOH Director Speaks to Board about MERS

In June, DOH Director **Joxel Garcia, MD, MBA**, offered information to Board members about Middle East Respiratory Syndrome (MERS), a viral respiratory illness first reported in Saudi Arabia in 2012. MERS virus is spread through close contact with the infected. There was a surge of MERS cases in April 2014. Dr. Garcia noted that MERS differs from SARS—people with SARS may well be, but people with MERS are more sick and have a higher death rate.



## HEALTH CARE PROFESSIONALS AT RISK

EMS personnel and nurses are vulnerable to exposure via droplets from infected patients. Health care professionals must take precautions: “If we don’t prepare ourselves, we are going to be hurt more than anyone else,” Dr. Garcia said. “We have not yet hit the top” of MERS exposures.

## DC IS AN INTERNATIONAL CITY

The District is especially at risk because “this is an international city,” Dr. Garcia said. “We are an international community.” Ask your patient: Have you recently traveled to Saudi Arabia, Africa, or Asia? Some travelers are US-born; many of our Certified Nursing Assistants in the long-term care setting are immigrants.

At right are some tips from Dr. Garcia’s presentation.

## MERS

- Caused by a beta coronavirus MERS-CoV; camels are suspected to be the primary source of infection for humans
- Incubation period: 2 - 14 days. Patients are not contagious during the incubation period
- Period of infectivity: patients can shed the virus after resolution of symptoms, but the duration of infectivity is unknown
- 75% of the recently reported cases appear to be secondary cases
- 30% mortality rate
- Patients at high risk for severe MERS are those with diabetes, chronic lung disease, pre-existing renal failure, or immuno-compromised

## MERS Symptoms

The symptoms of this MERS-CoV are **similar to severe pneumonia**: sudden and serious respiratory illness with **fever, cough, and shortness of breath and breathing difficulties**. As of June 24, 2014, the World Health Organization (WHO) has reported 703 human cases, including 250 deaths (<http://www.phac-aspc.gc.ca/phn-asp/2013/ncoronavirus-eng.php>).

## Patient under investigation (PUI)

- Fever ( $\geq 38^{\circ}\text{C}$ ,  $100.4^{\circ}\text{F}$ ) and pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence);
- AND EITHER **history of travel** from countries in or near the Arabian Peninsula within 14 days before symptom onset; OR **close contact with a symptomatic traveler** who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula; OR is a member of a cluster of patients with severe acute respiratory illness of **unknown etiology** in which MERS-CoV is being evaluated, in consultation with state and local health departments.

## SARS Health Care Professional Protection

- N95 mask or equivalent
- Gown
- Gloves
- Eye protection
- Droplet precautions (hand-washing, masks, gowns and gloves) are effective in reducing the risk of infection after exposure to patients with SARS ■



## NCSBN News

**NEW ID POLICY:** NCSBN has a new ID policy for candidate admission to Pearson VUE test centers to improve the admission process while maintaining the highest level of security within the testing industry. All forms of identification listed below must be valid (non-expired) government-issued identification containing the following information:

- Name (in Roman characters)
- Photograph
- Signature.

Temporary identification (examples include limited term IDs and any ID reading “temp” or “temporary”) is only acceptable if it meets the required elements stated above.

**Domestic Test Centers** (PPCs - Pearson Professional Centers)

To gain access to the NCLEX, the candidate must present one form of acceptable identification (ID) that matches exactly the name they provided when registering.

The **only** acceptable forms of identification for domestic test centers are:

- Passport books and cards
- Driver’s license
- Provincial/Territorial or state identification card
- Permanent residence card
- Military identification card

**International Test Centers** (PPCs - Pearson Professional Centers)

To gain access to the NCLEX, the candidate must present one form of acceptable identification (ID) that matches exactly the name they provided when registering.

The only identifications acceptable for international test centers are:

- Passport books and cards

**2014 PASSING STANDARD:** The new PN test plan went into effect April 1, 2014. The test plan, available in a basic format, as well as detailed formats for candidates and educators, can be accessed on the NCLEX Test Plans page of [www.ncsbn.org](http://www.ncsbn.org).

In conjunction with the release of the new PN test plan, the new NCLEX-PN passing standard also went into effect on April 1, 2014. In December 2013, the NCSBN Board of Directors (BOD) re-evaluated the PN passing standard and determined that safe and effective entry-level licensed practical/vocational nurse (LPN/VN) practice requires a greater level of knowledge, skills, and abilities than was required in 2010. The passing standard has been revised from -0.27 to -0.21 logits. (A logit is defined as a unit of measurement to report relative

differences between candidate abilities estimates and item difficulties.)

### GRADUATE NURSE

**UNEMPLOYMENT:** A study published in the February issue of the American Journal of Nursing sought to compare the work lives of two cohorts of nurses, one cohort licensed in 2004-05 and the other in 2010-11. The 2010-11 cohort of nurses was less likely to work in hospitals, special care units and direct care settings, and was more likely to be enrolled in formal education program. Of this cohort, 68 percent applied for RN jobs before sitting for the NCLEX®, 46.1 percent was hired for their first RN job before sitting for the NCLEX and 15.2 percent worked on a temporary or provisional permit before taking the NCLEX.

The 2010-11 cohort tended to perceive their work environments in a positive light and expressed stronger job commitment. They also reported fewer job opportunities, were more likely to work part time, work a second job, and reported difficulty finding an entry-level RN job in their area. These nurses were less likely to have certain employee benefits, such as health care insurance or tuition reimbursement.

The study also exposed some concerns with patient safety, with 25 percent of the 2010-11 cohort noting that patient safety is, at times, sacrificed to get more work done; and 18.9 percent noting that patient safety problems exist on their nursing unit. These problems persist despite significant investment made by the government and health care industry in patient safety. These are merely a sampling of the study’s more extensive findings, which could have implications for workforce planning. ■



**The Director of Nursing** is primarily responsible for administering the nursing program in the clinic to maintain standards of patient care. This includes, but not limited to, advising medical staff, department heads, and administrators in matters related to nursing services; developing standards of care for nursing staff in relationship to DC and/or correctional health policies in collaboration with the Health Administrator, if applicable. Required Education/Required Training: Bachelor’s degree in Nursing/Masters preferred. Licensed or eligibility as RN in DC. CPR certification. Required Experience: Minimum of 5 years clinical experience with supervisory experience. Minimum of 5 years’ experience in acute care/ambulatory care. Experience working with underserved or homeless populations preferred. Also recruiting for RN’s and LPN’s. EOE

Apply online at  
[www.unityhealthcare.org](http://www.unityhealthcare.org)  
click on careers.

## PROFESSIONAL NURSING SCHOOLS

**Patricia McMullen, PhD, JD, CNS, CRNP,**  
Dean, Catholic University School of Nursing  
620 Michigan Avenue, N.E.  
Washington, DC 20017  
mcmullep@cua.edu  
PH: (202) 319-5400  
FAX: (202) 319-6485

**CONDITIONAL - RN Program**  
**FULL APPROVAL - APRN Program**

**Edilma L. Yearwood, PhD, PMHCNS-BC, FAAN**  
Interim Chair, Department of Nursing  
Georgetown University School of Nursing &  
Health Studies  
3700 Reservoir Road N.W.  
Washington, DC 20007  
ely2@georgetown.edu  
PH: (202) 687-3214

**RN Program. APRN Program.**  
**FULL APPROVAL**

**Tammi L. Damas, PhD, MBA, WHNP-BC, RN,**  
Associate Dean/Interim Chairperson  
Graduate Program  
Howard University College of Nursing  
2400 6th St. N.W.  
Washington, DC 20059  
tammi.damas@howard.edu  
PH: (202) 806-7456  
FAX: (202) 806-5958

**CONDITIONAL - RN Program**  
**FULL APPROVAL - APRN Program**

**Sandra Marshall, MSN, RN,**  
Interim Program Director of Nursing  
Radians College  
1025 Vermont Avenue, NW; Suite 200  
Washington, DC 20005  
smarshall@radianscollege.edu  
PH: (202) 291-9020  
FAX: (202) 829-9192

**RN Program Only**  
**CONDITIONAL**

**Denise S. Pope, PH.D.RN**  
Associate Dean for Nursing and Health  
Professions  
Chief Nursing Officer  
Trinity Washington University  
125 Michigan Avenue, N.E.  
Washington, D.C. 20017  
PopeD@trinitydc.edu  
Phone: 202-884-9682  
Fax: 202-884-9308

**RN Program Only**  
**CONDITIONAL**

**Susie Cato MSN, MASS, RN,** Director of  
Associate Degree Nursing Program, University of  
District of Columbia Community College  
Associate Degree Nursing Program  
801 North Capitol Street NE Room 812  
Washington, DC 20002  
scato@udc.edu

PH: (202) 274-5914 • FAX: (202) 274-5952  
**RN Program Only**  
**CONDITIONAL**

**Mary Jean Schumann, DNP, MBA, RN,**  
**CPNP, FAAN,** Interim Senior Associate Dean  
for Academic Affairs, The George Washington  
University Graduate School of Nursing  
900 23rd St. NW, Suite 6167 B  
Washington, DC 20037  
sonemd@gwumc.edu

PH: (202) 994-5192 • FAX: (202) 994-2777  
**APRN Program Only**  
**FULL APPROVAL**

## PRACTICAL NURSE PROGRAMS

**Michael Adedokun, PhD, MSN, RN, Director of Nursing,**  
St. Michael School of Allied Health  
1106 Bladensburg Road, N.E.  
Washington, DC 20002-2512  
MAAdedokun@comcast.net  
PH: (202) 388-5500  
FAX: (202) 388-9588

**CONDITIONAL**

**Sandra Marshall, MSN, RN**  
Interim Program Director of Nursing, Radians College  
1025 Vermont Avenue, NW; Suite 200  
Washington, DC 20005  
smarshall@radianscollege.edu  
PH: (202) 291-9020  
FAX: (202) 829-9192

**CONDITIONAL**

**Susie Cato, MSN, MASS, RN** Interim Director  
University of the District of Columbia Community College  
Nursing Certificate Programs  
5171 South Dakota Avenue NE  
Washington, DC 20017  
scato@udc.edu  
PH: (202) 274-6950  
FAX: (202) 274-6509

**CONDITIONAL**

## NURSING ASSISTANT AND HOME HEALTH AIDE TRAINING PROGRAMS

**CAPTEC Med Care (CNA/HHA)**  
3925 Georgia Avenue, NW  
Washington, DC 20011  
CNA email: ukaoba@yahoo.com  
HHA email: captecprofessional@gmail.com  
PH: (202) 291-7744  
FAX: (202) 560-5119

**BRIDGE COURSE - CNA & HHA**  
**FULL APPROVAL - CNA**  
**CONDITIONAL - 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

**FULL APPROVAL - CNA**

**Allied Health & Technology Institute (CNA/  
HHA)**  
2010 Rhode Island Avenue, NE 2nd Fl  
Washington, DC 20018  
email: alliedhealthdc@yahoo.com  
PH: (202) 526-3535  
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email: dharris@friendshipschools.org  
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email: dharris@friendshipschools.org  
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**HealthWrite Training Center (CNA/HHA)**  
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PH: 202-558-9443  
PH: 202-558-9477

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Community College (CNA/HHA)**  
Bertie Backus Campus Certificate Programs  
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**Nationwide Training Institute (HHA)**  
6210 North Capitol Street NW  
Washington, DC 20011  
2004 Rhode Island Avenue NE  
Washington, DC 20018  
email: wtiinstitute@yahoo.com  
PH: (240) 460-7060  
FAX: (202) 319-0048

**BRIDGE COURSE - HHA ONLY**  
**CONDITIONAL - HHA**

**UDC Announcement:** The Accreditation Commission for Education in Nursing (ACEN) is visiting the nursing program at UDC's Community College September 23-25 for re-affirmation of their accreditation. A Public Forum is being held as part of this process and will occur Wednesday, September 24, 2014, from 4-5 PM at 801 North Capitol, NE, 1st Floor Multi-Purpose Room. Please join us.



## DC Councilmember Yvette Alexander Salutes Nursing



DC Councilmember and Chair of the Committee on Health Yvette M. Alexander (center) with nurses of the Department of Health.

### FRONTLINE AND BACKBONE

The Honorable Yvette Alexander, DC Councilmember, Ward 7, gathered with Department of Health nurses to salute the nursing profession. "Nurses are the frontline and the backbone of health outcomes in this city," Councilmember Alexander said. "I am counting on you to educate our residents." She also read aloud a ceremonial resolution recognizing 2014 Nurses Week in the District: "The Council of the District of Columbia recognizes and supports nurses in the District of Columbia and encourages citizens to show their support for nurses by commemorating May 6<sup>th</sup> through May 12<sup>th</sup> as "Nurses Week in the District of Columbia."

### NURSING HAS EVOLVED

Board of Nursing Executive Director Karen Scipio-Skinner, RN urged nurses to

celebrate themselves and to acknowledge the hard work that nurses do every day. Ms. Skinner noted that, "in years past, nurses were not permitted to take blood pressure readings, but now we do primary care. Nursing has evolved and it will



L to R: Andrea Malcolm, RN, Councilmember Yvette Alexander, and Angela Carole.

continue to evolve. Congratulate yourself for being part of the nursing profession."

### BORN TO BE A NURSE

Andrea Malcolm, RN, Division Chief Clinical PIHP (and recipient of an award at the program), summed up the sentiment of the gathering: "I am grateful. I was born to be a nurse. This is our ministry." She noted that she stands on the shoulders of her nursing colleagues. "If I came back, I would be a nurse all over again."

DOH Nurses wish to thank Community Health Administration (CHA) Program Coordinator Angela Carole for coordinating the event and Senior Deputy Directors Rikin Mehta and Ryan Springer for joining in the celebration and sharing their words of appreciation for the nurses of the District.



**Duke Medicine FP ad to come**



## Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease

To report expected cases of Ebola Virus please use the Government of the DC DOH Communicable Disease Report Form and fax the form to DOH at (202) 442-8060. An epidemiologist can be reached by phone at (202) 442-8141 during normal business hours, or at (202) 737-4404 outside of normal business hours. The form can be accessed at the following website: ([http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/communicable\\_disease\\_rpt\\_form.pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/communicable_disease_rpt_form.pdf))

### SUMMARY

The District of Columbia Department of Health (DC DOH), in conjunction with the Centers for Disease

Control and Prevention (CDC) continues to work diligently to better understand and manage the public health risks posed by Ebola Virus Disease (EVD). To date, no cases have been reported in the United States. The purpose of this health update is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be suspected of having EVD, 2) to clarify which specimens should be obtained and how to submit for diagnostic testing, and 3) to provide hospital infection control guidelines.

U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, hospital epidemiologists, infection control professionals, and hospital administration, as well as to emergency departments and microbiology laboratories.

### BACKGROUND

CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone,

and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of July 27, 2014, according to WHO, a total of 1,323 cases and

729 deaths (case fatality 55-60%) had been reported across the three affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%.

In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids such as, but not limited to, blood, urine, sweat, semen, and breast milk. The incubation period is usually 8-10 days (ranges from 2-21 days). Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons touch the body during funeral preparations.

### PATIENT EVALUATION RECOMMENDATIONS TO HEALTHCARE PROVIDERS

Healthcare providers should be alert for and evaluate suspected patients for Ebola virus infection who have both consistent symptoms and risk factors as follows: 1) Clinical criteria, which includes fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache,

muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND 2) Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; residence in-or travel to-an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease endemic areas. Malaria diagnostics should also be a part of initial testing because it is a common cause of febrile illness in persons with a travel history to the affected countries.

Testing of patients with suspected EVD should be guided by the risk level of exposure, as described below: DC DOH and CDC recommend testing for all persons with onset of fever within 21 days of having a high-risk exposure. A high-risk exposure includes any of the following:

- \*percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE),
- \*laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or
- \*participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

For persons with a high-risk exposure but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal (i.e., thrombocytopenia <150,000 cells/IJL and/or elevated transaminases) or unknown.

Persons considered to have a low-risk exposure include persons who spent time in a healthcare facility where EVD patients are being treated (encompassing healthcare workers who used appropriate PPE, employees not involved in direct

patient care, or other hospital patients who did not have EVD and their family caretakers), or household members of an EVD patient without high-risk exposures as defined above. Persons who had direct unprotected contact with bats or primates from EVD-affected countries would also be considered to have a low-risk exposure. Testing is recommended for persons with a low-risk exposure who develop fever with other symptoms and have unknown or abnormal blood work findings. Persons with a low-risk exposure and with fever and abnormal blood work findings in absence of other symptoms are also recommended for testing. Asymptomatic persons with high- or low-risk exposures should be monitored daily for fever and symptoms for 21 days from the last known exposure and evaluated medically at the first indication of illness.

Persons with no known exposures listed above but who have fever with other symptoms and abnormal bloodwork within 21 days of visiting EVD-affected countries should be considered for testing if no other diagnosis is found. Testing may be indicated in the same patients if fever is present with other symptoms and blood work is abnormal or unknown. Consultation with local and state health departments is recommended.

If testing is indicated, the local or state health department should be immediately notified. Healthcare providers should collect serum, plasma, or whole blood. A minimum sample volume of 4 ml should be shipped refrigerated or frozen on ice pack or dry ice (no glass tubes), in accordance with IATA guidelines as a Category B diagnostic specimen. Please refer to <http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html> for detailed instructions and a link to the specimen submission form for CDC laboratory testing.

## RECOMMENDED INFECTION CONTROL MEASURES

U.S. hospitals can safely manage a patient with EVD by following

recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Early recognition and identification of patients with potential EVD is critical. Any U.S. hospital with suspected patients should follow CDC's Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals (<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>). These recommendations include the following:

- Patient placement: Patients should be placed in a single patient room (containing a private bathroom) with the door closed.
- Healthcare provider protection: Healthcare providers should wear: gloves, gown (fluid resistant or impermeable), shoe covers, eye protection (goggles or face shield), and a facemask. Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
- Aerosol-generating procedures: Avoid aerosol-generating procedures. If performing these procedures, PPE should include respiratory protection (N95 filtering facepiece respirator or higher) and the procedure should be performed in an airborne isolation room.
- Environmental infection control: Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces and other body secretions represent potentially infectious materials. Appropriate disinfectants for Ebola virus and other filoviruses include 10% sodium hypochlorite (bleach) solution, or hospital-grade

quaternary ammonium or phenolic products. Healthcare providers performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed. Face protection (face shield or facemask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes. Follow standard procedures, per hospital policy and manufacturers' instructions, for cleaning and/or disinfection of environmental surfaces, equipment, textiles, laundry, food utensils and dishware.

## RECOMMENDATIONS TO PUBLIC HEALTH OFFICIALS

If public health officials have a patient that is suspected of having EVD or has potentially been exposed and intends to travel, please contact CDC's Emergency Operations Center 1 (770) 488-7100.

## FOR MORE INFORMATION:

Additional information on EVD can be found at: <http://www.cdc.gov/ebola> Interim Guidance on EVD for healthcare workers can be found at: <http://www.cdc.gov/vhf/abroad/healthcare-workers.html>

Travel notices for each country can be found at:

- Guinea: <http://wwwnc.cdc.gov/travel/notices/alertlebola-guinea>
- Liberia: <http://wwwnc.cdc.gov/travel/notices/alertlebola-liberia>
- Sierra Leone: <http://wwwnc.cdc.gov/travel/notices/alertlebola-sierra-leone>

To report data, please use the Government of the DC DOH Communicable Disease Report Form and fax the form to DOH at (202) 442-8060. ■

Sincerely,  
Joxel Garcia, MD, MBA  
Director of DOH

## Continuing Education Update

# Wound Assessment and Support Surfaces

Many thanks to the speakers who provided valuable information at the Board of Nursing's spring CE program on wound assessment and support surfaces, an important component of preventing and healing wounds. Below are some speaker highlights.

Donna Johnson, MSN, RN, CWON: "In the past, standard practice did not differentiate between the various types of wounds and consider how multiple factors might affect wound healing. Current research, however, illustrates how important it is to carefully assess the wound and identify the correct treatment so we do not cause further harm; in other words, to work smart from the beginning."

Conducting a wound assessment is a skill and requires precision and appropriate use of unique terms; use of appropriate terms is critically important.

### Wound Assessment Parameters

- Anatomic location of the wound
- Extent of tissue loss (i.e., stage)
- Characteristics of wound base
- Type of tissue
- Percentage of wound containing each type of tissue observed
- Dimensions of wound in **cm** (length, width, depth, tunneling, undermining)
- Exudate (amount, type)
- Odor
- Wound edges
- Periwound skin
- Presence or absence of local signs of infection (erythema, induration, odor, etc)
- Wound Pain

### Anatomic Location

"The anatomic location of the wound is important to record using proper terminology that will also provide clues about the etiology. Anatomic location will also convey plan of care needs. For example, a wound on the ischia tuberosity should prompt caregivers to explore the patient's **sitting surface**."

Ms. Johnson discussed partial-thickness (does not penetrate the dermis) and full-thickness wounds (tissue loss extends below dermis), diabetic foot wounds and burns. Pressure ulcers, venous ulcers, diabetic ulcers, skin tears, lymphedema, perianal dermatitis.

She recommends nurses access the free online education at [www.thewoundinstitute.com](http://www.thewoundinstitute.com) and [www.medlineuniversity.com](http://www.medlineuniversity.com).

Rosalyn S. Jordan, RN, BSN, MSc, CWOCN, WCC, Senior Director of Post-Acute Clinical Programs & Services, RecoverCare, LLC: "Before discussing the prevention of pressure ulcers, we should review the definition of a pressure ulcer." This definition was revised on 2007 by the National Pressure Ulcer Advisory Panel.

- It is a localized area of tissue injury.
- They usually occur over a bony prominence.
- They are the result of pressure.
- They can be caused by the occurrence of pressure combined with shear.
- Pressure, friction and shear may all three contribute to the cause of pressure ulcer development.

Support surfaces are specialized devices for pressure redistribution designed for the management of tissue loads, microclimate, and/or other therapeutic functions (i.e., any mattress, integrated bed systems, mattress replacement, overlay, or seat cushion or seat cushion overlay.) (NPUAP, 2007)

### Categories of Support Surfaces

- Reactive Support Surface
- Active Support Surface
- Integrated Bed System
- Non-powered
- Powered
- Overlay
- Mattress

### Components of a Support Surface

- Air
- Cell/Bladder
- Viscoelastic Foam
- Closed Cell Foam
- Open Cell Foam
- Gel
- Pad
- Viscous Fluid
- Elastomer
- Solid
- Water



Donna Johnson, MSN, RN, CWON



Rosalyn S. Jordan, RN, BSN, MSc, CWOCN, WCC



LaDonna Burns, LPN, WCC, DWC

LaDonna Burns, LPN, WCC, DWC addressed the topic of Negative Pressure Wound Care. "NPWT is defined as the application of sub-atmospheric pressure to a wound to remove exudate and debris from the wound," she said. "Just plain old suction!"

"Therapy has to be reasonable and necessary. This means that the patient must have wounds and have tried other treatments to heal

wounds without results. To deliver pump and dressing, we must have a physician's order. Delivery cannot be made until the physician's order is in hand."

Why does the wound need to be moist? "Cells are able to migrate in a wound that is moist. A dry wound impedes cell migration. Moist wound healing is the gold standard for wound healing."

A client in the home care

setting must meet certain criteria. There must be documentation in the client's medical records of evaluation, care, and wound measurements by a clinician. There must be previous documentation of a moist dressing. There must be debridement of necrotic tissue, if present. If there is necrotic tissue or slough or eschar, NPWT can be applied. "Physician documentation is essential." ■

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# Kudos!

## GREATER WASHINGTON, DC AREA Black Nurse of the Year

Ms. Juanita A. Hall, BSN, RN, has been selected as Nurse of the Year by the Black Nurses Association of Greater Washington, DC Area, Inc.

Ms. Hall is the Nurse Manager for Nursing Resources, Education, Administration, Outpatient Infusion Treatment Center and Dialysis Services at Providence Hospital which is a member of Ascension Health – the nation's largest Catholic and non-profit health system. In this role, she is responsible for oversight of the float pools, which assist with staffing needs of the various nursing units within the hospital, work closely with the nursing educators to provide competencies, CPR and a wide variety of other educational in-services on numerous subject matters to our associates.

In July of 2013, Juanita along with another associate from Carroll Manor Nursing and Rehabilitation Center were selected to attend a yearlong Management Formation training sessions to build communication strategies and critical thinking skills to foster team building within the workplace – graduation from this program will take place in April 2014.

She views her love for the profession of nursing and the ability to provide love, support and care to humans at a vulnerable time in their life, is the calling that God has placed on her life. "For me, nursing is not just a profession, but instead it is a commissioned assignment

from my Heavenly Father."

Ms. Hall is very active in various nursing organizations on a local, regional, and national level. She holds leadership positions in these organizations as well – Chi Eta Phi Nursing Sorority Incorporated and the local chapter – Alpha Chapter, Sigma Theta Tau International Nursing Honor Society Incorporated and the local chapter – Gamma Beta Chapter, National Black Nurses Association and the local chapter – BNA of GWDCA and the American Business Women's Association – DC Charter Chapter. Membership in these organizations also provides opportunities to educate the community on the promotion of wellness and increase health knowledge as well as strategies for living a healthy lifestyle through health fairs and workshops. Membership in these organizations also provides the opportunities to mentor nursing students.

Over the years, Ms. Hall has been the recipient of other awards and honors – 100 Extraordinary Nurses in Washington, DC – Sigma Theta Tau International Honor Society-Gamma Beta Chapter, Member of the Year for the Northeast Region of Chi Eta Phi Sorority, Incorporated and Sister of the Year for Alpha Chapter, Chi Eta Phi Sorority, Incorporated.

Ms. Hall is also a member and serves on the ministerial staff as an Associate Minister of the Corinthian Baptist



*Juanita A. Hall, BSN, RN*

Church in Lanham, Maryland. Under the leadership of Bishop James L. Martin, Sr., she teaches Sunday school, is a member of the Nurses Ministry and is the chairperson of the Titus II Women's Ministry. As a community outreach program for the church, she was one of the trained facilitators for Project Heal a program based out of the University of Maryland for the purpose of educating the members on early detection, screening options and treatments for breast, colon-rectal, and prostate cancers.

Ms. Hall is a native Washingtonian and the oldest of three children. "I was reared in a Christian home, and am the proud mother of one son – Dwight."

She is a student and currently enrolled in Biblical Studies at Southern Baptist Church Bible School – Washington, DC. Her Personal Testimony: "I can do all things through Christ which strengtheneth me. Philippians 4:13." ■

# Kudos!

**Congratulations to Carol Kaplun, RN, BSN**, who was featured on CBS network affiliate station WUSA-9 News this spring. A geriatric care manager at **Iona Senior Services**, Ms. Kaplun offered tips on facilitating the transitions when a crisis occurs for an elderly loved one—an emergency-room or hospital discharge plan and a new living situation or obtaining help within the home. **To see video from Ms. Kaplun's appearance on USA9, go to:** <http://www.wusa9.com/videos/news/health/2014/04/01/7162395/>

## INTERVIEW WITH CAROL KAPLUN OF IONA SENIOR SERVICES

**DC NURSE:** Please briefly tell us about IONA Senior Services.

**Carol Kaplun, RN, BSN:** Iona Senior Services is a not-for-profit organization now celebrating its 39th year of operation. Iona supports people as they experience the challenges and opportunities of aging. We educate, advocate and provide community-based programs and services to help people age well and live well. Iona's family of services include: Consultation, Care Management and Counseling (CCMC), our award-winning Wellness & Arts adult day center, Active Wellness program at St. Alban's, support groups, workshops, home-delivered meals and much more. We are located in Washington, DC, a few steps away from the AU/Tenleytown Metro, but we serve older adults and their families all over the Washington, DC Metro area. [www.iona.org](http://www.iona.org)

**DC NURSE:** What are the primary responsibilities in your position as Nurse Care Manager?

**Ms. Kaplun:** My primary responsibility as Nurse Care Manager



*Carol Kaplun, RN, BSN*

is to meet individually with clients in our community to provide assessment and coordination of care and resources that will enable them to live safely in their homes or other community environment, with a meaningful quality of life. Each client and their family or support network discuss current concerns, medical needs, home environment, nutrition, and a wide variety of other issues impacting the senior's quality of life. A care plan is developed with the senior to identify and put in place appropriate resources that the client may access within the scope of their financial resources. I am very fortunate to work with a multidisciplinary team of social workers, nurses and nurse practitioners.

**DC NURSE:** What is the biggest challenge elderly people face when transitioning from independence to home care or assisted living?

**Ms. Kaplun:** The biggest challenge at the current time is the lack of affordable housing and services. Our goal for long term care planning is to find the right combination of services in the most independent setting possible

for each client. Most of our clients want to stay at home, or in their community. Many don't have the financial resources to pay for the care they need, and the demand for subsidized services exceeds the supply, so there are wait lists. Even with rent control in place, rents have increased for seniors by 2.2% each year, while Social Security increases have been in the range of 1.5%. The budget for hiring help at home is very limited. The demand for home care services through the DC Medicaid Waiver program, which can subsidize many hours of home care, has skyrocketed. For our clients on fixed incomes, hunger is a reality as they try to balance their budgets. Iona's nutritional programs, sponsored by the DC Office on Aging, which provides nutrition services across the city, have been true lifesavers.

In addition, the supply of relatively affordable assisted living is limited within the District. A few new assisted living residences have opened recently to fill this need, which is encouraging. The lack of available spaces places a lot of demand for at-home care.

**DC NURSE:** What is the most important guidance or advice you provide to those who are the adult children or caregivers for the elderly?

**Ms. Kaplun:** My advice to caregivers is to please reach out for help. Don't try to go it alone. There is a wealth of information and counseling for caregivers as they try to help older family members, (some of whom are quite resistant to any help). Iona Information and Referral Specialists can be reached Monday-Friday from 9am to 5pm at 202-895-9448 or [info@iona.org](mailto:info@iona.org). The social workers and nurses who answer the calls can provide resource information and guidance on specific

**Continued on page 28**

# Kudos!

*Continued from page 27*

services such as caregiver support groups, case management services, transportation, nutrition services, just to name a few. They can also refer to services in other parts of the local area and across the country for long-distance caregivers. Call or email us...we can help.

**DC NURSE:** What do you enjoy most in your position? What is your biggest challenge?

**Ms. Kaplun:** I most enjoy meeting our clients. We have the privilege to serve the members of the greatest generation, who have lived amazing lives and been eyewitnesses to so many historic events over the last century, and now we are working with baby boomers who bring a whole new perspective to living well and aging well. Washington is a unique, diverse and international city. Every day is a new adventure. Fortunately, clients who may be experiencing some short term memory problems are still able to share stories from earlier days that are so compelling!

My biggest challenge, as most nurses

and social workers will tell you, is that the days are too short. Many days the "to do" list is quite challenging. Constant triage and critical thinking skills are very important, sometimes on an hourly basis. It is important to take a breath, recharge, and face the new day tomorrow.

**DC NURSE:** What setting did you work in prior to coming to Iona Senior Services?

**Ms. Kaplun:** My first career, after graduating from Georgetown University, was at the International Monetary Fund, as an analyst in the Statistics Department. I went back to school and graduated with a BSN in Nursing from the University of Maryland in 2000. I worked for a couple of years at the Clinical Center (inpatient hospital) at the National Institutes of Health, in a Medical-Surgical Endocrinology unit.

Life has come full circle. I have met several former IMF colleagues who have contacted Iona for services after retirement.

**DC NURSE:** What advice would you give to a nurse interested in becoming a Nurse Case Manager?

**Ms. Kaplun:** Case Management in the community is the highest use of your nursing skills. Sometimes "Community Health" is regarded as

less glamorous, in the time of "Grey's Anatomy," "ER," and other TV shows that are fast paced and high technology environments. As a care manager in the community, the greatest reward is in developing a long-term relationship with clients, using creativity and critical thinking skills to formulate the best individual care plan, and guiding them through the victories and challenges along the way.

**DC NURSE:** On April 1, you were on television, WUSA-9. Tell us about that experience.

**Ms. Kaplun:** Very interesting! Many thanks to WUSA for the opportunity to appear on their broadcast.

I realized that all of the information that I have described in this set of questions had to be condensed in to 3-4 minutes of interview time. So, I emphasized the essence of care management at Iona by describing how we form relationships with clients and their families to navigate them through the challenges of the eldercare universe. Several viewers took the "Call us, we can help" advice and arranged for family consultations or care management services after the broadcast. ■

# Kudos!

## Carroll Manor In Washington, D.C., earns Pathway to Excellence distinction

*By Julie Minda*

Carroll Manor Nursing & Rehabilitation Center in Washington, D.C., has become the first Catholic nursing home in the country to

earn the Pathway to Excellence designation from the American Nurses Credentialing Center. The 252-bed Ascension Health facility is located on the Providence Hospital campus.

The ANCC's Pathway program

recognizes acute and long-term care organizations for creating what the ANCC calls "positive practice environments," or settings in which nurses excel. The ANCC says studies show a positive practice environment for nurses helps facilities improve care quality, patient safety, patient satisfaction, nurse satisfaction and nurse retention.

Tina Sandri, vice president and administrator of Carroll Manor, said it can be difficult to recruit registered nurses to nonmanagement roles in long-term care facilities. The Pathway recognition may give the facility an advantage in that regard.

To receive Pathway designation, organizations must meet 12 practice standards — and each standard includes about a dozen subcategories — that indicate that the organization is providing an ideal environment for nurses, licensed practical nurses and certified nurse assistants. There are slightly different standards for acute care and long-term care organizations.

Janice M. Johnson, director of nursing for Carroll Manor, said that unlike the better-known and more rigorous Magnet Recognition Program from the ANCC, the Pathway program does not require two years of outcome data; and it costs less to apply for Pathway designation (Magnet costs and fees range from about \$25,000 to more than \$68,000, depending on a facility's bed count and other factors; Pathway costs and fees range from about \$12,480 to more than \$41,520).

Pursuing a Pathway designation requires a substantial commitment on the part of staff and administrators, Johnson said. She filed a 500-page report in support of Carroll Manor's application. There are 401 Magnet-designated organizations and 114 Pathway-designated organizations. Just four of the 114 are long-term care facilities.

Johnson said the cultural transformation that set the stage for the Pathway recognition started in about 2008, when Carroll Manor began to move away from a top-down decision-making model that discouraged staff and residents from veering much from established protocols. There was a set eating

schedule, a set menu, a set showering schedule, for example.

Johnson said over the past six years, Carroll Manor has been giving staff more decision-making latitude and encouraging staff to personalize care to suit a resident's preferences for daily routines. All changes are geared toward improving outcomes and quality of life for residents, Johnson said.

"We started a culture change to establish a more homelike environment, and to give residents and family and staff more say-so," said Johnson. "And, we had great outcomes," including decreased unhealthy weight loss, decreased falls and decreased pressure ulcers. Residents can eat what they want, when they want; take a bath rather than shower if they prefer and choose the activities they are interested in.

Staff and leadership at Carroll Manor pursued the Pathways designation to celebrate what they'd achieved and promote continuous improvement, Johnson said.

At the outset, Carroll Manor administrators and employees elected a 15-member executive council and sub-councils charged with completing the Pathway application process. All councils had representation from staff of various departments and various levels of rank and seniority.

The councils measured Carroll Manor's practices in the 12 Pathway categories (see sidebar) against the Pathway standards, and determined where there were gaps.

Johnson said that Carroll Manor met or exceeded many, but not all, of the Pathway criteria. For instance, through its culture change work, nurses already participated in decisions that impacted their work, the facility had an effective approach for incorporating best practices into residents' care, and it had a training

and development program geared toward helping its nursing staff advance their skills and achieve a higher credential in nursing.

Johnson said 57 percent of Carroll Manor's residents are age 85 or older; many have outlived family and friends. Staff become a surrogate family for the residents — some staff have cared for the same residents for more than a dozen years. The facility trains nurses in care of the very old, including dementia care; care of the dying; and restorative nursing, or care that maximizes the capability of residents by improving their mobility, continence and eating routines.

The councils identified a need to increase and refine nurses' training to support increased autonomy and leadership development. And they created programs to address these challenges, including introducing a mentoring program.

Besides the improved clinical outcomes that Carroll Manor has documented, Johnson said, the residents are happier. They "are treated as they want to be treated, (and they are) honored and positioned at the center of care planning and decision-making," Johnson said.

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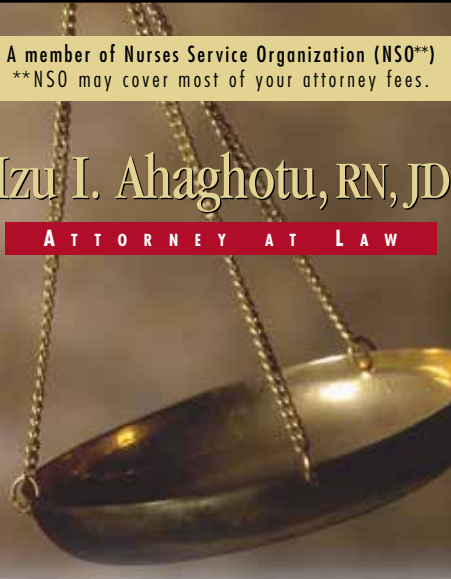
# Board Disciplinary Actions

NAME	LICENSE #	ACTION	Non-Public Disciplinary Actions:
Anthony Amato	RN1029671	Revoked	Referrals to COIN = 2 Notice of Intent to Discipline = 12 Consent Orders = 5 Requests to Withdraw = 14 Letters of Concern = 0 Requests to Surrender = 5
Elizabeth Arung	HHA8052	Revoked	
Oyebisi Babarinde	HHA4221	Revoked	
Oyebola Babarinde	HHA8530	Revoked	
Umu Bah	NA604733	Revoked	
Annie Borkowski	RN1005259	Suspended	
Michelle Cash	HHA7242, TME435	Revoked	
Phedocia Downs	HHA9605	Certificate Denied	
Wendy Duncan	NA604794	Reinstated	
Felix Fon	HHA3515	Revoked	
Mirabel Mukum	HHA5311	Revoked	
Ernest Nkongsah	HHA0320	Revoked	
Michael Nyantakyi	HHA1764	Revoked	
Joey Pascarella	RN1032357	License Denied	
Regina Rice	RN1024641	Suspended	
Brenda Shaw	RN1026451	Suspended	
Amy Shafer	RN1026327	Suspended	
Victor Tarkeh	HHA9066	Revoked	
Latoya Tates	LPN966164	Reinstated	

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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.

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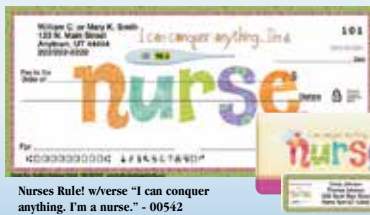



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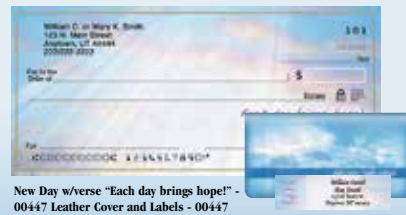
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