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JUST CULTURE & DIVERSITY



- **RN/APRN Renewal – New Licensure Renewal Process**
- **APRNs May Recommend Medical Marijuana**
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Address Change? Name Change? Question?

Please notify the Board of Nursing of any changes to your name or address. Thank you.

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

Circulation includes over 40,000 licensed nurses, nursing home administrators, nurse staffing agencies and nursing assistive personnel in the District of Columbia.

Feel free to e-mail your "Letters to the Editor". The IN THE KNOW and NAP Q&A columns include your opinion on the issues, and our answers to your questions. E-mail your letters to dc.bon@dc.gov. (Lengthy letters may be excerpted.)

Message from the Chair



Amanda Liddle

I am excited to relay to you details of two important events involving the Board since my earlier letter this year.

The first was the Third Annual Nurse Leadership Symposium, District of Columbia (DC), in June at Gallaudet University, sponsored by the DC Board of Nursing (BON). The symposiums provide opportunities for DC nurse leaders to interact with their professional peers within the District from a variety of health care delivery and nurse educational settings. They aim to support nursing

leadership's commitment to excellence in nursing within a collegial environment.

This year's event was a continuation of our previous symposiums that focused on a "Just Culture". The principle behind this theme is that discipline needs to be focused on the behavior of individuals and the potential risks their behavior presents more than the actual outcome of their actions. A "Just Culture" is used to address unsafe practices, focusing on the willfulness or intent to do harm as opposed to only considering outcomes. At our first symposium we discussed what "Just Culture" is and how we are already incorporating it in our organizations. Last year we looked at the nursing ethical and legal considerations of using the "Just Culture" framework.

This year we continued the "Just Culture" theme, focusing on professionalism in nursing and caring for LGBTQ patients. The speakers Cynthia Coleman, D. Bioethics (c), MA, RN (Senior Clinical Ethicist at the John J. Lynch, MD, Center for Ethics at MedStar Washington Hospital Center), addressed "Just Culture: Professional Nursing Practice", and

Kimberly Acquaviva, PhD, MSW, CSE (School of Nursing, George Washington University), discussed Cultural Diversity: LGBTQ-Inclusive Care". They facilitated the nursing leaders through consideration of these issues within their professional settings, particularly if the needs of LGBTQ clients are recognized and provided for in their facilities.

The second event was the National Council of State Boards of Nursing (NCSBN) annual meeting in Chicago. Founded in 1978, NCSBN was created to lessen the burdens of state governments and bring together BONs to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four US territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 30 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories, including western Canadian border states. NCSBN member boards protect the public by ensuring that safe



NCSBN DC Delegates Meedie Bardonille, RN, BSN, FCN and Amanda J. Liddle, Dr.PH, RN, FAAN.



NCSBN Award Winner Karen Scipio-Skinner, MSN, RN; Cathy Borris-Hale, RN, MHA, BSN; Meedie Bardonille, RN, BSN, FCN and Amanda J. Liddle, Dr.PH, RN, FAAN.

and competent nursing care is provided by licensed nurses. These BONs together regulate more than 4.5 million licensed nurses.

This year DC Board member Meedie Bardonille (Washington Hospital Center) and I represented the District. As NCSBN Board of Directors President Katherine Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing noted, "The delegate assembly was inspired by two keynote speakers who challenged us to intentionally enhance collaborative efforts to prepare for the future of regulation. Dr. Mary Wakefield, the first nurse to serve as the acting deputy secretary of the US Department of Health and Human Services, encouraged us to leverage new partnerships with diverse stakeholder groups to ensure safe delivery of nursing care in the next era of regulation. Dr. John Hasse, curator of American

Music at the Smithsonian Institution's National Museum of American History, eloquently illustrated the power of musical collaborations to yield beautiful, unexpected and creative results."

David Benton, RGN, RMN, BSc, M Phil, PhD, FFNE, FRCN, the NCSBN Chief Executive Officer (CEO), continued the theme of regulatory partnership, emphasizing the importance of collaboration, as well as looking at the issues and opportunities holistically, and asking the member states to work closely with NCSBN "as a force for change". The member BONs also approved proposed amendments to the NCSBN bylaws, elected new members of the NCSBN Board of Directors and the Leadership Succession Committee, and approved the College of Registered Psychiatric Nurses of Alberta (CRPNA), College of Registered Psychiatric Nurses of Manitoba (CRPNM) and

Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) as associate members of NCSBN.

Finally, our Executive Director, Karen Scipio-Skinner, MSN, RN, a NCSBN Board member was honored with the 15 year service award—Meedie and I gave her a strong DC cheer.

On behalf of the Board and staff of the DC BON, I wish you a very peaceful and safe start to 2018. We look forward to working with you throughout the year as we all endeavor to provide the highest quality nursing care to the District's residents.

Best,
Amanda

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



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Meet the New Board Members



NANCY UHLAND, MSN, RN, NP-C

When were you appointed to the Board?

I was appointed in May 2017.

Why and how did you get involved with the Board? What sparked your interest in service as a Board member?

I have wanted to be a part of the Board since I first obtained my D.C. RN license back in 2005. However, it wasn't until I moved into DC. in 2015 that I was able to actively pursue

the opportunity. Fundamental to my nursing practice is protecting the patient, and what better way to promote that practice than to serve as a member of the very organization that aims to safeguard the health of the residents in DC.

Can you tell us (briefly) about your background?

I spent most of my RN career working in the emergency department. Then in 2011, while pursuing my master's degree, I landed a job working in a renal transplant department. There, I discovered my passion for serving the renal population. I currently work as a nurse practitioner in the renal division at The George Washington Medical Faculty Associates providing care to patients with chronic kidney disease, end-stage renal disease and those post renal transplant.

What unique perspective do you bring to the Board?

I have worked in many areas within the healthcare system, including the

long-term care setting, in-patient, out-patient as well as in the research setting. The blending of different work experiences offers me the chance to appreciate the various aspects and roles that exist within the healthcare system.

What Board-related issues interest you the most?

My practice focuses on the care of the patient with renal diseases. Given DC has one of the highest end-stage renal disease rates in the country, I am eager to be a part of ensuring safe practices are provided in our city's dialysis centers safeguarding some of our most vulnerable patients.

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

It has been exciting to witness and take part in the collaborative and coordinated practices for which regulatory decisions are being made and implemented in this city.

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

I would encourage anyone interested in applying to be proactive and take the opportunity to serve. Additionally, you will find that serving promotes personal and professional growth.

Any message you would like to convey to licensees?

Be mindful that it's a privilege to care for our residents and make it a priority to become an active participant in promoting our profession.





Monica Goletiani at the groundbreaking ceremony for the Takoma Park Playground renovation, during her tenure as President of the Brightwood Community Association.

**MONICA GOLETIANI
CONSUMER MEMBER**

When were you appointed to the Board?

I was appointed in May 2017.

Why and how did you get involved with the Board? What sparked your interest in service as a Board member?

I was nominated to serve as a Consumer Member by staff in the Executive Office of the Mayor. As the president of our neighborhood association, I am active in supporting a variety of needs in the community whether it is public safety, services for children and families, or economic development. It is an honor to serve on the Board of Nursing as another way to support DC's residents.

Can you tell us (briefly) about your background?

I have lived in DC for 17 years and have worked in local social services and international development, usually in project management and fundraising.

What unique perspective do you bring to the Board?

My mother was a Registered Nurse for 30-plus years and hearing her stories from work gave me a personal window into the various aspects of the profession — technical skills, caring roles and administrative challenges. My current role as a parent of school-age children and a neighbor to older residents seeking to age-in-place has given me a chance to experience a wide spectrum of nursing in the city, from the school nurse to the ER nurse to the home healthcare aide. I have also worked in other countries on health education and healthcare or social service reform projects that impacted people's lives at the village level as well as the national level. This work included policy reform, capacity building for local healthcare non-profits, and support to government ministries on how to engage with their public in designing services that were accessible and needed.

What Board-related issues interest you the most?

I'm most interested in:
1) ensuring that DC's nursing education options are high quality and producing qualified nursing staff needed by DC residents and

2) ensuring that all residents and all Wards have access to qualified and caring nursing services and personnel.

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

I think the diversity of people and experience on the Board of Nursing is a wonderful asset to the city. It is heartening to see that our Board's policies and decisions represent such a broad range of DC's residents. ■

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

Izu I. Ahaghotu, RN, JD

ATTORNEY AT LAW

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

Please contact Izu I. Ahaghotu, RN, Esquire directly:

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RN/APRN RENEWAL – NEW LICENSURE RENEWAL PROCESS

RN/APRN Renewals to begin Monday, April 2, 2018
Licenses Expire Saturday, June 30, 2018

If an applicant has not renewed by end of Renewal Period, their status will not be “Renewal Eligible” (as in past years), it will be “Expired”.

We are excited to inform you that Health Regulation and Licensing Administration (HRLA) is transitioning to a **NEW ONLINE LICENSURE SYSTEM THIS RENEWAL PERIOD**. The changes you will see are as follows:

- You will no longer receive a “license card”. You will receive an email and be able to print the license certificate.
- You will be required to upload your Continuing Education (CE) documents, unless you are a CE Broker Subscriber (see page 10). Persons selected for audit will be notified prior to renewal.
- If you want to make your licensure status inactive, you will be able to select “Inactive Status”.
- Advanced Practice Registered Nurses (APRNs) will be able to complete their Controlled Substance Registration at the renewal site.
- If you answer “No” to a screening question, you will be able to write an explanation or upload documents.

A renewal notice with additional information will be sent to you via mail and to your email address of record approximately three (3) months before the expiration of your license. Please update your mailing

and/or email address at bon.dc@dc.gov.

You will still be able to renew your license at the HRLA website at <https://app.hpla.doh.dc.gov/mylicense/PersonSearchResults.aspx>

WORKFORCE SURVEY

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

RN/APRNS MUST COMPLETE 24 HOURS OF CONTINUING EDUCATION

RN CE Compliance Options:

- (1) **Contact Hour Option:** Provide Course Completion Certificates
- (2) **Academic Option:** Provide transcript that indicates completion of an undergraduate or graduate course in nursing or relevant to the practice of nursing.
- (3) **Teaching Option:** Provide acceptance letter/email as evidence of having developed or taught a

CE course or educational offering approved by the Board or a Board-approved accrediting body.

(4) **Author or Editor Option:** Provide acceptance letter from publishers, as evidence that you are an author or editor of a book, chapter or published peer reviewed periodical.

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

APRN CE Compliance:

APRNs must complete twenty-four (24) contact hours in current area of practice. APRNs must complete a minimum of fifteen (15) of the twenty-four (24) contact hours in an educational offering that includes pharmacological content. Pharmacology content refers to pharmacokinetic or pharmacodynamic information related to drugs. Because there is a pharmacology continuing education requirement for APRNs, provide course completion certificates that indicate pharmacology hours.

APRN Controlled Substance Registration: If you also possess a controlled substance registration, your registration is due for renewal. Note that if your APRN license is placed on hold for any reason, you will not be able to renew your controlled substance registration until the hold is released. ■

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their nurses because that information will be sent to them automatically.

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

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

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

UNDERSTANDING NURSYS®

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating BONs' database (for participating

jurisdictions visit [nursys.com](https://www.nursys.com)). Nursys is live and dynamic, and all updates to the system are reflected immediately.

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

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Spotting Signs of Drug Diversion

By Amanda McKnelly and Maria Piacentino

The misuse and abuse of drugs is a crisis in our country and around the world. By 2020, mental health and substance use disorders are expected to surpass all physical diseases as a major cause of disability worldwide. Prescription drugs are abused and misused more often than any other drugs except marijuana and alcohol (SAMHSA/NSDUH, 2014a). The 2013 National Survey on Drug Use and Health (NSDUH) indicates that 15.2 million people age 12 or older used prescription drugs non-medically in the past year, and 6.5 million did so in the past month. Drug diversion is any intentional removal of a prescription medication from the legitimate channels of distribution or dispensing.

With drug diversion on the rise, our health systems are starting to see the effects diversion has on their systems as a whole. Healthcare professionals face a dilemma because their patients often need prescription drugs but there is also a need to prevent the diversion and misuse of drugs. Pain relievers including opioid analgesics, tranquilizers, stimulants, and sedatives are the prescription drugs most often misused or diverted. Opioid analgesics are powerful painkillers with valid medical indications; however, when the patient takes the wrong dose, or the wrong person takes the opioid pain medication, consequences can be deadly.

What is the role of healthcare professionals in the problem of prescription drug diversion, misuse, and abuse? Healthcare professionals are in a unique position to educate, identify, and intervene with patients and colleagues who are at risk for prescription drug misuse and abuse. Recognizing the signs of misuse and risk factors of drug abuse and diversion by patients and fellow healthcare professionals is an important responsibility of all clinicians. Educated healthcare professionals can be instrumental in changing patterns of misuse and abuse of prescription drugs for individuals, colleagues, and communities, and thereby reducing

the public health epidemic.

Substance use disorders have overall been recognized as an occupational hazard for healthcare professionals. Healthcare professionals experience substance use disorders at the same rate as the general population; however, a higher rate of abuse of opioids than the general population. A healthcare professional may have an illness, injury or emotional or physical pain condition that allowed for a valid prescription prior to drug diversion. Of course, not all who have used opioids will abuse them and not all who have abused will divert but for those that divert, the majority will divert illegally from within their place of employment. Human Resource departments have mentioned that when they go back and look at an individual that has been suspected of diversion, the signs are all there, but no one knew what they were all looking for.

Signs and symptoms for healthcare professionals who may be diverting due to a prescription drug substance use disorder can include the following:

- Coming to work on days off
- Volunteering for overtime
- Incorrect narcotic counts
- Volunteering to administer medications
- Waiting to be alone to open a narcotics cabinet
- Not having witnesses to verify the waste of unused medications

Negative impacts on patient safety may result from any of the following:

- Impaired judgment
- Slowed reaction time
- Diverting drugs from patients who need them
- Falsification of records (fraud)

Facilities have “checks and balances” of the daily routines of their providers and employees, even so it

Continued on page 13

Substance Use Disorder Resources

FREE CONTINUING EDUCATION COURSE ON SUBSTANCE USE DISORDER IN NURSING

The NCSBN Learning Extension is offering a **FREE** CE Course for Nurses on Substance Use Disorder within the nursing profession. According to the website, “this self-paced course will help you acquire the attitudes, skills and knowledge you need to compassionately get colleagues the help they need, while protecting the public.” You will receive unlimited, 24-hour access to the course materials, earning 4.0 contact hours, and find the answers to these questions:

- How can I recognize the symptoms early?
- If I’m concerned about a colleague, how can our nursing team best help?
- How can nurses decrease their risk factors for SUD?
- How can nurses recover and safely return to practice?
- How are nurse managers in a unique position to carry out policies and practices?

Go online for more information at:

https://learningext.com/nurses/p/substance_use_disorder

OPIOID TOOL KIT

NCSBN has created an online tool kit to provide links to information about the safe prescribing of opioids. Links cover the following categories:

- Guidelines to Safe Prescribing
- Educational Resources
- APRN Opioid Prescribing
- Opioid Addiction and Overdose Prescribing
- Nonopioid Treatment for Pain
- Substance Use Disorder
- Resources on Prevention
- Current Research

Go online for more information at:

<https://www.ncsbn.org/opioid-toolkit.htm> ■

PRESCRIBING OPIOIDS ONLY AS LAST RESORT

A new guideline published in the Canadian Medical Association Journal advises health care practitioners in Canada to prescribe opioid medication only as a last resort for patients who have chronic pain unrelated to cancer. Researchers reviewed recently published opioid use guidelines, conducted a systematic search of literature databases and conducted a systematic review of the evidence, including an assessment of the risk of bias. A public consultation was conducted and the draft guideline was reviewed by an external committee. The final guideline includes 10 recommendations, of which seven are concerned with harm reduction.

The guideline highlights five recommendations:

- Optimization of non-opioid pharmacotherapy and non-pharmacologic therapy, rather than a trial of opioids, for patients with chronic non-cancer pain;
- Patients with chronic non-cancer pain may be offered a trial of opioids only after they have been optimized on non-opioid therapy, including non-drug measures;
- Avoidance of opioid therapy for patients with a history of or active substance use disorder or active mental illness;
- For patients beginning opioid therapy, daily morphine equivalents should be restricted to less than 90 mg and the maximum prescribed dose should be restricted to less than 50 mg daily; and
- Patients already receiving high-dose opioid therapy should be encouraged to embark on a gradual close taper, and multidisciplinary support should be offered where available to those who experience challenges.

Source: National Council of State Boards of Nursing (NCSBN)

is estimated that with the most robust prevention program possible facilities may have a 5% diversion rate and a 15% diversion rate in the absence of monitoring. Healthcare professionals educated in diversion prevention have the potential to make a difference. If a healthcare professional suspects that drug diversion has occurred, he or she should document the suspicion and make a report to their supervisor—they may notice signs symptoms or changes in behavior before monitoring systems identify anomalies. Healthcare facilities, law enforcement, licensing boards and alternative to discipline programs can then work together to protect the public and to assist the healthcare professional to receive necessary treatment. Healthcare professionals whose substance abuse problems are detected early and treated have a higher likelihood of successful treatment outcomes (NCSBN, 2011) and can go on to be a valuable member of the healthcare community and workforce.

REFERENCES:

1. American Society of Addiction Medicine (ASAM). (2012). Public policy statement on measures to counteract prescription drug diversion, misuse, and addiction. <http://www.asam.org>.
2. Berge K, Dillion K, et al. Diversion of Drugs Within Health Care Facilities, A Multiple-

- Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention . Mayo Clin Proc 2012; 67(7) 674-682
3. Clark C. Dealing with Drug Diversion. Health Leaders Jan/Feb 2015 57-60.
4. National Center for Health Statistics (NCHS). (2014). Health, United States, 2013: In Brief. Hyattsville, MD. http://www.cdc.gov/nchs/data/abus/abus13_InBrief.pdf.
5. National Council of State Boards of Nursing (NCSBN). (2011). Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs. https://www.ncsbn.org/SUDN_11.pdf.
6. National Institute on Drug Abuse (NIDA). (2014). Prescription drugs: Abuse and addiction (NIH Pub Number 11-4881). <http://www.drugabuse.gov/publications/research-reports/prescriptiondrugs>.
7. National Survey on Drug Use and Health (NSDUH). (2013). Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings and Detailed Tables. <http://media.samhsa.gov/data/NSDUH.aspx>.
8. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014b). Specific Populations and Prescription Drug Misuse and Abuse. <http://www.samhsa.gov/prescriptiondrug-misuse-abuse/specific-populations>

This article is reprinted from the publication DAKOTA NURSE CONNECTION, courtesy of the South Dakota Board of Nursing.

COIN Contact Information

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

IN THE KNOW

The Board of Nursing has established the "In The Know" column in response to the many phone calls and e-mails the Board receives regarding licensure and other issues. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the better outcomes we can expect.

NATIONAL PRACTITIONER DATA BANK

Q: Can a report be removed from the National Practitioner Data Bank?

A: According to the NPDB:

1. The NPDB is prohibited by law from changing or removing a report.
2. Organizations that submit reports to the NPDB are responsible for the accuracy of the information they submit, and are required to certify that the report is accurate. However, if the report contains information that inaccurately identifies the subject of the report (e.g., date of birth, name, gender, state license number), the subject of the report should contact the reporting entity, and request that the reporting entity correct the inaccurate identification information by submitting a Correction Report.

3. If you are unable to reach the reporting entity, or are still not satisfied with the outcome of the report, you may add a statement or dispute the report.

NARCAN KITS

Q: I am looking for written guidance from the DC Board of Nursing about Emergency Department nurses giving emergency Naloxone kits to patients with an appropriate provider prescription.

A: As long as there is an order/prescription for the Narcan kit, it can be dispensed to the patient by the nurse. The medication should be dispensed with a label and directions to ensure the patient knows how to use the medication.

ADVANCED PRACTICE REGISTERED NURSES MAY RECOMMEND MEDICAL MARIJUANA

Effective, June 8, 2017, Advanced Practice Registered Nurses (APRNs) licensed in good standing to practice in the District of Columbia may issue recommendations to patients for the use of medical marijuana in the District of Columbia. Currently, there are 49 Nurse Practitioners who serve as medical marijuana recommenders. To issue recommendations, **APRNs must register** with the District's Medical Marijuana Program (MMP) for authority to access the electronic recommendation form at:

<https://doh.dc.gov/service/medical-marijuana-program>

Please allow 72 hours for registration to be approved. The MMP program no longer accepts paper recommendation forms.

APRNs are strongly encouraged to review and become familiar with the District's laws and regulations governing the Medical Marijuana Program and the duties and obligations of each recommender. The **laws and regulations** are on the MMP website at:

<https://doh.dc.gov/service/medical-marijuana-program>

Please note the following:

- APRNs can only submit recommendations for District of Columbia residents.
- APRNs must have a bona fide patient-practitioner relationship with the patient and responsibility for the ongoing care and treatment of the patient.
- APRNs must maintain appropriate patient records.
- APRNs must personally conduct a physical examination of the patient, and assess the patient's medical history and current medical condition before issuing a recommendation.
- Patients must submit a patient application to the Department of Health after the patient recommendation has been submitted to participate in the program.
- There is additional information and directions under the **Advanced Practice Registered Nurse link** on the MMP website at: <https://doh.dc.gov/page/healthcare-practitioners>
- Please submit all **questions** in writing to: doh.mmp@dc.gov ■

NAP NEWS!

SEEKING NURSE AIDE EVALUATORS (NAEs)

Pearson Vue is seeking Registered Nurses to become Nurse Aide Evaluators (NAEs). RN applicants must meet the OBRA 1987-1989 standards of having at least one year of experience caring for the elderly or chronically ill of any age. RN Nurse Aide Evaluators must have a current nursing license in good standing or a compact license that

applies to the state in which they will be administering the examination. They must carry automobile liability insurance.

Prior to administering the NNAAP® Examination, nurses are required to attend a two-day orientation workshop and a one-day observation/hands on examination with a current Credentia Nurse Aide Evaluator. The RN will sign an agreement with Credentia Services

to become an independent contractor (1099) as a Nurse Aide Evaluator (NAE).

The first step is to complete an OBRA compliance form at <http://app.myconductor.com/forms/register.aspx>

The "OBRA" is the Omnibus Budget Reconciliation Act of 1987, which established a requirement for state-approved nurse aide training and competency evaluation testing for long term care facilities. ■

NAP Q&A

TME WORKING IN MARYLAND

Q: I am an RN licensed in Maryland and the District of Columbia. I work with a Supportive Living and Day Program agency providing services for persons with ID/DD [Intellectual/Developmental Disabilities] through the DC Department on Disability Services. I would appreciate confirmation regarding a Trained Medication Employee (TME), with DC certification, providing medication administration to a person (under the DC Department on Disability Services) who may live in Silver Spring/Hyattsville Maryland. Does the DC TME require Maryland Certified Medication Technician certification?

A: In Maryland, TMEs are required to be certified as medication administrators to provide services in the state of Maryland. Health professionals need to be licensed/certified or otherwise authorized by that jurisdiction to administer

medication in the jurisdiction in which care is provided to the patient.

Q: Does a DC TME need to maintain dual certification?

A: The TME must be certified or otherwise authorized to administer medication in the jurisdiction in which they are providing care.

CAN AN RN WORK AS A TECH OR CNA?

Q: Does the Board of Nursing have a written policy or document outlining the rules on working as a Tech or Certified Nursing Assistant (CNA) in DC once an individual has a DC RN license? My understanding is that once you are licensed as an RN in DC you can no longer work as unlicensed personnel, but if you were to get your RN license in another state you could still work as a Tech in DC until licensed in DC.

A: An RN can work as a Tech or CNA. But they can be held liable for unsafe practice as a RN. In other words, if we receive a complaint of unsafe practices in their role as a Tech or CNA, their RN licensure status can be impacted. The other caution is that they must work in their role as a Tech or CNA and not perform duties outside of that role.

Q: Can a person who is working as a Clinical Technician, but who has recently received an Associate's degree in nursing and is licensed in Maryland as a RN (but is not licensed as of yet in DC as a RN), still continue to work as a Clinical Technician in DC?

A: See response above.

Q: Is this written in any of the policies?

A: It is not written policy or regulation. The Board's regulations do not prohibit practice as a CNA once licensed as a LPN or RN. ■

Warning To Registered Nurses Pursuing a Bachelor's Degree In Nursing (BSN)

In recent years, there have been many new RN-to-BSN programs established all over the country. Most, however, are not approved by a Board of Nursing, and they may not have been accredited.

Be sure that your BSN program has:

- US Department of Education accreditation (by one of its approved accrediting organizations) and
- National nursing accreditation from one of these organizations:
 - o Commission on Collegiate Nursing Education (CCNE)

- o Nursing Accreditation Commission for Education in Nursing (ACEN); or
- o Commission for Nursing Education Accreditation (CNEA).

RN-to-BSN Questions & Answers:

Q: Why should I pursue my BSN at an accredited school?

A: Bachelor's degree programs having these approvals will enable graduates to pursue a graduate degree in nursing.

Q: What if I don't want to get a graduate degree? Can I go to a non-accredited BSN program if I don't want a graduate degree?

A: You can, but you may change your mind and decide to obtain your master's degree later in your professional career and then it will then be too late.

Q: Will I get a pay raise if I get a BSN from a non-accredited school?

A: That is a question you will need to check with your employer (Human Resources Department).

Updated Surgical Site Infection (SSI) Prevention Guidelines

The Centers for Disease Control and Prevention (CDC) recently released updated evidence-based recommendations for preventing SSIs. Recommendations include:

- Before surgery, patients should shower or bathe (full body) with soap (antimicrobial or non-antimicrobial) or an antiseptic agent on at least the night before the operative day;
- Antimicrobial prophylaxis should be administered only when indicated based on published clinical practice guidelines and timed such that a bactericidal concentration of the agents is

established in the serum and tissues when the incision is made;

- In cesarean section procedures, antimicrobial prophylaxis should be administered before skin incision;
- Skin preparation in the operating room should be performed using an alcohol-based agent unless contraindicated;
- For clean and clean-contaminated procedures, additional prophylactic antimicrobial agent doses should not be administered after the surgical incision is closed in the operating room, even in the presence of a drain;
- Topical antimicrobial agents should not be applied to the surgical incision;

- During surgery, glycemic control should be implemented using blood glucose target levels less than 200 mg/dL and normothermia should be maintained in all patients;
- Increased fraction of inspired oxygen should be administered during surgery and after extubation in the immediate postoperative period for patients with normal pulmonary function undergoing general anesthesia with endotracheal intubation; and
- Transfusion of blood products should not be withheld from surgical patients as a means to prevent SSI. ■

Source: National Council of State Boards of Nursing (NCSBN)



Health Regulation and Licensing Division (HRLA) Senior Deputy Director Dr. Sharon Lewis (center) with Kelly Graham (left) and Catherine Pusey (right), of ECRI Institute, at "Bridging the Quality Chasm," a program on adverse event reporting which was sponsored by HRLA and held in October 2017 at the Kellogg Conference Center, Gallaudet University.

HOME HEALTH AIDE MEDICAID FRAUD ROUNDTABLE

On November 3, 2017, the Board of Nursing held a roundtable discussion on Medicaid fraud with District of Columbia Home Health Agency Administrators, Directors of Nursing, Human Resources staff, and Quality Assurance managers. It was an informative and engaging discussion on **prevention, detection, investigation and referral of suspected provider fraud.**

Jane Drummey, Assistant Attorney General offered a presentation describing the role of the Office of the Attorney General Office and emphasized the Attorney's General commitment to prosecuting Medicaid Fraud cases. Recently, the District identified a Home Health Aide (HHA) who submitted **fraudulent time sheets** to their agency, causing the company to bill the District's Medicaid program for services that had not been performed. This HHA was arrested, convicted and required to pay restitution. The HHA was also sanctioned by the Board of Nursing.

The Board of Nursing reported an increase in complaints involving HHAs who had been paid for providing overlapping services on the same day by two or more Home Health Agencies. In some instances, HHAs have submitted timesheets while out of the country (as verified by the US Department of Homeland Security's records of travel outside the United States).

Healthcare agencies voiced concern about the increased number of beneficiaries who may not meet the criteria for homecare and thereby

increase the chance of Home Health Aides entering into agreements with beneficiaries to leave early or not report for duty without their agency's approval.

Home Care Providers were encouraged to ensure all HHAs understand their ethical responsibilities for accurate documentation of care rendered.

When hired, all employees should be trained and sign a statement indicating they understand their legal and ethical responsibilities. HHAs must be informed that they are expected to not engage in the following practices:

- o Making claims for services not rendered, or not provided, as claims (such as billing for 8 hours of nursing care when only 4 hours are provided)
- o Submitting claims to Medicaid for beneficiaries not eligible for coverage; in other words, beneficiaries who do not require services
- o Overlapping billing. Billing for same hours, same day (occurs when an HHA submits timesheets from more than one agency)
- o Providing inaccurate or misleading information in an effort to deceive, including but not limited to misrepresenting a recipient's medical condition
- o Receiving anything of financial benefit from the beneficiary (receiving money or having your bill paid by beneficiary)

WHAT TO REPORT

Nurses should report any home health aide or beneficiary who is not in compliance with the rules of participation in the Medicaid program.

HOW TO REPORT

Individuals or health care employees who suspect fraud against the District Medicaid program can make an anonymous report to www.dhcf.dc.gov/page/reporting-fraud-waste-and-abuse-01 or by calling (877) 632-2873

WHY TO REPORT

"Those who exploit the Medicaid system for personal gain are taking services away from those who need them the most," said Attorney General Karl A. Racine. "We will continue to aggressively pursue caregivers who steal from Medicaid."

If an employee has any reason to believe that anyone (including the employee himself or herself) is engaging in false billing practices, that employee shall immediately report the practice to his or her supervisor or the Medicaid Office. ■

PROFESSIONAL NURSING SCHOOLS

Catholic University School of Nursing

Dr. Patricia McMullen, Dean
Catholic University School of Nursing
620 Michigan Avenue, N.E.
Washington, DC 20017
email: mcmullep@cua.edu
PH: (202) 319-5400
FAX: (202) 319-6485
[RN, APRN Programs](#)
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George Washington University School of Nursing

Dr. Pamela Jeffries, Dean
The George Washington University School of Nursing
2030 M Street, NW Suite 300
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email: pjeffries@gwu.edu
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Dr. Edilma Yearwood, Chair
Department of Professional Nursing
Dr. Mary Haras, Chair, Advanced Practice Programs
Georgetown University
3700 Reservoir Road N.W.
Washington, DC 20007
email: ely2@georgetown.edu
PH: (202) 687-0754
[RN, APRN Programs](#)
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Howard University Division of Nursing

Dr. Janelyn Edmonds, Chief Nurse Administrator
2400 6th St. N.W.
Washington, DC 20059
email: tammi.damas@Howard.edu
PH: (202) 806-7456
FAX: (202) 806-5958
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Dr. Denise Pope, Associate Dean
125 Michigan Avenue, N.E.
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email: PopeD@trinitydc.edu
PH: (202) 884-9682
FAX: (202) 884-9308
[RN Program Only](#)
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University of the District of Columbia Community College

Ms. Susie Cato, Director
Associate Degree Nursing Program
801 North Capitol Street NE Room 812
Washington, DC 20002
email: scato@udc.edu
PH: (202) 274-5914
FAX: (202) 274-5952
[RN Program Only](#)
CONDITIONAL - RN PROGRAM

PRACTICAL NURSE PROGRAMS

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Dr. Michael Adedokun, Director
1106 Bladensburg Road, N.E.
Washington, DC 20002-2512
email: MAdedokun@comcast.net
PH: (202) 388-5500
FAX: (202) 388-9588
[LPN Program](#)
CONDITIONAL - PN PROGRAM

NURSING ASSISTANT AND HOME HEALTH AIDE TRAINING PROGRAMS

Allied Health & Technology Institute (CNA/HHA)

2010 Rhode Island Avenue, NE 2nd Fl
Washington, DC 20018
email: alliedhealthdc@yahoo.com
PH: (202) 526-3535
FAX: (202) 526-3939
APPROVAL STATUS PENDING

Bethel Training Institute

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

Captec Med Care

3925 Georgia Avenue, NW
Washington, DC 20011
email: captecec@gmail.com
PH: (202) 291-7744
APPROVAL - CNA & HHA

Carlos Rosario International Public Charter School (CNA)

514 V Street, NE
Washington, DC 20002
email: cramirez@carlosrosario.org
PH: (202) 797-4700
FAX: (202) 232-6442
APPROVAL - CNA

HealthWrite Training Center (CNA/HHA)

2303 14th St NW, Suite 100
Washington, DC 20009
www.healthwrite.org
PH: (202) 349-3934
BRIDGE COURSE - HHA
CONDITIONAL - HHA
APPROVAL - CNA

Intellect Health Institute

3811 Minnesota Ave., NE
Washington, DC 20019
www.intellect-health.com
PH: (202) 239-2666
Email: intellecthealth@yahoo.com
APPROVAL STATUS PENDING

Immaculate School of Allied Health

2512 24th Street NE
Washington, DC 20018
email: immaculateschool2512@gmail.com
PH: (202) 735-5925
INITIAL APPROVAL - HHA

Innovative Institute (CNA/HHA)

1805 Montana Avenue NE
Washington, DC 20002
email: nazoroh@thcii.com
PH: (202) 747-3453/ 202 747-3450
FAX: (202) 747-3481
CONDITIONAL - CNA & HHA

Nursing Assistant Academy

1418 Pennsylvania Avenue, SE
Washington, DC 20003
www.nassistantacademy.com
PH: (202) 748-5479
FAX: (202) 748-5593
INITIAL APPROVAL - CNA

Opportunities Industrialization Center of Washington DC (OIC DC) (HHA)

3016 Martin Luther King Jr. Avenue S.E
Washington, DC 20032
email: dlittle@oicdc.org
PH: (202) 373-0330
(202) 373-0336
CONDITIONAL - HHA

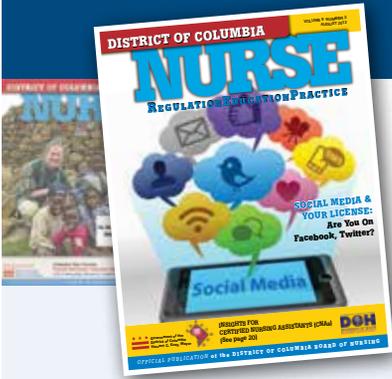
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Bertie Backus Campus Certificate Programs
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Washington, DC 20017
email: cthornton@udc.edu
PH: (202) 274-6950
APPROVAL - CNA

VMT Education Center (CNA/HHA)

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Washington, DC 20002
email: cdallas@vmttc.com
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Just Culture: Cultural Diversity and Professional Nursing Practice

Article and Photos by Nancy Kofie



Amanda Liddle, Dr.PH, RN FAAN



Sharon Lewis, DHA, RN-BC, CPM

The Board of Nursing presented a Nursing Leadership Symposium entitled “Just Culture: Cultural Diversity and Professional Nursing Practice,” at the Kellogg Conference Center at Gallaudet University in June 2017.

Attendees were welcomed to the program by the Chairperson of the DC Board of Nursing, **Amanda Liddle, Dr.PH, RN, FAAN**. Health Regulation and Licensing Administration Senior Deputy Director **Sharon Lewis, DHA, RN-BC, CPM** then offered inspiring words, praising the recent achievements of Board of Nursing members, of Chairperson Liddle and of Board Executive Director **Karen Skinner, MSN, RN**, for their work over the last year “establishing a framework to ensure good standards of practice” in the District of Columbia.

DC AS A HEALTH DESTINATION

“People come to us from all over the world,” Dr. Lewis said. “As a destination for medical tourism, the District of Columbia doesn’t have to advertise.” Patients flock to the District because

of the outstanding care provided by the District’s health care professionals. In addition to excellent nursing and medical care in our healthcare facilities, our patients also benefit from our city’s diverse healthcare workforce.

“We have diversity in gender, Veteran status, race, religion, ethnic heritage, socio-economic status, sexual orientation, national origin, and physical characteristics,” Dr. Lewis said. “We are a diverse compendium, like the patients we serve.”

Dr. Lewis noted that *all* staff members in our healthcare system play a crucial role. If someone calls a facility and the caller has limited or no English proficiency, it is essential that the person answering the line at the nursing unit has been adequately trained on how to proceed. Dr. Lewis closed by asking nurses to be mindful that each encounter with a patient or family member carries significance: “Utilize all opportunities as teaching moments, and provide care with a smile.”

ORIGINS OF NURSING PROFESSIONALISM

The first speaker at the Symposium was bioethics specialist **Cynthia C. Coleman, D. Bioethics (c), MA, RN**. Dr. Coleman is a Senior Clinical Ethicist at the John J. Lynch, MD, Center for Ethics at Medstar Washington Hospital Center. She noted that she has served as a rape-victim advocacy trainer and an Emergency Room nurse, and part of her mission is to help facilitate an equitable health culture.

“The culture of nursing is caring and compassion,” Dr. Coleman said. Dr. Coleman shared that her own journey into the nursing profession began with four years of service as a candy striper. “I couldn’t wait to be a nurse,” she said. As a teen, she read all of the novels depicting the adventures of fictional nurse Sue Barton. Along her path towards becoming a nurse, however, Dr. Coleman was side-tracked. She was initially dissuaded from entering the nursing profession by a nurse who had experienced low wages and poor working conditions. As a result, Dr. Coleman initially majored in journalism at college, but fortunately she returned to her initial vocational calling when she received a postcard in the mail bearing the words: “Become a Part of the New Profession of Nursing.”

SELF-REFLECTION

Once an individual has decided to dedicate her or his life to the profession of nursing, the next question is: What kind of nursing career to pursue? There are a myriad of practice settings, and within each workplace, some colleagues are

fulfilled working at the bedside, some in management, and some aspire to run for public office or represent the profession elsewhere in the public sphere. Each nurse must be able to work in concert with colleagues who have different career goals and life missions.

"Self-reflection is an element of professionalism," Dr. Coleman said. She urged nursing leaders to ask themselves the questions: "What tools do I need to get my job done?" and "Why do I do what I do?" Proactive leadership is what motivated professional nursing's beginnings, she said.

Dr. Coleman detailed the professionalization of nursing due to the efforts of 17th century pioneers Florence Nightingale, her friend and advocate, William Rathbone VI, who lobbied for care for the poor. Mr. Rathbone had been inspired to promote professional practice by observing the services of his wife's private duty nurse, Mary Robinson.

Advocates Transform and Professionalize Nursing

Holistic Approach: Florence Nightingale's gift was her holistic approach. She was not only a statistician, she advocated for clean bandages and healthy food; she also wrote letters to the mothers of her soldier patients.

Accountability: Florence Nightingale introduced accountability and brought together doctors, nurses, policymakers and other stakeholders. She inspired excellence through accountability: "I will never give you an excuse for what I have done and ask you do the same."

Transformation: Nursing would no longer be provided by poor servants noted for their "dirt, drink, and incompetence." Nurses would be professional, ethical, clean, intelligent practitioners noted for their holistic approach.

JUST CULTURE

Nursing is still evolving and the "Just Culture" philosophy in healthcare is enabling institutions to move away from punitive action against individuals towards root-cause analysis to fix broken systems. One key aspect of Just Culture is recognizing that punitive measures are not a solution to address medical errors. Just Culture compels us to examine the systems staff have been trained to utilize—to look at the context of each situation.

"Competence is contextual," she said. Just Culture compels us to look at the practice setting and make decisions based on circumstances. Dr. Coleman said that her sister is a combat nurse who has a nursing practice and working conditions that differ greatly from the challenges she has experienced while working as a hospice nurse. Dr. Coleman also noted her experience working as a nurse tending to those who survived Hurricane Katrina in New Orleans in 2005. She had to use supplies purchased from a grocery store and gave shots from syringes that were not labeled. These were dire working conditions and the patients were desperate for care. Under ordinary circumstances these conditions and standards would be unacceptable.

ETHICAL EXERCISE

Dr. Coleman distributed case scenarios to attendees at each table, and participants were asked to evaluate their own leadership practices in the face of ethical dilemmas. Ethics, she explained, is an examination of the relationships between people who are of unequal status.

She also shared a video examining medical errors. A nurse in the video described the error she made and the punitive treatment she received in which she was "made to feel like a 5 year old." The experience left her afraid to take care of patients. However, a



Cynthia C. Coleman, D. Bioethics (c), MA, RN

mistake is rarely the mistake of one person; it is a process problem, a systems problem. The key is to look and modify systems, so the same error will not happen again.

Continued on page 22



Continued from page 21

“Laying Blame” is not the Solution. It may be a systems problem, if:

- The mistake was not intentional
- The RN was not risk-taking
- The RN acted competently
- The RN was using a tool she was not trained to understand

When your facility has a Just Culture environment:

- Staff feel free to report an error.
- Everyone is accountable.

CULTURAL LENS VS. DIVERSITY: JUDGING A BOOK BY ITS COVER

“It is one thing to say, ‘I am open to diversity’ or ‘our company respects diversity.’ It is much harder to know what to do when diversity walks through the door and others are uncomfortable.”

Our society is changing. Be prepared to deal with those changes. “Do not rely on your own cultural lens,” Dr. Coleman said.

“What if a nurse, over the course of a few weeks, comes to work with purple hair, then a new tattoo and/or piercings? How do you handle the situation, especially if a new family is touring the facility? What would you tell the family? You can assure those with discomfort that the RN in question is a good nurse, but that you will check the company policy to be sure that the nurse is dressed in accordance with that policy. In addition to knowing your company policy, be sure to ensure that those policies and procedures take into account hygiene and trending styles.

SNAP JUDGMENTS



An ethical code is important because you will never have a policy to cover every circumstance. Suppose there is a nurse on the unit who never leaves her seat. There is another nurse on the unit who is a bully. Try to look at things through another cultural lens so the situation can be accurately assessed.

- **Perpetually Seated:** There may be a psychological issue; Reasons could vary from arthritis to emotional/physical burnout.
- **Tattoos:** The tattoos may have deep meaning for the individual; i.e., they could represent the RN’s loyalty to fellow service members who fought in Afghanistan.
- **Bully RN:** Maybe the RN bullies others because that’s how her preceptor behaved and she thinks that is her role.

Before you take action, find out “Why?”. What is the intent behind the behavior? If you find something to be inappropriate—before you approach the offender—take off your cultural lens. Be willing to engage in a dialog. Remember that context matters. In the 1960s, nurses smoked cigarettes at the nurses station. Times change, and

norms and standards of acceptable behavior change. The nurse’s behavior may violate your facilities policies and procedures, but your approach to the individual may change once you look at the situation within the cultural context.

FOREIGN LANGUAGES

Try to anticipate cultural conflict before it happens. Schedule an in-service on your company’s policies regarding how staff may speak around patients. What if a patient, long-term care resident, or family member complains, “The nurses were speaking in another language and making fun of me [or my relative]”? Ask the family members how they feel about the situation. Validate the family’s concerns and let them know that you will come back to them with results of an investigation. Empathize with how the patient feels. Have a policy in place. All parties must be respected; a strict “English Only” policy could be considered discrimination.

IMPORTANCE OF NURSES’ SELF-CARE

Dr. Coleman concluded her presentation with a focus on nurse leadership and self-care. Dr. Coleman encouraged nurses to recognize the significance of self-care. As a nurse, you must take of yourself as well as your patients. The theme for National Nurses

Week in 2017 was “Nursing: The Balance of Mind, Body, and Spirit.” Nurses protect their patients when they take care of themselves. Get rest, eat healthy meals, and exercise.

“How would you feel if you saw a pilot drinking alcohol in the cockpit?” Dr. Coleman asked. Like each pilot, each nurse should ensure that they are taking care of themselves, because being in poor shape can have dire consequences for those you serve.

comfort zone and seeking a seat at the table where policy decisions are being made.

GET INSPIRED!

Set new goals for yourself—once a month, once a week, once a day. Nurses can only change policy by being a part of the committees that set the policies that impact nursing practice.

Be a voice in the community. For inspiration, go online and view AARP’s Transforming Health Care Through Nurse Leadership (<https://campaignforaction.org/resource/video-transforming-health-care-nurse-leadership/>). Be a leader!

LGBTQ: INCLUSION VS. TABOO

The second speaker, **Kimberly D. Acquaviva, PhD, MSW, CSE**, is a professor and the first non-nurse to receive tenure at the George Washington School of Nursing.

“I was drawn to the topic of diversity and inclusion because I have encountered those issues throughout my life,” Dr. Acquaviva told attendees. “I am a lesbian. I tell you this so it will be not a taboo thing to hear in your clinical setting. You don’t have to change your beliefs regarding sexuality. I want you to feel comfortable. It is okay to have those feelings.”



Kimberly D. Acquaviva, PhD, MSW, CSE

SEX VS. GENDER

“Sex and gender are two different things,” Dr. Acquaviva said. Sex is assigned at birth based on genitalia. Gender is a social construct or how a person feels internally. Gender is not “either/or”; it is a continuum, and male and female are on either ends of the spectrum. It is important that you know the District of Columbia now allows residents to have a gender-neutral Identification on government-issued I.D. cards:

DC Resident Gender Categories:

- Male
- Female
- X

From WTOP News: “The nation’s capital is following in the footsteps of Oregon and will allow residents to identify themselves as something other than male or female on D.C. driver’s licenses.... Residents will be allowed to choose a gender neutral identifier on driver’s licenses and other documents issued by the D.C. Department of Motor Vehicles. (June 21, 2017). (<https://wtop.com/dc/2017/06/dc-to-offer-gender-neutral-id-cards/>)

WHAT NOT TO ASK

Gender identity is how the person feels internally. What gender does the person feel they are? Gender expression is how that identity is expressed in their style of dress or otherwise verbal or physical expressions of gender. Ask your patient.

Nurses & Self-Care

Ensure your ability to offer optimum nursing care; take care of your own health!

- Nurses have high level of stress
- May be making unhealthy food choices
- Often suffer sleep deficits
- May lack adequate exercise.

A SEAT AT THE TABLE

Dr. Coleman encouraged nurses to seek leadership positions to ensure that nursing gains the power to influence the policy guiding healthcare. Nurses should be at the table of committees, boards, organizations and nonprofits, as well as in the workplace. Join a committee. Lead a committee. Leadership is stepping outside of your



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What gender does the patient say he or she is?

There is one question you should NOT ask: “Are you complete yet? Did you have all of the surgery?” The journey does not end with any specific surgery. You may ask: “What steps have you taken toward bringing yourself in line with your gender identity?”

Black transwomen led the way on gaining rights for transgender individuals, Dr. Acquaviva said, but the “T” is the only letter in “LGBTQ” that deals with gender and there is some debate in LGBTQ community if “T” should be in there. Diversity is also a complicated issue, she said, because there are prejudices held by people who are themselves victims of prejudice. There is racism in the gay community, and there is homophobia in communities of color.

What does “LGBTQ” mean?

- Lesbian
- Gay
- Bisexual
- Transgender
- Questioning

Dr. Acquaviva invited participants to take a look at their organization’s practices regarding LGBTQ issues.

NONDISCRIMINATION STATEMENT

Does your employer have a nondiscrimination statement? Creating a nondiscrimination statement and posting it on the company website sets the groundwork for becoming an inclusive healthcare provider. Dr. Acquaviva said that she looks for the statement before seeking services at a practice. “If you don’t care enough to have statement,” she said, “you’re probably not going to care enough to train your staff.”

INTAKE FORMS

Your intake forms should recognize and include the diversity of human sexuality and gender. Does your intake form only say “male” and “female?” Leave a space for the patient to select “other” or “X.” Even though DC is a very progressive jurisdiction, DC city-sponsored forms are not inclusive; the only choice for gender is “male” or “female.”

MAY I HELP YOU?

The people who answer your phones are important. Test your facility. Call your facility and ask: “Do you have experience with transgender patients? Gay or lesbian clients?” Provide your staff with the correct response to such a question. If you have not established that policy, “It is okay to say in response to these questions, ‘I am not sure, I will have to check and get back with you,’” Dr. Acquaviva said.

Gender Definitions Online

Comprehensive working Definitions from the LGBTQ Community:

<http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/#sthash.aIX5Ndd8.dpbs>

Sociology of Gender:

<https://othersociologist.com/sociology-of-gender/>

Sociology of Sexuality:

<https://othersociologist.com/sociology-of-sexuality/>

American Psychological Association revised/updated definitions:

<https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>

WEBSITE

Your efforts to make your organization inclusive should include reviewing the photos posted on your website. “Inclusion

not pandering,” Dr. Acquaviva said. You can begin by including a photo of a same-gender dyad (Merriam-Webster definition: dyad = two individuals maintaining a sociologically significant relationship). Try not to go “overboard.” “You should not put a photo of a gay model holding a pride flag or standing against rainbow.” Race and gender: “The stock photos should not be all white people, or whites being served by people of color, but don’t create a super-artificial diverse look that is the “Noah’s Arc approach—two of everything.” Representation with subtlety is the key to conveying your sincere efforts toward inclusion.

Web and Brochure Imagery

Do’s

- Include photos of persons of the LGBTQ community
- Include typical-style photos of couples, which include some same-sex couples
- Include a variety of racial categories, not all one race

Don’ts

- Avoid photos with pride flags and pride rainbows
- When depicting racial types, do not do “Noah’s Ark” style (two of these, two of those), which can look contrived
- Do not have photos where all of those who serve are one race

PATIENT HISTORY: BEHAVIOR NOT LABELS

The question “Are you gay?” is probably NOT the best way to find out about a patient’s history. What if he or she does not share their personal life with friends or family? What if the person is married? A patient may be a man who has sex with men or a woman who has sex with women, but they do not consider themselves to be gay or lesbian. “Patients know when there’s a socially

acceptable answer, and they may provide the answer that he or she believes is most desired answer," she said. Dr. Acquaviva told attendees that it is better to gain information about behavior rather than the label.

Better question: "Do you have sex with men, women or both?" is a better way to begin the discussion about the patient's history.

Another ineffective question is: "How many partners are in your sexual history?" This is another question that is NOT the best way to find out about a patient's history. Toss that question into the trashcan, she says. Does it matter how many partners a patient has had? You can be infected by a sexually transmitted disease with just one encounter.

Better question: "Have you had unprotected sex?" Why is it important to know the numbers? (The number is not important.)

BE NONJUDGEMENTAL

When obtaining a history from a patient, don't assume you know their behavior based on their "station in life" (i.e., married lawyer with Ivy League degree who lives in a high-income neighborhood), and don't express judgement when their history is revealed. Be nonjudgmental. Don't allow an expression of judgement to be seen on your face.

GENDER PRONOUNS

If you are not sure about a person's gender, you can ask: "What gender pronoun do you go by?"

"It requires practice to say 'Ze' or 'Zhey,'" (gender neutral pronouns) Dr. Acquaviva said. "You may struggle with it at first. But if you can learn pharmacology, you can learn this!"

Good question: "What sex were you assigned at birth?"

Good question: "What gender do you identify with?"

Some transgender patients will not check off "transgender" on an intake form. Various people define "transgender" in different ways. Begin a conversation with your patient.

"THERE'S A MAN IN A DRESS!"

Patients or long-term care residents may express distress if they encounter a nurse who is different from other nurses they have previously encountered. "Suppose one of your nurses is a transwoman who has not opted for surgery or hormones, and a patient complains 'there is a man in a dress is treating me.'" A good place to start thinking about this situation is to ask yourself: What would you say to a patient who objected to an African American nurse with a natural hair or dreadlock hairstyle? What if the patient refused to be given a shower by a nursing assistant because she was not a blond-haired white woman?

RESIDENT ROOMMATES

Suppose a new resident in a long-term care facility is a transgender woman (identifies as a woman but was assigned a male identity at birth). Such a resident should be housed with a person who has the gender they identify as. Automatically placing them in a solo room would be isolating them, Dr. Acquaviva said.

What if her roommate objected to

having a transgender roommate? Dr. Acquaviva noted that there is a way to begin the conversation in accordance with the facility's policies and procedures while also respecting the fears of the resident.

To open a dialog, address the resident's discomfort. The resident might say, "I might see his privates. Do they have a penis?" You could assure the resident that you don't speak to other people about *her* genitals, and you cannot talk about the *roommate's* genitals. Dr. Acquaviva said that statements against LGBTQ persons tend to be rooted in a lack of knowledge or discomfort. Don't take sides. Handle the situation the same way you would if a white resident objected to having a black roommate.

Regarding the preference a resident might make for a blond white woman Certified Nursing Assistant—Dr. Acquaviva said her response would be: "We respect your beliefs, but we cannot meet your needs."

PREPARATION, POLICIES & PROCEDURES AND TRAINING

Help your staff members and your residents develop cultural competency before situations of discomfort occur. In other words, be prepared. Be sure that your policies and procedures address LGBTQ cultural competency issues. There are consultants available who are equipped to give in-service sessions for residents. Your staff can gain cultural competency through continuing education courses.

CONTACT & BOOK INFORMATION

Kimberly D. Acquaviva, PhD, MSW, CSE, is a professor at The George Washington University School of Nursing. **Have a question about LGBTQ issues?** Contact Dr. Acquaviva at email address, acqua@gwu.edu. Her book, *LGBTQ-Inclusive Hospice and Palliative Care: A Practical Guide to Transforming Professional Practice*, is available at <https://www.amazon.com/LGBTQ-Inclusive-Hospice-Palliative-Care-Transforming/dp/1939594146>.

PRONOUN CHOICES

There are more options beyond "he" and "she."

She	She	Her	Hers	Herself
He	He	Him	His	Himself
They	They	Them	Theirs	Themselves
Ze	Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself

Source: <http://www.transstudent.org/pronouns101>

Death with Dignity Law



By Felicia “Liz” Stokes, JD, MA, RN
Director
Center for Ethics and Human Rights
American Nurses Association

WHAT IS DEATH WITH DIGNITY?

In February of 2017, D.C. became the sixth jurisdiction in the nation to pass a Death with Dignity law which allows qualified patients near the end of life to apply for medication to end life. Death with dignity is also known as physician assisted suicide, aid-in-dying, or physician assisted death.

The District of Columbia Death with Dignity Act of 2016, D.C. Law 21-182, allows individuals diagnosed with a terminal illness by a physician, to seek medical assistance to bring about death, involving voluntary self-administration of lethal medication (D.C. Law 21-182). Death with dignity (DWD) is not euthanasia. Euthanasia occurs when a physician administers a lethal dose of medication with the intent of ending the patient’s life and is illegal in the United States (Stokes, 2017). Actions taken in accordance with the DWD law do not constitute suicide, assisted suicide, mercy killing or homicide (D.C. Law 21-182). Death with dignity is quite distinct and requires many safeguard procedures to protect patients from any potential harm or vulnerable actions.

PATIENT REQUIREMENTS FOR REQUEST

Patients requesting participation in DWD must be at least 18 years old, under the care of a D.C. licensed physician, reside in the District of Columbia, and have a terminal condition which is expected to result in death within six months. Patients must be competent and not suffering from impaired judgement, such as a psychiatric condition that could affect capacity to make decisions. The process is specific and must be followed according to the DWD law. A patient must initially be under the care of a physician licensed in the District of Columbia, and may then make an oral

request to his or her treating physician. This initial oral request must be followed by a second oral request after fifteen days. The patient must also make a written request before the second oral request, using the designated form obtained from the D.C. Department of Health that must be signed by two witnesses. A second physician must confirm the treating physician’s findings. At least forty-eight hours after the second oral request and after giving the patient an opportunity to rescind the DWD request, the treating physician can (1) dispense the end of life medication directly to the patient if the physician is approved for direct dispensing, or (2) send a prescription directly to a District-licensed pharmacy without giving the prescription to the patient. The patient, the expressly-identified patient’s agent, or the physician can pick up the medication from the District-licensed pharmacy. Patients must be able to self-administer the medication and are able to take the medication in the home or wherever permission is granted, but it cannot be taken in a public place.

THE NURSE’S ROLE IN CARING FOR PATIENTS AT THE END OF LIFE

Death with dignity has become an increasingly legal and ethical challenge for nurses due to the number of states that now provide this as an option at the end of life. Legally, medical assistance provided to qualified individuals who request DWD can only be provided by physicians. The physician has primary responsibility for the treatment and care of the patient. Physicians are responsible for making the diagnosis of terminal illness and obtaining documents to determine D.C. residency. Nurses, including registered nurses and licensed practical nurses, who are employees of the health care facility where the patient is receiving care, are

legally prohibited from participating as one of the two witnesses to the patient’s written requests. However, a nurse can serve as the second witness if the employer allows. All nurses, including advanced practice nurses (APRN), are prohibited from participating as one of the witnesses for DWD requests, diagnosing the terminal illness, prescribing the applicable medication, and dispensing or administering the medication. It is important to note that patients who choose to participate in DWD must be able to self-administer the medication.

Ethically, nurses are prohibited from participation in DWD because these acts are in violation of the ethical traditions and goals of the profession, and its covenant with society. The Code of Ethics for Nurses with Interpretive Statements states that “The nurse should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life” (ANA, 2015, p.3). In addition, several professional nursing organizations specifically prohibit nurses from participating in any action that contributes to the means to an end of a patient life (Stokes, 2017). The American Nurses Association position statement on Euthanasia, Assisted Suicide, and Aid in Dying (2013), prohibits nurses’ participation in DWD because these acts are in direct violation of the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015). The Hospice and Palliative Nurses Association (HPNA) position statement on the Legalization of Assisted Suicide (2011) does not support the legalization of death with dignity, but acknowledges that nurses must provide humane and ethical care for the alleviation of suffering at the end of life. In 2017, the Oncology Nursing Society endorsed the HPNA position statement (ONS, n.d.).

WHAT CAN NURSES DO?

Acknowledging the ethical and legal restrictions for nurses in DWD does not necessarily lessen the conflict a nurse may feel when confronted with a patient's request (ANA, 2013). Nurses are obligated to provide compassionate and nonjudgmental care to all individuals regardless of his or her personal beliefs. In the event that a nurse's own moral or ethical value system prohibits caring for a patient who has made the choice to participate in DWD, nurses are obligated to provide for the patient's safety to avoid abandonment or withdrawal of care, until it is assured that an alternative source of care is available (ONA, 1997). Nurses must be knowledgeable about laws in their practice state or jurisdiction. Questions regarding the D.C. Death with Dignity law can be sent to deathwith.dignitydc@dc.gov. It is also critical for nurses to contact their employer to learn specifics within the organization. Some hospitals and organizations in the

District of Columbia have already created policies and procedures for employees and patients.

The ANA Center for Ethics and Human Rights is available to provide consultation to nurses who are confronted with these ethical dilemmas to assist them in upholding their professional responsibilities, despite the moral distress they may encounter when confronted with these situations. For questions please contact ethics@ana.org

REFERENCES

- American Nurses Association. (2013). Euthanasia, assisted suicide, and aid in dying [Position Statement]. Retrieved from <http://nursingworld.org/euthanasiaanddying>
- American Nurses Association. (2015). Code of Ethics for Nurses with Interpretive Statements. Silver Spring MD. Retrieved from <http://nursingworld.org/code-of-ethics>

District of Columbia Death with Dignity Act of 2016, D.C. Law 21-182.

Hospice and Palliative Nurses Association. (2011). Palliative sedation. [Position Statement]. Retrieved from <http://hpna.advandngexpertcare.org/wp-content/uploads/2015/08/Role-of-the-Nurse-When-Hastened-Death-is-Requested.pdf>

Oregon Nurses Association. (1997). Assisted suicide: The debate continues. The Oregon Nurse, 62(2). Retrieved from <http://www.oregonm.org/associations/10509/files/Assisted%20Suicide%20Adjusted.pdf>

Oncology Nursing Society. (n.d.). Oncology Nursing Society Position. Role of the nurse when hastened death is requested [Endorsed Position Statement]. Retrieved from <https://www.ons.org/advocacy-policy/positions/ethics/hastened-death> ■

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Many Thanks to Outstanding Consumer Board Member Vera Mayer, JD

Consumer Board Member Vera Mayer, JD, served on the DC Board of Nursing for two terms—2002 through 2009, and 2013 through 2017. Ms. Mayer contributed her expertise to the Board of Nursing and was instrumental in supporting the Board's authority to regulate Home Health Aides. "She has been a strong voice of the consumer and she will be missed," says Board Executive Director Karen Scipio-Skinner.



Vera Mayer, JD

Ms. Mayer brought a wealth of knowledge to the Board. Back in 2010,

Ms. Mayer told DC NURSE that the most memorable and meaningful part of serving as a Board member was the work of the Board, in collaboration with the DC Coalition on Long Term Care, to create a model

for the training of Nursing Assistive Personnel in a wide range of vital healthcare settings. "[These regulations] improve the training of these important workers and it will give them an opportunity to advance and acquire additional skills which are desperately needed in our community."

She has retired from her position as Coordinator for the DC Coalition on Long-Term Care, in which she organized consumers, advocates and health care providers to work with the District on expanded options for long term care services for low-income District residents with in the investigation and analysis of biomedical ethical problems in guardianship cases when requested by judges. Ms. Mayer holds bachelor's and master's degrees from the University of Chicago and a Law Degree from the George Washington University Law School. ■

Kudos!

- Congratulations to Board Member **Laverne Plater, BSN, RN-BC**, who was one of only five DC government employees awarded the prestigious Cafritz Award honoring the best in public service.
- Congratulations to **Susie M. Cato, DHum(h), MSN, MASS, RN**, Associate Professor/Director of Nursing, Division of Allied Health, Life & Physical Sciences, Associate in Applied Science in Nursing, University of the District of Columbia Community College. Dr. Cato was given a recognition for National Nurses Week (May 6-12, 2017) from the International Nurses Association. The award was presented in November, 2016 but published in an International book later in 2017. (On youtube.com at: <https://youtu.be/QLkjD1du5A4>)
- Congratulations to Medical/Surgical and Patient Care Technician Nurse Educator **Sean Carillon, BSN, RN, CMSRN**, who was selected by the National Council of State Boards of Nursing (NCSBN) for the NCSBN National Nurse Aide Assessment Program Test Development Standard Setting Workshop panel in September 2017.
- Congratulations to **Felicia "Liz" Stokes, JD, RN**, who was selected as a 2017 "40 Under 40" Leader in Minority Health by the National Minority Quality Forum. This award was created to honor influential young minority leaders making a difference in health care.
- Thanks to Trained Medication Employee (TME) Subject Matter Experts **Eunice Mabson, RN; Steven Simms, RN; Veronica Sackey, RN; Aaron Loggins, HHA; and Amadu Musa, HHA**; who served as TME Subject Matter Experts and provided their expertise regarding the role and expected skill set of the TME as the Board revised its examination. The newly revised examination will be offered the beginning of 2018.
- Congratulations to Board of Nursing Executive Director **Karen Scipio-Skinner, MSN, RN**, who received a service award (15 years) as recognition for her dedicated and exceptional membership, from the National Council of State Boards of Nursing (NCSBN) during the NCSBN Annual Meeting and Delegate Assembly, held in Chicago, August 2017. ■

I Received a Negotiated Settlement Agreement

Many nurses in the District of Columbia believe when a complaint is filed against them, their nursing career is over. This is not the case. All complaints are subject to an investigative process. People who file complaints could be your employer, a patient, your spouse, your children, your soon to be ex-spouse, your soon to be ex-mother in-law, or even from a survey report. Sources of complaints are limitless.

It has to be determined if the complaint alleges a violation of the Nurse Practice Act and Regulations. And you don't always have to come before the Board for a formal board hearing once a complaint is filed. If the complaint is substantiated— depending on the nature of the violation—a nurse may be disciplined. Disciplinary actions include a Letter of Reprimand, Probation, Suspension, Revocation and Voluntary Surrender.

The Board has approved guidelines to offer a nurse an informal settlement known as a Negotiated Settlement Agreement. Board staff members offer a Negotiated Settlement Agreement to a nurse for violations of the Nurse Practice Act and Regulations. If the nurse elects to enter into the agreement, the nurse will not have to appear for a formal hearing before the Board.

A Negotiated Settlement Agreement is essentially a contract between the Board of Nursing and the nurse. The Agreement

has stipulations that are required to be met. Stipulations may include courses, performance evaluations, employment restrictions, and a fine.

There are a number of issues the nurse may need to consider prior to signing the Negotiated Settlement order.

If ordered to take courses, the nurse may need to have access to a computer. Or the nurse may be required to identify a face-to-face course that meets the Board's requirements.

There may be quarterly reports due to the Board staff as part of the agreement orders. Is the nurse willing to comply with submission of these reports? Will the nurse manage the paperwork involved? Will the nurse be able to assure that, if required, their supervisor will submit reports to the Board? The requirements are not difficult but to a stressed nurse, these requirements can be overwhelming.

The financial obligation is an important component of the commitment. There may be a fine assessed against the nurse. Will the nurse be able to pay the fine in the time period required by the Negotiated Settlement order?

NONCOMPLIANCE with the stipulations of the Negotiated Settlement Agreement may lead to additional discipline. Discipline may involve extended probation through a new Negotiated Settlement

Agreement. The stipulations may become more involved. Licensure suspension is a risk the nurse faces with noncompliance of the Negotiated Settlement Agreement. While a license is suspended, the nurse is still required to be compliant with any stipulations in the Order. Once a nursing license is suspended, the nurse loses the option of voluntary surrender.

THERE HAS TO BE AN UNDERSTANDING OF THE RESPONSIBILITY BEING ACCEPTED AND A FIRM COMMITMENT BY THE NURSE WHEN ENTERING INTO THE NEGOTIATED SETTLEMENT AGREEMENT. Before entering into a Negotiated Settlement Agreement, the nurse needs to understand the commitment required to be successful in complying with the stipulations of the agreement. Nurses have many excuses as to why compliance is not always possible with a Negotiated Settlement Agreement. Ultimately, the nurse has to accept responsibility for the actions that led to discipline and embrace the personal commitment necessary to maintain or reinstate licensure.

This article has been adapted from the publication ASBN Update, with the permission of the Arkansas State Board of Nursing (ASBN) and author ASBN Attorney Specialist Mary Trentham, MNSc, MBA, APBBC. Some modifications have been made to the article to reflect District of Columbia Board of Nursing regulations. ■

BOARD OF NURSING MEETINGS

Members of the public are invited to attend...

Date:

First Wednesday of every **odd** month.

Time:

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

Location:

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

Transportation:

Closest Metro station is Union Station. (Red Line)

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

Meetings scheduled:

January 3, 2018

March 7, 2018

May 2, 2018

July 4, 2018

September 5, 2018

November 7, 2018

DISCIPLINARY ACTION

The following is the list of licensure actions taken between April 1, 2017 to October 31, 2017.

The full citation for disciplinary actions can be found on the DC Department of Health website at <https://app.hpla.doh.dc.gov>. Each individual nurse and healthcare facilities should report any actual or suspected violations of the Nurse Practice Act. To submit a report, use the online complaint form at <https://doh.dc.gov/node/192802> or contact Compliance and Discipline at **(877) 672-2174** or mail to DC Board of Nursing, Department of Health, Health Regulation and Licensing Administration, 899 North Capitol Street, NE, Washington, DC 20002.

Licensee	Date of Action	Action	Violation
Eaton, Roneka	5/3/2017	HHA Application Denied	Dishonorable Conduct – Intentional falsification of material facts in connection with obtaining HHA certification.
Gouch, Vanessa	9/5/2017	TME Application Denied	Unprofessional Conduct
Manson, Niah	10/4/2017	CNA Suspend until appears before the Board	Unprofessional Conduct
Vines, Jessica	10/4/2017	CNA Suspend until appears before the Board	Unprofessional Conduct

Board of Nursing Options for Disciplinary Actions

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

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



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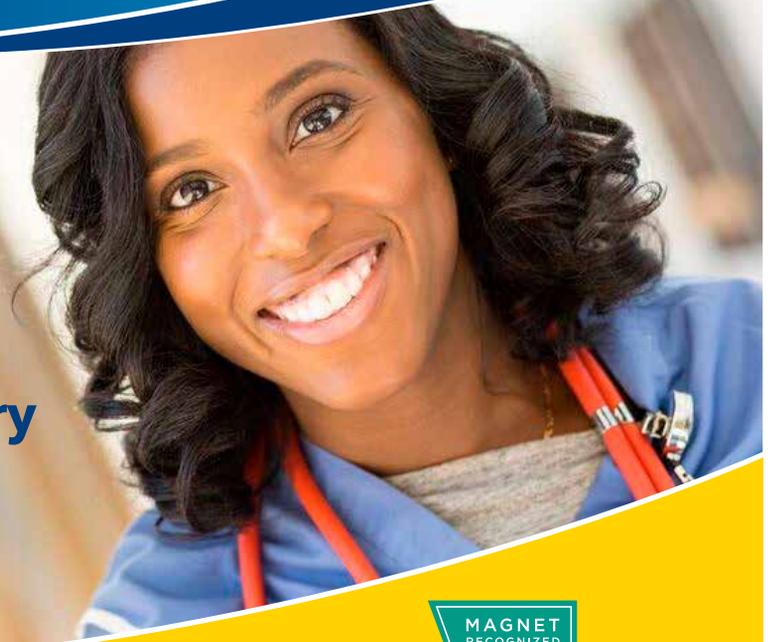
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